

Date: 5/10/2023 1:04:06 PM

Master Bill Of Lading

Page 1 of 4

| | | | |
|---|--|---|---------------------------------------|
| SHIP FROM | | Master Bill of Lading Number: 06757163000794676 | |
| Name: | E & E COMPANY LTD | | |
| Address: | 221 Hanson Way | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | | FOB: | <input type="checkbox"/> |
| SHIP TO | | CARRIER NAME: Alliance Shippers | |
| Name: | Kohls | DC#: | XDSFS |
| | | Div.: | |
| Address: | X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS | Trailer number: | 1585 |
| | | Seal number(s): | 8068806 |
| City/State/Zip: | SANTA FE SPRINGS, CA 90670 | SCAC: | ANSH |
| SID#: | | Pro Number: | NA |
| | | 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"/> | MASTER BILL OF LANDING: WITH ATTACHED |
| | | (check box) | UNDERLYING BILLS OF LANDING |
| SPECIAL INSTRUCTIONS: | | Appointment Time | Actual Driver Arrival Time |
| ME# 858449065 | | 11:00 AM | 11:45 AM |
| | | | Driver Departure Time |
| | | | 1:45 PM |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|------------|-------------------------|-------------------|-----------------------------|-----------|--|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# | |
| 14271609 Dept#: 115 | 3 | 53.94 | Y N | 06757163000794584 | 00816 | | |
| 14277000 Dept#: 115 | 2 | 32.04 | Y N | 06757163000794331 | 00810 | | |
| 14278847 Dept#: 115 | 5 | 79.05 | Y N | 06757163000794652 | 00870 | | |
| 14278821 Dept#: 115 | 66 | 1026.18 | Y N | 06757163000794362 | 00840 | | |
| 14278821 Dept#: 115 | 105 | 1656.63 | Y N | 06757163000794485 | 00890 | | |
| 14278847 Dept#: 115 | 2 | 35.46 | Y N | 06757163000794607 | 00826 | | |
| 14277000 Dept#: 115 | 38 | 601.56 | Y N | 06757163000794409 | 00860 | | |
| 14278847 Dept#: 115 | 3 | 43.59 | Y N | 06757163000794508 | 00806 | | |
| 14271609 Dept#: 115 | 3 | 38.74 | Y N | 06757163000794515 | 00806 | | |
| 14271609 Dept#: 115 | 2 | 46.02 | Y N | 06757163000794591 | 00826 | | |
| 14277001 Dept#: 115 | 1 | 14.97 | Y N | 06757163000794522 | 00806 | | |
| 14278847 Dept#: 115 | 4 | 61.32 | Y N | 06757163000794638 | 00836 | | |
| 14278821 Dept#: 115 | 113 | 1769.67 | Y N | 06757163000794324 | 00810 | | |

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.

Edgar 5-10-23

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.

Vikramjeet Singh 5/10/23

| SHIP FROM | | Master Bill of Lading Number: 06757163000794676 |
|-----------------|-------------------------------|---|
| Name: | E & E COMPANY LTD | |
| Address: | 221 Hanson Way | |
| City/State/Zip: | Woodland, CA 95776 | |
| SID#: | FOB: <input type="checkbox"/> | |

| SHIP TO | | CARRIER NAME: Alliance Shippers Trailer number: 1585 Seal number(s): 8068806 SCAC: ANSH Pro Number: NA |
|-----------------|--|--|
| Name: | Kohls | |
| DC#: | XDSFS | |
| Div.: | | |
| Address: | X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS | |
| City/State/Zip: | SANTA FE SPRINGS, CA 90670 | |
| SID#: | FOB: <input type="checkbox"/> | |

| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING | | |
|--|--|---|----------------------------|-----------------------|
| Name: | | Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| Address: | | AM PM | AM PM | AM PM |
| City/State/Zip: | | | | |
| SPECIAL INSTRUCTIONS: ME# 858449065 | | | | |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|------------|-------------------------|------|-----------------------------|-----------|--|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# | |
| 14278821 | Dept#: 115 | 50 | 761.70 | Y N | 06757163000794393 | 00855 | |
| 14271609 | Dept#: 115 | 16 | 232.24 | Y N | 06757163000794621 | 00836 | |
| 14277000 | Dept#: 115 | 10 | 156.66 | Y N | 06757163000794355 | 00830 | |
| 14277000 | Dept#: 115 | 24 | 371.88 | Y N | 06757163000794430 | 00865 | |
| 14277000 | Dept#: 115 | 31 | 487.05 | Y N | 06757163000794454 | 00875 | |
| 14277001 | Dept#: 115 | 1 | 17.73 | Y N | 06757163000794614 | 00826 | |
| 14278821 | Dept#: 115 | 70 | 1074.48 | Y N | 06757163000794447 | 00875 | |
| 14277000 | Dept#: 115 | 6 | 94.02 | Y N | 06757163000794379 | 00840 | |
| 14277000 | Dept#: 115 | 53 | 834.51 | Y N | 06757163000794386 | 00855 | |
| 14277000 | Dept#: 115 | 22 | 348.12 | Y N | 06757163000794478 | 00885 | |
| 14277001 | Dept#: 115 | 7 | 108.99 | Y N | 06757163000794546 | 00813 | |
| 14277001 | Dept#: 115 | 5 | 79.71 | Y N | 06757163000794560 | 00816 | |
| 14278847 | Dept#: 115 | 12 | 183.96 | Y N | 06757163000794539 | 00813 | |

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 / 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 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. |
|--|--|--|---|

Shipper Signature

Date: 5/10/2023 1:04:06 PM

Master Bill Of Lading

| SHIP FROM | | Master Bill of Lading Number: 06757163000794676 |
|-----------------|--------------------|---|
| Name: | E & E COMPANY LTD | |
| Address: | 221 Hanson Way | |
| City/State/Zip: | Woodland, CA 95776 | |
| SID#: | | FOB: <input type="checkbox"/> |

| SHIP TO | | CARRIER NAME: Alliance Shippers |
|-----------------|--|---------------------------------|
| Name: | Kohls | DC#: XDSFS |
| | | Div. |
| Address: | X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS | |
| City/State/Zip: | SANTA FE SPRINGS, CA 90670 | |
| SID#: | | FOB: <input type="checkbox"/> |
| | | Trailer number: 1585 |
| | | Seal number(s): 8068806 |
| | | SCAC: ANSH |
| | | Pro Number: NA |

| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | | |
|--------------------------------------|--|--|--|-------------------------------------|
| Name: | | Prepaid: <input type="checkbox"/> | Collect: <input checked="" type="checkbox"/> | 3rd Party: <input type="checkbox"/> |
| Address: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING | | |
| City/State/Zip: | | Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| | | AM PM | AM PM | AM PM |
| SPECIAL INSTRUCTIONS: | | | | |
| ME# 858449065 | | | | |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|------------|-------------------------|---|------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 14278847 | Dept#: 115 | 4 | 61.32 | Y | N | 06757163000794577 | 00816 |
| 14271609 | Dept#: 115 | 6 | 62.50 | Y | N | 06757163000794553 | 00813 |
| 14271609 | Dept#: 115 | 3 | 23.76 | Y | N | 06757163000794669 | 00870 |
| 14277000 | Dept#: 115 | 17 | 262.89 | Y | N | 06757163000794492 | 00890 |
| 14278821 | Dept#: 115 | 102 | 1603.44 | Y | N | 06757163000794348 | 00830 |
| 14278821 | Dept#: 115 | 39 | 585.87 | Y | N | 06757163000794461 | 00885 |
| 14277001 | Dept#: 115 | 4 | 61.98 | Y | N | 06757163000794645 | 00836 |
| 14278821 | Dept#: 115 | 43 | 653.37 | Y | N | 06757163000794416 | 00860 |
| 14278821 | Dept#: 115 | 94 | 1471.20 | Y | N | 06757163000794423 | 00865 |
| Grand Total | | 966 | 14996.55 | | | | |

| | |
|---|--|
| <p>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 _____"</p> | <p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p> |
|---|--|

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

| | |
|---|---|
| <p>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.</p> | <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p> |
|---|---|

| | | |
|---|--|--|
| <p>SHIPPER SIGNATURE / DATE</p> <p>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.</p> | <p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p> | <p>CARRIER SIGNATURE / PICKUP DATE</p> <p>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.</p> |
|---|--|--|

| | | | |
|--|--|--|--|
| SHIP FROM | | Master Bill of Lading Number: 06757163000794676 | |
| Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/> | | | |
| SHIP TO | | CARRIER NAME: Alliance Shippers | |
| Name: Kohls DC#: XDSFS Div. _____ Address: X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS City/State/Zip: SANTA FE SPRINGS, CA 90670 SID#: _____ FOB: <input type="checkbox"/> | | Trailer number: 1585 Seal number(s): 8068806 SCAC: ANSH Pro Number: NA | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: _____ Address: _____ City/State/Zip: _____ | | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| SPECIAL INSTRUCTIONS: ME# 858449065 | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING | |
| | | Appointment Time _____ Actual Driver Arrival Time _____ Driver Departure Time _____ AM PM AM PM AM PM | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|------------|----------|-------------------------|-------------|------|
| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | NMFC # | CLASS | |
| 42 | Pallet | | | 2100.00 | | Pallet | | 70 |
| | | 660 | ctns | 9529.81 | | Bath Towel, Beach Towel | 49390 Sub 4 | 175 |
| | | 306 | ctns | 5466.74 | | Shower curtain | 49385 | 77.5 |
| 42 | | | | 17096.55 | | 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"/> |
|---|--|

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|--|---|
| 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. | 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. |
|--|--|--|---|