



Date: 6/7/2023 1:37:18 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000801015	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME:</b> ABF Freight	
Name:	Kohls Ecom DC-#00836	DC#:	00836
		Div.	
Address:	9998 All Points Parkway 00836	Trailer number:	555308
		Seal number(s):	N/A
		SCAC:	ABFS
		Pro Number:	155-127-709
City/State/Zip:	Plainfield, IN 46168	 <b>155 127 709</b>	
SID#:			
	FOB:		<b>9</b>

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.

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
ME# 860177686		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14276992	Dept#: 115	14	213.80	Y	N	06757163000800988	00836
14277005	Dept#: 115	2	32.04	Y	N	06757163000800995	00836
14278848	Dept#: 115	6	96.78	Y	N	06757163000801008	00836
<b>Grand Total</b>		22	342.62				

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY		
QTY	TYPE	QTY	TYPE			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	NMFC #	CLASS	
3	Pallet			150.00		Pallet		70	
		10	ctns	145.74		Bath Towel, Beach Towel	49390 Sub 4	175	
		12	ctns	196.88		Shower curtain	49385	77.5	
3				492.62		<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> _____
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**

<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.  6-7-23	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <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.  6/7/23
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Date: 6/7/2023 1:37:04 PM

## Bill Of Lading

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SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00836
Address:	221 Hanson Way	Address:	9998 All Points Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Plainfield, IN 46168
SID#:		CID#:	860177686
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000801008		Trailer number: 555308	
		Seal number(s): N/A	
(402)06757163000801008		SCAC: ABFS	
CARRIER NAME: ABF Freight		Pro Number: 155-127-709	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 860177686			
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14278848	6	96.78	Y N	Dept#: 115
<b>Grand Total</b>	<b>6</b>	<b>96.78</b>		

## 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		
		3	ctns	43.59		Bath Towel, Beach Towel	49390 Sub 4	175
		3	ctns	53.19		Shower curtain	49385	77.5
1		6		146.78		<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 \_\_\_\_\_

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.: 67355879    Order Date: 05/17/2023    Customer: KOHLS ECOM DC-#00836    Customer PO No.: 14278848

**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 ECOM DC-#00836  
9998 ALL POINTS PARKWAY  
PLAINFIELD, IN 46168  
US

**Shipping Date:**  
06/07/2023  
  
**Shipment No.:**  
300080100

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMS0HT01	31BOMS0HT01 -EFC	022164230710	Emerson Collection Hand Towel	EA	24	24	1	24	1
31BOMS0HT02	31BOMS0HT02 -EFC	022164230727	Emerson Collection Hand Towel	EA	24	24	1	24	1
31BOMSOSC01	31BOMSOSC01 -EFC	022164230697	Emerson 13pcs Shower Curtain A	EA	12	12	1	12	1
31BOMSOSC02	31BOMSOSC02 -EFC	022164230703	Emerson 13pcs Shower Curtain A	EA	12	24	2	24	2
31BOMSOWP01	31BOMSOWP0 1-EFC	022164230734	Emerson Collection Wash Pack	EA	24	24	1	24	1

**Total Weight:** 96.78  
**Total Quantity Ordered:** 108  
**Total Cartons Ordered:** 6  
**Total Quantity Shipped:** 108  
**Total Cartons Shipped:** 6

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# Bill Of Lading

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### SHIP FROM

Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: 000074879      FOB:

Bill of Lading Number: 06757163000801008



CARRIER NAME: ABF Freight  
 Responsible Acct.No: \_\_\_\_\_

### SHIP TO

Name: Kohls Ecom DC-#00836      Location #: 00836  
 Address: 9998 All Points Parkway  
 00836  
 City/State/Zip: Plainfield, IN 46168  
 CID#: 860177686      FOB:

Trailer number: 555308  
 Seal number(s): N/A

SCAC: ABFS  
 Pro Number: 155-127-709

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

Prepaid:                      Collect:                       3rd Party:

Master Bill of Lading: with attached  
 (check box)                      underlying Bills of Lading

SPECIAL INSTRUCTIONS:  
 Load #: 860177686  
 Packing List is Attached

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14278848      Dept#: 115	6	96.78	Y	N	
<b>Grand Total</b>	<b>6</b>	<b>96.78</b>			

### 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		
		3	ctns	43.59		Bath Towel, Beach Towel	49390 Sub 4	175
		3	ctns	53.19		Shower curtain	49385	77.5
1		6		146.78		<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 \_\_\_\_\_

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:

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: 000074879      FOB:

Bill of Lading Number: 06757163000800995



CARRIER NAME: ABF Freight  
 Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

Name: Kohls Ecom DC-#00836      Location #: 00836  
 Address: 9998 All Points Parkway  
 00836  
 City/State/Zip: Plainfield, IN 46168  
 CID#: 860177686      FOB:

Trailer number: 555308  
 Seal number(s): N/A

SCAC: ABFS  
 Pro Number: 155-127-709

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

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

SPECIAL INSTRUCTIONS:  
 Load #: 860177686  
 Packing List is Attached

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
14277005      Dept#: 115	2	32.04	Y      N	
<b>Grand Total</b>	2	32.04		

**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
1	Pallet			50.00		Pallet		
		1	ctns	14.31		Bath Towel, Beach Towel	49390 Sub 4	175
		1	ctns	17.73		Shower curtain	49385	77.5
1		2		82.04		<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 \_\_\_\_\_

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.: 67355870    Order Date: 05/17/2023    Customer: KOHLS ECOM DC-#00836    Customer PO No.: 14277005

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS ECOM DC-#00836 9998 ALL POINTS PARKWAY PLAINFIELD, IN 46168 US	<b>Shipping Date:</b> 06/07/2023  <b>Shipment No.:</b> 300080099
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01 -EFC	022164229448	Elena Hand Towel	EA	24	24	1	24	1
21BOMCSSC01	21BOMCSSC01 -EFC	022164229431	Elena 13pcs Shower Curtain	EA	12	12	1	12	1

Total Weight:	32.04
Total Quantity Ordered:	36
Total Cartons Ordered:	2
Total Quantity Shipped:	36
Total Cartons Shipped:	2

Date: 6/7/2023 1:37:08 PM

## Bill Of Lading

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## SHIP FROM

Name: E & E COMPANY LTD  
 Address: 221 Hanson Way  
 City/State/Zip: Woodland, CA 95776  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000800995



(402)06757163000800995

CARRIER NAME: ABF Freight  
 Responsible Acct.No: \_\_\_\_\_

## SHIP TO

Name: Kohls Ecom DC-#00836 Location #: 00836  
 Address: 9998 All Points Parkway  
 00836  
 City/State/Zip: Plainfield, IN 46168  
 CID#: 860177686 FOB:

Trailer number: 555308

Seal number(s): N/A

SCAC: ABFS

Pro Number: 155-127-709

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:  
 Load #: 860177686

Packing List is Attached

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
14277005 Dept#: 115	2	32.04	Y	N	
<b>Grand Total</b>	<b>2</b>	<b>32.04</b>			

## 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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	14.31		Bath Towel, Beach Towel	49390 Sub 4	175
		1	ctns	17.73		Shower curtain	49385	77.5
1		2		82.04		<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 \_\_\_\_\_

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:

SHIP FROM		Bill of Lading Number: 06757163000800988
Name: E & E COMPANY LTD	 (402)06757163000800988	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:	<b>CARRIER NAME:</b> ABF Freight	
VENDOR: 000074879	Responsible Acct.No:	
SHIP TO		Trailer number: 555308
Name: Kohls Ecom DC-#00836	Location #: 00836	Seal number(s): N/A
Address: 9998 All Points Parkway	<b>SCAC:</b> ABFS	
00836	<b>Pro Number:</b> 155-127-709	
City/State/Zip: Plainfield, IN 46168		
CID#: 860177686	<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)	
FOB: <input type="checkbox"/>	Prepaid:                      Collect: <b>X</b> 3rd Party:	
THIRD PARTY FREIGHT CHARGES BILL TO:		
Name:	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS:		
Load #: 860177686		
Packing List is Attached		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14276992      Dept#: 115	14	213.80	Y      N		
Grand Total	14	213.80			

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		
		6	ctns	87.84		Bath Towel, Beach Towel	49390 Sub 4	175
		8	ctns	125.96		Shower curtain	49385	77.5
1		14		263.80		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 _____	<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.  <div style="text-align: right; border-top: 1px solid black; padding-top: 5px;">                     _____                      Shipper Signature                 </div>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <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. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

Order No.: 67355856    Order Date: 05/17/2023    Customer: KOHLS ECOM DC-#00836    Customer PO No.: 14276992

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS ECOM DC-#00836 9998 ALL POINTS PARKWAY PLAINFIELD, IN 46168 US	<b>Shipping Date:</b> 06/07/2023  <b>Shipment No.:</b> 300080098
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCHT02	21BOMCCHT02 -EFC	022164111972	Devon Collection Hand Towel	EA	24	24	1	24	1
21BOMCCSC01	21BOMCCSC01 -EFC	022164112023	Devon Collection Shower Curtai	EA	12	24	2	24	2
21BOMCCWP01	21BOMCCWP0 1-EFC	022164111989	Devon Collection Washcloth Set	EA	24	48	2	48	2
21BOMTSHT02	21BOMTSHT02 -EFC	022164111934	Amelia Collection Hand Towel	EA	24	48	2	48	2
21BOMTSSC01	21BOMTSSC01 -EFC	022164112009	Amelia Collection Shower Curta	EA	12	24	2	24	2
21BOMTSSC02	21BOMTSSC02 -EFC	022164112016	Amelia Collection Shower Curta	EA	12	48	4	48	4
21BOMTSWP01	21BOMTSWP0 1-EFC	022164111941	Amelia Collection Washcloth Se	EA	24	24	1	24	1

Total Weight:	213.8
Total Quantity Ordered:	240
Total Cartons Ordered:	14
Total Quantity Shipped:	240
Total Cartons Shipped:	14

