Fill in this information to identify the case:

Debtor KLS ACQUISITION CORP

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30052

Official Form 410

Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. **Who is the current creditor?**

Schneider National Inc
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?**

☑ No
☐ Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Schneider National Inc Attn: Credit Dept
Name
3101 Packerland Dr
Number Street
Green Bay WI 54313
City State ZIP Code
Contact phone 920-592-4110
Contact email _____

Where should payments to the creditor be sent? (if different)

Schneider National Inc
Name
2567 Paysphere Circle
Number Street
Chicago IL 60674
City State ZIP Code
Contact phone 920-592-4110
Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

_ _

4. **Does this claim amend one already filed?**

☑ No
☐ Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**

☑ No
☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?**
   - ☐ No
   - ☑ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 8 1 7 7

7. **How much is the claim?** $ 15,843.17 **Does this amount include interest or other charges?**
   - ☑ No
   - ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?**
   Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
   Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
   Limit disclosing information that is entitled to privacy, such as health care information.
   Transportation Services Performed

9. **Is all or part of the claim secured?**
   - ☑ No
   - ☐ Yes. The claim is secured by a lien on property.

   Nature of property:
   - ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim.*
   - ☐ Motor vehicle
   - ☐ Other. Describe: _____

   Basis for perfection: _____
   Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

   Value of property: $_____
   Amount of the claim that is secured: $_____
   Amount of the claim that is unsecured: $_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

   Amount necessary to cure any default as of the date of the petition: $_____

   Annual Interest Rate (when case was filed)_____%
   - ☐ Fixed
   - ☐ Variable

10. **Is this claim based on a lease?**
    - ☑ No
    - ☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $_____

11. **Is this claim subject to a right of setoff?**
    - ☑ No
    - ☐ Yes. Identify the property: _____

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☑ No

☐ Yes. *Check all that apply:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$_____
☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$_____
☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$_____
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$_____
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$_____
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$_____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☑ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/20/2018
MM / DD / YYYY

_____
Signature

Print the name of the person who is completing and signing this claim:

Name: Steven M Hayon
First name | Middle name | Last name

Title: Credit Specialist

Company: Schneider National Inc
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 3101 Packerland Dr
Number Street

Green Bay | WI | 54313
City | State | ZIP Code

Contact phone: 920-592-4110 Email: hayons@schneider.com

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37569860
AMOUNT DUE:	$1,315.00 USD
DUE DATE:	09/07/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204510888
BILL OF LADING #:	SL204510888
EQUIPMENT #:	1539
SCAC:	SLCY
INVOICE DATE:	08/23/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
08/21/18 L & K Distributors 175 Central Avenue South BETHPAGE NY 11714	08/23/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL Furniture 22 Pallets 17400 Pounds			$1,315.00

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204510888
Carrier Pro	SL204510888
Equipment	1539
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91281840
Purchase Order	n21716
Purchase Order	n21795
Rate Code	45893

AMOUNT DUE	$1,315.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:
DeBrozzo, Cindy

Phone:
920-592-3795

Email
DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

BILL OF LADING / PACKING SLIP 1542901

SHIPPER / EXPORTER		SHIP TO / CONSIGNEE	
Name	L&K DISTRIBUTORS , INC. d/b/a BRAND NAME DIST SVC.	Name	HOBO CORPORATE
Address 1	175 CENTRAL AVE S	Address 1	2650 BELVIDERE ROAD
Address 2	BETHPAGE NY 11714	Address 2	WAUKEGAN, IL, 60085
FED TAX	20-1838435	CONTACT	PURCHASING TEL 847-263-1240
TEL	718-643-1141 847-732-7900	BILL TO:	HOBO CORPORATE, 2650 BELVIDERE ROAD , WAUKEGAN, IL, 60085

SHIPPING MEMO Confirmed

SHIP DATE	PAYMENT TERMS	SALES REP	SHIPPED VIA	INVOICE NUMBER	WEIGHT ORDERED		
8/24/2018	Net 30 Days	HOWARD M	INII	1542901	-		

	CASE UPC	QUANTITY SHIPPED	FULL DESCRIPTION OF GOODS	WEIGHT (LBS)	TOTAL WEIGHT (LBS)
1	79400-37998	50	Axe/Body Spray/Dark Temptation USA/12/4/oz	4.50	225.00
2	79400-55300	50	Axe/Body Spray/Essence USA/12/4/oz	4.50	225.00
3	79400-55020	50	Axe/Body Spray/Phoenix USA/12/4/oz	4.50	225.00
		150			675

PALLET COUNT _____

SIGNATURE _____

DATE _____

NAME: D Mulder
SIGNATURE: _____
DATE: 8/27 PO# 2176
SKIDS: 27 PCS: _____
APPT 730 IN 735 OUT _____
DRIVER _____

on 2 PO's

BILL OF LADING / PACKING SLIP 1540224

SHIPPER / EXPORTER

Name L&K DISTRIBUTORS, INC. d/b/a BRAND NAME DIST SVC.
Address 1 175 CENTRAL AVE S
Address 2 BETHPAGE NY 11714
FED TAX 20-1838435
TEL 718-643-1141 847-732-7900

SHIP TO / CONSIGNEE

Name HOBO CORPORATE
Address 1 2650 BELVIDERE ROAD
Address 2 WAUKEGAN, IL, 60085
CONTACT PURCHASING TEL 847-263-1240
BILL TO: HOBO CORPORATE, 2650 BELVIDERE ROAD, WAUKEGAN, IL, 60085

3

SHIPPING MEMO PO#N0000021716 Confirmed

SHIP DATE	PAYMENT TERMS	SALES REP	SHIPPED VIA	INVOICE NUMBER	WEIGHT ORDERED		
8/21/2018	Net 30 Days	HOWARD M	INH	1540224	--		

	CASE UPC	QUANTITY SHIPPED	FULL DESCRIPTION OF GOODS	WEIGHT (LBS)	TOTAL WEIGHT (LBS)
1	35000-14173	35	Irish Spring//Deep Action Scrub 8pk/9/3.75/oz	20.50	717.50
2	10900-20050	87	Reynolds/Aluminum Foil/Heavy Duty/24/37.5/sf	16.60	1,444.20
3	46500-77183	8	Glade/Automatic Spray/Matcha Garden Green Tea & Aloe/6/6.2/oz	3.75	30.00
4	46500-77181	8	Glade/Automatic Spray/Soho Social Citrus & Mimosa Flower/6/6.2/oz	3.75	30.00
5	12561-25180	20	Axe/Body Spray/Click/6/5/oz	2.00	40.00
6	12561-67008	60	Axe/Body Spray/Excite 150ml/6/5/oz	2.00	120.00
7	12561-64841	60	Axe/Body Spray/Apollo 150ml/6/5/oz	2.00	120.00
8	10908-43040	40	Axe/Body Spray/You 150ml/6/5/oz	2.00	80.00
9	12561-67103	40	Axe/Body Spray/Musk 150ml/6/5/oz	2.00	80.00
10	12561-25804	20	Axe/Body Spray/Peace 150ml/6/5/oz	2.00	40.00
11	10908-05215	60	Axe/Body Spray/Black Night 150ml/6/5/oz	2.00	120.00
12	12561-24912	40	Axe/Body Spray/Africa 150ml/6/5/oz	2.00	80.00
13	12561-24889	20	Axe/Body Spray/Limited Edition150ml/6/5/oz	2.00	40.00
14	12561-46627	40	Axe/Body Spray/Gold Temptation 150ml/6/5/oz	2.00	80.00
15	62338-79717	7	Air Wick/Scented Oil Twin Refill/Fresh Waters 2pk/6/1.34/oz	2.59	18.13
16	62338-81262	9	Air Wick/Scented Oil Twin Refill/Vanilla Passion 2pk/6/1.34/oz	3.03	27.27
17	62338-82733	16	Air Wick/Scented Oil Twin Refill/Serene Coconut Breeze 2pk/6/1.34/oz	3.03	48.48
		570			3,116

PALLET COUNT 3

SIGNATURE Noah Mulch

NAME: Heather Mulch
SIGNATURE: *DATE*
DATE: 8/23 PO# 21716
SKIDS: 3 PCS:
APPT 730 IN 630 OUT 715
DRIVER

17

Page 1 of 1

BILL OF LADING / PACKING SLIP 1540223

SHIPPER / EXPORTER		SHIP TO / CONSIGNEE	
Name	L&K DISTRIBUTORS, INC. d/b/a BRAND NAME DIST SVC.	Name	HOBO CORPORATE
Address 1	175 CENTRAL AVE S	Address 1	2650 BELVIDERE ROAD
Address 2	BETHPAGE NY 11714	Address 2	WAUKEGAN, IL, 60085
FED TAX	20-1838435	CONTACT	PURCHASING TEL 847-263-1240
TEL	718-643-1141 847-732-7900	BILL TO:	HOBO CORPORATE, 2650 BELVIDERE ROAD, WAUKEGAN, IL, 60085

(5) 14

SHIPPING MEMO PO#N000021795 Confirmed

SHIP DATE	PAYMENT TERMS	SALES REP	SHIPPED VIA	INVOICE NUMBER	WEIGHT ORDERED	
8/21/2018	Net 30 Days	HOWARD M	INII	1540223	-	

	CASE UPC	QUANTITY SHIPPED	FULL DESCRIPTION OF GOODS	WEIGHT (LBS)	TOTAL WEIGHT (LBS)
1	05212-34500	12	Vaseline/Petroleum Jelly/Original/24/13/oz	23.80	285.60
2	05215-12800	50	Q-Tips//24/500/ct	15.00	750.00
3	14367-35185	7	White Swan/Scented Candle/Alaskan Pine/6/10/oz	11.25	78.75
4	14367-35183	7	White Swan/Scented Candle/Just Cinnamon/6/10/oz	11.25	78.75
5	14367-35181	7	White Swan/Scented Candle/Berry Fresh/6/10/oz	11.25	78.75
6	37000-93037	153	Tide/Pods/Original HE/4/31/ct	7.94	1,214.82
7	46500-77791	16	Glade/Automatic Spray/Enchanted Floral Garden/6/6.2/oz	3.75	60.00
8	01030-67083	36	Dove/Body Wash/Beauty Nourishing WPump/12/27.04/oz	26.70	961.20
9	01030-66159	22	Dove/Body Wash/Almond Cream & Hibiscus WPump/12/27.04/oz	26.70	587.40
10	01030-66158	22	Dove/Body Wash/Shea Butter WPump/12/27.04/oz	26.70	587.40
11	58000-31222	72	Palmolive/Dish Liquid/Original/4/169/oz	47.20	3,398.40
12	37000-97785	46	Tide/Pods/Downy HE April Fresh/4/61/ct	18.14	834.44
13	79400-26570	50	Degree/Men Invisible Solid/Sport/12/2.7/oz	4.50	225.00
14	79400-26560	50	Degree/Men Invisible Solid/Extreme Blast/12/2.7/oz	3.60	180.00
15	79400-20570	25	Degree/Men Invisible Solid/Cool Comfort/12/2.7/oz	4.50	112.50
16	79400-25190	9	Degree/Women Invisible Solid/Shower Clean/12/2.6/oz	3.60	32.40
17	35000-26919	34	Irish Spring/Body Wash/Moisture Blast/6/18/oz	8.35	283.90
18	35000-26920	50	Irish Spring/Body Wash/Aloe/6/18/oz	8.35	417.50
19	35000-26918	0	Irish Spring/Body Wash/Original/6/18/oz	8.35	0.00
20	37000-22275	45	Dawn//Summer Time/10/25/oz	21.57	970.65
21	37000-23685	87	Dawn//Original/10/25/oz	21.57	1,876.59
		800			13,014

PALLET COUNT 14

SIGNATURE

BILL OF LADING / PACKING SLIP 1540223

SHIPPER / EXPORTER		SHIP TO / CONSIGNEE	
Name	L&K DISTRIBUTORS, INC. d/b/a BRAND NAME DIST SVC.	Name	HOBO CORPORATE
Address 1	175 CENTRAL AVE S	Address 1	2650 BELVIDERE ROAD
Address 2	BETHPAGE NY 11714	Address 2	WAUKEGAN, IL, 60085
FED TAX	20-1838435	CONTACT	PURCHASING TEL 847-263-1240
TEL	718-643-1141 847-732-7900	BILL TO:	HOBO CORPORATE, 2650 BELVIDERE ROAD, WAUKEGAN, IL, 60085

SHIPPING MEMO PO#N000021795 Confirmed

SHIP DATE	PAYMENT TERMS	SALES REP	SHIPPED VIA	INVOICE NUMBER	WEIGHT ORDERED	
8/21/2018	Net 30 Days	HOWARD M	INH	1540223	--	

CASE UPC	QUANTITY SHIPPED	FULL DESCRIPTION OF GOODS	WEIGHT (LBS)	TOTAL WEIGHT (LBS)

DATE _____

S

DRIVER
APPT
SKIDS:
DATE:
SIGNATURE:
NAME:
PO#
PCS:
IN
OUT

NAME: [illegible]
SIGNATURE: [illegible]
DATE: 8/22 PO# 21795
SKIDS: 14 PCS:
APPT 720 IN 820 OUT 715
DRIVER

Scanned with CamScanner

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37643101
AMOUNT DUE:	$1,272.00 USD
DUE DATE:	09/11/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204512046
BILL OF LADING #:	SL204512046
EQUIPMENT #:	x
SCAC:	SLCY
INVOICE DATE:	08/27/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
08/23/18 Comfort Research 651 Heil Quacker Ave - STE C LEWISBURG TN 37091	08/24/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL			$1,272.00
Furniture/Chairs 321 NA 4020 Pounds			

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204512046
Carrier Pro	SL204512046
Carrier Pro	SL204512046 (AUTO 08/20/2018 11 41 49 815)
Equipment	x
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91285933
Pickup	21843
Purchase Order	N21843
Rate Code	45899

AMOUNT DUE	$1,272.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:	Phone:	Email
DeBrozzo, Cindy	920-592-3795	DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

APPT TIME

Date: 08/23/2018 10:00:00

BILL OF LADING

Page: 1 of 1

SHIP FROM

Comfort Research
651 Hell Quaker Ave, Suite C
Lewisburg, TN 37091
SID#:

FOB: ☐

SHIP TO

IL08152018

HOBO 47
PO: N000021843, 7557 S 78TH AVE
BRIDGEVIEW, IL 60455
CID#: IL08152018

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

SPECIAL INSTRUCTIONS:

Must Arrive By Date:

Bill of Lading Number: **OR1704683.1**

TIME IN: 11:11

TIME OUT: 2:00

(402) OR1704683.1

Carrier Name: Schneider
Trailer Number: 53153
Seal Number: 0916284
Load #: 21843

SCAC: **SCHNEIDER**
Pro Number:

Freight ChargeTerms:
Prepaid _____ Collect _____ 3rd Party _____

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER/ ITEM NO.	COUNT	WEIGHT	PALLET/SLIP (circle one)	Destination	PO Type	Dept
PO N000021843			Y N		0003	00071
0659604	29	406		BIG JOE CLUB 19 SMARTMAX PATRIO		
0663602	38	300.2		BLACK BIG JOE DUO SMARTMAX		
0669106	78	0		CUBE CHAIR UNION BLUE (HITCHCOC		
0669614	54	540		SAPPHIRE CUBE CHAIR SMARTMAX C		
0672614	3	25.35		HUG CHAIR BLUE SAPPHIRE SMARTM		
0880181P453	66	330		MI CHAIR ESPRESSO COMFORT SUED		
GRAND TOTAL	268	1601.55				

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT		COMMODITY DESCRIPTION	LTL ONLY NMFC #	LTL ONLY CLASS
0	PALLET	268	EACH	1601.55		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		

NAME: Chris G
SIGNATURE:
DATE: 8/24 PO# N21843
SKIDS: PCS: 268
APPT 730 IN 925 OUT 1210
DRIVER

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

_____ per _____

C.O.D. Amount: $ 0.00
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 acceptable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request.
The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
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.

Sandi 8/23/18

Trailer Loaded
☑ By Shipper
☐ By Driver

Freight Counted
☑ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

8/23/18

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37569835
AMOUNT DUE:	$1,197.00 USD
DUE DATE:	09/07/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204512526
BILL OF LADING #:	SL204512526
EQUIPMENT #:	NA
SCAC:	SLCY
INVOICE DATE:	08/23/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
08/22/18 Dynasty Carpet 2210 S. Hamilton St Ext. DALTON GA 30721	08/23/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL			$1,197.00
Rolled Vinyl Flooring 752 NA 33000 Pounds			

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204512526
Carrier Pro	SL204512526
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91281815
Purchase Order	N21766
Rate Code	45900

AMOUNT DUE	$1,197.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:	Phone:	Email
DeBrozzo, Cindy	920-592-3795	DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37643025
AMOUNT DUE:	$1,315.00 USD
DUE DATE:	09/11/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204517297
BILL OF LADING #:	SL204517297
EQUIPMENT #:	53114
SCAC:	SLCY
INVOICE DATE:	08/27/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
08/24/18 L & K Distributors 175 Central Avenue South BETHPAGE NY 11714	08/27/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL			$1,315.00
Furniture 24 Pallets 20000 Pounds			

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204517297
Carrier Pro	SL204517297
Equipment	53114
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91285834
Purchase Order	n21794
Rate Code	45894

AMOUNT DUE	$1,315.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:
DeBrozzo, Cindy

Phone:
920-592-3795

Email
DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

BILL OF LADING / PACKING SLIP 1540222

SHIPPER/EXPORTER		SHIP TO/CONSIGNEE	
Name	L&K DISTRIBUTORS ; INC. d/b/a BRAND NAME DIST SVC.	Name	HOBO CORPORATE
Address 1	175 CENTRAL AVE S	Address 1	2650 BELVIDERE ROAD
Address 2	BETHPAGE NY 11714 -	Address 2	WAUKEGAN, IL, 60085
FED TAX	20-1838435	CONTACT	PURCHASING TEL 847-263-1240
TEL	718-643-1141 847-732-7900	BILL TO:	HOBO CORPORATE, 2650 BELVIDERE ROAD , WAUKEGAN, IL, 60085

SHIPPING MEMO PO#N000021794 Confirmed

SHIP DATE	PAYMENT TERMS	SALES REP	SHIPPED VIA	INVOICE NUMBER	WEIGHT ORDERED
8/23/2018	Net 30 Days	HOWARD M	INH	1540222	-

	CASE UPC	QUANTITY SHIPPED	FULL DESCRIPTION OF GOODS	WEIGHT (LBS)	TOTAL WEIGHT (LBS)
1	401540-0622406	28	Pampers/Baby Wipes/Unscented/12/64/ct	11.00	308.00
2	0401540-0622833	28	Pampers/Baby Wipes/Fresh Clean/12/64/ct	11.00	308.00
3	05210-14301	36	Vaseline/Intensive Care Lotion Pump/Essential Healing/6/32/oz	13.90	500.40
4	05210-14255	36	Vaseline/Intensive Care Lotion Pump/Cocoa Radiant/6/32/oz	13.90	500.40
5	36000-37434	180	Klecnex/Facial Tissue Display/White/72/160/ct	53.00	9,540.00
6	70481-01163	120	Murphy Oil/Soap Liquid//9/32/oz	21.90	2,628.00
7	70481-01151	88	Murphy Oil/Squirt & Mop/Liquid/6/32/oz	14.00	1,232.00
8	00686-92113	180	Dine Away/Premium Plastic Plates/9'/4/100/ct	11.70	2,106.00
9	79400-33577	76	TRESemme/Shampoo/Keratin Smooth WPump/6/32/oz	13.80	1,048.80
10	79400-33574	42	TRESemme/Conditioner/Keratin Smooth WPump/6/32/oz	13.80	579.60
		814			18,751

PALLET COUNT _____

SIGNATURE _____

DATE _____

NAME: [signature]
SIGNATURE:
DATE: 8/27 PO# 21794
SKIDS: 27 PCS:
APPT 730 IN 755 OUT 825
DRIVER

On 2 pallets

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37707972
AMOUNT DUE:	$1,395.00 USD
DUE DATE:	09/15/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204553034
BILL OF LADING #:	SL204553034
EQUIPMENT #:	5325
SCAC:	SLCY
INVOICE DATE:	08/31/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
08/30/18 Affordable Furniture 6496 Redland Sarepta Rd HOULKA MS 38850	08/31/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL			$1,395.00
Furniture 77 NA 9800 Pounds			

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204553034
Carrier Pro	SL204553034
Equipment	5325
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91293549
Purchase Order	N21832
Rate Code	45924

AMOUNT DUE	$1,395.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:
DeBrozzo, Cindy

Phone:
920-592-3795

Email
DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37871834
AMOUNT DUE:	$790.00 USD
DUE DATE:	09/26/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204598263
BILL OF LADING #:	SL204598263
EQUIPMENT #:	530106
SCAC:	SLCY
INVOICE DATE:	09/11/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
09/06/18 XS Merchandise 7000 Granger Road INDEPENDENCE OH 44131	09/10/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL unknown 15 Pallets 30000 Pounds			$790.00

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204598263
Carrier Pro	SL204598263
Equipment	530106
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91305110
Purchase Order	N22062
Rate Code	45954

AMOUNT DUE	$790.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:	Phone:	Email
DeBrozzo, Cindy	920-592-3795	DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

SHIPPING ORDER

CARRIER: SCHNEIDER / CM TRANS.

SHIPPER'S

CARRIER'S

DATE 9-6-18

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described below in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

TO: CONSIGNEE	FROM: SHIPPER
HOBO BRIDGEVIEW WAREHOUSE	X-S MERCHANDISE, INC.
STREET: 7557 S. 78TH AVE.	STREET: 7000 GRANGER RD
DESTINATION - CITY, STATE, ZIP: BRIDGEVIEW IL 60455	ORIGIN - CITY, STATE, ZIP: INDEPENDENCE, OH 44131
ROUTE	VEHICLE NO.

NO. SHIPPING UNITS	H.M.*	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (SUBJECT TO CORRECTION)	RATE	CHARGES (FOR CARRIER USE ONLY)
15 SLP		PALLETS (749 CTNS) PO# M22062	13774 LBS		
		MARKING * 056290			
		TRL # 530106			
		SEAL # 8620652 CLEAR			

NAME: D Mull
SIGNATURE:
DATE: 9-10 PO# 22062
SKIDS: 15 PCS:
APPT 830 IN 820 OUT 856
DRIVER

REMIT C.O.D. TO:
ADDRESS

AMOUNT
COD $

COD FEE
PREPAID ☐ COLLECT ☐ $

TOTAL CHARGES ▶ $

FREIGHT CHARGES
FREIGHT PREPAID except when box at right is checked ☒ CHECK BOX If charges are to be collect

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight" NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$ _____ per _____

Subject to section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

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

SHIPPER X-S MERCHANDISE
AUTHORIZED SIGNATURE

CARRIER
AUTHORIZED SIGNATURE
DATE 9/10/18

2

*IN H.M. COLUMN FOR HAZARDOUS MATERIALS

/13

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37886896
AMOUNT DUE:	$885.00 USD
DUE DATE:	09/27/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204603165
BILL OF LADING #:	SL204603165
EQUIPMENT #:	38080
SCAC:	SLCY
INVOICE DATE:	09/12/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
09/10/18 Value Merchandise 13100 12th Ave N Suite C Plymouth MN 55441	09/11/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL			$885.00
Home Decor 42 Pallets 21800 Pounds			

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204603165
Carrier Pro	SL204603165
Equipment	38080
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91306949
Purchase Order	N22064, N21945, N22017
Rate Code	45958

AMOUNT DUE	$885.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:	Phone:	Email
DeBrozzo, Cindy	920-592-3795	DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

CARRIER DO NOT BREAK SKID

(4)

□JS □JG □JG
□MJ Date 9/10

Date SEP 10 2018

BILL OF LADING

SHIP FROM
Value Merchandise
13100 12th Ave N., Suite C
Plymouth, MN 55441
763-450-1700
SID No.:

SHIP TO
Hobo Warehouse
7557 S 78th Ave
Bridgeview IL 60455
CID No:

THIRD PARTY FREIGHT CHARGES BILL TO

Special Instructions:

Bill of Lading Number: SO6825, SO6981 & SO7001
Trailer# 38080
Seal# 1520898

Carrier Name: Schneider
Trailer number:
Serial number(s):

DRIVER COPY

SCAC:
Pro Number:

Freight Charge Terms (Freight charges are prepaid unless marked otherwise):
[ ] Prepaid [X] Collect [ ] 3rd party

□ Master bill of lading with attached underlying bills of lading

NAME: SIGNATURE: DATE: SKIDS: APPT TIME: DRIVER PCS: PO#n22xx IN: 1:30 OUT

CUSTOMER ORDER INFORMATION

Customer Order No.		# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
PO #	n000022017	162	1742	Y	N	4 Pallets
PO #	n000021945	903	10860	Y	N	18 Pallets
PO #	n000022064	515	9198	Y	N	10 Pallets
PO #				Y	N	Pallets
PO #				Y	N	Pallets
PO #				Y	N	Pallets
PO #				Y	N	Pallets
PO #				Y	N	Pallets
Grand Total		1580	21800			32 Pallets (2 pallets top loaded)

CARRIER INFORMATION

Handling Unit Qty	Handling Unit Type	Package Qty	Package Type	Weight	HM (X)	Commodity Description (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)	LTL Only NMFC No.	LTL Only Class
32	PALLET	1580	BOX	21800		Novelties		70
						DO NOT BREAK SKIDS		
						PENALTIES WILL APPLY		
32	PALLETS	1580	BOXES	21800				

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 USC § 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 charges and all other lawful fees.

Shipper Signature

Shipper Signature/Date
Javier Prowell
SEP 10 2018

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.

1580 CASES ON 32 PALLETS

ATTENTION CARRIER:
No Additional Freight Services are Authorized without prior written approval from Value Merchandise Int'l
Phone: 763-450-1700

9/7/2018

STRAIGHT BILL OF LADING
SHORT FORM
(ORIGINAL NOT NEGOTIATED)

8

BOL#:
Date: 9/11/2018
Pro#:
PO#: 22141

Shipper: INTERNATIONAL LIQUIDATION
2251 PICADILLY DR
BLDG C330
ROUND ROCK TX 78664

Route#:
Trailer#:
Department#: SHIPPING

Consignee: HOBO #47
7557 S. 78TH AVE
BRIDGEVIEW, IL 60455

Send freight bill to:

Hot

Freight Charges: Third Party (must be prepaid)

Single Shipment: ☑ Yes ☐ No

# Packages	HM	Description of Articles	Kind of Packaging	Weight	Class/Rate
28		PALLETS CLASS 70 SEALED # 6056931	colgate NAME: SIGNATURE: DATE: 9-13 PO# 22141 SKIDS: 28 PCS: APPT 730 IN 930 OUT 1020 DRIVER	42,000	70
TOTAL PCS:	1		**TOTAL WEIGHT:**		

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $ _____ per _____.
Liability limitations for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (8).

SPECIAL INSTRUCTIONS:

NO ADDITIONAL ACESSORIALS

PACKING SLIP
s/o 22141

Possible Damage Seal in tact

Rob Bernardi 9-13-18

DATE:

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

PER: OSCAR
DATE: 9/11/18

CARRIER:
Carrier Certification:
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 document in the vehicle.

PER:
DATE:
PACKAGE NOS:

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37908838
AMOUNT DUE:	$1,598.00 USD
DUE DATE:	09/28/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204617090
BILL OF LADING #:	SL204617090
EQUIPMENT #:	120990
SCAC:	SLCY
INVOICE DATE:	09/13/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
09/11/18 International Liquidation 2251 Picilly Dr Bldg C330 ROUND ROCK TX 78664	09/13/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL			$1,598.00
Personal Care Items (Toothpast 28 Pallets 42000 Pounds			

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204617090
Carrier Pro	SL204917090
Equipment	120990
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91308655
Purchase Order	N22141
Rate Code	45963

AMOUNT DUE	$1,598.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:	Phone:	Email
DeBrozzo, Cindy	920-592-3795	DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37886588
AMOUNT DUE:	$300.00 USD
DUE DATE:	09/27/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204624905
BILL OF LADING #:	SL204624905
EQUIPMENT #:	W31256
SCAC:	SLCY
INVOICE DATE:	09/12/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
09/12/18 Standard Furniture MFG. 815 Dr. Martin Luther King B BAY MINETTE AL 36507	09/14/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL			$0.00
Furniture 95 NA 16974 Pounds			
VEHICLE REQUESTED NOT USED			$300.00

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204624905
Carrier Pro	SL204624905 (AUTO 09/12/2018 04 09 05 455)
Carrier Pro	SL204624905 (AUTO 09/12/2018 04 09 03 521)
Carrier Pro	SL204624905 (AUTO 09/11/2018 10 44 13 729)
Carrier Pro	Linat Logistics LLC
Equipment	W31256
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91306614
Purchase Order	N21728
Rate Code	45974

AMOUNT DUE	$300.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:	Phone:	Email
DeBrozzo, Cindy	920-592-3795	DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

STRAIGHT BILL OF LADING – SHORT FORM – ORIGINAL – Not Negotiable

BOL#: 18091995243-01

SHIP TO
HOBO #47
* CALL BARB FOR APPT
708-924-9155 EXT #13
7557 78TH AVE
BRIDGEVIEW IL 60455

SOLD TO
S T O P S U M M A R Y
16.09 ALICIAB

LOAD INFORMATION
LOAD NO.: 95243 STOP NO.: 01
TRAILER NO.:
MILES: TAILGATE:

CUSTOMER INFORMATION
CUSTOMER NO.: 60590
P.O. #:

DELIVERY INFORMATION
DATE:
TIME:
CONFIRMATION NO.:
CONTACT:

GOODS NOT TO BE RETURNED WITHOUT PERMISSION FROM STANDARD FURNITURE

CARRIER/BROKER	CARRIER NO.	DRIVER SIGNATURE	CHECK NO.	COLLECT BY DRIVER
CUST P/U - TERMS COLLECT				

LINE#	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE
	CUST PO: N000021728				
	ORDER#: 2339492-00				
	EXCEPTIONS				
	PRINT NAME				

NAME: [illegible]
SIGNATURE: [illegible]
DATE: 12-21 PO# 21728
SKIDS: PCS: 79
APPT 600 IN 10 OUT 1150
DRIVER

SIGNATURE ON THIS BILL OF LADING SIGNIFIES GOODS HAVE BEEN RECEIVED IN FULL AND IN GOOD ORDER. IN THE EVENT OF A DELIVERY PROBLEM, PLEASE CALL OUR CUSTOMER CARE DEPT. 1-800-827-7866

SEAL #:	SIGN ON:	SIGN OFF:
9285504		

TYPE	ORDER NUMBER	ORDER DATE		WEIGHT	CU. FT.	# CARTONS	# PIECES	TOTAL PIECES REC'D.	COLLECT ON DELIVERY
				13986	2970	79	79		

Charges advanced:
1.
2.
"Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission."

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and other lawful charges.
(Signature of consignor)

The box boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon and all other requirements of Consolidated Freight Classification.

SHIPPER PER _____ RECEIVED BY _____ DATE _____

ORIGINAL

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37936617
AMOUNT DUE:	$799.00 USD
DUE DATE:	09/29/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204634484
BILL OF LADING #:	SL204634484
EQUIPMENT #:	1844
SCAC:	SLCY
INVOICE DATE:	09/14/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
09/13/18 Mazel Company 31000 Aurora Rd SOLON OH 44139	09/14/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL			$799.00
Plastic Articles 44 NA 11000 Pounds			

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204634484
Carrier Pro	SL204634484
Equipment	1844
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91310421
Purchase Order	N22063A
Rate Code	45971

AMOUNT DUE	$799.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:
DeBrozzo, Cindy

Phone:
920-592-3795

Email
DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

Page 1 of 1

BILL OF LADING

Date: 9/13/18

SHIP FROM

Name: THE MAZEL COMPANY
Address: 31000 AURORA RD
City/State/Zip: SOLON OH 44139
FOB: ☐
SID#:

Bill of Lading Number: 0645336000734948
73494

SHIP TO

Name: Location #:
Address: HOME OWNERS BARGAIN #47
7557 S 78TH AVENUE
City/State/Zip: BRIDGEVIEW IL 60455
FOB: ☐
CID#:

CARRIER NAME: SCHNEIDER
Trailer number: 208
Seal number(s): 2455207
SCAC: SCNN
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:
CALL FOR APPT: 414-762-1600

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET	ADDITIONAL SHIPPER INFO
N000022063	12	552		611989
N000022063	165	4,781		611742
GRAND TOTAL	177	5,333		

NAME: W Mabry
SIGNATURE: _____
DATE: 9-24 PO# 220034
SKIDS: 24 PCS: _____
APPT 900 IN 900 OUT 930
DRIVER _____

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION (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)	LTL ONLY NMFC #	LTL ONLY CLASS
		177	CTN	5,333		SUB8 PLASTIC ARTICLES 12-15 PCF	156600	85.00
		27	PLT	945		PALLET WEIGHT	199550	70.00
		24						
		177		6,278		GRAND TOTAL		

24 s/n

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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself/herself and his/her assigns.

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
THE MAZEL COMPANY Shipper Signature

SHIPPER SIGNATURE / DATE
This is to certify that the above named materials are properly classified, described, 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.

D. Thovenin 9/13/18

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	38059641
AMOUNT DUE:	$1,685.00 USD
DUE DATE:	10/06/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204649227
BILL OF LADING #:	SL204649227
EQUIPMENT #:	NA
SCAC:	SLCY
INVOICE DATE:	09/21/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
09/19/18 Standard Furniture MFG. 815 Dr. Martin Luther King B BAY MINETTE AL 36507	09/21/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL Furniture 95 NA 16974 Pounds			$1,685.00

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204649227
Carrier Pro	SL204649227 (AUTO 09/14/2018 10 40 49 415)
Carrier Pro	48530131
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91319973
Purchase Order	N21728

AMOUNT DUE	$1,685.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:
DeBrozzo, Cindy

Phone:
920-592-3795

Email
DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

STANDARD FURNITURE CO., INC
PO BOX DRAWER 1089
BAY MINETTE, ALABAMA 36507

BOL#: 18091995392-01

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - Not Negotiable

SHIP TO
HOBO #47
* CALL BARB FOR APPT
708-924-9155 EXT #13

7557 78TH AVE
BRIDGEVIEW IL 60455

PHONE
(708)
(924 9155)

SOLD TO
BRIDGEVIEW OAK CREEK DIST CTR (847)
DBA HOBO #47 (263 1240)
2650 BELVIDERE RD
WAUKEGAN IL

7069246187

LOAD INFORMATION
LOAD NO.: 95392 STOP NO.: 01
TRAILER NO.: 09 000
STD.SLS
MILES: TAILGATE:

ALICIAB

CUSTOMER INFORMATION
CUSTOMER NO.: 60590 002 SA 9000
P.O. #: N000021724

DELIVERY INFORMATION
DATE: 0/00/00
TIME:
CONFIRMATION NO.:
CONTACT: 1

GOODS NOT TO BE RETURNED WITHOUT PERMISSION FROM STANDARD FURNITURE

CARRIER/BROKER	CARRIER NO.	DRIVER SIGNATURE	CHECK NO.	COLLECT BY DRIVER
CUST P/U - TERMS COLLECT				

LINE#	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE
002	LOVESEAT,MANUAL CONSO	41-50-43-1	25		
003	SOFA,MANUAL-DROPDOWN	41-50-96-1	34		
001	RECLINER, GLIDER MANU	41-50-99-1	15		
	PLACED ON B.O. FROM	2339494 00			

SEAL #: 7328494

SKIN ON

SKIN OFF

TYPE	ORDER NUMBER	ORDER DATE	WEIGHT	CU FT	CARTONS PIECES	TOTAL PIECES RECD	DIRECT DELIVERY
P	2339494 00	7/25/18					

SHIPPER PER

RECEIVED BY

DATE

ORIGINAL

Right Hand Transport Mail (no subject)

STRAIGHT BILL OF LADING – SHORT FORM – ORIGINAL – Not Negotiable

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading at Bay Minette, Alabama

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination, it is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or rail-water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

BOL#: 18091995392-01

SHIP TO
HOBO #47
* CALL BARB FOR APPT
708-924-9155 EXT #13
7557 78TH AVE
BRIDGEVIEW
IL 60455

SOLD TO
S T O P S U M M A R Y
16.46 ALICIAB

LOAD INFORMATION
LOAD NO.: 95392 STOP NO.: 01
TRAILER NO.:
MILES: TAILGATE:

CUSTOMER INFORMATION
CUSTOMER NO.: 60590
P.O. #:

DELIVERY INFORMATION
DATE:
TIME:
CONFIRMATION NO.:
CONTACT:

GOODS NOT TO BE RETURNED WITHOUT PERMISSION FROM STANDARD FURNITURE

CARRIER/BROKER	CARRIER NO.	DRIVER SIGNATURE	CHECK NO.	COLLECT BY DRIVER
CUST P/U - TERMS COLLECT				

LINE#	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE
	CUST PO: N000021724 A				
	ORDER#: 2339494-50				
	EXCEPTIONS				
	PRINT NAME				

NAME:
SIGNATURE:
DATE: 12-20 PO# N21724A
SKIDS: PCS: 74
APPT 12-21 IN 1 OUT 135
DRIVER

SIGNATURE ON THIS BILL OF LADING SIGNIFIES GOODS HAVE BEEN RECEIVED IN FULL AND IN GOOD ORDER. IN THE EVENT OF A DELIVERY PROBLEM, PLEASE CALL OUR CUSTOMER CARE DEPT, 1-800-827-7866

SEAL #1:	7328494	SIGN ON:	SIGN OFF:

TYPE	ORDER NUMBER	ORDER DATE	WEIGHT	CU. FT.	# CARTONS	# PIECES	TOTAL PIECES REC'D.	COLLECT ON DELIVERY
			13313	3085	74	74		

Charges advanced:
$
"Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission."

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and other lawful charges.
(Signature of consignor)

The flute boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon and all other requirements of Consolidated Freight Classification.

SHIPPER PER RECEIVED BY DATE

ORIGINAL

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37871371
AMOUNT DUE:	$340.03 USD
DUE DATE:	09/26/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204496918
BILL OF LADING #:	SL204496918
EQUIPMENT #:	NA
SCAC:	SLCY
INVOICE DATE:	09/11/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
08/17/18 PS Linens 360 Elizabeth Avenue NEWARK NJ 07101	08/23/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL			$296.83
Cutting Boards/Paper Towels 2 Pallets 1385 Pounds			
FUEL SURCHARGE TRANSPORTATION			$43.20

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204496918
Carrier Pro	26770467
NO DESCRIPTION	LTL
NO DESCRIPTION	91306327
Pickup	010816201800114
Purchase Order	N21808
Rate Code	45879

AMOUNT DUE	$340.03
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:
DeBrozzo, Cindy

Phone:
920-592-3795

Email
DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	37936811
AMOUNT DUE:	$799.00 USD
DUE DATE:	09/29/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204620211
BILL OF LADING #:	SL204620211
EQUIPMENT #:	NA
SCAC:	SLCY
INVOICE DATE:	09/14/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
09/14/18 Mazel Company 31000 Aurora Rd SOLON OH 44139	09/14/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL Plastic Articles 24 NA 11000 Pounds			$799.00

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204620211
Carrier Pro	SL204620211
NO DESCRIPTION	TRUCKLOAD
NO DESCRIPTION	91310621
Purchase Order	N22063
Rate Code	45970

AMOUNT DUE	$799.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:
DeBrozzo, Cindy

Phone:
920-592-3795

Email
DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	38117539
AMOUNT DUE:	$1,685.00 USD
DUE DATE:	10/10/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204660361
BILL OF LADING #:	SL204660361
EQUIPMENT #:	09
SCAC:	SLCY
INVOICE DATE:	09/25/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
09/19/18 Standard Furniture MFG. 815 Dr. Martin Luther King B BAY MINETTE AL 36507	09/21/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL			$1,685.00
Furniture 74 NA 13313 Pounds			
ADDITIONAL REFERENCE NUMBERS			
Bill of Lading SL204660361 Carrier Pro SL204660361 Equipment 09 NO DESCRIPTION TRUCKLOAD NO DESCRIPTION 91324365 Purchase Order N00021724A			

AMOUNT DUE	$1,685.00
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:
DeBrozzo, Cindy

Phone:
920-592-3795

Email
DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

SCHNEIDER™

Please Send Payment to:
Schneider National, Inc.
2567 Paysphere Circle
Chicago IL 60674

Please reference our invoice # with payment to avoid delays in crediting your account

ORIGINAL INVOICE	
INVOICE #:	38282254
AMOUNT DUE:	$468.14 USD
DUE DATE:	10/19/18

Bill to and Payment due from:

Attn: Diane Myers
KLS ACQUISITION CORP.
KLS ACQUISITION CORP
2650 BELVIDERE RD
WAUKEGAN IL 60085-6006

ORDER NUMBER:	SL204606663
BILL OF LADING #:	SL204606663
EQUIPMENT #:	NA
SCAC:	SLCY
INVOICE DATE:	10/04/18
PAYMENT TERMS:	Net 15
FREIGHT TERMS:	PREPAID
A/R ACCT. #:	382625

SHIPPER	CONSIGNEE
09/14/18 Playtek LLC 2258 River Road FIELDALE VA 24089	09/19/18 HOBO 7557 78th Ave BRIDGEVIEW IL 60455

DESCRIPTION	QUANTITY	RATE	TOTAL
LINEHAUL Decor 4 Pallets 1247 Pounds			$438.14
SORT AND SEGREGATE			$30.00

ADDITIONAL REFERENCE NUMBERS

Bill of Lading	SL204606663
Carrier Pro	28422806
NO DESCRIPTION	LTL
NO DESCRIPTION	91339559
Pickup	44 09122018 00049
Purchase Order	N21913
Rate Code	46977

AMOUNT DUE	$468.14
	US DOLLARS

WWW.SCHNEIDER.COM

Invoice Questions:
DeBrozzo, Cindy

Phone:
920-592-3795

Email
DeBrozzoC@schneider.com

For Proof of Delivery please call the POD Hotline at 920-592-3881 or fax your request to 920-403-9716
Thank you for your Business

PAGE 1 OF 1

THIS MEMORANDUM is an acknowledgement that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

NAME OF CARRIER	CARRIER'S NO.	DATE	SHIPPER'S NO.
LA Trucking		8/30/18	

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of receipt by the carrier of the property described in the Original Bill of Lading.
The property described below in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.
Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

FROM:
SHIPPER
(ORIGIN)

Affordable Furniture MFG CO, Inc
6496 RedlandSarepta Rd
Houlka, MS 38850

TO:
CONSIGNEE 36

STREET Hobo Home Owners Bargain Outle
DESTINATION 7557 S. 78 TH Avenue
Bridgeview IL 60455 ZIP

DELIVERING CARRIER | ROUTE | VEHICLE NUMBER

NO. PACKAGES	+ HM	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	ERG #	*WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	✓	CHARGES (FOR CARRIER USE ONLY)
				Weight			
12.00		2770-AURC 2770-Recliner Aurora Chocolate	EA	1,200.00			
40.00		5603-AUSC 5603-Sofa Austin Chocolate	EA	5,600.00			
20.00		5602-AUSC 5602-Loveseat Austin Chocolate	EA	2,300.00			
72.00				9,100.00			

NAME: [illegible]
SIGNATURE:
DATE: 8/31 PO# 21832
SKIDS: 72 PCS: 72
APPT 730 IN 915 OUT 1230
DRIVER

PLACARDS SUPPLIED ☐ YES ☐ NO

DRIVER'S SIGNATURE: [illegible] SIC

EMERGENCY RESPONSE PHONE NO.

REMIT C.O.D. TO:
PO# n000021832
Sales Ord No. 00098782 Trailer # 5325
Invoice No. ID114637 Seal # D4475811

COD Amt. $

C.O.D. FEE:
☐ Prepaid
☐ Collect $

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".

Shipper's imprints in lieu of stamp; not a part of bill of lading approved by the U.S. Dept. of Transportation.

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

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
RW
(Signature of Consignor)

TOTAL CHARGES $

Freight charges are PREPAID unless marked collect. ☒ Check box if charges are Collect

"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation"

Shipper, Per

Permanent post office address of shipper

+ MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS.

3

THIS MEMORANDUM is an acknowledgement that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

RECEIVED, subject to the classifications and tariffs in effect on the date of receipt by the carrier of the property described in the Original Bill of Lading.

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".
NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.

SHIPPER'S NUMBERS 30829

TRAILER NO. 6188 | SEAL NO. 9150247

Subject to Section 7 of conditions of applicable bi of lading, if this shipment is to be delivered to th consignee without recourse on the consignor, the consi nor, shall sign the following statement.
The carrier shall not make delivery of this shipmer without payment of freight and all other lawful charge

(SIGNATURE OF CONSIGNOR)

* Shipper's imprint in lieu of stamp, not a part of bi of lading approved by the Interstate Commerce Commi sion.

The fibre boxes used for this shipment conform to th specifications set forth in the box maker's certificat thereon, and all other requirements of Consolidate Freight Classification.

If charges are to be prepaid, write or stamp here, "T Be Prepaid."

CARRIER Schneider

AT DALTON, GA. | DATE 8/22/18 | FROM DYNASTY CARPET & RUG CO. INC.

CONSIGNED TO HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL. 60455

PO#N000021766

SHIPPING INSTRUCTIONS
COLLECT

COD

COLLECT ON DELIVERY
$
REMIT TO

PERMANENT ADDRESS
2210 S. HAMILTON ST. EXT.
DALTON, GA. 30721

DESCRIPTION: CARPET OR CARPETING, SOFT SURFACE (PILE) FABRIC POWER MACHINE TUFTED PER DETAILED LISTED BELOW.

LINE	MILL ORD NO	MILL STYLE	COLOR	BACK	WIDTH FT. IN.	LENGTH FT. IN.	ROLL NO	LOT NO		WT
	500	6' X 8' PREMIUM VINYL								
		-ITEM#1244001								
		SKU#185915-103708								
	120	8' X 12' PREMIUM VINYL								
		-ITEM#1244000								
		-SKU#185915-103715								
	132	12' X 15' PREMIUM VINYL								
		ITEM#1246311								
		-SKU#185915-103289								

NAME: LiLi G
SIGNATURE: Lili G.
DATE: 8-23-18 PO#
SKIDS: PCS:
APPT 1 IN 12:55 OUT 4:20
X DRIVER

SUBJECT TO COUNT

CLASS # 70
NMFC # 182635

DALTON TIME IN 4:00PM
TIME OUT 8:30 pm

SHIPPER, PER	TOTAL SQ. YDS.	CASES	CUTS	ROLLS	TOTAL PCS.	TOTAL WT.
AGENT, PER	6586				752	32930

CARRIER COPY

Northern District of Illinois
Claims Register

18-30052 KLS Acquisition Corp.

Honorable Judge: Jacqueline P. Cox **Chapter:** 11

Office: Eastern Division **Last Date to file claims:**

Trustee: **Last Date to file (Govt):**

Creditor: (27397666) History **Claim No: 33** *Status:*
Schneider National Inc *Original Filed* *Filed by:* CR
Attn: Credit Dept *Date*: 12/21/2018 *Entered by:* Kevin Lyons
3101 Packerland Dr *Original Entered* *Modified:*
Green Bay WI 54313 *Date*: 12/21/2018

Amount claimed: $15843.17

History:

Details	33-1	12/21/2018	Claim #33 filed by Schneider National Inc, Amount claimed: $15843.17 (Lyons, Kevin)

Description:

Remarks:

Claims Register Summary

Case Name: KLS Acquisition Corp.
Case Number: 18-30052
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	$15843.17
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		