

Date: 8/31/2022 8:25:40 AM

# Master Bill Of Lading

### SHIP FROM

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

Master Bill of Lading Number: 06757163000726790

### SHIP TO

Name: **Kohls** DC#: XDSFS  
 Div. \_\_\_\_\_  
 Address: **X-DOCK PERFORMANCE TEAM BLDG 6**  
**12816 SHOEMAKER AVE, XDSFS**  
 City/State/Zip: **SANTA FE SPRINGS, CA 90670**  
 SID#: \_\_\_\_\_ FOB:

CARRIER NAME: **Alliance Shippers**

Trailer number: **XTRA-W37960**  
 Seal number(s): **44369124**

SCAC: **ANSH**  
 Pro Number: **N/A**

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED  
 UNDERLYING BILLS OF LANDING

### SPECIAL INSTRUCTIONS:

ME# 842796966

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
9:00 AM PM	7:25 AM PM	8:35 AM PM

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
14026086	Dept#: 115	7	100.70	Y	N	06757163000725991	00810
14026086	Dept#: 115	6	107.98	Y	N	06757163000726004	00830
14026086	Dept#: 115	2	15.86	Y	N	06757163000726011	00840
14026086	Dept#: 115	8	138.39	Y	N	06757163000726028	00865
14026086	Dept#: 115	1	7.93	Y	N	06757163000726035	00875
14026086	Dept#: 115	5	115.04	Y	N	06757163000726042	00890
14163688	Dept#: 211	100	1229.60	Y	N	06757163000726059	00810
14163688	Dept#: 211	81	986.78	Y	N	06757163000726066	00830
14163688	Dept#: 211	104	1278.52	Y	N	06757163000726073	00840
14163688	Dept#: 211	36	442.48	Y	N	06757163000726080	00855
14163688	Dept#: 211	35	429.70	Y	N	06757163000726097	00860
14163688	Dept#: 211	131	1605.98	Y	N	06757163000726103	00865
14163688	Dept#: 211	41	505.28	Y	N	06757163000726110	00875

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.

*[Handwritten Signature]* *[Handwritten Date]*

### 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.

*[Handwritten Signature]* *[Handwritten Date]*

Date: 8/31/2022 8:25:40 AM

## Master Bill Of Lading

Page 2 of 2

## SHIP FROM

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

Master Bill of Lading Number: 06757163000726790

## SHIP TO

Name: Kohls DC#: XDSFS  
 Div.  
 Address: X-DOCK PERFORMANCE TEAM BLDG 6  
 12816 SHOEMAKER AVE, XDSFS  
 City/State/Zip: SANTA FE SPRINGS, CA 90670  
 SID#: FOB:

CARRIER NAME: Alliance Shippers

Trailer number: XTRA-W37960  
 Seal number(s): 44369124

SCAC: ANSH  
 Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:  
 City/State/Zip:

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

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

SPECIAL INSTRUCTIONS:  
 ME# 842796966

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

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
14163688 Dept#: 211	196	2415.78	Y	N	06757163000726127	00890	
<b>Grand Total</b>	<b>753</b>	<b>9380.02</b>					

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		70
		17	ctns	210.86		Bath Towel, Beach Towel	49390 Sub 4	175
		724	ctns	8894.12		Comforters, Bedspreads	49017	200
		12	ctns	275.04		Shower curtain	49385	77.5
29				10830.02		<b>Grand Total</b>		

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.

**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: 06757163000726011



CARRIER NAME: Alliance Shippers  
 Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

Name: Kohls Dist. Center - #00840 Location #: 00840  
 Address: 2015 NE Jefferson Street  
 Blue Spring (Grain Valley) D.C.,  
 00840  
 City/State/Zip: Grain Valley, MO 64029  
 CID#: 842796966

Trailer number: XTRA-W37960  
 Seal number(s): 44369124

SCAC: ANSH  
 Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_ Collect: **X** 3rd Party: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14026086 Dept#: 115	2	15.86	Y N	
<b>Grand Total</b>	<b>2</b>	<b>15.86</b>		

**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				NMFC #	CLASS
1		Pallet	50.00		Pallet		
	2	ctns	15.86		Bath Towel, Beach Towel	49390 Sub 4	175
1			65.86		<b>Grand Total</b>		

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.: 6780422    Order Date: 08/11/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14026086  
#00840

<b>SHIP FROM:</b>	<b>BILL TO:</b>	<b>SHIP TO:</b>	<b>Shipping Date:</b>
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	08/31/2022
			<b>Shipment No.:</b> 300072601

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1

Total Weight:	15.86
Total Quantity Ordered:	48
Total Cartons Ordered:	2
Total Quantity Shipped:	48
Total Cartons Shipped:	2

Date: 8/31/2022 8:24:43 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: 06757163000726011



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

## SHIP TO

Name: Kohls Dist. Center - #00840 Location #: 00840  
 Address: 2015 NE Jefferson Street  
 Blue Spring (Grain Valley) D.C.,  
 00840  
 City/State/Zip: Grain Valley, MO 64029  
 CID#: 842796966

FOB: 

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:

City/State/Zip:

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

Prepaid:

Collect: X

3rd Party:

## SPECIAL INSTRUCTIONS:

Load #: 842796966

Packing List is Attached

  
 (check box)

 Master Bill of Lading: with attached  
 underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026086 Dept#: 115	2	15.86	Y N	
<b>Grand Total</b>	<b>2</b>	<b>15.86</b>		

## 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		
		2	ctns	15.86		Bath Towel, Beach Towel	49390 Sub 4	175
1		2		65.86		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

 Fee Terms: Collect:  Prepaid: 
Customer check acceptable: 

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

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

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

\_\_\_\_\_  
 Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Date: 8/31/2022 8:24:47 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: 06757163000726066



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

## SHIP TO

Name: Kohls Dist. Center - #00830 Location #: 00830  
 Address: 300 Admiral Byrd Drive  
 Winchester D. C., 00830  
 City/State/Zip: Winchester, VA 22602  
 CID#: 842796966

FOB: 

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:

City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

## SPECIAL INSTRUCTIONS:

Load #: 842796966

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
14163688 Dept#: 211	81	986.78	Y	N	
<b>Grand Total</b>	81	986.78			

## 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		
		81	ctns	986.78		Comforters, Bedspreads	49017	200
3		81		1136.78		<b>Grand Total</b>		

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.: 6786484    Order Date: 08/18/2022    Customer: KOHLS DIST. CENTER - #00830    Customer PO No.: 14163688

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072606
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3229	086569676955	Q Olivia Comforter Set	EA	1	44	44	44	44
N/A	KL10-3230	086569676962	K Olivia Comforter Set	EA	1	37	37	37	37

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Total Weight:	986.78
Total Quantity Ordered:	81
Total Cartons Ordered:	81
Total Quantity Shipped:	81
Total Cartons Shipped:	81

Date: 8/31/2022 8:24:47 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: 06757163000726066



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

## SHIP TO

Name: Kohls Dist. Center - #00830 Location #: 00830  
 Address: 300 Admiral Byrd Drive  
 Winchester D. C., 00830  
 City/State/Zip: Winchester, VA 22602  
 CID#: 842796966

FOB: 

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14163688 Dept#: 211	81	986.78	Y	N	
<b>Grand Total</b>	81	986.78			

## 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		
		81	ctns	986.78		Comforters, Bedspreads	49017	200
3		81		1136.78		<b>Grand Total</b>		

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:

Date: 8/31/2022 8:24:51 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: 06757163000726059



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## SHIP TO

Name: Kohls Dist. Center - #00810 Location #: 00810  
 Address: 7855 County Road 140  
 Findlay D.C., 00810  
 City/State/Zip: Findlay, OH 45840  
 CID#: 842796966

FOB: 

## 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 #: 842796966  
 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
14163688 Dept#: 211	100	1229.60	Y	N	
<b>Grand Total</b>	100	1229.60			

## 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		
		100	ctns	1229.60		Comforters, Bedspreads	49017	200
3		100		1379.60		<b>Grand Total</b>		

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.: 6786483    Order Date: 08/18/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14163688  
#00810

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072605
--	---	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3229	086569676955	Q Olivia Comforter Set	EA	1	44	44	44	44
N/A	KL10-3230	086569676962	K Olivia Comforter Set	EA	1	56	56	56	56

Total Weight:	1229.6
Total Quantity Ordered:	100
Total Cartons Ordered:	100
Total Quantity Shipped:	100
Total Cartons Shipped:	100

Date: 8/31/2022 8:24:51 AM

# Bill Of Lading

**SHIP FROM**

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

FOB:

Bill of Lading Number: 06757163000726059



CARRIER NAME: Alliance Shippers

Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

Name: Kohls Dist. Center - #00810 Location #: 00810  
 Address: 7855 County Road 140  
 Findlay D.C., 00810  
 City/State/Zip: Findlay, OH 45840  
 CID#: 842796966

FOB:

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_ Collect: **X** 3rd Party: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14163688 Dept#: 211	100	1229.60	Y	N	
<b>Grand Total</b>	<b>100</b>	<b>1229.60</b>			

**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		
		100	ctns	1229.60		Comforters, Bedspreads	49017	200
3		100		1379.60		<b>Grand Total</b>		

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:

**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: 06757163000726028



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

**SHIP TO**

Name: Kohls Dist. Center - #00865 Location #: 00865  
 Address: Mamakating (Wurtsboro) D.C.  
 3440 State Route 209, 00865  
 City/State/Zip: Wurtsboro, NY 12790  
 CID#: 842796966

FOB:

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14026086 Dept#: 115	8	138.39	Y	N	
<b>Grand Total</b>	<b>8</b>	<b>138.39</b>			

**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		
		3	ctns	23.79		Bath Towel, Beach Towel	49390 Sub 4	175
		5	ctns	114.60		Shower curtain	49385	77.5
1		8		188.39		<b>Grand Total</b>		

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.: 6780423    Order Date: 08/11/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14026086  
#00865

**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 - #00865  
MAMAKATING (WURTSBORO) D.C.  
3440 STATE ROUTE 209  
WURTSBORO, NY 12790  
US

**Shipping Date:**  
08/31/2022

**Shipment No.:**  
300072602


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	24	2	24	2
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	36	3	36	3

Total Weight: 138.39  
Total Quantity Ordered: 132  
Total Cartons Ordered: 8  
Total Quantity Shipped: 132  
Total Cartons Shipped: 8

Date: 8/31/2022 8:24:55 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00865 Location #: 00865
Address:	221 Hanson Way	Address:	Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Wurtsboro, NY 12790
SID#:		CID#:	842796966
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000726028		Trailer number: XTRA-W37960	
		Seal number(s): 44369124	
(402)06757163000726028		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
SPECIAL INSTRUCTIONS: Load #: 842796966 Packing List is Attached		<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026086 Dept#: 115	8	138.39	Y N	
<b>Grand Total</b>	<b>8</b>	<b>138.39</b>		

## 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		
		3	ctns	23.79		Bath Towel, Beach Towel	49390 Sub 4	175
		5	ctns	114.60		Shower curtain	49385	77.5
1		8		188.39		<b>Grand Total</b>		

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:

Date: 8/31/2022 8:24:59 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: 06757163000726127



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

## SHIP TO

Name: Kohls Dist. Center - #00890 Location #: 00890  
 Address: 4300 MBL Drive  
 Ottawa D.C., 00890  
 City/State/Zip: Ottawa, IL 61350  
 CID#: 842796966

FOB: 

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14163688 Dept#: 211	196	2415.78	Y	N	
<b>Grand Total</b>	<b>196</b>	<b>2415.78</b>			

## 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
6	Pallet			300.00		Pallet		
		196	ctns	2415.78		Comforters, Bedspreads	49017	200
6		196		2715.78		<b>Grand Total</b>		

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.: 6786491    Order Date: 08/18/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14163688  
 #00890

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072612
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3229	086569676955	Q Olivia Comforter Set	EA	1	81	81	81	81
N/A	KL10-3230	086569676962	K Olivia Comforter Set	EA	1	115	115	115	115

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Total Weight:	2415.78
Total Quantity Ordered:	196
Total Cartons Ordered:	196
Total Quantity Shipped:	196
Total Cartons Shipped:	196

**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: 06757163000726127



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

**SHIP TO**

Name: Kohls Dist. Center - #00890 Location #: 00890  
 Address: 4300 MBL Drive  
 Ottawa D.C., 00890  
 City/State/Zip: Ottawa, IL 61350  
 CID#: 842796966

FOB:

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

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

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

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14163688 Dept#: 211	196	2415.78	Y N	
<b>Grand Total</b>	196	2415.78		

**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
6	Pallet			300.00		Pallet		
		196	ctns	2415.78		Comforters, Bedspreads	49017	200
6		196		2715.78		<b>Grand Total</b>		

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:

Date: 8/31/2022 8:25:03 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00855 Location #: 00855
Address:	221 Hanson Way	Address:	890 East Mill Street San Bernardino D.C., 00855
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino, CA 92408-1614
SID#:		CID#:	842796966
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000726080		Trailer number: XTRA-W37960	
		Seal number(s): 44369124	
(402)06757163000726080		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	
Address:		Collect: X	
City/State/Zip:		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached	
Load #: 842796966		(check box) underlying Bills of Lading	
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14163688 Dept#: 211	36	442.48	Y	N	
<b>Grand Total</b>	<b>36</b>	<b>442.48</b>			

## 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		
		36	ctns	442.48		Comforters, Bedspreads	49017	200
1		36		492.48		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature \_\_\_\_\_

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 6786486    Order Date: 08/18/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14163688  
#00855

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408-1614 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072608
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3229	086569676955	Q Olivia Comforter Set	EA	1	16	16	16	16
N/A	KL10-3230	086569676962	K Olivia Comforter Set	EA	1	20	20	20	20

Total Weight:	442.48
Total Quantity Ordered:	36
Total Cartons Ordered:	36
Total Quantity Shipped:	36
Total Cartons Shipped:	36

Date: 8/31/2022 8:25:03 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: 06757163000726080



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

## SHIP TO

Name: Kohls Dist. Center - #00855 Location #: 00855  
 Address: 890 East Mill Street  
 San Bernardino D.C., 00855  
 City/State/Zip: San Bernardino, CA 92408-1614  
 CID#: 842796966

FOB: 

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14163688 Dept#: 211	36	442.48	Y	N	
<b>Grand Total</b>	36	442.48			

## 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
1	Pallet			50.00		Pallet		
		36	ctns	442.48		Comforters, Bedspreads	49017	200
1		36		492.48		<b>Grand Total</b>		

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:

Date: 8/31/2022 8:25:07 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: 06757163000725991



(402)06757163000725991

**SHIP TO**

Name: Kohls Dist. Center - #00810 Location #: 00810  
 Address: 7855 County Road 140  
 Findlay D.C., 00810  
 City/State/Zip: Findlay, OH 45840  
 CID#: 842796966

CARRIER NAME: Alliance Shippers  
 Responsible Acct.No:  
 Trailer number: XTRA-W37960  
 Seal number(s): 44369124

SCAC: ANSH  
 Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14026086 Dept#: 115	7	100.70	Y	N	
<b>Grand Total</b>	<b>7</b>	<b>100.70</b>			

