

| SHIP FROM | | Master Bill of Lading Number: 06757163000769872 | |
|------------------------------------|-------------------------------|---|--|
| Name: E & E COMPANY LTD | | | |
| Address: 221 Hanson Way | | | |
| City/State/Zip: Woodland, CA 95776 | | | |
| SID#: _____ | FOB: <input type="checkbox"/> | | |

| SHIP TO | | CARRIER NAME: ABF Freight | |
|---|-------------------------------|----------------------------------|--|
| Name: Kohls Ecom DC-#00806 | DC#: 00806 | | |
| | Div. _____ | Trailer number: 551689 | |
| Address: 825 East Central Avenue | | Seal number(s): _____ | |
| San Bernardino - DC, 00806 | | SCAC: ABFS | |
| City/State/Zip: San Bernardino, CA 92408-2413 | | Pro Number: 155141747 | |
| SID#: _____ | FOB: <input type="checkbox"/> | | |

| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
|--|--|--|---|
| Name: _____ | | Prepaid: <input type="checkbox"/> | Collect: <input checked="" type="checkbox"/> |
| Address: _____ | | 3rd Party: <input type="checkbox"/> | |
| City/State/Zip: _____ | | <input checked="" type="checkbox"/> (check box) ABF Freight <small>An Abtech Company</small> | |
| SPECIAL INSTRUCTIONS: ME# 852018762 | | Appointment Time: 155 141 747 | Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs. |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|------------|------------|-------------------------|-----|-------------------------|-------|
| CUSTOMER ORDER NUMBER | | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | ADDITIONAL SHIPPER INFO | |
| | | | | BOL# | DC# | Supplier# | |
| 14271600 | Dept#: 115 | 7 | 100.82 | Y | N | 06757163000769322 | 00806 |
| 14275086 | Dept#: 115 | 7 | 100.50 | Y | N | 06757163000769261 | 00806 |
| Grand Total | | 14 | 201.32 | | | | |

| 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 |
| 2 | Pallet | | | 100.00 | | Pallet | | 70 |
| 10 | ctns | | | 137.14 | | Bath Towel, Beach Towel | 49390 Sub 4 | 175 |
| 4 | ctns | | | 64.18 | | Shower curtain | 49385 | 77.5 |
| Grand Total | | | | 301.32 | | | | |

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> |
|--|

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

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

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


| | | | |
|---|--|--|--|
| SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> |
|---|--|--|--|

1 PT 2-1-23

Date: 2/1/2023 1:01:44 PM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | SHIP TO | |
|--|--------------------|---|--|
| Name: | E & E COMPANY LTD | Name: | Kohls Ecom DC-#00806 Location #: 00806 |
| Address: | 221 Hanson Way | Address: | 825 East Central Avenue |
| City/State/Zip: | Woodland, CA 95776 | City/State/Zip: | San Bernardino - DC, 00806 |
| SID#: | | CID#: | 852018762 |
| PHONE: | | FOB: | <input type="checkbox"/> |
| VENDOR: | 000074879 | FOB: | <input type="checkbox"/> |
| Bill of Lading Number: 06757163000769261 | | Trailer number: 551689 | |
|  | | Seal number(s): | |
| (402)06757163000769261 | | SCAC: ABFS | |
| CARRIER NAME: ABF Freight | | Pro Number: 155141747 | |
| Responsible Acct.No: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Prepaid: | | Collect: X | |
| | | 3rd Party: | |
| SPECIAL INSTRUCTIONS: | | <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| Load #: 852018762 | | | |
| Packing List is Attached | | | |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|----------|---------------|-------------|-------------------------|
| 14275086 Dept#: 115 | 7 | 100.50 | Y N | |
| Grand Total | 7 | 100.50 | | |

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 | 59.22 | | Bath Towel, Beach Towel | 49390 Sub 4 | 175 |
| | | 3 | ctns | 41.28 | | Shower curtain | 49385 | 77.5 |
| 1 | | 7 | | 150.50 | | Grand Total | | |

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Date: 2/1/2023 1:01:40 PM

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: 06757163000769322



(402)06757163000769322

SHIP TO

Name: Kohls Ecom DC-#00806 Location #: 00806
 Address: 825 East Central Avenue
 San Bernardino - DC, 00806
 City/State/Zip: San Bernardino, CA 92408-2413
 CID#: 852018762 FOB:

CARRIER NAME: ABF Freight
 Responsible Acct.No:
 Trailer number: 551689
 Seal number(s):
SCAC: ABFS
Pro Number: 155141747

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 #: 852018762
 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 |
| 14271600 Dept#: 115 | 7 | 100.82 | Y | N | |
| Grand Total | 7 | 100.82 | | | |

| 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 | | |
| | | 6 | ctns | 77.92 | | Bath Towel, Beach Towel | 49390 Sub 4 | 175 |
| | | 1 | ctns | 22.90 | | Shower curtain | 49385 | 77.5 |
| 1 | | 7 | | 150.82 | | Grand Total | | |

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

 Shipper Signature

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

Trailer Loaded: **Freight Counted:**

By Shipper By Shipper
 By Driver 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.

 Shipper Signature

 Driver Signature

Appt Time:
 In:
 Out:
 Driver Signature: