

Master Bill Of Lading

Date: 7/27/2022 11:31:41 AM

SHIP FROM

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

Master Bill of Lading Number: 06757163000716098

SHIP TO

Name: Kohls Dist. Center - #00875 DC#: 00875
 Div. _____
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 SID#: _____ FOB:

CARRIER NAME: ABF Freight

Trailer number: 660838
 Seal number(s): _____
 SCAC: ABFS
 Pro Number: 155 138 673



Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs.



THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

(check box) MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM PM	AM PM	AM PM

SPECIAL INSTRUCTIONS:
 ME# 840775362

CUSTOMER ORDER INFORMATION						ADDITIONAL SHIPPER INFO		
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#	
14024924 Dept#: 115	128	1856.48	Y	N	06757163000715695	00875		
14026065 Dept#: 115	52	923.12	Y	N	06757163000715794	00875		
Grand Total	180	2779.60						

CARRIER INFORMATION						LTL ONLY			
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360			
4	Pallet			200.00		Pallet			70
		94	ctns	1206.96		Bath Towel, Beach Towel		49390 Sub 4	175
		86	ctns	1572.64		Shower curtain		49385	77.5
4				2979.60		Grand Total			

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

COD Amount \$ _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature

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.
[Signature] 7/27/22

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] 7/27/22

Date: 7/27/2022 11:31:36 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

FOB:

Bill of Lading Number: 06757163000715794



CARRIER NAME: ABF Freight

Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 840775362

FOB:

Trailer number: 660838

Seal number(s):

SCAC: ABFS

Pro Number: 155 138 673

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

Freight Charge Terms: (freight charges are prepaid
 unless marked otherwise)

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 840775362

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026065 Dept#: 115	52	923.12	Y N	
Grand Total	52	923.12		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		23	ctns	258.44		Bath Towel, Beach Towel	49390 Sub 4	175
		29	ctns	664.68		Shower curtain	49385	77.5
1		52		973.12		Grand Total		

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

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 6755308 Order Date: 07/07/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026065
#00875

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 07/27/2022 Shipment No.: 300071579
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	120	5	120	5
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	144	12	144	12
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	204	17	204	17

Total Weight:	923.12
Total Quantity Ordered:	900
Total Cartons Ordered:	52
Total Quantity Shipped:	900
Total Cartons Shipped:	52

Date: 7/27/2022 11:31:33 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000715695



CARRIER NAME: ABF Freight
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 840775362

Trailer number: 660838
 Seal number(s): _____
 SCAC: ABFS
 Pro Number: 155 138 673

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: _____ Collect: **X** 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 840775362
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14024924 Dept#: 115	128	1856.48	Y	N	
Grand Total	128	1856.48			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		57	ctns	907.96		Shower curtain	49385	77.5
		71	ctns	948.52		Bath Towel, Beach Towel	49390 Sub 4	175
3		128		2006.48		Grand Total		

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

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

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

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

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

 Shipper Signature

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

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

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

Appt Time: _____
 In: _____
 Out: _____
 Driver Signature: _____

Order No.: 6755290 Order Date: 07/07/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14024924
#00875

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 07/27/2022 Shipment No.: 300071569
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11BOMSPBFHT012 PCK	11BOMSPBFHT 012PCK	086569492890	2Pk Hand Towel	EA	24	600	25	600	25
11BOMSPBFHT01P CK	11BOMSPBFHT 01PCK	086569492937	6Pk Wash Cloth	EA	24	696	29	696	29
11BOMSPBFHT02P CK	11BOMSPBFHT 02PCK	086569492906	2Pk Hand Towel	EA	24	408	17	408	17
11BOMSPBFSC01	11BOMSPBFS C01	086569491855	Cole Floral 13Pcs Set	EA	12	312	26	312	26
11BOMSPBFSC02	11BOMSPBFS C02	086569491947	Cole Lattice 13Pcs Set	EA	12	372	31	372	31

Total Weight:	1856.48
Total Quantity Ordered:	2388
Total Cartons Ordered:	128
Total Quantity Shipped:	2388
Total Cartons Shipped:	128