



Date: 8/19/2024 9:42:44 AM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000921874
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: ABF Freight
Name:	Kohls Dist. Center - #00810	Trailer number: 660940
	DC#: 00810	Seal number(s):
	Div.	SCAC: ABFS
Address:	7855 County Road 140	Pro Number: 155-182-036
	Findlay D.C., 00810	
City/State/Zip:	Findlay, OH 45840	155 182 036
SID#:	FOB: <input type="checkbox"/>	

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.

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
City/State/Zip:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:	ME# 888773288	Appointment Time AM PM Actual Driver Arrival Time 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#
15086139	Dept#: 115	3	68.70	Y	N	06757163000921850	00810	
15089084	Dept#: 115	5	39.60	Y	N	06757163000921867	00810	
15093684	Dept#: 115	27	351.90	Y	N	06757163000921843	00810	
<b>Grand Total</b>		35	460.20					

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
32	ctns			391.50		Bath Towel, Beach Towel	49260 Sub 4	175
3	ctns			68.70		Shower curtain	49385	77.5
35				460.20		<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.

<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. 	<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. 
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Date: 8/19/2024 9:42:43 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000921850	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000921850	
VENDOR: 000074879      FOB: <input type="checkbox"/>		<b>CARRIER NAME:</b> ABF Freight	
<b>SHIP TO</b>		Responsible Acct.No: _____	
Name: Kohls Dist. Center - #00810      Location #: 00810		Trailer number: 660940	
Address: 7855 County Road 140		Seal number(s): _____	
City/State/Zip: Findlay D.C., 00810		<b>SCAC:</b> ABFS	
CID#: 888773288      FOB: <input type="checkbox"/>		<b>Pro Number:</b> 155-182-036	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid:                      Collect: <b>X</b> 3rd Party:	
Name: _____ Address: _____  City/State/Zip: _____			
SPECIAL INSTRUCTIONS: Load #: 888773288  Packing List is Attached		<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
15086139      Dept#: 115	3	68.70	Y	N	
<b>Grand Total</b>	3	68.70			

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
3	ctns			68.70		Shower curtain	49385	77.5
3				68.70		<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"/>
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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;">_____ Shipper Signature</div>
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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.	<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:



Date: 8/19/2024 9:42:42 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000921843	
Name: E & E COMPANY LTD		 (402)06757163000921843	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: ABF Freight	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 660940	
VENDOR: 000074879		Seal number(s):	
FOB: <input type="checkbox"/>		SCAC: ABFS	
<b>SHIP TO</b>		Pro Number: 155-182-036	
Name: Kohls Dist. Center - #00810		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 7855 County Road 140			
City/State/Zip: Findlay D.C., 00810		Prepaid: Collect: X 3rd Party:	
City/State/Zip: Findlay, OH 45840		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
CID#: 888773288			
FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 888773288			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
15093684	27	351.90	Y N	Dept#: 115
<b>Grand Total</b>	<b>27</b>	<b>351.90</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
27	ctns			351.90		Bath Towel, Beach Towel	49260 Sub 4	175
27				351.90		<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"/>
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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.  _____ <b>Shipper Signature</b>
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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.	<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.: 71196318    Order Date: 08/01/2024    Customer: KOHLS DIST. CENTER - Customer PO No.: 15086139  
 #00810

<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 - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	<b>Shipping Date:</b> 08/19/2024  <b>Shipment No.:</b> 300092185
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	12	1	12	1
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	24	2	24	2

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<b>Total Weight:</b>	<b>68.7</b>
<b>Total Quantity Ordered:</b>	<b>36</b>
<b>Total Cartons Ordered:</b>	<b>3</b>
<b>Total Quantity Shipped:</b>	<b>36</b>
<b>Total Cartons Shipped:</b>	<b>3</b>

Order No.: 71224433    Order Date: 08/04/2024    Customer: KOHLS DIST. CENTER - #00810    Customer PO No.: 15089084

<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 - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	<b>Shipping Date:</b> 08/19/2024  <b>Shipment No.:</b> 300092186
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	48	2	48	2

<b>Total Weight:</b>	<b>39.6</b>
<b>Total Quantity Ordered:</b>	<b>120</b>
<b>Total Cartons Ordered:</b>	<b>5</b>
<b>Total Quantity Shipped:</b>	<b>120</b>
<b>Total Cartons Shipped:</b>	<b>5</b>

Order No.: 71224444    Order Date: 08/04/2024    Customer: KOHLS DIST. CENTER - #00810    Customer PO No.: 15093684

<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 - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	<b>Shipping Date:</b> 08/19/2024  <b>Shipment No.:</b> 300092184
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06	022164359053	Andover Leaves	EA	24	72	3	72	3
N/A	41BOM2PHT07	022164359077	Shells	EA	24	96	4	96	4
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	144	6	144	6
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	72	3	72	3
N/A	KL73-3549	022164418484	Mountain Mist	EA	24	72	3	72	3
N/A	KL73-3550	022164418491	Floral	EA	24	72	3	72	3

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<b>Total Weight:</b>	<b>351.9</b>
<b>Total Quantity Ordered:</b>	<b>648</b>
<b>Total Cartons Ordered:</b>	<b>27</b>
<b>Total Quantity Shipped:</b>	<b>648</b>
<b>Total Cartons Shipped:</b>	<b>27</b>