




Date: 12/5/2023 1:23:51 PM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000847433	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879      FOB: <input type="checkbox"/>		 (402)06757163000847433	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> ABF Freight	
Name: Kohls Dist. Center - #00890      Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 872400323      FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 503778 Seal number(s): _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>SCAC:</b> ABFS	
Name:  <b>155 158 088</b> Address: _____ City/State/Zip:  0		<b>Pro Number:</b> 155158088	
SPECIAL INST Load #: 872400323 Packing List is Attached		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party:	
		<input type="checkbox"/> 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	
14591944      Dept#: 115	26	385.68	Y      N		
<b>Grand Total</b>	26	385.68			


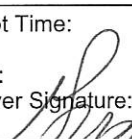
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	110.88		Bath Towel, Beach Towel	49260 Sub 4	175
		12	ctns	274.80		Shower curtain	49385	77.5
1		26		435.68		<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> _____
<b>Fee Terms:</b> 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
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<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.   12/5/23	<b>Trailer Loaded:      Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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.  Property described above is received in good order, except as noted.  Appt Time: _____ In: _____ Out: _____ Driver Signature:  12-5-23      SCC
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Order No.: 68812492    Order Date: 11/14/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14591944  
#00890

<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 DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	<b>Shipping Date:</b> 12/05/2023  <b>Shipment No.:</b> 300084743
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	72	6	72	6
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	72	6	72	6

<b>Total Weight:</b>	<b>385.68</b>
<b>Total Quantity Ordered:</b>	<b>480</b>
<b>Total Cartons Ordered:</b>	<b>26</b>
<b>Total Quantity Shipped:</b>	<b>480</b>
<b>Total Cartons Shipped:</b>	<b>26</b>