**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		
		5	ctns	54.86		Bath Towel, Beach Towel	49390 Sub 4	175
		2	ctns	45.84		Shower curtain	49385	77.5
1		7		150.70		<b>Grand Total</b>		

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:

Appt Time:  
 In:  
 Out:  
 Driver Signature:

Appt Time:  
 In:  
 Out:  
 Driver Signature:

Order No.: 6780420    Order Date: 08/11/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14026086  
#00810

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072599
--	---	---	--

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	24	1	24	1
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	12	1	12	1
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	12	1	12	1

---

Total Weight:	100.7
Total Quantity Ordered:	144
Total Cartons Ordered:	7
Total Quantity Shipped:	144
Total Cartons Shipped:	7

Date: 8/31/2022 8:25:07 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: 06757163000725991



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

## SHIP TO

Name: Kohls Dist. Center - #00810 Location #: 00810  
 Address: 7855 County Road 140  
 Findlay D.C., 00810  
 City/State/Zip: Findlay, OH 45840  
 CID#: 842796966 FOB:

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:  
 City/State/Zip:

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

Prepaid:

Collect: X

3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 842796966

Packing List is Attached

  
 (check box)

Master Bill of Lading: with attached underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026086 Dept#: 115	7	100.70	Y N	
<b>Grand Total</b>	<b>7</b>	<b>100.70</b>		

## 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		
		5	ctns	54.86		Bath Towel, Beach Towel	49390 Sub 4	175
		2	ctns	45.84		Shower curtain	49385	77.5
1		7		150.70		<b>Grand Total</b>		

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:

Date: 8/31/2022 8:25:11 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: 06757163000726042



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

## SHIP TO

Name: Kohls Dist. Center - #00890 Location #: 00890  
 Address: 4300 MBL Drive  
 Ottawa D.C., 00890  
 City/State/Zip: Ottawa, IL 61350  
 CID#: 842796966

FOB: 

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14026086 Dept#: 115	5	115.04	Y N	
<b>Grand Total</b>	<b>5</b>	<b>115.04</b>		

## 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		
		2	ctns	46.28		Bath Towel, Beach Towel	49390 Sub 4	175
		3	ctns	68.76		Shower curtain	49385	77.5
1		5		165.04		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

\_\_\_\_\_  
 Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:  
 In:  
 Out:  
 Driver Signature:

Order No.: 6780426    Order Date: 08/11/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14026086  
 #00890

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072604
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	24	2	24	2
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	12	1	12	1

---

Total Weight:	115.04
Total Quantity Ordered:	84
Total Cartons Ordered:	5
Total Quantity Shipped:	84
Total Cartons Shipped:	5

Date: 8/31/2022 8:25:11 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: 06757163000726042



CARRIER NAME: Alliance Shippers

Responsible Acct.No: \_\_\_\_\_

## SHIP TO

Name: Kohls Dist. Center - #00890 Location #: 00890  
 Address: 4300 MBL Drive  
 Ottawa D.C., 00890  
 City/State/Zip: Ottawa, IL 61350  
 CID#: 842796966

FOB: 

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_

Collect: X

3rd Party: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

Load #: 842796966

Packing List is Attached

(check box)

Master Bill of Lading: with attached  
 underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026086 Dept#: 115	5	115.04	Y N	
<b>Grand Total</b>	5	115.04		

## CARRIER INFORMATION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1		Pallet	50.00		Pallet		
		2	ctns	46.28	Bath Towel, Beach Towel	49390 Sub 4	175
		3	ctns	68.76	Shower curtain	49385	77.5
1		5		165.04	<b>Grand Total</b>		

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: \_\_\_\_\_

Date: 8/31/2022 8:25:15 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: 06757163000726004



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## SHIP TO

Name: Kohls Dist. Center - #00830 Location #: 00830  
 Address: 300 Admiral Byrd Drive  
 Winchester D. C., 00830  
 City/State/Zip: Winchester, VA 22602  
 CID#: 842796966 FOB:

## 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 #: 842796966

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
14026086 Dept#: 115	6	107.98	Y	N	
<b>Grand Total</b>	<b>6</b>	<b>107.98</b>			

## 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		
		4	ctns	62.14		Bath Towel, Beach Towel	49390 Sub 4	175
		2	ctns	45.84		Shower curtain	49385	77.5
1		6		157.98		<b>Grand Total</b>		

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.: 6780421    Order Date: 08/11/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14026086  
#00830

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072600
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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	24	1	24	1
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	12	1	12	1
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	12	1	12	1

Total Weight:	107.98
Total Quantity Ordered:	120
Total Cartons Ordered:	6
Total Quantity Shipped:	120
Total Cartons Shipped:	6

**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: 06757163000726004



CARRIER NAME: Alliance Shippers  
 Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

Name: Kohls Dist. Center - #00830 Location #: 00830  
 Address: 300 Admiral Byrd Drive  
 Winchester D. C., 00830  
 City/State/Zip: Winchester, VA 22602  
 CID#: 842796966

Trailer number: XTRA-W37960  
 Seal number(s): 44369124

SCAC: ANSH  
 Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_ Collect:  3rd Party: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14026086 Dept#: 115	6	107.98	Y	N	
<b>Grand Total</b>	<b>6</b>	<b>107.98</b>			

**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		
		4	ctns	62.14		Bath Towel, Beach Towel	49390 Sub 4	175
		2	ctns	45.84		Shower curtain	49385	77.5
1		6		157.98		<b>Grand Total</b>		

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:

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000726035
Name: E & E COMPANY LTD		 (402)06757163000726035
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		<b>CARRIER NAME:</b> Alliance Shippers
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:
<b>SHIP TO</b>		Trailer number: XTRA-W37960
Name: Kohls Dist. Center - #00875	Location #: 00875	Seal number(s): 44369124
Address: 3030 Airport Road East		
	Macon D.C., 00875	<b>SCAC:</b> ANSH
City/State/Zip: Macon, GA 31216		<b>Pro Number:</b> N/A
CID#: 842796966	FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
Name:		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)
Address:		
City/State/Zip:		<b>Prepaid:</b> <b>Collect:</b> X <b>3rd Party:</b>
<b>SPECIAL INSTRUCTIONS:</b>		<input type="checkbox"/> Master Bill of Lading: with attached
Load #: 842796966		(check box)                      underlying Bills of Lading
Packing List is Attached		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026086      Dept#: 115	1	7.93	Y	N	
<b>Grand Total</b>	1	7.93			

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		
		1	ctns	7.93		Bath Towel, Beach Towel	49390 Sub 4	175
1		1		57.93		<b>Grand Total</b>		

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

<p><b>SHIPPER SIGNATURE / DATE</b></p> <p><small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></p> <p><small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small></p> <p><i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 6780424    Order Date: 08/11/2022    Customer: KOHLS DIST. CENTER - #00875    Customer PO No.: 14026086

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072603
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	24	1	24	1

Total Weight:	7.93
Total Quantity Ordered:	24
Total Cartons Ordered:	1
Total Quantity Shipped:	24
Total Cartons Shipped:	1

Date: 8/31/2022 8:25:20 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: 06757163000726035



CARRIER NAME: Alliance Shippers

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#: 842796966 FOB:

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:

City/State/Zip:

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

Prepaid:

Collect: X

3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 842796966

Packing List is Attached

(check box)

Master Bill of Lading: with attached  
 underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026086 Dept#: 115	1	7.93	Y N	
<b>Grand Total</b>	1	7.93		

## 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				NMFC #	CLASS
1		Pallet	50.00		Pallet		
	1	ctns	7.93		Bath Towel, Beach Towel	49390 Sub 4	175
1			57.93		<b>Grand Total</b>		

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:

Date: 8/31/2022 8:25:24 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

Bill of Lading Number: 06757163000726103



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

## SHIP TO

Name: Kohls Dist. Center - #00865 Location #: 00865  
 Address: Mamakating (Wurtsboro) D.C.  
 3440 State Route 209, 00865  
 City/State/Zip: Wurtsboro, NY 12790  
 CID#: 842796966

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14163688 Dept#: 211	131	1605.98	Y	N	
<b>Grand Total</b>	<b>131</b>	<b>1605.98</b>			

## 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
4	Pallet			200.00		Pallet		
		131	ctns	1605.98		Comforters, Bedspreads	49017	200
4		131		1805.98		<b>Grand Total</b>		

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.: 6786488    Order Date: 08/18/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14163688  
 #00865

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072610
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3229	086569676955	Q Olivia Comforter Set	EA	1	62	62	62	62
N/A	KL10-3230	086569676962	K Olivia Comforter Set	EA	1	69	69	69	69

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Total Weight:	1605.98
Total Quantity Ordered:	131
Total Cartons Ordered:	131
Total Quantity Shipped:	131
Total Cartons Shipped:	131

Date: 8/31/2022 8:25:24 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: 06757163000726103



CARRIER NAME: Alliance Shippers  
 Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

Name: Kohls Dist. Center - #00865 Location #: 00865  
 Address: Mamakating (Wurtsboro) D.C.  
 3440 State Route 209, 00865  
 City/State/Zip: Wurtsboro, NY 12790  
 CID#: 842796966

Trailer number: XTRA-W37960  
 Seal number(s): 44369124

SCAC: ANSH  
 Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_ Collect: **X** 3rd Party: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14163688 Dept#: 211	131	1605.98	Y N	
<b>Grand Total</b>	131	1605.98		

**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				NMFC #	CLASS
4		Pallet	200.00		Pallet		
	131	ctns	1605.98		Comforters, Bedspreads	49017	200
4			1805.98		<b>Grand Total</b>		

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:

Date: 8/31/2022 8:25:27 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000726073	
Name:	E & E COMPANY LTD	 (402)06757163000726073	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: XTRA-W37960	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 44369124	
<b>SHIP TO</b>		SCAC: ANSH	
Name:	Kohls Dist. Center - #00840	Pro Number: N/A	
Address:	2015 NE Jefferson Street		
City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840		
CID#: 842796966	FOB: <input type="checkbox"/>		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 842796966		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14163688 Dept#: 211	104	1278.52	Y	N	
<b>Grand Total</b>	104	1278.52			

## 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		
		104	ctns	1278.52		Comforters, Bedspreads	49017	200
3		104		1428.52		<b>Grand Total</b>		

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.: 6786485    Order Date: 08/18/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14163688  
#00840

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072607
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3229	086569676955	Q Olivia Comforter Set	EA	1	46	46	46	46
N/A	KL10-3230	086569676962	K Olivia Comforter Set	EA	1	58	58	58	58

Total Weight:	1278.52
Total Quantity Ordered:	104
Total Cartons Ordered:	104
Total Quantity Shipped:	104
Total Cartons Shipped:	104

Date: 8/31/2022 8:25:27 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

Bill of Lading Number: 06757163000726073



CARRIER NAME: Alliance Shippers  
 Responsible Acct.No: \_\_\_\_\_

## SHIP TO

Name: Kohls Dist. Center - #00840 Location #: 00840  
 Address: 2015 NE Jefferson Street  
 Blue Spring (Grain Valley) D.C.,  
 00840  
 City/State/Zip: Grain Valley, MO 64029  
 CID#: 842796966

Trailer number: XTRA-W37960  
 Seal number(s): 44369124

SCAC: ANSH  
 Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid: \_\_\_\_\_ Collect: X 3rd Party: \_\_\_\_\_

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14163688 Dept#: 211	104	1278.52	Y N	
<b>Grand Total</b>	104	1278.52		

## 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				NMFC #	CLASS
3		Pallet	150.00		Pallet		
	104	ctns	1278.52		Comforters, Bedspreads	49017	200
3		104	1428.52		<b>Grand Total</b>		

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:

Date: 8/31/2022 8:25:31 AM

# Bill Of Lading

**SHIP FROM**

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

FOB:

Bill of Lading Number: 06757163000726110



CARRIER NAME: Alliance Shippers

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#: 842796966

FOB:

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14163688 Dept#: 211	41	505.28	Y N	
<b>Grand Total</b>	41	505.28		

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		41	ctns	505.28		Comforters, Bedspreads	49017	200
2		41		605.28		<b>Grand Total</b>		

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.: 6786489    Order Date: 08/18/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14163688  
 #00875

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072611
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3229	086569676955	Q Olivia Comforter Set	EA	1	17	17	17	17
N/A	KL10-3230	086569676962	K Olivia Comforter Set	EA	1	24	24	24	24

---

Total Weight:	505.28
Total Quantity Ordered:	41
Total Cartons Ordered:	41
Total Quantity Shipped:	41
Total Cartons Shipped:	41

Date: 8/31/2022 8:25:31 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: 06757163000726110



CARRIER NAME: Alliance Shippers

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#: 842796966

FOB: 

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

## SPECIAL INSTRUCTIONS:

Load #: 842796966

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
14163688 Dept#: 211	41	505.28	Y N	
<b>Grand Total</b>	41	505.28		

## CARRIER INFORMATION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC item 360</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
2		Pallet	100.00		Pallet		
	41	ctns	505.28		Comforters, Bedspreads	49017	200
2			605.28		<b>Grand Total</b>		

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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:  
 In:  
 Out:  
 Driver Signature:

Date: 8/31/2022 8:25:36 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00860 Location #: 00860
Address:	221 Hanson Way	Address:	1600 North Business 45 Corsicana D.C., 00860
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Corsicana, TX 75110
SID#:		CID#:	842796966
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000726097		Trailer number: XTRA-W37960	
		Seal number(s): 44369124	
(402)06757163000726097		SCAC: ANSH	
CARRIER NAME: Alliance Shippers		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 842796966			
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14163688 Dept#: 211	35	429.70	Y	N	
<b>Grand Total</b>	35	429.70			

## 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		
		35	ctns	429.70		Comforters, Bedspreads	49017	200
1		35		479.70		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid:   
Customer check acceptable:

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

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

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

\_\_\_\_\_  
Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:  
In:  
Out:  
Driver Signature:

Order No.: 6786487    Order Date: 08/18/2022    Customer: KOHLS DIST. CENTER - Customer PO No.: 14163688  
 #00860

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORNICANA D.C. CORNICANA, TX 75110 US	<b>Shipping Date:</b> 08/31/2022  <b>Shipment No.:</b> 300072609
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL10-3229	086569676955	Q Olivia Comforter Set	EA	1	16	16	16	16
N/A	KL10-3230	086569676962	K Olivia Comforter Set	EA	1	19	19	19	19

Total Weight:	429.7
Total Quantity Ordered:	35
Total Cartons Ordered:	35
Total Quantity Shipped:	35
Total Cartons Shipped:	35

Date: 8/31/2022 8:25:36 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: 06757163000726097



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

## SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860  
 Address: 1600 North Business 45  
 Corsicana D.C., 00860  
 City/State/Zip: Corsicana, TX 75110  
 CID#: 842796966

FOB: 

Trailer number: XTRA-W37960

Seal number(s): 44369124

SCAC: ANSH

Pro Number: N/A

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
 Address:  
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 842796966  
 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
14163688 Dept#: 211	35	429.70	Y N	
<b>Grand Total</b>	35	429.70		

## 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				NMFC #	CLASS
1		Pallet	50.00		Pallet		
	35	ctns	429.70		Comforters, Bedspreads	49017	200
1			479.70		<b>Grand Total</b>		

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 property 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: