

Fill in this information to identify the case:Debtor 1 Oak Creek Distribution LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court Northern District of IllinoisCase number: 18-30055

FILED

U.S. Bankruptcy Court
Northern District of Illinois

11/29/2018

Jeffrey P. Allsteadt, Clerk

**Official Form 410
Proof of Claim**

04/16

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?	<u>SURE SHOT LOGISTICS, LLC</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>SURE SHOT LOGISTICS, LLC</u> Name PO BOX 7100 HUNTINGTON WOODS, MI 48070	Where should payments to the creditor be sent? (if different) Name
	Contact phone <u>888-898-7468</u> Contact email <u>accounting@sureshotlogistics.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>14928.00</u> <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>
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 healthcare information. <u>services performed as a broker for shipment fulfillment</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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.) <div style="display: flex; justify-content: space-between;"> <div> Value of property: Amount of the claim that is secured: Amount of the claim that is unsecured: </div> <div> \$ _____ \$ _____ \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) </div> </div> <div style="margin-top: 20px;"> Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable </div>
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies \$ _____</p>	Amount entitled to priority
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* Amounts are subject to adjustment on 4/1/19 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 11/29/2018
MM / DD / YYYY

/s/ Adam Russell

Signature

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

Name	Adam Russell		
	First name	Middle name	Last name
Title	Owner		
Company	Sure Shot Logistics, LLC		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	PO Box 7100		
	Number Street		
	Huntington Woods, MI 48070		
Contact phone	888-898-7468	Email	accounting@sureshotlogistics.com



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105518

Terms:
Net 30 Days

Bill To:

HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105518	Date:	08/23/2018
Ship Date:	08/14/2018	Delivery Date:	08/15/2018
REF1 RATE AGREEMENT# 45863			
REF2 LOAD 5			
REF3 N000021838			
REF4			

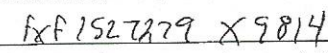
Pieces	Description	Weight	Identifier	Rate	Charges
20	PALLETIZED SUITCASES	7,417	FLAT	737	737.00

Pick Up: FINDLAY, OH 45840

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$737.00

Thank You

BILL OF LADING						Page 1 of 1	
SHIP FROM Name: FARRIS WHOLESALERS Address: 220 FARRIS DRIVE City/State/Zip: TUSCUMBIA, AL 35674 PHONE: 256-381-3333 FOB: <input type="checkbox"/>				Bill of Lading Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">BAR CODE SPACE</div>			
SHIP TO Name: HOBO Address: 7557 78 TH AVE City/State/Zip: BRIDGEVIEW, IL 60445 PHONE: 708-924-9155 FOB: <input type="checkbox"/>				CARRIER NAME: FEDEX Trailer number: Seal number(s): <div style="text-align: center;">  451520454-0  </div>			
THIRD PARTY FREIGHT CHARGES BILL TO: Name: SURE SHOT LOGISTICS Address: PO BOX 7100 City/State/Zip: HUNTINGTON WOODS, MI 48070 QUOTE# F8303226CM20 SPECIAL INSTRUCTIONS: PO N21889 & N20555				Freight Charge Terms: Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL							
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE			NMFC #	CLASS
9	SKID			12452		HOME GOODS	
GRAND TOTAL							
<small>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 _____</small>						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).							
<small>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.</small>						<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> <div style="text-align: right;">Shipper Signature</div>	
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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input 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 manifests. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <div style="text-align: center;">  95W/SK 08-22-18 </div>							

Page 1 of 1



DELIVERY RECEIPT



Freight Bill 4515204540 R0

2200 FORWARD DRIVE
HARRISON, AR 72601

fedex.com 1.866.393.4585

Consignee
HOB0
7557 S 78TH AVE
BRIDGEVIEW
IL 60455-1245 US

Trailer # 71644

Ship Date 08/22/2018

P.O. N21889

Origin DCU

Bill of Lading

Shipper Reference

Destination CGR

Shipper
FARRIS WHOLESALE OUTLET
220 FARRIS DR
TUSCUMBIA
AL 35674 US

FedEx Freight Economy

PIECES	PKG	H/U	HM	DESCRIPTION	WT(LBS)	NAFC	PCF CLASS	RATE	TOTAL CHARGES
9				PO# N21889 TRUCKLOAD HOME GOODS 9 SK SHIPPERLOAD/CONSIGNEEUNLOAD CAN NOT AUTO RATE DCU INSPECTING TERMINAL 012452 ORIGINAL WEIGHT **SHIPMENT REWEIGHED AS ABOVE** FXF TLX 8303226 CUSTOM RATES APPLIED MT					
<p>NAME: <u>St Mulder</u> SIGNATURE: <u>[Signature]</u> DATE: <u>8-27</u> PO# <u>21889</u> SKIDS: <u>9</u> PCS: <u>21889</u> APPT <u>12</u> IN <u>1245</u> OUT <u>210</u> DRIVER: <u>[Signature]</u></p>									
<p>** BY ACCEPTING THIS SHIPMENT, YOU AGREE TO BE FULLY RESPONSIBLE FOR ANY ADDITIONAL APPLICABLE CHARGES FOR DELIVERY SERVICES RENDERED INCLUDING BUT NOT LIMITED TO DETENTION **</p>									
<p>9 PREPAID - WILL INVOICE THIRD PARTY 12050</p>									
<p>ACCESSORIAL SERVICES PERFORMED:</p> <p><input type="checkbox"/> INSIDE DELIVERY <input type="checkbox"/> SORT & SEGREGATE <input type="checkbox"/> DETENTION</p> <p><input type="checkbox"/> RESIDENTIAL-LIMITED ACCESS <input type="checkbox"/> LIFT GATE <input type="checkbox"/> OTHERS</p>					<p>PREPAID - WILL INVOICE RESPONSIBLE PARTY DRIVER COL REL AUTH #40Q045</p>				
<p>Delv. Driver & #: <u>2828443</u></p>					<p>Customer Requirements/Appointment Instruction</p>				
<p>Date: <u>8/27/18</u> Arrive: <u>12:40</u> Depart: <u>14:10</u></p>									
<p># of Skids: <u>9</u> # of Pcs: <u>21889</u> OS&D #:</p>									
<p>Shipment received in apparent good order with wrap intact unless otherwise noted.</p>									
<p>Received by: <u>St Mulder</u></p> <p><input type="checkbox"/> Over <input type="checkbox"/> Damage <input type="checkbox"/> Short <input type="checkbox"/> Wrap Broken Exceptions:</p>									

DRIVER COPY



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105730

Terms:
Net 30 Days

Bill To:

HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105730	Date:	09/06/2018
Ship Date:	08/31/2018	Delivery Date:	09/05/2018
REF1 RATE AGREEMENT# 45944			
REF2			
REF3			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
8	MIXED HOME GOODS - 8 @ 3519#	3,519	FLAT	987	987.00

Pick Up: MOONACHIE, NJ 07074

Pick Up: WOOD RIDGE, NJ 07075

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$987.00

Thank You

NAME: Alfredo
SIGNATURE: [Signature]
DATE: 9-5 PO# 1000
SKIDS: 7 PCS:
APPT 900 IN 845 OUT 900
DRIVER

Time In: 08:40
Time Out: 09:11
Date: 09-05-18

SHIP FROM Name: JCV BRANDS Address: C/O CAPITAL LOGISTICS GROUP 1 PASSAIC ST UNIT 24 City/State/Zip: WOODRIDGE, NJ 07075 FOB: <input type="checkbox"/>		Bill Of Lading #: 000000013771					
SHIP TO Name: HOBO 47 Address: 7557 S. 78TH AVE City/State/Zip: BRIDGEVIEW, IL 60455 FOB: <input type="checkbox"/>		Carrier Name: EXPERIOR TRANSPORT Trailer Number: Seal number(s): SCAC: SRHI PRO number:					
THIRD PARTY FREIGHT CHARGES BILL TO: Name: <u>NAME: [Signature]</u> Address: <u>SIGNATURE: [Signature]</u> City/State/Zip: <u>DATE: 9-5</u> PO# <u>21894</u> <u>SKIDS: 1</u> PCS: <u>900</u> SPECIAL INSTRUCTIONS: <u>APPT 900 IN 845 OUT</u> P/U FOR 8/31/18 @ 11:00AM DRIVER <u>DRIVER</u> Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading							
CUSTOMER ORDER INFORMATION							
PO NUMBER	DEPT #	PICK TICKET	CTNS	UNITS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFO
N000021894		13771.1	33	1188	689.04	0	HOB455
GRAND TOTAL			33	1188	689.04	0	
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	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
1188	PCS	33	CTNS	689.04	WEARING APPAREL	49880	100
1188		33		689.04	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: \$ 0.00 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. Signature _____ Shipper		
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 U.S. DOT. Mishelle Gonzalez 08/31/2018				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	

Time In: 08:40
Time Out: 09:11
Date: 09-05-18

IN 140
OUT 200



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105711

Terms:
Net 30 Days

Bill To:

HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105711	Date:	09/11/2018
Ship Date:	08/29/2018	Delivery Date:	08/30/2018
REF1 RATE AGREEMENT# 45932			
REF2 PO# N22047.			
REF3			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
44	FLOORING, PALLETIZED	42,000	FLAT	1167	1,167.00

Pick Up: PIEDMONT, AL 36272

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$1,167.00

Thank You

Ship From:

SILVARIS CORPORATION
BRW PIEDMONT ()
85 NORTH STREET
PIEDMONT, AL 36272

As Agent for the Shipper/Consignor whose name appears below
Ship To

Silvaris
505 5th Ave South, Suite 170
Seattle, WA 98104 USA

Shippers Instructions

WHSE B/L
47658-1Arrival Date
9/2/2018Ship Date
8/28/2018Order Date
8/28/2018Route
TruckloadFreight Charge
Prepaid

COD Amount:

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns. Carrier acknowledges that Weber Distribution, as agent for the disclosed shipper/consignor, has no liability for payment of freight or any other charges, and the transportation contract evidenced by this bill of lading is between the carrier and the designated shipper/consignor.

Vehicle Number 107		Carrier Customer Pickup		SCAC CPU		PO Number N22047	
Seals 8271959		Vendor Ship Point #		Pro Number		Load# 39495	
Shipper's Reference Number 1011831							
H/M	Quantity	Item Number	Lot Number	Description	Cubic Feet	Gross Weight in lbs.	
	12672 EA	360731-90254	7x204.6x1210 Classic Oak WT AC3	7.33	19543		
***** END-OF-ORDER *****							
**** Pallets Returned (In): 0							
**** Pallets Out: 44							
NAME: <u>[Signature]</u>							
SIGNATURE: <u>[Signature]</u>							
DATE: <u>8-30</u> PO# <u>22047</u>							
SKIDS: <u>44</u> PCS: <u>44</u>							
APPT <u>930</u> IN <u>105</u> OUT <u>935</u>							
DRIVER: <u>[Signature]</u>							
N.M.F.C.							
NO NMFC DESCRIPTION CL							
Qty	12,672		Order Totals	Cube	7.33	Wt	44,000

IF EMERGENCY ASSISTANCE IS REQUIRED REGARDING THESE PRODUCTS, TELEPHONE CHEMTREC (CHEMICAL TRANSPORTATION EMERGENCY CENTER) 800-424-9300. EMERGENCY INFORMATION IS AVAILABLE 24 HOURS A DAY. ALSO ADVISE SHIPPER.

Carrier certifies emergency response information was made available and/or carrier has the DOT Emergency Response Guidebook or equivalent document on his possession.

(Signature)

For the Account of: (Shipper) Bu 221 8/29/18
SILVARIS CORPORATION (796800)
505 5TH AVE. SOUTH SUITE 170
SEATTLE, WA 98104 USA

Send freight bill with copy of Bill of Lading to:

SILVARIS CORPORATION
505 5TH AVE. SOUTH SUITE 170
SEATTLE, WA 98104 USA

I have received the above in good order: Date: _____ Agent for: _____ By: _____
Carrier Agent or Driver

Carrier: Above shippers Ref and Whse B/L number must appear on all freight bills



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105849

Terms:
Net 30 Days

Bill To:

HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105849	Date:	09/20/2018
Ship Date:	09/17/2018	Delivery Date:	09/18/2018
REF1 RATE AGREEMENT# 45975			
REF2 PO# N21896			
REF3			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
66	FURNITURE, FLOOR-LOADED, DETENTION YES	9,700	FLAT	1267	1,267.00

Pick Up: ECRU, MS 38841

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$1,267.00

Thank You

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

NAME OF CARRIER: MDS		CARRIER'S NO.: PU	DATE: 9/17/2018	SHIPPER'S NO.: 0647082
<small>RECEIVER, subject to the classifications and lawfully fixed tariffs in effect on the date of issue of this Bill of Lading. The property described below is apparent good order, except as notations and conditions of contents of packages (unknown), marked, consigned, and delivered as indicated below which said carrier (the word carrier being understood throughout this contract as meaning any person or corporate or partnership in possession of the property under the contract agreement) is to deliver to the consignee, if in 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 and any portion of said route to destination, and as to each party at any time involved in all or any 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 in the Uniform Freight Classifications in effect on the date hereof, if this is a rail or rail-water shipment, or (2) to 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.</small>				
FROM: American Furniture Manufacturing, Inc. SHIPPER (ORIGIN): 604 Pontotoc Co Ind Park Road Ecru, MS 38841 (662) 489-2633		TO: Bridgeview Warehouse # 47 CONSIGNEE: 7557 78th Ave STREET DESTINATION: Bridgeview, IL 60455		

CONFIRM TO: ???

DELIVERING CARRIER:		ROUTE:		VEHICLE NUMBER:	
NO. PACKAGES:	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS		*WEIGHT (SUBJ TO CORR.)	CLASS OR RATE	CHARGES (FOR CARRIERS USE ONLY)
29.00	3120-1664	3100 RSF CrnSo Cornell Pewter	3,480		
29.00	3130-1664	3100 LSF 1 ArmSo Cornell Pewte	3,480		
8.00	3106-1664	3106 Stor Otto Cornell Pewter	320		
NAME: <u>[Signature]</u> SIGNATURE: <u>[Signature]</u> DATE: <u>9-18</u> PO# <u>21896</u> SKIDS: <u>66</u> PCS: <u>66</u> APPT <u>12-</u> IN <u>12-</u> OUT <u>1255</u> DRIVER <u>[Signature]</u>			Total Weight 7,280		
TRAILER #53182; SEAL #D4927280; Total # of Items: 66					
CARDS SUPPLIED YES NO		PO #: n000021896		SO #: 0541183	
REMIT C.O.D. TO: HOME OWNERS BARGAIN OUTLET + HOBO 2650 Belvidere Road Waukegan, IL 60085		COD Amt \$		C.O.D. FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect \$	
<small>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.</small> Shipper's imprint in lieu of name; not a part of Bill of Lading approved by the Interstate Commerce Commission.		<small>INSTRUCTIONS: When the rate is dependent on value, shippers are required to state specifically, on 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 as recited below.</small> \$ _____ per _____ <small>(Shippers of Consignee)</small>		<small>Subject to Section 1 of conditions, if this shipment is to be delivered to consignee without payment on the consignment, the consignee shall sign the following statement:</small> The carrier shall not be liable for the property without payment of freight and all other lawful charges. <u>[Signature]</u>	
		TOTAL CHARGES \$		Freight charges are PREPAID unless <input checked="" type="checkbox"/> 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 _____

Agent, Per [Signature]

Permanent post office address of shipper

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

Buyer's acceptance of this shipment shall constitute agreement to American Furniture Manufacturing's pricing, terms and conditions of sale hereof. No deduction or offsets of any kind shall be permitted without the prior written permission of American Furniture Manufacturing.



Remit Payment To:
 PO Box 7100
 Huntington Woods, MI 48070
 888-898-7468

INVOICE#
105908

Terms:
Net 30 Days

Bill To:
 HOBO CORPORATE OFFICE
 7557 78TH AVE

 BRIDGEVIEW, IL 60455

Invoice #:	105908	Date:	09/27/2018
Ship Date:	09/17/2018	Delivery Date:	09/24/2018
REF1 RATE AGREEMENT# 45997			
REF2 PO# N22196, PU# 174996			
REF3			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
21	PALLETIZED FLOORING	42,250	FLAT	1284	1,284.00

Pick Up: MIAMI, FL 33172

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$1,284.00

Thank You

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: ROCA TILE USA
Address: 11190 NW 25TH ST.
City/State/Zip: MIAMI, FL 33172
PHONE: 305-357-6971

FOB: ☐

SHIP TO

Name: HOBO
Address: 7557 7TH AVE
City/State/Zip: BRIDGEVIEW, IL 60455
PHONE: 708-924-9155

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: SURE SHOT LOGISTICS
Address: PO BOX 7100
City/State/Zip: HUNTINGTON WOODS, MI 48070

SPECIAL INSTRUCTIONS: PU# 174996. PO# N22196

Bill of Lading Number: N22196

BAR CODE SPACE

CARRIER NAME: CSX

Trailer number:

Seal number(s): 2712938

SCAC:

Pro number:

BAR CODE SPACE

Freight Charge Terms:

Prepaid

Collect

3rd Party☐
(check box)Master Bill of Lading: with attached
underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER

PKGS

WEIGHT

PALLET/SLIP
(CIRCLE ONE)

ADDITIONAL SHIPPER INFO

Y N

Y N

Y N

Y N

GRAND TOTAL

CARRIER INFORMATION

HANDLING UNIT

PACKAGE

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

LTL ONLY

NMFC #

CLASS

QTY

TYPE

QTY

TYPE

42250

FLOORING

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.

Michael Gutierrez

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

DRIVER LICENSE: P621-423-63-293-0 FLORIDA

DRIVER LICENSE: P621-423-63-293-0 FLORIDA

9/23/2018 7:30:54 PM

17085636023

BENTON TEXNOR AX

Page 4

BILL OF LADING

Page 1 of 1

SHIP FROM
Name: ROCA TILE USA
Address: 11190 NW 25TH ST.
City/State/Zip: MIAMI, FL 33172
PHONE: 305-357-6971

Bill of Lading Number: N22196

BAR CODE SPACE

SHIP TO
Name: HOBO
Address: 7557 7TH AVE
City/State/Zip: BRIDGEVIEW, IL 60455
PHONE: 708-924-9155

FOB: ☐

CARRIER NAME: CSX
Trailer number:
Seal number(s): 2712938

SCAC:

Pro number:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:
Name: SURE SHOT LOGISTICS
Address: PO BOX 7100
City/State/Zip: HUNTINGTON WOODS, MI 48070

SPECIAL INSTRUCTIONS: PU# 174986. PO# N22196

Freight Charge Terms:

Prepaid Collect 3rd Party

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

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SUP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
				Y N	
				Y N	
				Y N	
				Y N	
GRAND TOTAL					

HANDLING UNIT		PACKAGE		WEIGHT	R.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
21	SKID			42250		FLOORING		
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

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 commodities are properly classified, packaged, marked and labeled, and are in proper condition for shipment in accordance with the applicable DOT regulations.

Michael Gutierrez

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 under carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

DRIVER LICENSE: P621-423-63-293-0 FLORIDA

NAME: Michael Gutierrez
SIGNATURE: [Signature]
DATE: 9-24 PO# 22196A
SKIDS: 21 PCS: 21
APPT 030 IN 030 OUT 200
DRIVER: [Signature]



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105914

Terms:
Net 30 Days

Bill To:

HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105914	Date:	09/27/2018
Ship Date:	09/18/2018	Delivery Date:	09/24/2018
REF1 RATE AGREEMENT# 45998			
REF2 PO# N22196A, PU# 174997			
REF3			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
20	PALLETIZED FLOORING	40,250	FLAT	1284	1,284.00

Pick Up: MIAMI, FL 33172

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$1,284.00

Thank You

NOTE TO SHIPPER FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECTPAGE **1** of **1****STRAIGHT BILL OF LADING**

ORIGINAL - NOT NEGOTIABLE

SURE SHOTAFTER PRINTING,
PLACE PRO LABEL HERE

SHIPPER RETAINS THIS COPY

RA#KOHL2018

Shipper's Bill of Lading No.

BL#81654 CB#6625

Consignee's Reference / PO No.

08-13-2018

Bill of Lading Date

SHIP FROM ▼

Shipper Name

KOHL'S DEPARTMENT STORES

Origin Street Address

7855 COUNTY RD 140

Origin City

FINDLAY

State

OH

Zip Code

45840

Phone Number(s)

419-421-5234

SHIP TO ▼

For Collect On Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1.

Consignee Name

HOBBS

G MASON

Destination Street Address

7557 78TH AVE

Destination City

BRIDGEVIEW

State

IL

Zip Code

60455

☐ Check box, if delivery appointment required. Consignee telephone ▶**BILL CHARGES TO ▼**

Name

Street Address

City

State

Zip Code

Phone Number(s)

Attn:

Special Instructions

LOAD #6 PO#n000021838

C.O.D. ▼☐ Collect On Delivery \$

— To be paid by —

Shipper ☐ Consignee ☐

Remit to

Street Address

City

State

Zip Code

Signed

Carrier must collect cash, money order, bank cashier's check, or bank-certified check unless shipper signs here to accept company check.

Freight charges are PREPAID

unless marked collect

CHECK BOX IF COLLECT



FOR FREIGHT COLLECT SHIPMENTS - If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:

The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges:

HDLG UNITS NO./TYPE	PACKAGES NO./TYPE	* HM	Kind of Package, Description or Articles, Special Marks and Exceptions (subject to correction)	WEIGHT/ LBS (Subj. to Correction)	CLASS/RATE REF. (For Info. Only)	CUBE FT (Optional)
59/ PLT	107/ CTN		Pet Supplies Bill of Lading Numbers: RA#KOHL2018 Purchase Order Numbers: BL#81654 CB#6625 Notes: *** Special Instructions *** LOAD #6 PO#n000021838	7351	70	
TOTAL HANDLING PIECES: 59			INDIVIDUAL PIECES: 107	WEIGHT: 7351	LBS	CUBE:

NAME: [Signature]
 SIGNATURE: [Signature]
 DATE: 8-15 PO# 21838
 SKIDS: 800 IN 130 OUT 845
 APPT 800 DRIVER [Signature]

* Mark "X" to designate Hazardous Materials as defined in DOT regulations.

Notify if problem en route or delivery (for informational purposes only):

KOHL'S DEPARTMENT STORES

Name

4194215234

Tel No.

Fax No.

NOTE (1) 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 _____."

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable.

See 49 U.S.C. 14706(c)(1)(A)(B).

NOTE (3) 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 Sec. (2) of NMFC item 360.

SHIPPER

KOHL'S DEPARTMENT STORES

AUTHORIZED
SIGNATURE
(REQUIRED)**ADDITIONAL
SERVICES
REQUESTED**☐ SECURED SHIPMENT DIVIDERS☐ CURBSIDE☐ THRESHOLD☐ ROOM OF CHOICE☐ WHITE GLOVE☐ ASSEMBLY/INSTALL

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. Every service to be performed hereunder shall be subject to all terms and conditions of the uniform bill of lading set forth in the National Motor Freight Classification. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. See item 780-1 ABF 111 rules for general liability limitations and for additional coverage available at additional expense.

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. Additionally, by signature on this bill of lading, Shipper authorizes consent to the Transportation Security Administration (TSA) to screen the shipment when transportation of the shipment requires movement via an air carrier.

TRAILER NUMBER

SHIPPER
LOAD &
COUNT (SLC)CARRIER **SURE SHOT**

PER

DATE

Driver signature only acknowledges receipt of freight.

#11

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: ROCA TILE USA
Address: 11190 NW 25TH ST.
City/State/Zip: MIAMI, FL 33172
PHONE: 305-357-6971

FOB: ☐

Bill of Lading Number: N22196A

SHIP TO

Name: HOB0
Address: 7557 7TH AVE
City/State/Zip: BRIDGEVIEW, IL 60455
PHONE: 708-924-9155

FOB: ☐

CARRIER NAME: CSX

Trailer number CSXU631461

Seal number(s): 2712934

SCAC:

Pro number: 6388846

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: SURE SHOT LOGISTICS
Address: PO BOX 7100
City/State/Zip: HUNTINGTON WOODS, MI 48070

SPECIAL INSTRUCTIONS: PU# 174997. PO# N22196A

Freight Charge Terms:

Prepaid Collect 3rd Party

☐ Master Bill of Lading with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL							

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.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
20	SKID			40250		FLOORING		
GRAND TOTAL								

When the value of the property is less than \$100,000, 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

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).

Revised rates, conditions, and rules of carriage that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been published 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

Michael Gutierrez

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

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

Shipper Signature

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.

12493 9/18/18

Seal #2712934

CSX Intermodal Terminals Delivery Receipt

Move Number	Load Dest Ramp	Vendor	Tractor
06388846-3	CSX BEDFORD PARK	20418	2812350

Unit Number	Equipment Type	Program	Waybill Date	Waybill Number	Req. Equipment	Req. Programs
	CSXU 631461	CSXU	9/13/18	990676		CSXU UMAX

Shipper Account: ROCA TILE GROUP **Ramp:** CSX BEDFORD PARK
Consignee Account: HOBO STORE BRIDGEVIEW **Bill To:** SURE SHOT LOGISTICS--CC

Shipper:

ROCA TILE GROUP
 11190 NW 25TH STREET
 MIAMI, FL 33172

Contact:

ERNESTO 305-357-6101

Customer Reference Numbers:

LOAD # 06388846
 DEAL REFERENCE NUMBER 02425020
 BILL OF LADING # 174997
 BILL OF LADING # 22196
 SHIPMENT ID 105914

Consignee:

HOBO STORE BRIDGEVIEW
 7557 S 78TH AVE
 BRIDGEVIEW, IL 60455

Contact:

RECEIVING 708-924-9155

SUPPLIED PICKUP # CLN998
 PICKUP REFERENCE # CLN998
 PARKING LOCATION 0TRACK,TKS6,N/A

Special Handling:

Customer Entered Weight: 40250 Pounds

Appointment Start Date/Time:	9/24/18 7:00 AM	Freight Type:	MISC FREIGHT SHIPMENTS
Appointment End Date/Time:	9/24/18 7:00 AM	Seal #:	2712934
ETA Date/Time:	9/24/18 7:00 AM	# Pallets/Pieces:	20
Arrival Date/Time:	9/24/18 6:56 AM	Applied:	YES NO
Departure Date/Time:		Was Load Palletized?	YES NO
Weight:	40250	Driver Unload/Load?	YES NO
Drop/Stay:	STAY	Helper Unload/Load?	YES NO
De-Ramp Time:			

Damage/Overage/Shortage Report:

Customer Signature: _____
Customer Name: _____

Driver Signature: _____
Helper Signature: _____

Consignee is responsible for cleaning the trailer interior, to include any cardboard blocking and bracing material and other debris.

Shipper or Consignee may enter times on this record. If the Shipper or Consignee declines to enter times, the Carrier's representative will enter, and such times will be binding.

NAME: _____
 SIGNATURE: _____
 DATE: 9-24-18 PO# 22196
 SKIDS: 20 PCS:
 APPT 9:00 IN 7:50 OUT 8:45
 DRIVER _____



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105916

Terms:
Net 30 Days

Bill To:

HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105916	Date:	09/27/2018
Ship Date:	09/19/2018	Delivery Date:	09/25/2018
REF1 RATE AGREEMENT# 45999			
REF2 PO# N22196B, PU# 174998			
REF3			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
21	PALLETIZED FLOORING	41,000	FLAT	1284	1,284.00

Pick Up: MIAMI, FL 33172

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$1,284.00

Thank You

Page 1 of 1

BILL OF LADING

SHIP FROM				Bill of Lading Number: N22196B			
Name: ROCA TILE USA Address: 11190 NW 25 TH ST. City/State/Zip: MIAMI, FL 33172 PHONE: 305-357-6971				BAR CODE SPACE			
SHIP TO				CARRIER NAME: CSX			
Name: HOB0 Address: 7557 7 TH AVE City/State/Zip: BRIDGEVIEW, IL 60455 PHONE: 708-924-9155				Trailer number: Seal number(s): 2712936			
THIRD PARTY FREIGHT CHARGES BILL TO:				SCAC:			
Name: SURE SHOT LOGISTICS Address: PO BOX 7100 City/State/Zip: HUNTINGTON WOODS, MI 48070				Pro number: BAR CODE SPACE			
SPECIAL INSTRUCTIONS: PU# 174998. PO# N22196B				Freight Charge Terms: Prepaid _____ Collect _____ 3 rd Party _____			
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			

CUSTOMER ORDER INFORMATION						ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)			
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL							

CARRIER INFORMATION						LTL ONLY	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS
21	SKID			41000		FLOORING	
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 _____

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.

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.

Michael Gutierrez

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.

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

Shipper Signature

D.L. NS20-520-63-176-0

BILL OF LADING Page 1 of 1

SHIP FROM Name: ROCA TILE USA Address: 11190 NW 25 TH ST. City/State/Zip: MIAMI, FL 33172 PHONE: 305-357 6971		Bill of Lading Number: N22196B <div style="border: 1px solid black; height: 40px; margin: 5px 0;">BAR CODE SPACE</div>	
SHIP TO Name: HOBO Address: 7557 7 TH AVE City/State/Zip: BRIDGEVIEW IL 60455 PHONE: 708-924-9155		CARRIER NAME: CSX Trailer number: Seal number(s): 2712936 SCAC: Pro number:	
THIRD PARTY FREIGHT CHARGES BILL TO: Name: SURE SHOT LOGISTICS Address: PO BOX 7100 City/State/Zip: HUNTINGTON WOODS, MI 48070 SPECIAL INSTRUCTIONS: PU# 174998. PO# N22196B		<div style="border: 1px solid black; height: 40px; margin: 5px 0;">BAR CODE SPACE</div>	
Freight Charge Terms: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3 rd Party <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading			
CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLETS/SLIP (CIRCLE ONE) Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
GRAND TOTAL			
CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	WEIGHT	COMMODITY DESCRIPTION
QTY	TYPE	H.M. (X)	LTL ONLY
21	SKID	41000	FLOORING
GRAND TOTAL			
<small>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</small>		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). <small>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, or request, and to all applicable state and federal regulations.</small>			
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named contents are properly classified, packaged, marked and loaded, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> Michael Gutierrez		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available prior to carrier leaving the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>	

NAME: Michael
 SIGNATURE: [Signature]
 DATE: 11-25-18 PO# 22196B
 SKIDS: 27 PCS: 27
 APPT: 6:30 IN 7:25 OUT 8:10
 DRIVER: _____

D.L. NS20-520-63-176-0



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105939

Terms:
Net 30 Days

Bill To:

HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105939	Date:	09/27/2018
Ship Date:	09/19/2018	Delivery Date:	09/20/2018
REF1 RATE AGREEMENT# 46024			
REF2 PO# N22291			
REF3			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
26	HOME GOODS	14,540	FLAT	1134	1,134.00

Pick Up: TUSCUMBIA, AL 35674

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$1,134.00

Thank You

Page 1 of 1

BILL OF LADING						Page 1 of 1	
SHIP FROM							
Name: Farris Wholesale Outlet, Inc						Bill of Lading Number: <u>8102819-6</u> BAR CODE SPACE	
Address: 220 Farris Drive							
City/State/Zip: Tuscumbia, AL, 35674							
Contact: Tim Weems 256-381-3333							
SHIP TO							
Name: HOBO OCDC Location #: _____						CARRIER NAME: Sure Shot Logistics Trailer number: Seal number(s): SCAC: Pro number: BAR CODE SPACE	
Address: 7557 S 78TH AVE							
City/State/Zip: BRIDGEVIEW, IL 60455							
Contact: BARB: 708-924-9155 EXT 13							
Notes							
Notes:							
PO# N22291							
SPECIAL INSTRUCTIONS:							
						Freight Charge Terms: Collect Bill HOBO <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SKID	SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO		
N022291	26 Pallets		<input checked="" type="radio"/>	N	NAME: <u>[Signature]</u> SIGNATURE: <u>[Signature]</u> DATE: <u>4-20-09</u> PO# <u>22291</u> SKIDS: <u>26</u> PCS: APPT <u>I -</u> IN <u>1210</u> OUT <u>225</u> DRIVER: _____		
			Y	N			
			Y	N			
			Y	N			
			Y	N			
			Y	N			
GRAND TOTAL	26 Pallets						
CARRIER INFORMATION							
		PALLETS		COMMODITY DESCRIPTION		LTL ONLY	
	QTY	TYPE	WEIGHT			H.M. (X)	NMFC #
	26	PLT	14540		ASST PALLETS OF MERCHANDISE	056290	125
GRAND TOTAL							
RECEIVING STAMP SPACE							
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 checked="" 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 <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>							



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105966

Terms:
Net 30 Days

Bill To:

HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105966	Date:	09/27/2018
Ship Date:	09/21/2018	Delivery Date:	09/24/2018
REF1 RATE AGREEMENT# 46030			
REF2 PO# N22328. LOAD# 11			
REF3			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
50	PALLETIZED SUITCASES	6,803	FLAT	739	739.00

Pick Up: FINDLAY, OH 45840

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$739.00

Thank You

STRAIGHT BILL OF LADING
 ORIGINAL - NOT NEGOTIABLE
THK TRUCKING

AFTER PRINTING,
 PLACE PRO LABEL HERE
 SHIPPER RETAINS THIS COPY

RA# KOHLS2018
 Shipper's Bill of Lading No.
 BL# 82864 CB# 6625
 Consignee's Reference / PO No.
 09-21-2018
 Bill of Lading Date

SHIP FROM ▼		SHIP TO ▼	
Shipper Name KOHL'S DEPARTMENT STORES		For Collection Delivery shipments, the terms "C.O.D." must appear before consignee's name and address to be provided in item 420, Sec. 1. Consignee Name HOB0	
Origin Street Address 7855 COUNTY RD 140		Destination Street Address 7557 W 78TH ST	
Origin City FINDLAY	State OH	Zip Code 45840	Destination City BRIDGEVIEW
Phone Number(s) 419-421-5234		State IL	Zip Code 60455
<input type="checkbox"/> Check box, if delivery appointment required. Consignee telephone #			

BILL CHARGES TO ▼		C.O.D. ▼	
Name		<input type="checkbox"/> Collect On Delivery \$ To be paid by — Shipper <input type="checkbox"/> Consignee <input type="checkbox"/>	
Street Address		Remit to	
City	State	Zip Code	Street Address
Phone Number(s)	Attn	City	State
Special Instructions PO# N22328 LOAD #11		Signed _____	

Freight charges are PREPAID unless marked collect ☒ FOR FREIGHT COLLECT SHIPMENTS — If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
 The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

REG. UNITS LBS./TYPE	PACKAGES NO./TYPE	* TOL	Kind of Package, Description or Articles, Special Marks and Exceptions (Subject to correction)	WEIGHT, LBS (Subject to correction)	CLASS/RATE REC. (For Info. Only)	CUBE FT (Optional)
60/ PLT	72/ CTN		DOG TOYS Bill of Lading Numbers: RA# KOHLS2018 Purchase Order Numbers: BL# 82864 CB# 6625 Notes: *** Special Instructions *** PO# N22328 LOAD #11	6603	70	

NAME: AM
 SIGNATURE: [Signature]
 DATE: 11-29-18 PO# 22328
 SKIDS: 58 PCS: 10
 APPT: 930 IN: 10 OUT: 10
 DRIVER: _____

TOTAL HANDLING CHARGES: **50** INDIVIDUAL PRICES: **72** WEIGHT: **6803** LBS CUBE:

* Mark "X" to designate hazardous materials as defined in DOT regulations.
 Notify if problem en route or delivery (for informational purposes only):
KOHL'S DEPARTMENT STORES
 Name: **4194215234**
 Tel No. Fax No.

NOTE (1) 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 _____."
 NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A)(B).
 NOTE (3) 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 Sec. (2) of N.M.C. item 360.

SHIPPER
KOHL'S DEPARTMENT STORES
 AUTHORIZED SIGNATURE: [Signature]
 CHECKED BY: _____

ADDITIONAL SERVICES REQUESTED		<input type="checkbox"/> SECURED SHIPMENT DIVIDERS <input type="checkbox"/> CURBSIDE <input type="checkbox"/> THRESHOLD <input type="checkbox"/> ROOM OF CHOICE <input type="checkbox"/> WHITE GLOVE <input type="checkbox"/> ASSEMBLY/INSTALL
RECEIVER, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, other rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. Every package to be performed hereunder shall be subject to all terms and conditions of the National Motor Freight Classification, the shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. See Item 200-1 A38 H4 rules for general liability limitations and for additional coverage available at additional expense. 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. Additionally, by signature on this bill of lading, Shipper authorizes consent to the Transportation Security Administration (TSA) to screen the shipment when transportation of the shipment requires movement via air carrier.		
TRAILER NUMBER	SHIPPER LOAD & COUNT (SLC)	
CARRIER THK TRUCKING	DATE	
Driver's signature only acknowledges receipt of freight.		



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
106002

Terms:
Net 30 Days

Bill To:
HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	106002	Date:	10/09/2018
Ship Date:	09/27/2018	Delivery Date:	09/28/2018
REF1 RATE AGREEMENT# 46048			
REF2 PO# N22351			
REF3			
REF4			


Pieces	Description	Weight	Identifier	Rate	Charges
22	FLOORING - PALLETIZED	43,138	FLAT	1057	1,057.00

Pick Up: ADAIRSVILLE, GA 30103

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$1,057.00

Thank You

SHIP FROM		Bill of Lading Number: 515362	
Name: Shaw Industries - CARRIAGE DC Address: 947 UNION GROVE RD City/State/Zip: ADAIRSVILLE GA 30103-3806 SID#: _____ FOB: <input type="checkbox"/>		 42007658942705153622	
SHIP TO		Carrier Name : CPU- L3 & LG	
Name: KLS ACQUISITION CORP. Location#: _____ Address: 947 UNION GROVE RD SE City/State/Zip: ADAIRSVILLE GA 30103 0147029 PHONE#: 847-263-1240 FOB: <input type="checkbox"/>		Loading Trailer : TRL53242 Trailer Number : TRL53242 Seal Number(s): 0141298	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCPF	
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: STORE # 847-263 1612 NET 90 TERMS REQUESTED BY Dwight DeLong		Pro Number: _____	
		Freight Charge Terms: Prepaid _____ Collect <u>X</u> 3rd Party _____ <input type="checkbox"/> (Check box) Master Bill of Lading with attached underlying Bills of Lading	

NAME: N. M. [Signature]
 SIGNATURE: _____
 DATE: 9-28 PO# 22351
 SKIDS: 19 PCS: _____
 APPT. 9- IN 800 OUT 10-
 DRIVER: _____

CARRIER INFORMATION

Handling Unit		Package		WEIGHT (lbs)	H.M (x)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional 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 380</small>
QTY.	TYPE	QTY.	TYPE			
19	Pallet			43,130		NMFC# and Class are Listed on Each Line
0	EA			0		
		1,520	Box			
19		1,520		43,130		RECEIVING STAMP SPACE
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: \$ 0.00

Fee Terms: ☐ Collect ☐ Customer check acceptable ☐ Prepaid

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

RECIEVED, subject to individually determined rates 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 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

: Customer 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

Total SQY/SQF: 28,393.60

Total Sq. yards

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

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.
 CPSC Certificate of Conformity can be found @ <http://productsafety.shawinc.com>
 Products Manufactured using composite wood product are CARB 93120 Phase 2 Compliant for Formaldehyde.

Please refer to your packing slip for detailed product information



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105521

Terms:
Net 30 Days

Bill To:

HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105521	Date:	08/28/2018
Ship Date:	08/14/2018	Delivery Date:	08/15/2018
REF1 RATE AGREEMENT# 45864			
REF2 LOAD 6			
REF3 N000021840			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
20	PALLETIZED SUITCASES	7,417	FLAT	737	737.00

Pick Up: FINDLAY, OH 45840

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$737.00

Thank You

STRAIGHT BILL OF LADING
 ORIGINAL - NOT NEGOTIABLE
SURE SHOT

 AFTER PRINTING,
 PLACE PRO LABEL HERE

SHIPPER RETAINS THIS COPY

RA# KOHLS2018

Shipper's Bill of Lading No.

BL# 81585 CB# 6625

Consignee's Reference / PO No.

08-13-2018

Bill of Lading Date

SHIP FROM ▼Shipper Name
KOHL'S DEPARTMENT STORESOrigin Street Address
7855 COUNTY RD 140Origin City
FINDLAY State
OH Zip Code
45840Phone Number(s)
419-421-5234**BILL CHARGES TO ▼**

Name

Street Address

City State Zip Code

Phone Number(s) Attn:

Special Instructions

PO# n000021840 LOAD # 5
 Freight charges are PREPAID
 unless marked collect
☒ CHECK BOX IF COLLECT

 FOR FREIGHT COLLECT SHIPMENTS - If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges:
SHIP TO ▼

For Collect On Delivery shipments, the letters "C.O.D." must appear before consignee's name or as otherwise provided in item 433, Sec. 1.

Consignee Name
HOBBS
G MASON GROUPDestination Street Address
7557 78TH AVEDestination City
BRIDGEVIEW State
IL Zip Code
60455☐ Check box, if delivery appointment required. Consignee telephone ▶**C.O.D. ▼**☐ Collect On Delivery \$

Remit to

 — To be paid by —
 Shipper ☐ Consignee ☐

Street Address

City State Zip Code

Signed Carrier must collect cash, money order, bank cashier's check, or bank certified check unless shipper signs here to accept company check.

HDLG UNITS NO./TYPE	PACKAGES NO./TYPE	HM	Kind of Package, Description or Articles, Special Marks and Exceptions (subject to correction)	WEIGHT/ LBS (Subj. to Correction)	CLASS/RATE REF. (For Info. Only)	CUBE FT (Optional)
55/ PLT	78/ CTN		PET SUPPLIES Bill of Lading Numbers: RA# KOHLS2018 Purchase Order Numbers: BL# 81585 CB# 6625 Notes: *** Special Instructions *** PO# n000021840 LOAD # 5	7417	70	

 NAME: [Signature]
 SIGNATURE: [Signature]
 DATE: 8-15 PO# 21840
 SKIDS: 55 PCS: 100
 APPT 1000 IN 905 OUT 1030
 DRIVER: [Signature]
TOTAL HANDLING PIECES: **55**INDIVIDUAL PIECES: **78**WEIGHT: **7417****LBS**

CUBE:

* Mark "X" to designate Hazardous Materials as defined in DOT regulations.

Notify if problem en route or delivery (for informational purposes only):

KOHL'S DEPARTMENT STORES

Name

4194215234

Tel No.

Fax No.

NOTE (1) 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 _____.

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable.

See 49 U.S.C. 14706(c)(1)(A)(B).

NOTE (3) 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 Sec. (2) of NMFC item 360.

SHIPPER
KOHL'S DEPARTMENT STORESAUTHORIZED
SIGNATURE
(REQUIRED)[Signature]**ADDITIONAL
SERVICES
REQUESTED**

- ☐
- SECURED SHIPMENT DIVIDERS
-
- ☐
- CURBSIDE
- ☐
- THRESHOLD
- ☐
- ROOM OF CHOICE
-
- ☐
- WHITE GLOVE
- ☐
- ASSEMBLY/INSTALL

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. Every service to be performed hereunder shall be subject to all terms and conditions of the uniform bill of lading set forth in the National Motor Freight Classification. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. See item 750-1 ABF 111 rules for general liability limitations and for additional coverage available at additional expense.

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. Additionally, by signature on this bill of lading, shipper authorizes consent to the Transportation Security Administration (TSA) to screen the shipment when transportation of the shipment requires movement via an air carrier.

TRAILER NUMBER

139524SHIPPER
LOAD &
COUNT (SLC)☐CARRIER **SURE SHOT**

PER

DATE

8/14/18

Driver Signature (Must be legible and include weight)



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105590

Terms:
Net 30 Days

Bill To:
HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105590	Date:	08/28/2018
Ship Date:	08/16/2018	Delivery Date:	08/22/2018
REF1 RATE AGREEMENT 45876			
REF2 PO# N21876			
REF3			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
23	HOME GOODS	42,000	FLAT	1087	1,087.00

Pick Up: HAMILTON, NJ 08609

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$1,087.00

Thank You

Page 1 of 1

SHIP FROM					Bill of Lading Number: 2629		
Name: Hodedah Import Inc. Address: 1400 EAST STATE STREET City/State/Zip: HAMILTON NJ 08609 SID#: 718-456-0505					BAR CODE SPACE		
FOB: <input type="checkbox"/>							
SHIP TO					CARRIER NAME: Land Shipping		
Name: HOBO 47 Location #: _____ Address: 7557 S. 78TH AVE City/State/Zip: BRIDGEVIEW, IL 60455 CID#: 					Trailer number: Seal number(s):		
					SCAC: ULine 2415312		
					Pro number: _____		
THIRD PARTY FREIGHT CHARGES BILL TO:					BAR CODE SPACE		
Name: HOBO 47 Address: 7557 S. 78TH AVE City/State/Zip: BRIDGEVIEW, IL 60455							
SPECIAL INSTRUCTIONS:					Freight Charge Terms: (<i>freight charges are prepaid unless marked otherwise</i>)		
					Prepaid _____ Collect _____ 3rd Party X _____		
					(check box) Master Bill of Lading: with attached underlying Bills of Lading		
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO		
n21876		497	42,000lb	● N	FURNITURE		
				Y N			
				Y N			
				Y N			
				Y N			
				Y N			
				Y N			
				Y N			
GRAND TOTAL		497	42,000lb				
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE			NMFC #	CLASS
20	Pallets	497	pks	42,000lb	X	FURNITURE	100 150
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 checked="" 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input 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 requires 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. Signature: [Handwritten Signature] Date: 8/16/00							



HODEDAH IMPORT INC.
2306 CONEY ISLAND AVE 2ND FL.
BROOKLYN NY 11223

WWW.HODEDAH.COM
INVOICES@HODEDAH.COM

Packing Slip

Date	Invoice #
8/16/2018	200043

Ship To

HOBOKEN
7557 S. 78TH AVE
BRIDGEVIEW, IL 60455
708-924-9155

P.O. No.

Ship Via

n21876

Box	Qty	Item	Description	UPC
40	40	HI910 T CHARCOAL	TWIN METAL BED - CHARCOAL	812183013391
35	35	HI910 F CHARCOAL	FULL METAL BED - CHARCOAL	812183013490
73	73	HI910 Q CHARCOAL	QUEEN METAL BED - CHARCOAL	812183013544
30	30	HI910 T WHITE	TWIN METAL BED - WHITE	812183013438
25	25	HI910 F WHITE	FULL METAL BED - WHITE	812183013063
35	35	HI910 Q WHITE	QUEEN METAL BED - WHITE	812183013506
66	66	HI8300 BLACK	2 DOOR WARDROBE - BLACK	812183014640
75	75	HI8300 CHERRY	2 DOOR WARDROBE - CHERRY	812183012981
118	118	HI8300 MAHOGANY	2 DOOR WARDROBE - MAHOGANY	812183015739

NAME: Ruben Saucedo
SIGNATURE: Ruben Saucedo
DATE: 9/22/18 PO# 17-21876
SKIDS: 20 PCS:
APPT: IN 6:50 OUT 7:50
DRIVER: W. [Signature]

Company Policies:

- All customers picking up merchandise from our warehouse must check their order before accepting the goods. Once you have left the warehouse Hodedah Import is not responsible for any damaged or missing items.
- All customers accepting deliveries from Hodedah Import drivers must check complete order before signing the packing slip. Once the packing slip is signed Hodedah Import is not responsible for any damaged or missing items.
- Hodedah Import is not responsible for ANY damaged goods once the merchandise has left our warehouse. We do NOT accept any returns nor are we required to supply any parts.

see in other page



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105702

Terms:
Net 30 Days

Bill To:

HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105702	Date:	08/31/2018
Ship Date:	08/30/2018	Delivery Date:	08/31/2018
REF1 RATE AGREEMENT# 45931			
REF2 N21991, N21516			
REF3 14 SKIDS & 1 SKID			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
15	FURNITURE- 15 SKIDS	11,432	FLAT	1290	1,290.00

Pick Up: BENSLEM, PA 19020

Pick Up: PHILADELPHIA, PA 19154

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$1,290.00

Thank You

SHIP FROM
INC.

SHIP TO

FOR ☐

Bill of Lading Number:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO

FOR: ☐

CARRIER NAME: MT TRUCKING
Trailer number: 5002
Seal number(s):

SCAC:
Pro number:

BAR CODE SPACE

Freight Charge Terms:

Prepaid _____ Collect _____ 3rd Party ✓

☐

Master Bill of Lading with attached
underlying Bills of Lading

CUSTOMER ORDER NUMBER

CUSTOMER ORDER INFORMATION (check box)

NUMBER	# PKGS	WEIGHT	PALLET(S) SLIP (CIRCLE ONE)	
N000021516	49	735	Y	N
			Y	N
			Y	N
			Y	N

ADDITIONAL SHIPPER INFO

GRAND TOTAL

HANDLING UNIT

PACKAGE

CARRIER INFORMATION

COMMODITY DESCRIPTION

LTL ONLY

QUANTITY		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.</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1	SKID			735		KITCHEN TOWELS		
						GRAND TOTAL		

GRAND TOTAL

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

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 confirms emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Frederick
8/21/18

THIS SHIPPING ORDER must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

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 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 overall 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 Freight Bill of Lading set forth (1) in Uniform Freight Classification 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 accepted for himself and his assigns.

From: **RIO BRANDS, LLC**
10981 DECATUR ROAD
PHILADELPHIA, PA 19154

Sold To: HOBBO047
 HOBBO 47
 7557 S. 78TH AVE
 BRIDGEVIEW, IL 60455
 USA

Print Date: 08/29/18

Page: 1

Ship Via: FLEE
 Trailer NO.: 5327
 FOB Point: A

SHIPPER'S BILL OF LADING NO.

50269031

Ship To: HOBBO047
 HOBBO 47
 7557 S. 78TH AVE
 BRIDGEVIEW, IL 60455
 USA

APPOINTMENT SCHEDULE

DATE	TIME	DEP.	DATE	TIME	DEP.
08/29/18	08:00		08/29/18	08:30	

CUSTOMER P.O. NO.	ORDER DATE	DEPT. NO.	REQUESTED SHIPPED DT	SCHEDULED SHIPPED DT	CANCELLED DATE	SHIPPED DATE	ROUTING PHONE	LOAD NO.
N0000021991	08/23/18	N/A	08/24/18	08/24/18	08/28/18	08/29/18	N/A	N/A

NO. of

packages Class Description NMFC NO. Net Weight UM

381.0 0125 CHAIRS TUBULAR KD 80770-3 8482.9 LB

381.0 *** TOTAL *** 8482.9 LB

+1 Packing List

382

SEAL # 17554911

SHIPPERS 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 Department of Transportation.

Michael Loffey
 Signature
 Title

Tracy Jorg
 Signature
 Title

* 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."

Charges Advanced:

\$

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

THIS SHIPMENT IS CORRECTLY DESCRIBED
 CORRECT WEIGHT IS
 LBS.

Piece Count

Date

Per *Michael Loffey* Shipper

Shipper, Per CARRIER

Agent, Per

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 all other lawful charges.

Per *Michael Loffey*
 (Signature of Consignor)

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

Received \$ _____
 to apply in prepayment of the charges on the property described hereon.

Agent or Cashier.

Per _____
 (This signature here acknowledges only the amounts prepaid.)

C.O.D. SHIPMENT

C.O.D. Amt. _____

Collection Fee _____

Total Charges _____

REMIT TO
RIO BRANDS, LLC

** The fiber boxes used for this shipment conform to the specifications set forth in the box makers certificate thereon, and all other requirements of the Consolidated Freight Classification.

RIO BRANDS, LLC

10981 Decatur Road, Philadelphia, PA 19154 (Permanent post office address of shipper)



Remit Payment To:
PO Box 7100
Huntington Woods, MI 48070
888-898-7468

INVOICE#
105653

Terms:
Net 30 Days

Bill To:
HOBO CORPORATE OFFICE
7557 78TH AVE

BRIDGEVIEW, IL 60455

Invoice #:	105653	Date:	09/06/2018
Ship Date:	08/22/2018	Delivery Date:	08/27/2018
REF1 RATE AGREEMENT# 45908			
REF2 PO# N21889 & N20555			
REF3			
REF4			

Pieces	Description	Weight	Identifier	Rate	Charges
9	HOME GOODS	12,452	FLAT	874	874.00

Pick Up: TUSCUMBIA, AL 35674

Delivery: BRIDGEVIEW, IL 60455

Total Invoice Charges: \$874.00

Thank You

Northern District of Illinois Claims Register

18-30055 Oak Creek Distribution LLC

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Chicago

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27236483)
SURE SHOT LOGISTICS, LLC
PO BOX 7100
HUNTINGTON WOODS, MI
48070

Claim No: 14
Original Filed
Date: 11/29/2018
Original Entered
Date: 11/29/2018

Status:
Filed by: CR
Entered by: EPoc ADI
Modified:

Amount claimed: \$14928.00

History:

[Details](#) [14-1](#) 11/29/2018 Claim #14 filed by SURE SHOT LOGISTICS, LLC, Amount claimed: \$14928.00 (ADI, EPoc)

Description:

Remarks:

Claims Register Summary

Case Name: Oak Creek Distribution LLC

Case Number: 18-30055

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$14928.00
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		