Date: 3/1/2023 2:30:13 PM

Master Bill Of Lading

SHIP FROM

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

SHIP TO

Name: Kohls Dist. Center - #00875
DC#: 00875
Div.

Address: 3030 Airport Road East
Macon D.C., 00875

City/State/Zip: Macon, GA 31216
SID#:
FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

ME# 853815834

Master Bill of Lading Number: 06757163000777778

CARRIER NAME: ABF Freight

Trailer number: 84188
Seal number(s): na

SCAC: ABFS
Pro Number: 155131723

Freight Charge Terms:

Prepaid: ☐ Collect: [X] 3rd Party: ☐

[X] (check

ABF Freight An Arkbest Company 155 131 723

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.

Appointmer Time AM PM

3

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
14178081	Dept#: 115	58	810.92	Y	N	06757163000777518	00875	
14026101	Dept#: 115	81	1316.94	Y	N	06757163000777433	00875	
14275076	Dept#: 115	82	1261.97	Y	N	06757163000777631	00875	
Grand Total		221	3389.83					

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION (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)	LTL ONLY NMFC #	LTL ONLY CLASS
125	ctns	4		1492.35		Bath Towel, Beach Towel	49390 Sub 4	175
96	ctns			1897.48		Shower curtain	49385	77.5
221		4		3389.83		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.

ABF JAVIER ORTIZ
3.1.23 4PJ

Date: 3/1/2023 2:30:08 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: ☐

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#: 853815834 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

Bill of Lading Number: 06757163000777518

(402)06757163000777518

CARRIER NAME: ABF Freight
Responsible Acct.No:
Trailer number: 84188
Seal number(s): na

SCAC: ABFS
Pro Number: 155131723

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

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

SPECIAL INSTRUCTIONS:
Load #: 853815834

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
14178081 Dept#: 115	58	810.92	Y	N	
Grand Total	58	810.92			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30	ctns			292.92		Bath Towel, Beach Towel	49390 Sub 4	175
28	ctns			518.00		Shower curtain	49385	77.5
58				810.92		**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:

Order No.: 66662604 **Order Date:** 02/09/2023 **Customer:** KOHLS DIST. CENTER - #00875 **Customer PO No.:** 14178081

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
KOHL'S, INC.
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO:
KOHLS DIST. CENTER - #00875
3030 AIRPORT ROAD EAST
MACON D.C.
MACON, GA 31216
US

Shipping Date:
03/01/2023

Shipment No.:
300077751

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21SNMLRBT01	21SNMLRBT01	022164103991	Ryley Paisley Bath Towel	EA	24	48	2	48	2
21SNMLRHT01	21SNMLRHT01	022164104004	Ryley Paisley Hand Towel	EA	24	240	10	240	10
21SNMLRHT02	21SNMLRHT02	022164104028	Ryley Lemon Hand Towel	EA	24	216	9	216	9
21SNMLRHT03	21SNMLRHT03	022164104011	Ryley Border Hand Towel	EA	24	216	9	216	9
21SNMLRSC01	21SNMLRSC01	022164103977	Ryley Paisley Shower Curtain	EA	12	204	17	204	17
21SNMLRSC02	21SNMLRSC02	022164103984	Ryley Lemon Shower Curtain	EA	12	132	11	132	11

Total Weight:	**810.92**
Total Quantity Ordered:	**1056**
Total Cartons Ordered:	**58**
Total Quantity Shipped:	**1056**
Total Cartons Shipped:	**58**

Date: 3/1/2023 2:30:04 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: ☐

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#: 853815834 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 853815834

Packing List is Attached

Bill of Lading Number: 06757163000777433

(402)06757163000777433

CARRIER NAME: ABF Freight
Responsible Acct.No:
Trailer number: 84188
Seal number(s): na

SCAC: ABFS
Pro Number: 155131723

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

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

☐ (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
14026101 Dept#: 115	81	1316.94	Y	N	
Grand Total	81	1316.94			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
42	ctns			423.84		Bath Towel, Beach Towel	49390 Sub 4	175
39	ctns			893.10		Shower curtain	49385	77.5
81				1316.94		**Grand Total**		

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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: 3/1/2023 2:30:00 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: ☐

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#: 853815834 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 853815834

Packing List is Attached

Bill of Lading Number: 06757163000777631

(402)06757163000777631

CARRIER NAME: ABF Freight
Responsible Acct.No:
Trailer number: 84188
Seal number(s): na

SCAC: ABFS
Pro Number: 155131723

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

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

☐ (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
14275076 Dept#: 115	82	1261.97	Y	N	
Grand Total	82	1261.97			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
53	ctns			775.59		Bath Towel, Beach Towel	49390 Sub 4	175
29	ctns			486.38		Shower curtain	49385	77.5
82				1261.97		**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.

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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: