

Date: 6/2/2023 8:49:49 AM

## Master Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000786107	
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-#00826	DC#:	00826
		Div.:	
Address:	Desoto-EC 2019 N. I-35 E, 00826	Trailer number:	552347
		Seal number(s):	NA
City/State/Zip:	Desoto, TX 75115	SCAC:	ABFS
SID#:		Pro Number:	155131747
<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"/>	MASTER BILL OF LANDING: WITH ATTACHED
<b>SPECIAL INSTRUCTIONS:</b>		<b>UNDERLYING BILLS OF LANDING</b>	
ME# 855735296		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#
14026107	Dept#: 115	4	61.64	Y N	06757163000785049	00826	
14271606	Dept#: 115	4	61.86	Y N	06757163000784981	00826	
14275090	Dept#: 115	2	28.07	Y N	06757163000785100	00826	
<b>Grand Total</b>		10	151.57				

## 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
6	ctns			69.11		Bath Towel, Beach Towel	49390 Sub 4	175
4	ctns			82.46		Shower curtain	49385	77.5
10				151.57		<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.

Date: 6/2/2023 8:50:10 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00826 Location #: 00826
Address:	221 Hanson Way	Address:	2019 N. I-35 E
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Desoto-EC, 00826
SID#:		City/State/Zip:	Desoto, TX 75115
PHONE:		CID#:	855735296
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000785049		Trailer number: 552347	
		Seal number(s): NA	
(402)06757163000785049		SCAC: ABFS	
CARRIER NAME: ABF Freight		Pro Number: 155131747	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:	Address:	Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		<input type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS:			
Load #: 855735296			
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026107 Dept#: 115	4	61.64	Y N	
<b>Grand Total</b>	<b>4</b>	<b>61.64</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		
		2	ctns	15.84		Bath Towel, Beach Towel	49390 Sub 4	175
		2	ctns	45.80		Shower curtain	49385	77.5
1		4		111.64		<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.:** 66843637    **Order Date:** 03/07/2023    **Customer:** KOHLS ECOM DC-#00826    **Customer PO No.:** 14026107

<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-#00826 2019 N. I-35 E DESOTO-EC DESOTO, TX 75115 US	<b>Shipping Date:</b> 03/29/2023  <b>Shipment No.:</b> 300078504
--	---	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	12	1	12	1
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	12	1	12	1

---

<b>Total Weight:</b>	<b>61.64</b>
<b>Total Quantity Ordered:</b>	<b>72</b>
<b>Total Cartons Ordered:</b>	<b>4</b>
<b>Total Quantity Shipped:</b>	<b>72</b>
<b>Total Cartons Shipped:</b>	<b>4</b>