

Date: 2/21/2020 9:36:03 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000424269
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Performance Team
Name:	Kohls	Trailer number: 14LH544880
DC#:	XDSFS	Seal number(s): 9610967
Div.:		SCAC: GLTN
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Pro Number: N/A
City/State/Zip:	SANTA FE SPRINGS, CA 90670	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:	ME# 797714216	Appointment Time: 9:00 AM	Actual Driver Arrival Time: 8:30 PM
			Driver Departure Time: 9:45 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	Supplier#
12690656	Dept#: 211	50	577.84	Y	N	06757163000422739 00860	
12658265	Dept#: 211	211	2832.10	Y	N	06757163000422722 00860	
12690656	Dept#: 211	165	1914.44	Y	N	06757163000422777 00890	
Grand Total		426	5324.38				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
15	Pallet			750.00		Pallet		70
		426	ctns	5324.38		Comforters, Bedspreads	49017	200
15				6074.38		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE <i>Alonso</i> 2-21-20	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <i>Juan Hernandez</i> 2-21-20
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Order No.: 5332588 Order Date: 02/06/2020 Customer: KOHL'S DIST. CENTER - Customer PO No.: 12690656
#00890

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 02/21/2020
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2972	086569334657	Q Colette 6pcs Comforter Set	EA	1	97	97	97	97
N/A	KL10-2973	086569334664	K Colette 6pcs Comforter Set	EA	1	68	68	68	68

Total Weight:	1914.44
Total Quantity Ordered:	165
Total Cartons Ordered:	165
Total Quantity Shipped:	165
Total Cartons Shipped:	165




Date: 2/21/2020 9:35:51 AM

Bill Of Lading

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SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000422777

 (402)06757163000422777

SHIP TO
 Name: Kohls Dist. Center - #00890 Location #: 00890
 Address: 4300 MBL Drive
 Ottawa D.C., 00890
 City/State/Zip: Ottawa, IL 61360
 CID#: 797714216 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No:
 Trailer number: 14LH544880
 Seal number(s): 9610967

SCAC: GLTN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 797714216
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12890658 Dept#: 211	165	1914.44	Y	N	
Grand Total	165	1914.44			

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
5	Pallet			250.00		Pallet			
		165	ctns	1914.44		Comforters, Bedspreads	49017	200	
5		165		2164.44		Grand Total			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper. If applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
 _____ Shipper Signature


SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded: Freight Counted:
 By Shipper By Shipper
 By Driver By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000422722	
Name: E & E COMPANY LTD		 (402)06757163000422722	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Performance Team	
VENDOR: 000074879		Responsible Accl.No:	
SHIP TO		Trailer number: 14LH544880	
Name: Kohls Dist. Center - #00860		Seal number(s): 9610967	
Address: 1600 North Business 45		SCAC: GLTN	
City/State/Zip: Corsicana D.C., 00860		Pro Number: N/A	
CID#: 797714216			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 797714216			
Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12658265 Dept#: 211		211	2832.10	Y	N	
Grand Total		211	2832.10			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to insure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		
		211	ctns	2832.10		Comforters, Bedspreads	49017	200
8		211		3232.10		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Order No.: 5332575 Order Date: 02/06/2020 Customer: KOHL'S DIST. CENTER - Customer PO No.: 12658265
#00860

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORNICANA D.C. CORNICANA, TX 75110 US	Shipping Date: 02/21/2020
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2920	086569328991	Q Gabby 6pcs Comforter Set	EA	1	46	46	46	46
N/A	KL10-2921	086569329004	K Gabby 6pcs Comforter Set	EA	1	32	32	32	32
N/A	KL10-2969	086569334626	Q Adrlan 6pcs Comforter Set	EA	1	32	32	32	32
N/A	KL10-2970	086569334633	K Adrlan 6pcs Comforter Set	EA	1	12	12	12	12
N/A	KL10-2978	086569334718	Q Nikola 6pcs Comforter Set	EA	1	56	56	56	56
N/A	KL10-2979	086569334725	K Nikola 6pcs Comforter Set	EA	1	33	33	33	33

Total Weight:	2832.1
Total Quantity Ordered:	211
Total Cartons Ordered:	211
Total Quantity Shipped:	211
Total Cartons Shipped:	211

Date: 2/21/2020 9:35:54 AM

Bill Of Lading

Page 1 of 1

SHIP FROM:		Bill of Lading Number: 06757163000422722
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000422722
SHIP TO:		CARRIER NAME: Performance Team
Name: Kohls Dist. Center - #00860 Location #: 00860 Address: 1600 North Business 45 Corsicana D.C., 00860 City/State/Zip: Corsicana, TX 75110 CID#: 797714216 FOB: <input type="checkbox"/>		Responsible Accl.No: Trailer number: 14LH644880 Seal number(s): 9610967 SCAC: GLTN Pro Number: N/A
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:
SPECIAL INSTRUCTIONS: Load #: 797714216 Packing List Is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12668265 Dept#: 211	211	2832.10	Y N	
Grand Total	211	2832.10		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		
		211	ctns	2832.10		Comforters, Bedspreads	49017	200
8		211		3232.10		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

 Shipper Signature


SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded: Freight Counted:

<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000422739	
Name: E & E COMPANY LTD		 (402)06757163000422739	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Performance Team	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 14LH544880	
VENDOR: 000074879		Seal number(s): 9610967	
FOB: <input type="checkbox"/>		SCAC: GLTN	
SHIP TO		Pro Number: N/A	
Name: Kohls Dist. Center - #00860		Location #: 00860	
Address: 1600 North Business 45			
City/State/Zip: Corsicana D.C., 00860			
CID#: 797714216		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:			
Load #: 797714216			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12690656	Dept#: 211	50	577.84	Y	N	
Grand Total		50	577.84			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		50	ctns	577.84		Comforters, Bedspreads	49017	200
2		50		677.84		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 5332584 Order Date: 02/06/2020 Customer: KOHLS DIST. CENTER - Customer PO No.: 12690656
#00860

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORNICANA D.C. CORNICANA, TX 75110 US	Shipping Date: 02/21/2020
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2972	086569334657	Q Colette 6pcs Comforter Set	EA	1	32	32	32	32
N/A	KL10-2973	086569334664	K Colette 6pos Comforter Set	EA	1	18	18	18	18

Total Weight:	577.84
Total Quantity Ordered:	50
Total Cartons Ordered:	50
Total Quantity Shipped:	50
Total Cartons Shipped:	50

SHIP FROM		Bill of Lading Number: 06757163000422739	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06767163000422739	
SHIP TO		CARRIER NAME: Performance Team	
Name: Kohls Dist. Center - #00860 Location #: 00860 Address: 1600 North Business 45 Corsicana D.C., 00860 City/State/Zip: Corsicana, TX 75110 CID#: 797714216 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 14LH544880 Seal number(s): 9810967 SCAC: GLTN Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 797714216 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12690658	Dept#: 211	50	577.84	Y N	
Grand Total		50	577.84		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		50	ctns	577.84		Comforters, Bedspreads	49017	200
2		50		677.84		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Places	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Date: 2/20/2020 9:52:31 AM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757163000422889	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Hub Group	
Name:	Kohls Dist. Center - #00875	DC#:	00875
		Div.	
Address:	3030 Airport Road East Macon D.C., 00875	Trailer number:	HGIU 637219
		Seal number(s):	9605210
City/State/Zip:	Macon, GA 31216	SCAC:	HUBG
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 797714198		11:00 AM PM	9:15 AM PM
		Driver Departure Time	10:00 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
12690656	Dept#: 211	95	1105.64	Y	N	06757163000422173	00875
12658265	Dept#: 211	417	5581.82	Y	N	06757163000422166	00875
Grand Total		512	6687.46				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 368</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
19	Pallet			950.00		Pallet		70
		512	ctns	6687.46		Comforters, Bedspreads	49017	200
19				7637.46		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

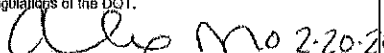
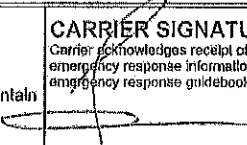
Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.


The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature _____

SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> 	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> 

Date: 2/20/2020 9:52:20 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08757163000422173	
Name: E & E COMPANY LTD		 (402)08757163000422173	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Hub Group	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: HGIU 637219	
VENDOR: 000074879		Seal number(s): 9605210	
FOB: <input type="checkbox"/>		SCAC: HUBG	
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00875 Location #: 00875		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 3030 Airport Road East		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Macon D.C., 00875		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip: Macon, GA 31216			
CID#: 797714198 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 797714198			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12690656 Dept#: 211	95	1105.64	Y N	
Grand Total	95	1105.64		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		95	ctns	1105.64		Comforters, Bedspreads	49017	200
3		95		1255.64		Grand Total		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align:center;">Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align:right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE</p> <p><small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p><small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small></p> <p>Property described above is received in good order, except as noted.</p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5332586 Order Date: 02/06/2020 Customer: KOHLS DIST. CENTER - Customer PO No.: 12690656
#00875

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS STORE N58 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 02/20/2020
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2972	086569334657	Q Colette 6pcs Comforter Set	EA	1	52	52	52	52
N/A	KL10-2973	086569334664	K Colette 6pcs Comforter Set	EA	1	43	43	43	43

Total Weight:	1105.64
Total Quantity Ordered:	95
Total Cartons Ordered:	95
Total Quantity Shipped:	95
Total Cartons Shipped:	95

SHIP FROM		Bill of Lading Number: 06757163000422166	
Name: E & E COMPANY LTD		 (402)06757163000422166	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95778		CARRIER NAME: Hub Group	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: HGIU 637219	
VENDOR: 000074879		Seal number(s): 9605210	
SHIP TO		SCAC: HUBG	
Name: Kohls Dist. Center - #00875		Pro Number:	
Address: 3030 Airport Road East			
City/State/Zip: Macon D.C., 00875			
CID#: 797714198			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:			
Load #: 797714198			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12658265 Dept#: 211	417	5581.82	Y N		
Grand Total	417	5581.82			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	Pallet			800.00		Pallet		
		417	ctns	5581.82		Comforters, Bedspreads	49017	200
16		417		6381.82		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	--

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper. If applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature _____</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature: _____
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Order No.: 5332577 Order Date: 02/06/2020 Customer: KOHLS DIST. CENTER - Customer PO No.: 12658265
#00875

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 02/20/2020
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2920	086569328991	Q Gabby 6pcs Comforter Set	EA	1	103	103	103	103
N/A	KL10-2921	086569329004	K Gabby 6pcs Comforter Set	EA	1	56	56	56	56
N/A	KL10-2969	086569334626	Q Adrlan 6pcs Comforter Set	EA	1	61	61	61	61
N/A	KL10-2970	086569334633	K Adrlan 6pcs Comforter Set	EA	1	28	28	28	28
N/A	KL10-2978	086569334718	Q Nikola 6pcs Comforter Set	EA	1	114	114	114	114
N/A	KL10-2979	086569334725	K Nikola 6pcs Comforter Set	EA	1	55	55	55	55

Total Weight:	5581.82
Total Quantity Ordered:	417
Total Cartons Ordered:	417
Total Quantity Shipped:	417
Total Cartons Shipped:	417

Date: 2/20/2020 8:00:38 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000422920	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: Hub Group	
Name:	Kohls Dist. Center - #00810	DC#:	00810
		Div.:	
Address:	7855 County Road 140 Findlay D.C., 00810	Trailer number:	HGIU610507
		Seal number(s):	9605285
City/State/Zip:	Findlay, OH 45840	SCAC:	HUBG
SID#:	FOB: <input type="checkbox"/>	Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 797714197		7:00 AM PM	7:00 AM PM
			Driver Departure Time
			8:10 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12690656	Dept#: 211	114	1317.44	Y	N	06757163000422760	00810
12658265	Dept#: 211	542	7279.42	Y	N	06757163000422715	00810
Grand Total		656	8596.86				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
24	Pallet			1200.00		Pallet		70
		656	ctns	8596.86		Comforters, Bedspreads	49017	200
24				9796.86		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.


Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Alonso 2-20-20</i>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 02/20/20
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Date: 2/20/2020 8:00:33 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000422760	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879		 (402)06757163000422760	
SHIP TO		CARRIER NAME: Hub Group	
Name: Kohls Dist. Center - #00810 Location #: 00810 Address: 7855 County Road 140 Findlay D.C., 00810 City/State/Zip: Findlay, OH 45840 CID#: 797714197		Responsible Acct.No: _____ Trailer number: HGIU510507 Seal number(s): 9605285 SCAC: HUBG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 797714197 Packing List Is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12690656 Dept#: 211	114	1317.44	Y	N	
Grand Total	114	1317.44			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		114	ctns	1317.44		Comforters, Bedspreads	49017	200
4		114		1517.44		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;"> _____ Shipper Signature </div>
--	---

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: _____ In: _____ Out: _____ Driver Signature: _____
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Order No.: 5332580 Order Date: 02/06/2020 Customer: KOHLS DIST. CENTER - Customer PO No.: 12690656
 #00810


SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	02/20/2020

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2972	086569334657	Q Colette 6pos Comforter Set	EA	1	73	73	73	73
N/A	KL10-2973	086569334664	K Colette 6pos Comforter Set	EA	1	41	41	41	41

Total Weight:	1317.44
Total Quantity Ordered:	114
Total Cartons Ordered:	114
Total Quantity Shipped:	114
Total Cartons Shipped:	114

Date: 2/20/2020 8:00:28 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000422715	
Name: E & E COMPANY LTD		 (402)06757163000422715	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Hub Group	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: HGIU510507	
VENDOR: 000074879		Seal number(s): 9605285	
FOB: <input type="checkbox"/>		SCAC: HUBG	
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00810		Location #: 00810	
Address: 7855 County Road 140			
Findlay D.C., 00810			
City/State/Zip: Findlay, OH 45840			
CID#: 797714197		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 797714197			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12658265 Dept#: 211	542	7279.42	Y	N	
Grand Total	542	7279.42			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 308</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
20	Pallet			1000.00		Pallet		
		542	ctns	7279.42		Comforters, Bedspreads	49017	200
20		542		8279.42		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;"> _____ Shipper Signature </div>
--	---

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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Order No.: 5332571 Order Date: 02/06/2020 Customer: KOHL'S DIST. CENTER - Customer PO No.: 12658265
#00810

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 02/20/2020
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2920	086569328991	Q Gabby 6pcs Comforter Set	EA	1	125	125	125	125
N/A	KL10-2921	086569329004	K Gabby 6pcs Comforter Set	EA	1	57	57	57	57
N/A	KL10-2969	086569334626	Q Adrian 6pcs Comforter Set	EA	1	72	72	72	72
N/A	KL10-2970	086569334633	K Adrian 6pcs Comforter Set	EA	1	49	49	49	49
N/A	KL10-2978	086569334718	Q Nikola 6pcs Comforter Set	EA	1	143	143	143	143
N/A	KL10-2979	086569334725	K Nikola 6pcs Comforter Set	EA	1	96	96	96	96

Total Weight:	7279.42
Total Quantity Ordered:	542
Total Cartons Ordered:	542
Total Quantity Shipped:	542
Total Cartons Shipped:	542

Date: 2/19/2020 1:27:50 PM

Master Bill Of Lading

Page 1 of 1


SHIP FROM		Master Bill of Lading Number: 06757163000422876	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: Schneider	
Name:	Kohls Dist. Center - #00840	DC#:	00840
		Div.:	
Address:	2015 NE Jefferson Street Blue Spring (Grain Valley) D.C., 00840	Trailer number:	138071
		Seal number(s):	9605247
City/State/Zip:	Grain Valley, MO 64029	SCAG:	SCNN
SID#:	FOB: <input type="checkbox"/>	Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
ME# 797714199		Appointment Time	Actual Driver Arrival Time
		12:00 AM	12:00 AM
			Driver Departure Time
			1:40 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
12690666 Dept#: 211	93	1077.00	Y	N	06757163000421688	00840	
12658265 Dept#: 211	461	6174.94	Y	N	06757163000421664	00840	
Grand Total	554	7251.94					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
20	Pallet			1000.00		Pallet		70
		554	ctns	7251.94		Comforters, Bedspreads	49017	200
20				8251.94		Grand Total		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of this property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>		<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>			
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>		<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>	
<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Alp No</i> 2/19/20</p>		<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	
		<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 2/19/20</p>	

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000421688	
Name: E & E COMPANY LTD		 (402)06757163000421688	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR: 000074879		CARRIER NAME: Schneider	
SHIP TO		Responsible Acct.No:	
Name: Kohls Dist. Center - #00840		Trailer number: 138071	
Address: 2015 NE Jefferson Street		Seal number(s): 9605247	
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840		SCAC: SCNN	
CID#: 797714199		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 797714199 Packing List Is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12690656	Dept#: 211	93	1077.00	Y	N
Grand Total		93	1077.00		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 358</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		93	ctns	1077.00		Comforters, Bedspreads	49017	200
3		93		1227.00		Grand Total		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
---	--

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
---	--

<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 5332582 Order Date: 02/06/2020 Customer: KOHLS DIST. CENTER - Customer PO No.: 12690656
#00840

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	02/19/2020


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2972	086569334657	Q Colette 6pcs Comforter Set	EA	1	57	57	57	57
N/A	KL10-2973	086569334664	K Colette 6pcs Comforter Set	EA	1	36	36	36	36

Total Weight:	1077
Total Quantity Ordered:	93
Total Cartons Ordered:	93
Total Quantity Shipped:	93
Total Cartons Shipped:	93

Date: 2/19/2020 1:27:42 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00840 Location #: 00840
Address:	221 Hanson Way	Address:	2015 NE Jefferson Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840
SID#:		CID#:	797714199
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000421688		Trailer number: 138071	
		Seal number(s): 9605247	
(402)06757163000421688		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:			
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading; with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 797714199			
Packing List Is Attached			


CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO			
12690656 Dept#: 211		93	1077.00	Y	N				
Grand Total		93	1077.00						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		PACKAGE	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 303		NMFC #	CLASS
3	Pallet			150.00		Pallet			
		93	ctns	1077.00		Comforters, Bedspreads	49017	200	
3		93		1227.00		Grand Total			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	
		Appt Time: In: Out: Driver Signature:	

Date: 2/19/2020 1:27:46 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00840 Location #: 00840
Address:	221 Hanson Way	Address:	2015 NE Jefferson Street
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840
SIID#:		CID#:	797714199
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000421664		Trailer number: 138071	
		Seal number(s): 9605247	
(402)06757163000421664		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
3rd Party:		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 797714199		<input type="checkbox"/> (check box)	
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12668265 Dept#: 211	461	6174.94	Y N		
Grand Total	461	6174.94			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
17	Pallet			850.00		Pallet		
		461	ctns	6174.94		Comforters, Bedspreads	49017	200
17		461		7024.94		Grand Total		


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper. If applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>		SHIPPER SIGNATURE	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> Property described above is received in good order, except as noted.	
		Appt Time: In: Out: Driver Signature:	

Order No.: 5332573 Order Date: 02/06/2020 Customer: KOHLS DIST. CENTER - Customer PO No.: 12658265
#00840

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N58 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 02/19/2020
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2920	086569328991	Q Gabby 6pcs Comforter Set	EA	1	113	113	113	113
N/A	KL10-2921	086569329004	K Gabby 6pcs Comforter Set	EA	1	54	54	54	54
N/A	KL10-2969	086569334626	Q Adrian 6pcs Comforter Set	EA	1	75	75	75	75
N/A	KL10-2970	086569334633	K Adrian 6pcs Comforter Set	EA	1	32	32	32	32
N/A	KL10-2978	086569334718	Q Nikola 6pcs Comforter Set	EA	1	122	122	122	122
N/A	KL10-2979	086569334725	K Nikola 6pcs Comforter Set	EA	1	65	65	65	65

Total Weight:	6174.94
Total Quantity Ordered:	461
Total Cartons Ordered:	461
Total Quantity Shipped:	461
Total Cartons Shipped:	461

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00840 Location #: 00840
Address:	221 Hanson Way	Address:	2015 NE Jefferson Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840
SID#:		CID#:	797714199
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757163000421664		Trailer number: 138071	
		Seal number(s): 9605247	
(402)06757163000421664		SCAC: SCNN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
3rd Party:		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 797714199		<input type="checkbox"/> (check box)	
Packing List Is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12658265 Dept#: 211	461	6174.94	Y N		
Grand Total	461	6174.94			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
17	Pallet			850.00		Pallet		
		461	ctns	6174.94		Comforters, Bedspreads	49017	200
17		461		7024.94		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	
		Appt Time: In: Out: Driver Signature:	

SHIP FROM		Master Bill of Lading Number: 06757163000422883	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Huf Group	
Name:	Kohls Dist. Center - #00865	DC#:	00865
		Div.	
Address:	Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865	Trailer number:	HGIU-649857
		Seal number(s):	9610937
City/State/Zip:	Wurtsboro, NY 12790	SCAC:	HUBG
SID#:		Pro Number:	N/A
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
ME# 797714200		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		12:00 AM	12:30 AM
			Driver Departure Time
			1:35 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12690656	Dept#: 211	114	1320.96	Y	N	06757163000422753	00865
12658265	Dept#: 211	474	6362.64	Y	N	06757163000422708	00865
Grand Total		588	7683.60				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 559</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
22	Pallet			1100.00		Pallet		70
		588	ctns	7683.60		Comforters, Bedspreads	49017	200
22				8783.60		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ _____
	Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Alfonso M. O. 2.19.20</i>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Jose Salazar</i>
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Date: 2/19/2020 1:29:53 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000422863	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Hub Group	
Name:	Kohls Dist. Center - #00865	DC#:	00865
		Div.:	
Address:	Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865	Trailer number:	HGIU-649857
		Seal number(s):	9610937
City/State/Zip:	Wurtsboro, NY 12790	SCAC:	HUBG
SID#:		Pro Number:	N/A
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
ME# 797714200		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12690656	Dept#: 211	114	1320.96	Y	N	06757163000422753	00865
12658265	Dept#: 211	474	6362.64	Y	N	06757163000422708	00865
Grand Total		588	7683.60				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
22	Pallet			1100.00		Pallet		70
		588	ctns	7683.60		Comforters, Bedspreads	49017	200
22				8783.60		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.


The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	

Date: 2/19/2020 1:29:37 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00865 Location #: 00865
Address:	221 Hanson Way	Address:	Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Wurtsboro, NY 12790
SID#:		CID#:	797714200
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000422708		Trailer number: HGIU-849857	
		Seal number(s): 9610937	
(402)06757163000422708		SCAC: HUBG	
CARRIER NAME: Hub Group		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
SPECIAL INSTRUCTIONS: Load #: 797714200 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12658265 Dept#: 211	474	6362.64	Y N	
Grand Total	474	6362.64		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
18	Pallet			900.00		Pallet		
		474	ctns	6362.64		Comforters, Bedspreads	49017	200
18		474		7262.64		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: _____

 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.


Property described above is received in good order, except as noted.

 Appt Time:
 In:
 Out:
 Driver Signature:

Date: 2/19/2020 1:29:37 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00865 Location #: 00865
Address:	221 Hanson Way	Address:	Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Wurtsboro, NY 12790
SID#:		CID#:	797714200
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000422708		Trailer number: HGIU-849857	
		Seal number(s): 9610937	
(402)06757163000422708		SCAC: HUBG	
CARRIER NAME: Hub Group		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
SPECIAL INSTRUCTIONS: Load #: 797714200 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12658265 Dept#: 211	474	6362.64	Y N	
Grand Total	474	6362.64		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
18	Pallet			900.00		Pallet		
		474	ctns	6362.64		Comforters, Bedspreads	49017	200
18		474		7262.64		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

Appt Time:
In:
Out:
Driver Signature:

Order No.: 5332576 Order Date: 02/06/2020 Customer: KOHLS DIST. CENTER - Customer PO No.: 12658265
 #00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 02/19/2020
--	--	--	-------------------------------------


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2920	086569328991	Q Gabby 6pcs Comforter Set	EA	1	96	96	96	96
N/A	KL10-2921	086569329004	K Gabby 6pcs Comforter Set	EA	1	39	39	39	39
N/A	KL10-2989	086569334626	Q Adrian 6pcs Comforter Set	EA	1	75	75	75	75
N/A	KL10-2970	086569334633	K Adrian 6pcs Comforter Set	EA	1	51	51	51	51
N/A	KL10-2978	086569334718	Q Nikola 6pcs Comforter Set	EA	1	127	127	127	127
N/A	KL10-2979	086569334725	K Nikola 6pcs Comforter Set	EA	1	86	86	86	86

Total Weight:	6362.64
Total Quantity Ordered:	474
Total Cartons Ordered:	474
Total Quantity Shipped:	474
Total Cartons Shipped:	474

Date: 2/19/2020 1:29:25 PM

Bill of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00865 Location #: 00865
Address:	221 Hanson Way	Address:	Mamakaling (Wurtsboro) D.C. 3440 State Route 209, 00865
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Wurtsboro, NY 12790
SID#:		CID#:	797714200
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000422708		Trailer number: HGIU-649857	
		Seal number(s): 9610937	
(402)06757163000422708		SCAC: HUBG	
CARRIER NAME: Hub Group		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
SPECIAL INSTRUCTIONS: Load #: 797714200 Packing List Is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12658265 Dept#: 211	474	6362.64	Y	N	
Grand Total	474	6362.64			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
18	Pallet			900.00		Pallet		
		474	ctns	6362.64		Comforters, Bedspreads	49017	200
18		474		7262.64		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:
Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets sold to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

Appt Time:
In:
Out:
Driver Signature:

Order No.: 5332576 Order Date: 02/06/2020 Customer: KOHL'S DIST. CENTER - Customer PO No.: 12658265
#00865

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
KOHL'S STORE
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO:
KOHL'S DIST. CENTER - #00865
MAMAKATING (WURTSBORO) D.C.
3440 STATE ROUTE 209
WURTSBORO, NY 12790
US

Shipping Date:
02/19/2020


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2920	086569328991	Q Gabby 6pcs Comforter Set	EA	1	96	96	96	96
N/A	KL10-2921	086569329004	K Gabby 6pcs Comforter Set	EA	1	39	39	39	39
N/A	KL10-2969	086569334628	Q Adrian 6pcs Comforter Set	EA	1	75	75	75	75
N/A	KL10-2970	086569334633	K Adrian 6pcs Comforter Set	EA	1	51	51	51	51
N/A	KL10-2978	086569334718	Q Nikola 6pcs Comforter Set	EA	1	127	127	127	127
N/A	KL10-2979	086569334725	K Nikola 6pcs Comforter Set	EA	1	86	86	86	86

Total Weight: 6362.64
Total Quantity Ordered: 474
Total Cartons Ordered: 474
Total Quantity Shipped: 474
Total Cartons Shipped: 474

Date: 2/19/2020 1:29:25 PM

Bill of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000422708	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000422708	
SHIP TO		CARRIER NAME: Hub Group	
Name: Kohls Dist. Center - #00865 Location #: 00865 Address: Mamakilling (Wurtsboro) D.C. 3440 State Route 209, 00865 City/State/Zip: Wurtsboro, NY 12790 CID#: 797714200 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: HGIU-649857 Seal number(s): 9610937 SCAC: HUBG Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____	
Name: _____ Address: _____ City/State/Zip: _____		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 797714200 Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALETT/SLIP	ADDITIONAL SHIPPER INFO	
12658265 Dept#: 211	474	6362.64	Y N		
Grand Total	474	6362.64			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
18	Pallet			900.00		Pallet		
		474	ctns	6362.64		Comforters, Bedspreads	49017	200
18		474		7262.64		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
--	---

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. Apt Time: In: Out: Driver Signature:
--	--	--	--

Date: 2/19/2020 10:31:06 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000422913	
Name:	E & E COMPANY LTD	Address:	221 Hanson Way
City/State/Zip:	Woodland, CA 95776	SID#:	FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: Hub Group	
Name:	Kohls Dist. Center - #00830	DC#:	00830
Address:	300 Admiral Byrd Drive Winchester D. C., 00830	Div.:	
City/State/Zip:	Winchester, VA 22602	Trailer number:	HGIU-510616
SID#:	FOB: <input type="checkbox"/>	Seal number(s):	9605272
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: HUBG	
Name:		Pro Number: N/A	
Address:		Freight Charge Terms:	
City/State/Zip:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
SPECIAL INSTRUCTIONS:		3rd Party: <input type="checkbox"/>	
ME# 797800611		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		8:00 AM PM	9:00 AM PM
			Driver Departure Time
			10:40 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
12690656	Dept#: 211	67	774.20	Y	N	06757163000422692	00830
12658265	Dept#: 211	299	4007.56	Y	N	06757163000422685	00830
Grand Total		366	4781.76				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of HMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
13	Pallet			650.00		Pallet		70
		366	ctns	4781.76		Comforters, Bedspreads	49017	200
13				5431.76		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	--


NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	Shipper Signature
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>W. M. 2/19/20</i>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 2/19/20

Date: 2/19/2020 10:30:58 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00830 Location #: 00830
Address:	221 Hanson Way	Address:	300 Admiral Byrd Drive Winchester D. C., 00830
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Winchester, VA 22602
SID#:		CID#:	797800511
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000422685		Trailer number: HGIU-510616	
		Seal number(s): 9605272	
(402)06757163000422685		SCAC: HUBG	
CARRIER NAME: Hub Group		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name: Address: City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 797800511 Packing List Is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12658265 Dept#: 211	299	4007.56	Y N	
Grand Total	299	4007.56		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	Pallet			550.00		Pallet		
		299	ctns	4007.56		Comforters, Bedspreads	49017	200
11		299		4557.56		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature _____

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

Appt Time:
In:
Out:
Driver Signature:

Order No.: 5332572 Order Date: 02/06/2020 Customer: KOHL'S DIST. CENTER - Customer PO No.: 12658265
#00830


SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S STORE N58 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 02/19/2020
--	--	---	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2020	086569328991	Q Gabby 6pcs Comforter Set	EA	1	81	81	81	81
N/A	KL10-2921	086569329004	K Gabby 6pcs Comforter Set	EA	1	33	33	33	33
N/A	KL10-2969	086569334626	Q Adria 6pcs Comforter Set	EA	1	44	44	44	44
N/A	KL10-2970	086569334633	K Adria 6pcs Comforter Set	EA	1	19	19	19	19
N/A	KL10-2978	086569334718	Q Nikola 6pcs Comforter Set	EA	1	77	77	77	77
N/A	KL10-2979	086569334725	K Nikola 6pcs Comforter Set	EA	1	45	45	45	45

Total Weight:	4007.56
Total Quantity Ordered:	299
Total Cartons Ordered:	299
Total Quantity Shipped:	299
Total Cartons Shipped:	299

Date: 2/19/2020 10:30:58 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000422685	
Name: E & E COMPANY LTD		 (402)06757163000422685	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Hub Group	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: HGIU-510616	
VENDOR: 000074879		Seal number(s): 9605272	
FOB: <input type="checkbox"/>		SCAC: HUBG	
SHIP TO		Pro Number: N/A	
Name: Kohls Dist. Center - #00830		Location #: 00830	
Address: 300 Admiral Byrd Drive			
City/State/Zip: Winchester D. C., 00830			
CID#: 797800511		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:			
Load #: 797800511			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12658265	Dept#: 211	299	Y N	
Grand Total		299	4007.56	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 500</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	Pallet			550.00		Pallet		
		299	ctns	4007.56		Comforters, Bedspreads	49017	200
11		299		4557.56		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	--

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(a)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.


Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Date: 2/19/2020 10:31:02 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00830 Location #: 00830
Address:	221 Hanson Way	Address:	300 Admiral Byrd Drive Winchester D. C., 00830
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Winchester, VA 22602
SID#:		CID#:	797800511
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000422692		Trailer number: HGIU-510616	
		Seal number(s): 9605272	
(402)06757163000422692		SCAC: HUBG	
CARRIER NAME: Hub Group		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
SPECIAL INSTRUCTIONS: Load #: 797800511 Packing List Is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12690656 Dept#: 211	67	774.20	Y N	
Grand Total	67	774.20		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		67	ctns	774.20		Comforters, Bedspreads	49017	200
2		67		874.20		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

 Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5332581 Order Date: 02/06/2020 Customer: KOHLS DIST. CENTER - Customer PO No.: 12690656
#00830


SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 02/19/2020
--	---	--	-------------------------------------

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2972	086569334667	Q Colette 6pcs Comforter Set	EA	1	43	43	43	43
N/A	KL10-2973	086569334664	K Colette 6pcs Comforter Set	EA	1	24	24	24	24

Total Weight:	774.2
Total Quantity Ordered:	67
Total Cartons Ordered:	67
Total Quantity Shipped:	67
Total Cartons Shipped:	67

Date: 2/19/2020 10:31:02 AM

Bill of Lading

SHIP FROM		Bill of Lading Number: 06757163000422692	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000422692	
SHIP TO		CARRIER NAME: Hub Group	
Name: Kohls Dist. Center - #00830 Location #: 00830 Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22602 CID#: 797800511 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: HGIU-510616 Seal number(s): 9605272 SCAC: HUBG Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 797800511 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12690656 Dept#: 211	67	774.20	Y	N	
Grand Total	67	774.20			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		67	ctns	774.20		Comforters, Bedspreads	49017	200
2		67		874.20		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	---

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(e)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">_____ Shipper Signature</p>
--	--

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Date: 2/18/2020 8:26:26 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000421671	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Knight Transportation	
Name:	Kohls	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	68873
		Seal number(s):	9605203
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	KNIG
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS: ME# 797806131	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED		
	<input type="checkbox"/> UNDERLYING BILLS OF LANDING		
	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
	7:00 AM PM	7:30 AM PM	8:35 AM PM

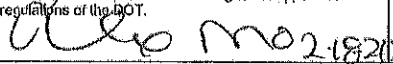
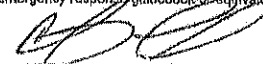
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#
12690656	Dept#: 211	44	511.28	Y	N	06757163000421640	00885
12658265	Dept#: 211	267	3450.01	Y	N	06757163000421619	00855
12658265	Dept#: 211	211	2839.80	Y	N	06757163000421626	00885
12690656	Dept#: 211	58	672.16	Y	N	06757163000421633	00855
Grand Total		570	7473.25				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
22	Pallet			1100.00		Pallet		70
		570	ctns	7473.25		Comforters, Bedspreads	49017	200
22				8573.25		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	COD Amount \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
--	---

SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>  2-18-20	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>  2-18-20
--	--	--	---

Date: 2/18/2020 8:26:14 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000421626	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000421626	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Kohls Dist. Center - #00885 Location #: 00885 Address: 2065 Keystone Pacific Parkway Patterson D.C., 00885 City/State/Zip: Patterson, CA 95363 CID#: 797806161 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 68873 Seal number(s): 9605293 SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 797806161 Packing List Is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12658255 Dept#: 211	211	2839.80	Y N		
Grand Total	211	2839.80			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		
		211	ctns	2839.80		Comforters, Bedspreads	49017	200
8		211		3239.80		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	---

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
--	--

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Order No.: 5332578 Order Date: 02/06/2020 Customer: KOHL'S DIST. CENTER - Customer PO No.: 12658265 #00885

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
KOHL'S STORE
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO:
KOHL'S DIST. CENTER - #00885
2068 KEYSTONE PACIFIC
PARKWAY
PATTERSON D.C.
PATTERSON, CA 95363
US

Shipping Date:
02/18/2020


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2920	086569328991	Q Gabby 6pos Comforter Set	EA	1	61	51	51	51
N/A	KL10-2921	086569329004	K Gabby 6pos Comforter Set	EA	1	32	32	32	32
N/A	KL10-2969	086569334626	Q Adrian 6pcs Comforter Set	EA	1	26	26	26	26
N/A	KL10-2970	086569334633	K Adrian 6pcs Comforter Set	EA	1	13	13	13	13
N/A	KL10-2978	086569334718	Q Nikola 6pos Comforter Set	EA	1	53	53	53	53
N/A	KL10-2979	086569334725	K Nikola 6pcs Comforter Set	EA	1	36	36	36	36

Total Weight: 2839.8
Total Quantity Ordered: 211
Total Cartons Ordered: 211
Total Quantity Shipped: 211
Total Cartons Shipped: 211

Date: 2/18/2020 8:26:14 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>	Bill of Lading Number: 06757163000421626  (402)06757163000421626		
Name: Kohls Dist. Center - #00885 Location #: 00885 Address: 2065 Keystone Pacific Parkway Patterson D.C., 00885 City/State/Zip: Patterson, CA 95363 CID#: 797806161 FOB: <input type="checkbox"/>	CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 68873 Seal number(s): 9605293 SCAC: KNIG Pro Number: _____		
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____	
SPECIAL INSTRUCTIONS: Load #: 797806161 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12658265 Dept#: 211	211	2839.80	Y N		
Grand Total	211	2839.80			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		
		211	ctns	2839.80		Comforters, Bedspreads	49017	200
8		211		3239.80		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	---

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;"> Shipper Signature _____ </div>
--	--

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature: _____

Date: 2/18/2020 8:26:17 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000421619

 (402)06757163000421619
 CARRIER NAME: Knight Transportation
 Responsible Acct.No:
 Trailer number: 68873
 Seal number(s): 9606293

SHIP TO
 Name: Kohls Dist. Center - #00855 Location #: 00855
 Address: 890 East Mill Street
 San Bernardino D.C., 00855
 City/State/Zip: San Bernardino, CA 92408-1614
 CID#: 797806161 FOB:

SCAC: KNIG
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 797806161
 Packing List Is Attached

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12658265 Dept#: 211	257	3450.01	Y N		
Grand Total	257	3450.01			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
10	Pallet			500.00		Pallet		
		257	ctns	3450.01		Comforters, Bedspreads	49017	200
10		257		3950.01		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

 Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded: Freight Counted:
 By Shipper By Shipper
 By Driver By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Appt Time:
 In:
 Out:
 Driver Signature:

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 5332574 Order Date: 02/06/2020 Customer: KOHLS DIST. CENTER - Customer PO No.: 12658265 #00855

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
KOHLS STORE
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO:
KOHLS DIST. CENTER - #00855
890 EAST MILL STREET
SAN BERNARDINO D.C.
SAN BERNARDINO, CA 92408-1614
US

Shipping Date:
02/18/2020


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2920	086569328991	Q Gabby 6pcs Comforter Set	EA	1	67	67	67	67
N/A	KL10-2921	086569329004	K Gabby 6pcs Comforter Set	EA	1	31	31	31	31
N/A	KL10-2969	086569334626	Q Adrian 6pcs Comforter Set	EA	1	28	28	28	28
N/A	KL10-2970	086569334633	K Adrian 6pcs Comforter Set	EA	1	19	19	19	19
N/A	KL10-2978	086569334718	Q Nikola 6pcs Comforter Set	EA	1	68	68	68	68
N/A	KL10-2979	086569334725	K Nikola 6pcs Comforter Set	EA	1	44	44	44	44

Total Weight: 3450.01
 Total Quantity Ordered: 257
 Total Cartons Ordered: 257
 Total Quantity Shipped: 257
 Total Cartons Shipped: 257

Date: 2/18/2020 8:26:17 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000421619	
Name: E & E COMPANY LTD	 (402)06757163000421619		
Address: 221 Hanson Way	CARRIER NAME: Knight Transportation		
City/State/Zip: Woodland, CA 95776			
SID#:	Responsible Acct.No:		
PHONE:	Trailer number: 68873		
VENDOR: 000074879	Seal number(s): 9605293		
FOB: <input type="checkbox"/>	SCAC: KNIG		
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00855	Locallon #: 00855		
Address: 890 East Mill Street			
San Bernardino D.C., 00855			
City/State/Zip: San Bernardino, CA 92408-1614			
CID#: 797806161	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:			
City/State/Zip:	Prepaid:	Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 797806161	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12658265 Dept#: 211	257	3450.01	Y	N	
Grand Total	257	3450.01			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
10	Pallet			500.00		Pallet		
		257	ctns	3450.01		Comforters, Bedspreads	49017	200
10		257		3950.01		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	---

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">_____ Shipper Signature</div>
--	--

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
		Appt Time: In: Out: Driver Signature:

Date: 2/18/2020 8:26:20 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dfst. Center - #00855 Location #: 00855
Address:	221 Hanson Way	Address:	890 East Mill Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino D.C., 00855
SID#:		CID#:	797806161
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000421633		Trailer number: 68873	
		Seal number(s): 9805293	
(402)06757163000421633		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect:	X
		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 797806161		(check box)	
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12690656 Dept#: 211	58	672.16	Y N		
Grand Total	58	672.16			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		58	ctns	672.16		Comforters, Bedspreads	49017	200
2		58		772.16		Grand Total		

Where this rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"		COD Amount: _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
		Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>		Shipper Signature	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>	
		Appt Time: In: Out: Driver Signature:	

Order No.: 5332583 Order Date: 02/06/2020 Customer: KOHLS DIST. CENTER - Customer PO No.: 12690656
#00855

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	Shipping Date: 02/18/2020
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2972	086569334657	Q Colette 6pcs Comforter Set	EA	1	35	35	35	35
N/A	KL10-2973	086569334664	K Colette 6pcs Comforter Set	EA	1	23	23	23	23

Total Weight:	672.16
Total Quantity Ordered:	58
Total Cartons Ordered:	58
Total Quantity Shipped:	58
Total Cartons Shipped:	58

Date: 2/18/2020 8:26:20 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000421633

 (402)06757163000421633

SHIP TO
 Name: Kohls Dist. Center - #00855 Location #: 00855
 Address: 890 East Mill Street
 San Bernardino D.C., 00855
 City/State/Zip: San Bernardino, CA 92408-1614
 CID#: 797806161 FOB:

CARRIER NAME: Knight Transportation
 Responsible Acct.No: _____
 Trailer number: 68873
 Seal number(s): 9805293

SCAC: KNIG
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: _____ Collect: X 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 797806161
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
12690656 Dept#: 211	58	672.16	Y N		
Grand Total	58	672.16			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		58	ctns	672.16		Comforters, Bedspreads	49017	200
2		58		772.16		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

COD Amount: _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

 Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded: Freight Counted:
 By Shipper By Shipper
 By Driver By Driver/pallets said to contain
 By Driver/Pieces


CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 2/18/2020 8:26:23 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000421640
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000421640
SHIP TO		CARRIER NAME: Knight Transportation
Name: Kohls Dist. Center - #00885 Location #: 00885 Address: 2065 Keystone Pacific Parkway Patterson D.C., 00885 City/State/Zip: Patterson, CA 95363 CID#: 797806161 FOB: <input type="checkbox"/>		Responsible Acct.No: _____
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: 88873
Name: _____ Address: _____ City/State/Zip: _____		Seal number(s): 9805293
SPECIAL INSTRUCTIONS: Load #: 797806161 Packing List is Attached		SCAC: KNIG
		Pro Number: _____
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
		Prepaid: _____ Collect: X 3rd Party: _____
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
12690656 Dept#: 211		44	511.28	Y	N	
Grand Total		44	511.28			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		44	cins	511.28		Comforters, Bedspreads	49017	200
2		44		611.28		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">_____ Shipper Signature</div>
--	--

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Order No.: 5332587 Order Date: 02/06/2020 Customer: KOHLS DIST. CENTER - Customer PO No.: 12690656
 #00885

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS STORE N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00885 2085 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 02/18/2020
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-2972	086569334657	Q Colette 6pcs Comforter Set	EA	1	25	25	25	25
N/A	KL10-2973	086569334664	K Colette 6pcs Comforter Set	EA	1	19	19	19	19

Total Weight:	511.28
Total Quantity Ordered:	44
Total Cartons Ordered:	44
Total Quantity Shipped:	44
Total Cartons Shipped:	44

Date: 2/18/2020 8:26:23 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000421640	
Name: E & E COMPANY LTD		 (402)06757163000421640	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 68873	
VENDOR: 000074879		Seal number(s): 9605293	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00885 Location #: 00885		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 2065 Keystone Pacific Parkway			
City/State/Zip: Patterson D.C., 00885		Prepaid: Collect: X 3rd Party:	
City/State/Zip: Patterson, CA 95363		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
CID#: 797806161			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 797806161			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
12690656 Dept#: 211	44	511.28	Y N	
Grand Total	44	511.28		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		44	ctns	511.28		Comforters, Bedspreads	49017	200
2		44		611.28		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.