

Date: 3/2/2023 1:23:33 PM

Master Bill Of Lading

| SHIP FROM | | Master Bill of Lading Number: 0675716300077754 | |
|-----------------|------------------------------|--|--------------------------|
| 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.: | |
| Address: | 825 East Central Avenue San Bernardino - DC, 00806 | Trailer number: | 502221 |
| | | Seal number(s): | N/A |
| City/State/Zip: | San Bernardino, CA 92408-2413 | SCAC: | ABFS |
| SID#: | | Pro Number: | 1555131729 |
| | | FOB: | <input type="checkbox"/> |

| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
|--------------------------------------|--|---|-------------------------------------|
| Name: | | Prepaid: | <input type="checkbox"/> |
| Address: | | Collect: | <input checked="" type="checkbox"/> |
| | | 3rd Party: | <input type="checkbox"/> |
| City/State/Zip: | | <input checked="" type="checkbox"/> ABF <small>An Airborne Company</small> | |
| SPECIAL INSTRUCTIONS: | | Appointment: | 155 131 729 |
| ME# 853729354 | | 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 (CIRCLEONE) | | BOL# | DC# | Supplier# | |
| 14271602 | Dept#: 115 | 7 | 115.58 | Y | N | 06757163000777532 | 00806 | |
| 14275088 | Dept#: 115 | 6 | 86.08 | Y | N | 06757163000777655 | 00806 | |
| Grand Total | | 13 | 201.66 | | | | | |


| CARRIER INFORMATION | | | | | | LTL ONLY | | | |
|---------------------|--------|---------|------|------------|----------|--|--|-------------|-------|
| 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> | | NMFC # | CLASS |
| QTY | TYPE | QTY | TYPE | | | | | | |
| 1 | Pallet | | | 100.00 | | Pallet | | | 70 |
| | | 8 | ctns | 105.44 | | Bath Towel, Beach Towel | | 49390 Sub 4 | 175 |
| | | 5 | ctns | 96.22 | | Shower curtain | | 49385 | 77.5 |
| Grand Total | | | | 301.66 | | | | | |

| | |
|--|---|
| 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: <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. <div style="text-align: right;">_____ Shipper Signature</div> |
|--|--|

| | | | |
|--|--|--|---|
| 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. <i>[Signature]</i> | 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 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. <i>ABF JAVIER ORTEGA</i> 1PT 3-2-23 |
|--|--|--|---|

| | | | |
|--|--|--|--|
| SHIP FROM | | Bill of Lading Number: 06757163000777655 | |
| Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ | |  (402)06757163000777655 | |
| VENDOR: 000074879 FOB: <input type="checkbox"/> | | CARRIER NAME: ABF Freight Responsible Acct.No: _____ | |
| SHIP TO | | Trailer number: 502221 Seal number(s): N/A | |
| 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#: 853729354 FOB: <input type="checkbox"/> | | SCAC: ABFS Pro Number: 1555131729 | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: _____ Address: _____ City/State/Zip: _____ | | Prepaid: Collect: X 3rd Party: | |
| SPECIAL INSTRUCTIONS: Load #: 853729354 Packing List is Attached | | <input type="checkbox"/> 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 |
| 14275088 Dept#: 115 | 6 | 86.08 | Y | N | |
| Grand Total | 6 | 86.08 | | | |

| 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 |
| | | 2 | ctns | 27.52 | | Shower curtain | 49385 | 77.5 |
| 1 | | 6 | | 136.08 | | 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: <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

| | | | |
|--|---|---|--|
| 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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE 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. <i>Property described above is received in good order, except as noted.</i> |
| | | | Appt Time: In: Out: Driver Signature: |

