Date: 3/1/2023 2:38:58 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 - #00840 DC#: 00840
Div.
Address: 2015 NE Jefferson Street
Blue Spring (Grain Valley) D.C., 00840
City/State/Zip: Grain Valley, MO 64029
SID#: FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

ME# 853815623

Master Bill of Lading Number: 06757163000777839

CARRIER NAME: ABF Freight

Trailer number: 84188
Seal number(s): na

SCAC: ABFS
Pro Number: 155131720

Freight Charge Terms:

Prepaid: ☐ Collect: ☒ 3rd Party: ☐

☒ (check b ABF Freight An Arcbest Company 155 131 720

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.

Appointment me AM PM

9

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
14178081	Dept#: 115	5	63.43	Y	N	06757163000777488	00840	
14275076	Dept#: 115	2	32.04	Y	N	06757163000777600	00840	
14026101	Dept#: 115	33	591.80	Y	N	06757163000777396	00840	
Grand Total		40	687.27					

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
19	ctns	1		220.34		Bath Towel, Beach Towel	49390 Sub 4	175
21	ctns			466.93		Shower curtain	49385	77.5
40		1		687.27		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.

3/1/23
CL Mo

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
1PT 3.1.23

Date: 3/1/2023 2:38:54 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 - #00840 Location #: 00840
Address: 2015 NE Jefferson Street
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840
Grain Valley, MO 64029
CID#: 853815623 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

Bill of Lading Number: 06757163000777600

(402)06757163000777600

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

SCAC: ABFS
Pro Number: 155131720

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

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

SPECIAL INSTRUCTIONS:
Load #: 853815623

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
14275076 Dept#: 115	2	32.04	Y	N	
Grand Total	2	32.04			

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
1	ctns			14.31		Bath Towel, Beach Towel	49390 Sub 4	175
1	ctns			17.73		Shower curtain	49385	77.5
2				32.04		**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: 3/1/2023 2:38:50 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 - #00840 Location #: 00840
Address: 2015 NE Jefferson Street
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840 Grain Valley, MO 64029
CID#: 853815623 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 853815623

Packing List is Attached

Bill of Lading Number: 06757163000777396

(402)06757163000777396

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

SCAC: ABFS
Pro Number: 155131720

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	33	591.80	Y	N	
Grand Total	33	591.80			

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
15	ctns			179.60		Bath Towel, Beach Towel	49390 Sub 4	175
18	ctns			412.20		Shower curtain	49385	77.5
33				591.80		**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: 3/1/2023 2:38:46 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 - #00840 Location #: 00840
Address: 2015 NE Jefferson Street
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840
Grain Valley, MO 64029
CID#: 853815623 FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 853815623

Packing List is Attached

Bill of Lading Number: 06757163000777488

(402)06757163000777488

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

SCAC: ABFS
Pro Number: 155131720

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
14178081 Dept#: 115	5	63.43	Y	N	
Grand Total	5	63.43			

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
3	ctns			26.43		Bath Towel, Beach Towel	49390 Sub 4	175
2	ctns			37.00		Shower curtain	49385	77.5
5				63.43		**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: