

Fill in this information to identify the case:

Debtor 1 <u>Oak Creek Distribution LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30055</u>

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?	Where should payments to the creditor be sent? (if different)
	<u>SURE SHOT LOGISTICS, LLC</u>	_____
	Name	Name
	<u>PO BOX 7100 HUNTINGTON WOODS, MI 48070</u>	
	Contact phone <u>888-898-7468</u>	Contact phone _____
	Contact email <u>accounting@sureshotlogistics.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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 _____ MM / DD / YYYY	
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? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 14928.00
 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 healthcare information.
 services performed as a broker for shipment fulfillment

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)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<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).	\$ _____
	<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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* 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

Identify the corporate servicer as the company if the authorized agent is a servicer

Address PO Box 7100

Number Street
Huntington Woods, MI 48070

City State ZIP Code

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				Bill of Lading Number: <div style="border: 1px solid black; padding: 5px; text-align: center;"> BAR CODE SPACE </div>				
Name: FARRIS WHOLESALES Address: 220 FARRIS DRIVE City/State/Zip: TUSCUMBIA, AL 35674 PHONE: 256-381-3333 FOB: <input type="checkbox"/>								
SHIP TO				CARRIER NAME: FEDEX Trailer number: Seal number/fe:				
Name: HOBO Address: 7557 78 TH AVE City/State/Zip: BRIDGEVIEW, IL 60445 PHONE: 708-924-9155 FOB: <input type="checkbox"/>				 <div style="font-size: 24pt; font-weight: bold;">451520454-0</div> 				
THIRD PARTY FREIGHT CHARGES BILL TO				Freight Charge Terms: Prepaid _____ Collect _____ 3 rd Party _____				
Name: SURE SHOT LOGISTICS Address: PO BOX 7100 City/State/Zip: HUNTINGTON WOODS, MI 48070 QUOTE# F8303226CM20 SPECIAL INSTRUCTIONS: PO N21889 & N20555				<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading <small>(check box)</small>				
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 insure safe transportation with ordinary care.</small>	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>				
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>								
ix 1527279 X 9814 95W/SK 08-22-18								



DELIVERY RECEIPT



Freight Bill 4515204540 R0

2200 FORWARD DRIVE
HARRISON, AR 72601

fedex.com 1.866.393.4585

Ship Date 08/22/2018	Bill of Lading
P.O. N21889	Shipper Reference
Origin DCU	Destination CGR

Consignee HOBO 7557 S 78TH AVE BRIDGEVIEW IL 60455-1245 US	Trailer # 71644	Shipper FARRIS WHOLESAL OUTLET 220 FARRIS DR TUSCUMBIA AL 35674 US
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FedEx Freight Economy

PRECES	PKG	H/U	HM	DESCRIPTION	WT(LBS)	NMFC	PCF CLASS	RATE	TOTAL CHARGES
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DRIVER COPY	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					
	NAME: <u>St Mulder</u> SIGNATURE: <u>[Signature]</u> DATE: <u>8-27</u> PO# <u>21889</u> SKIDS: <u>9</u> PCS: <u>210</u> APPT <u>12</u> IN <u>1240</u> OUT <u>210</u> DRIVER:								

** 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 **

9 PREPAID - WILL INVOICE THIRD PARTY 12050

ACCESSORIAL SERVICES PERFORMED:

<input type="checkbox"/> INSIDE DELIVERY	<input type="checkbox"/> SORT & SEGREGATE	<input type="checkbox"/> DETENTION
<input type="checkbox"/> RESIDENTIAL-LIMITED ACCESS	<input type="checkbox"/> LIFT GATE	<input type="checkbox"/> OTHERS

Delv. Driver & #: 2828443

Date: 8/27/18 Arrive: 12:40 Depart: 14:10

of Skids: 9 # of Pcs: OS&D #:

Shipment received in apparent good order with wrap intact unless otherwise noted.

Received by: St Mulder

Over Damage Exceptions:

Short Wrap Broken

PREPAID - WILL INVOICE RESPONSIBLE PARTY DRIVER COL REL AUTH #40Q045

Customer Requirements/Appointment Instruction



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

BILL OF LADING 128262 Page 1 of 1

SHIP FROM
 Name: FLOMO / NYGALA CORP
 Address: 115 MOONACHIE AVE
 City/State/Zip: MOONACHIE, NJ 07074
 PHONE: 201-288-6400 FOB:

Bill of Lading Number: M20198
 BAR CODE SPACE

SHIP TO
 Name: HOB0
 Address: 7557 78TH AVE
 City/State/Zip: BRIDGEVIEW, IL 60445
 PHONE: 708-924-9155 FOB:

CARRIER NAME: EXPERIOR
 Trailer number:
 Seal number(s):

SCAC:
 Pro number:

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

BAR CODE SPACE

SPECIAL INSTRUCTIONS: M20198, O2308, P11454, Q12449, R18564, S18726 T12118

Freight Charge Terms:
 Prepaid _____ Collect _____ 3rd Party _____

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

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 <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>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
7	SKID			2,830		MIXED HOME GOODS		
GRAND TOTAL								

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

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

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

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

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

 Shipper Signature

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

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

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

NAME: Al Mudda
 SIGNATURE: _____
 DATE: 9-5 PO# 80005
 SKIDS: 7 PCS:
 APPT 900 IN 845 OUT 900
 DRIVER _____

IN 215
 OUT 315
 9
Time In: 08:40
Time Out: 09:11
Date: 09-05-18

Date: 08/31/2018 **BILL OF LADING** 128262 AA

SHIP FROM

Name: JCV BRANDS
 Address: C/O CAPITAL LOGISTICS GROUP
 1 PASSAIC ST UNIT 24
 City/State/Zip: WOODRIDGE, NJ 07075

Bill Of Lading #: 000000013771

FOB:

SHIP TO

Name: HOBO 47
 Address: 7557 S. 78TH AVE
 City/State/Zip: BRIDGEVIEW, IL 60455

Carrier Name: EXPERIOR TRANSPORT
 Trailer Number:
 Seal number(s):

SCAC: SRHI
 PRO number:

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

NAME: [Signature]
 SIGNATURE: _____
 DATE: 9-5 PO# 21894
 SKIDS: 1 PCS: 9125

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

SPECIAL INSTRUCTIONS: APPT 400 IN 845 OUT 9125
 P/U FOR 8/31/18 @ 11:00AM DRIVER _____

(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	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS
1188	PCS	33	CTNS	689.04	WEARING APPAREL	49880	100
1188		33		689.04	GRAND TOTAL		

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

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: 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.

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:
 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 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 205



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	47658-1
Arrival Date	9/2/2018
Ship Date	8/28/2018
Order Date	8/28/2018
Route	Truckload
Freight 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): <u>0</u> **** Pallets Out: <u>44</u>						
NAME: <u>[Signature]</u> SIGNATURE: <u>[Signature]</u> DATE: <u>8-30</u> PU# <u>22047</u> SKIDS: <u>44</u> PCS: APPT <u>030</u> IN <u>05</u> OUT <u>035</u> DRIVER _____						
N.M.F.C. NO NMFC DESCRIPTION CL						
Qty	12,672	Order Totals		Cube	7.33	Wt 44,000

* The Paper Bags, Fibre Pails, Fibre Drums, Fibre Boxes used for this Shipment conform to the specifications set forth in the maker's certificate thereon, and all other Requirements of rules for these packages in Uniform Freight Classification and the National Motor Freight Commission.

* This is to certify that the herein named articles are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the Department of Transportation.

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 for the property is specifically stated by the shipper to be not exceeding _____ 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.

(Signature of Consignor)

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) Bruce 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: _____ Carrier: _____ By: _____ 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: <u>3</u> PU	DATE: 9/17/2018	SHIPPER'S NO: 0647082
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RECEIVED, subject to the classifications and lawfully fixed tariffs in effect on the date of issue of this Bill of Lading. The property described below in apparent good order, except as notations and conditions of contents of packages (unknown), marked, consigned, and destined as indicated below which said carrier (the said carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract agrees to carry it to its usual place of delivery at said destination, 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 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.

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 BRIDGEVIEW, IL 60455 DESTINATION
---	--

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	✓ (FOR CARRIERS USE ONLY)	CHARGES
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: _____ DATE: <u>9-18</u> PO# <u>21896</u> SKIDS: _____ PCS: <u>66</u> APPT <u>12</u> - IN <u>12</u> - OUT <u>1255</u> DRIVER _____		Total Weight 7,280			
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 \$	
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.		DUCTS: 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.		Subject to Section 1 of conditions, if this shipment is to be delivered or consigned without payment on the consignment, the consignor shall sign the following statement: The carrier shall not be liable for the amount of freight without payment of freight and all other lawful charges.	
Shipper's imprint in lieu of name; not a part of Bill of Lading approved by the Interstate Commerce Commission.		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

Bill of Lading Number: N22196

BAR CODE SPACE

FOB:

SHIP TO

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

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

SCAC:
 Pro number:

FOB:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms:

Prepaid _____ Collect _____ 3rd Party

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

SPECIAL INSTRUCTIONS: PU# 174996. PO# N22196

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			<input type="radio"/> Y	<input type="radio"/> N	CSX Trucks: 12468 Juan Perez MOU: 06788375-1
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> 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
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 _____ 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 or emergency response information was made available and/or carrier has the emergency response guidebook or equivalent documentation in the vehicle.

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

BILL OF LADING

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 _____

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	CSX Truck # 12468 Juan Perez MOU: 06788375-1
			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
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 _____ per _____

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

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

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

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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transport 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

BILL OF LADING

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: 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# 174996. PO# N22196

Freight Charge Terms:

Prepaid Collect 3rd Party

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	
			<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
			<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
			<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
			<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
GRAND TOTAL				

ADDITIONAL SHIPPER INFO

*CSX
 Truck # 12468
 Juan Lopez
 MOU: 06788375*

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
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 materials are properly classified, packaged, marked and labeled, and are in proper condition for transport according to the DOT 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

Load Type: Stay
 Unit # CSXU 631440
 BOL # 174996 22196
 Shipment ID # 105908
 Seal # 2712938
 Approved Accessorials:

BILL OF LADING

SHIP FROM
 Appoint Start: 09/24/2018 07:00
 Appoint End: 09/24/2018 07:00
 Arrival Time: 09/24/2018 06:37
 Departure Time: 09/24/2018 07:03

Bill of Lading Number: N22196

BAR CODE SPACE

SHIP TO
 Consignee:
 HOBOS STORE BRIDGEVIEW
 7557 S 78TH AVE
 BRIDGEVIEW, IL 60455
 Contact: RECEIVING
 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: *Michael Gutierrez*
 Address: PO BOX 7100
 City/State/Zip: HUNTINGTON WOODS, MI 48070

FOB:

Freight Charge Terms:

Prepaid Collect 3rd Party

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			<input type="radio"/> Y	<input type="radio"/> N	CSX Trucks 12468 Juan Pelez MOU: 06788375-1
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> N	
GRAND TOTAL					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.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 _____ per _____

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

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

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

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

SHIPPER SIGNATURE / DATE

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

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

9/23/2018 7:30:54 PM

17085636023

SENT VIA TELETYPE FAX

Page 4

BILL OF LADING

Page 1 of 1

9

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: 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:

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

BAR CODE SPACE
 Freight Charge Terms:
 Prepaid _____ Collect _____ 3rd Party _____
 Master Bill of Lading: with attached underlying Bills of Lading (check box)

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	
			Y N	<i>CSX</i> <i>Trailer 12468</i> <i>John Kelly</i> <i>PHN: 067283751</i>
			Y N	
			Y N	
			Y N	
GRAND TOTAL				

CARRIER INFORMATION						LTL ONLY	
HANDLING UNIT	PACKAGE		WEIGHT	R.M. (X)	COMMODITY DESCRIPTION	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.

SHIPPER SIGNATURE / DATE
 This is to certify that the above item or contents 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 will use emergency response information when made available and/or carrier has the DOT emergency response guidebook or equivalent documentation on the vehicle.

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

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



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 COLLECT

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE
SURE SHOT

AFTER 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 ▼			SHIP TO ▼		
Shipper Name KOHL DEPARTMENT STORES			Consignee Name HOBO G MASON		
Origin Street Address 7855 COUNTY RD 140			Destination Street Address 7557 78TH AVE		
Origin City FINDLAY	State OH	Zip Code 45840	Destination City BRIDGEVIEW	State IL	Zip Code 60455
Phone Number(s) 419-421-5234			<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	Zip Code
Special Instructions LOAD #6 PO#n000021838			Signed <small>Carrier must collect cash, money order, bank cashier's check, or bank-certified check unless shipper signs here to accept company check.</small>		

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	

NAME: [Signature]
 SIGNATURE: [Signature]
 DATE: 8-15 PO# 21838
 SKIDS: 800 59 PCS:
 APPT 800 IN 130 OUT 845
 DRIVER _____

TOTAL HANDLING PIECES: **59** INDIVIDUAL PIECES: **107** WEIGHT: **7351** 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 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)e of NMFC item 360.

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.

SHIPPER
KOHL DEPARTMENT STORES
 AUTHORIZED SIGNATURE (REQUIRED)
[Signature]

#11

BILL OF LADING

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: N22196A

SHIP TO

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

CARRIER NAME: CSX
 Trailer number CSXU631461
 Seal number(s): 2712934

SCAC:
 Pro number: 6388846

THIRD PARTY FREIGHT CHARGES BILL TO:

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

BAR CODE SPACE

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	
			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 exceeds \$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, terms and conditions of service, and other applicable provisions of the tariff, classification 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 / 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.
[Signature] 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: _____ **Driver Signature:** _____
Customer Name: _____ **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]
 SIGNATURE: [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

BILL OF LADING

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: N22196B

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): 2712936

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# 174998. PO# N22196B

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	
			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 stowage must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	LTL ONLY	
	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.

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

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	
SHIP TO		Name: HOBO Address: 7557 7 TH AVE City/State/Zip: BRIDGEVIEW IL 60455 PHONE: 708-924-9155		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# 174898. PO# N22196B		CARRIER NAME: CSX Trailer number: Seal number(s): 2712936	
				SCAC: Pro number:	
				BAR CODE SPACE	
				Freight Charge Terms: Prepaid _____ Collect _____ 3 rd Party _____	
				<input type="checkbox"/> Master Bill of Lading, with attached underlying Bills of Lading	
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE) Y N		ADDITIONAL SHIPPER INFO
			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	Weight	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: <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).					
SHIPPER SIGNATURE / DATE This is to certify that the above named contents 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 checked="" 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
Michael Gutierrez			CARRIER SIGNATURE / PICKUP DATE 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.		

NAME: Michael
 SIGNATURE: [Signature]
 DATE: 11-29-18 PO# 22196B
 SKIDS: 21 PCS: 27
 APPT: 0800 IN 1225 OUT 2110
 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



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

NOTE TO SHIPPER FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT PAGE 1 of 1

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		Consignee Name HOB0	
Origin Street Address 7855 COUNTY RD 140		Destination Street Address 7557 W 78TH ST	
Origin City FINDLAY	State OH	Destination City BRIDGEVIEW	State IL
Zip Code 45840		Zip Code 60455	
Phone Number(s) 419-421-5234		<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		Remark to	
City	State	Street Address	
Phone Number(s)	Area	City	State
Special Instructions PO# N22328 LOAD #11		Signed _____	

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.

REG. UNITS / QTY	PKGS. / QTY	* WGT.	Kind of Package, Description or Articles, Special Marks, and Exceptions (subject to correction)	WEIGHT, LBS (Subj. 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	6803	70	

NAME: AM Myda

SIGNATURE: [Signature]

DATE: 11-29-18 PO# 22328

SKIDS: 58 PCS: 10

APPT: 130 IN: 10 OUT: 10

DRIVER: _____

TOTAL HANDLING FEES: **50** INDIVIDUAL FEES: **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

Address: _____
 Facility: _____

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, I agree to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request. Every piece 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 designees. See Item 200-1 A98 H1 rules for general liability limitations and for additional coverage available at additional expense.	
This is to certify that the above named materials are properly checked, described, packaged, marked and braced 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 such a security check.	
TRAILER NUMBER	SHIPPER LOAD & ACCOUNT (SLC) <input type="checkbox"/>
CARRIER THK TRUCKING	
DATE	

Driver signatory only acknowledge receipt of goods.



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



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 / SHIP TO fields containing shipper and consignee information: KOHLS DEPARTMENT STORES, FINDLAY OH 45840, HOBOS G MASON GROUP, BRIDGEVIEW IL 60455.

BILL CHARGES TO / C.O.D. fields: Name, Street Address, City, State, Zip Code, and C.O.D. options (Collect On Delivery).

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.

Table with columns: HDLG UNITS NO./TYPE, PACKAGES NO./TYPE, Kind of Package, Description or Articles, Special Marks and Exceptions, WEIGHT/ LBS (Subj. to Correction), CLASS/RATE REF. (For Info. Only), CUBE FT (Optional). Includes handwritten signature and date.

TOTAL HANDLING PIECES: 55 INDIVIDUAL PIECES: 78 WEIGHT: 7417 LBS CUBE:

Notify if problem en route or delivery for informational purposes only: KOHLS 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.

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.

SHIPPER KOHLS DEPARTMENT STORES AUTHORIZED SIGNATURE (REQUIRED) [Signature]

TRAILER NUMBER 139524 CARRIER SURE SHOT PER [Signature] DATE 8/14/18 DRIVER SIGNATURE [Signature]



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



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

WWW.HODEDAH.COM
 INVOICES@HODEDAH.COM

39

MOVE # 6358826-3

Packing Slip

Date	Invoice #
8/16/2018	200043

Ship To
HOBOKEN 7557 S. 78TH AVE BRIDGEVIEW, IL 60455 708-921-9155

UMXU 886880

Seal # UL 2415312

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	HD8300 BLACK	2 DOOR WARDROBE - BLACK	812183014640
75	75	HD8300 CHERRY	2 DOOR WARDROBE - CHERRY	812183012981
118	118	HD8300 MAHOGANY	2 DOOR WARDROBE - MAHOGANY	812183015739

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

SHIP FROM
 Name: Hodedah Import Inc.
 Address: 1400 EAST STATE STREET
 City/State/Zip: HAMILTON NJ 08609
 SID#: 718-456-0505 **FOB:**

Bill of Lading Number: 2629
 BAR CODE SPACE

SHIP TO
 Name: HOBO 47 Location #: _____
 Address: 7557 S. 78TH AVE
 City/State/Zip: BRIDGEVIEW, IL 60455
 CID#: _____ **FOB:**

CARRIER NAME: Land Shipping
 Trailer number:
 Seal number(s):

SCAC:
 Pro number: ULINE 24/5312
 BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: HOBO 47
 Address: 7557 S. 78TH AVE
 City/State/Zip: BRIDGEVIEW, IL 60455

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

SPECIAL INSTRUCTIONS:

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	<input checked="" type="radio"/>	N	FURNITURE
			<input type="radio"/>	N	
			<input type="radio"/>	N	
			<input type="radio"/>	N	
			<input type="radio"/>	N	
			<input type="radio"/>	N	
			<input type="radio"/>	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	pkgs	42,000lb		FURNITURE	100	150

RECEIVING STAMP SPACE

Load Type: Stay
 Unit # UMXU 886880
 BOL # N21876 N21876 N21876
 Shipment ID # 105590
 Seal # UL2415312

When declared value, shippers are required to state specifically in writing the agreed or declared value of the property is specifically stated by the shipper to be not exceeding

Approved Accessorials:
 Appoint Start: 08/22/2018 09:00
 Appoint End: 08/22/2018 09:00
 Arrival Time: 08/22/2018 06:50
 Departure Time: 08/22/2018 08:01

Consignee:
 HOBO STORE BRIDGEVIEW
 7557 S 78TH AVE
 BRIDGEVIEW, IL 60455
 Contact: RECEIVING

GRAND TOTAL
 COD Amount: \$ _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

Damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

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.
8/16/18

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

BILL OF LADING

SHIP FROM
 Name: NIDICO GROUP, INC
 Address: 775 AMERICAN DRIVE
 City/State/Zip: BENSLEM, PA 19020
 PHONE: 215-470-1385

SHIP TO
 Name: HOBO
 Address: 7557 78TH AVE
 City/State/Zip: BRIDGEVIEW, IL 60445
 PHONE: 708-924-9155

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: SURE SHOT LOGISTICS
 Address: PO BOX 7100
 City/State/Zip: HUNTINGTON WOODS, MI 48070
 SPECIAL INSTRUCTIONS: PO# N21516. PU# 49941

Bill of Lading Number:

BAR CODE SPACE

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	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
N000021516	49	735	<input checked="" 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"/> Y	<input type="checkbox"/> N	
GRAND TOTAL					

HANDLING UNIT		PACKAGE		WEIGHT		H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC #	CLASS
1	SKID			735		(X)	KITCHEN TOWELS		
GRAND TOTAL									

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

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

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).
 RECEIVED subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 Signature: *[Signature]* Date: 8/30/18

Trailer Loaded:
 By Shipper
 By Driver

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier 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.
 Signature: *[Signature]* Date: 8/31/18

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible pencil, or in carbon, and retained by the Agent. RECEIVED, subject to the classification and tariffs in effect on the date of the issue of this Shipping Order.

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 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.

SHIPPER'S BILL OF LADING NO
50269031

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.: 5377
FOB Point: A

APPOINTMENT SCHEDULE			
DATE	TIME	DATE	TIME
08/29/18	08:00	08/29/18	08:30
TIME ARV	DEP.	TIME ARV	DEP.

CUSTOMER P.O. NO.	ORDER DATE	DEPT. NO.	REQUESTED SHIPPED DT	SCHEDULED SHIPPED DT	CANCELLED DATE	SHIPPED DATE	ROUTING PHONE	LOAD NO.
N000021991	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.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Per: *Mukul Loffay*
(Signature of Consignor)
If charges are to be prepaid, write or stamp here "To be Prepaid."
Collector

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 _____

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 _____

SHIPPER
Mukul Loffay
Date
Per
SHIPPER, PER CARRIER
Agent, Per

** 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 TO
RIO BRANDS, LLC



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) **Claim No:** 14 *Status:*
SURE SHOT LOGISTICS, LLC *Original Filed* *Filed by:* CR
PO BOX 7100 *Date:* 11/29/2018 *Entered by:* EPoc ADI
HUNTINGTON WOODS, MI *Original Entered* *Modified:*
48070 *Date:* 11/29/2018

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		