

SHIP FROM		Master Bill of Lading Number: 06757163000922062	
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 - #00860	DC#:	00860
		Div.:	
Address:	1600 North Business 45 Corsicana D.C., 00860		
City/State/Zip:	Corsicana, TX 75110		
SID#:		FOB:	<input type="checkbox"/>
		Trailer number:	660940
		Seal number(s):	
		SCAC:	ABFS
		Pro Number:	155-182-032

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# 888773287		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO	
				BOL#	DC#	Supplier#	
15093684	Dept#: 115	14	183.16	Y	N	06757163000922024	00860
15086139	Dept#: 115	5	114.50	Y	N	06757163000922031	00860
15089084	Dept#: 115	4	31.68	Y	N	06757163000922048	00860
15093200	Dept#: 115	1	16.95	Y	N	06757163000922055	00860
Grand Total		24	346.29				

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			131.45		Shower curtain	49385	77.5
18	ctns			214.84		Bath Towel, Beach Towel	49260-4	175
24				546.29		Grand Total		

<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>
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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).

<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>
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<p>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.</p> <p style="font-size: 1.2em; color: blue;">Fuzi 8/19/24</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 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> <p style="font-size: 1.5em; color: blue;">[Signature] 8/19/24</p>
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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

Bill of Lading Number: 06757163000922024



CARRIER NAME: ABF Freight
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 888773287

Trailer number: 660940
 Seal number(s): _____
 SCAC: ABFS
 Pro Number: 155-182-032

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 #: 888773287
 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
15093684 Dept#: 115	14	183.16	Y	N	
Grand Total	14	183.16			

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
14	ctns			183.16		Bath Towel, Beach Towel	49260-4	175
14				233.16		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: 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.: 71224448 Order Date: 08/04/2024 Customer: KOHLS DIST. CENTER - #00860 Customer PO No.: 15093684

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 DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORSICANA D.C. CORSICANA, TX 75110 US	Shipping Date: 08/19/2024 Shipment No.: 300092202
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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	24	1	24	1
N/A	41BOM2PHT07	022164359077	Shells	EA	24	48	2	48	2
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	48	2	48	2
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	48	2	48	2
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	24	1	24	1
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

Total Weight:	183.16
Total Quantity Ordered:	336
Total Cartons Ordered:	14
Total Quantity Shipped:	336
Total Cartons Shipped:	14