

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000769841	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

<b>SHIP TO</b>		<b>CARRIER NAME:</b> ABF Freight	
Name:	Kohls Ecom DC-#00826	DC#:	00826
		Div.:	
Address:	Desoto-EC 2019 N. I-35 E, 00826	Trailer number:	551689
		Seal number(s):	
City/State/Zip:	Desoto, TX 75115	SCAC:	ABFS
SID#:		Pro Number:	155141745
		FOB:	<input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> <b>ABF</b> (check if An Ardent Company)	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment	155 141 745
ME# 852018764		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						ADDITIONAL SHIPPER INFO		
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#	
14271600 Dept#: 115	2	30.82	Y	N	06757163000769353	00826		
14275086 Dept#: 115	5	72.32	Y	N	06757163000769292	00826		
<b>Grand Total</b>	<b>7</b>	<b>103.14</b>						

CARRIER INFORMATION						LTL ONLY		
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION		CLASS
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360		NMFC #
2	Pallet			100.00		Pallet		70
1 PT		5	ctns	66.48		Bath Towel, Beach Towel		49390 Sub 4 175
		2	ctns	36.66		Shower curtain		49385 77.5
2				203.14		<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.


*[Signature]*

<b>Trailer Loaded:</b>	<b>Freight Counted:</b>
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Pieces

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

*ABF JAVIER 02/12*

*1 PT 2-1-23*

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000769292	
Name: E & E COMPANY LTD		 (402)06757163000769292	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: ABF Freight	
VENDOR: 000074879		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 551689	
Name: Kohls Ecom DC-#00826		Seal number(s):	
Address: 2019 N. I-35 E		SCAC: ABFS	
City/State/Zip: Desoto-EC, 00826		Pro Number: 155141745	
CID#: 852018764			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid:                      Collect: X                      3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 852018764			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14275086      Dept#: 115	5	72.32	Y	N	
<b>Grand Total</b>	5	72.32			

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	58.56		Bath Towel, Beach Towel	49390 Sub 4	175
		1	ctns	13.76		Shower curtain	49385	77.5
1		5		122.32		<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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**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.  <div style="text-align: right;">_____ Shipper Signature</div>
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<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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 1:00:19 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00826	Name:	
Address:	221 Hanson Way	Address:	2019 N. I-35 E	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Desoto-EC, 00826	City/State/Zip:	
SID#:		City/State/Zip:	Desoto, TX 75115	City/State/Zip:	
PHONE:		CID#:	852018764	City/State/Zip:	
VENDOR:	000074879	Location #:	00826	City/State/Zip:	
		FOB:	<input type="checkbox"/>	City/State/Zip:	
		FOB:	<input type="checkbox"/>	City/State/Zip:	
Bill of Lading Number: 06757163000769353		Trailer number: 551689		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s):		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
(402)06757163000769353		SCAC: ABFS		Pro Number: 155141745	
CARRIER NAME: ABF Freight		Pro Number: 155141745		Master Bill of Lading: with attached underlying Bills of Lading	
Responsible Acct.No:		Pro Number: 155141745		<input type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS: Load #: 852018764 Packing List is Attached		Pro Number: 155141745			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14271600 Dept#: 115	2	30.82	Y	N	
<b>Grand Total</b>	<b>2</b>	<b>30.82</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		
		1	ctns	7.92		Bath Towel, Beach Towel	49390 Sub 4	175
		1	ctns	22.90		Shower curtain	49385	77.5
1		2		80.82		<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: