

SHIP FROM		Master Bill of Lading Number: 0675716300077761	
Name:	<b>E &amp; E COMPANY LTD</b>		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: <b>ABF Freight</b>	
Name:	<b>Kohls Dist. Center - #00885</b>	DC#:	00885
		Div.:	
Address:	2065 Keystone Pacific Parkway Patterson D.C., 00885	Trailer number:	84188
		Seal number(s):	na
City/State/Zip:	Patterson, CA 95363	SCAC:	ABFS
SID#:		Pro Number:	155131724
		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"/> (check) <b>ABF</b> <small>An ABF Company</small>	
SPECIAL INSTRUCTIONS:		Appointment:	<b>155 131 724</b>
ME# 853816095			Time AM PM

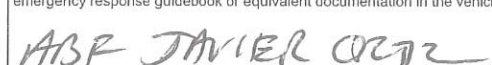
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14275076	Dept#: 115	7	103.81	Y	N	06757163000777648	00885
14178081	Dept#: 115	1	8.81	Y	N	06757163000777525	00885
14026101	Dept#: 115	13	208.04	Y	N	06757163000777440	00885
<b>Grand Total</b>		21	320.66				

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
12	ctns	1		138.01		Bath Towel, Beach Towel	49390 Sub 4	175
9	ctns			182.65		Shower curtain	49385	77.5
21		1		320.66		<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.
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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. 	Trailer Loaded: <input 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	<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.  3-1-23 IPT
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Date: 3/1/2023 2:45:30 PM

**Bill Of Lading**

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SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00885      Location #: 00885
Address:	221 Hanson Way	Address:	2065 Keystone Pacific Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Patterson D.C., 00885
SID#:		CID#:	853816095      FOB: <input type="checkbox"/>
PHONE:		Trailer number:	84188
VENDOR:	000074879      FOB: <input type="checkbox"/>	Seal number(s):	na
		SCAC:	ABFS
		Pro Number:	155131724
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		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 #: 853816095			
Packing List is Attached			

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14275076      Dept#: 115	7	103.81	Y	N	
<b>Grand Total</b>	7	103.81			

**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	ctns			58.56		Bath Towel, Beach Towel	49390 Sub 4	175
3	ctns			45.25		Shower curtain	49385	77.5
7				103.81		<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:

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000777440	
Name: E & E COMPANY LTD		 (402)06757163000777440	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: ABF Freight	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84188	
VENDOR: 000074879		Seal number(s): na	
<b>SHIP TO</b>		SCAC: ABFS	
Name: Kohls Dist. Center - #00885      Location #: 00885		Pro Number: 155131724	
Address: 2065 Keystone Pacific Parkway		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Patterson D.C., 00885			
City/State/Zip: Patterson, CA 95363			
CID#: 853816095		Prepaid:                  Collect: <input checked="" type="checkbox"/> 3rd Party:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                  underlying Bills of Lading	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 853816095			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026101      Dept#: 115	13	208.04	Y	N	
<b>Grand Total</b>	13	208.04			

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(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
7	ctns			70.64		Bath Towel, Beach Towel	49390 Sub 4	175
6	ctns			137.40		Shower curtain	49385	77.5
13				208.04		<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 \_\_\_\_\_"

<b>COD Amount:</b> _____
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).**

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\_\_\_\_\_  
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.

<b>Trailer Loaded:</b>	<b>Freight Counted:</b>
<input type="checkbox"/> By Shipper	<input 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.  
*Property described above is received in good order, except as noted.*

Appt Time:  
 In:  
 Out:  
 Driver Signature:

Date: 3/1/2023 2:45:23 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000777525	
Name:	E & E COMPANY LTD	 (402)06757163000777525	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: ABF Freight	
VENDOR:	000074879	FOB:	<input type="checkbox"/>
RESPONSIBLE ACCT. NO:		Trailer number: 84188	
Seal number(s): na		SCAC: ABFS	
Pro Number: 155131724			
SHIP TO			
Name:	Kohls Dist. Center - #00885	Location #:	00885
Address:	2065 Keystone Pacific Parkway		
	Patterson D.C., 00885		
City/State/Zip:	Patterson, CA 95363		
CID#:	853816095	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Load #: 853816095	Prepaid:		Collect: X      3rd Party:
Packing List is Attached	<input type="checkbox"/>		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
14178081      Dept#: 115	1	8.81	Y      N	
<b>Grand Total</b>	1	8.81		

## 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	ctns			8.81		Bath Towel, Beach Towel	49390 Sub 4	175
1				8.81		<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: 

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\_\_\_\_\_  
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: