

Date: 11/11/2024 11:51:30 AM

Master Bill Of Lading

SHIP FROM
Name: E & E COMPANY LTD
Address: 221 Hanson Way
City/State/Zip: Woodland, CA 95776
SID#: _____ **FOB:**

Master Bill of Lading Number: 06757163000955053

SHIP TO
Name: Kohls Dist. Center - #00890 **DC#:** 00890
Address: 4300 MBL Drive
 Ottawa D.C., 00890
City/State/Zip: Ottawa, IL 61350
SID#: _____ **FOB:**

CARRIER NAME: ABF Freight
Trailer number: 660601
Seal number(s): _____
SCAC: ABFS **155 203 819**
Pro Number: 155203819
 **3**

THIRD PARTY FREIGHT CHARGES BILL TO:
Name: _____
Address: _____
City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 ME# 894085289

Freight Charge Terms:
Prepaid: **Collect:** **3rd Party:**
 MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
15285627	Dept#: 115	1	7.92	Y	N	06757163000955046	00890
15287043	Dept#: 115	27	457.65	Y	N	06757163000955022	00890
15287050	Dept#: 115	7	160.30	Y	N	06757163000955039	00890
Grand Total		35	625.87				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	ctns			7.92		Bath Towel, Beach Towel	49260-4	175
34	ctns			617.95		Shower curtain	49385	77.5
35				775.87		Grand Total		

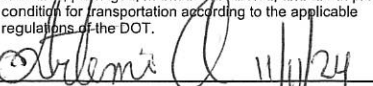
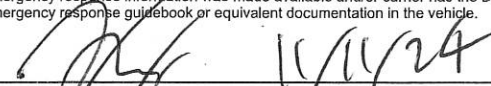
Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  11/11/24	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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.  11/11/24
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Date: 11/11/2024 11:51:29 AM

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

Bill of Lading Number: 06757163000955022



CARRIER NAME: ABF Freight

Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00890 Location #: 00890
 Address: 4300 MBL Drive
 Ottawa D.C., 00890
 City/State/Zip: Ottawa, IL 61350
 CID#: 894085289

Trailer number: 660601

Seal number(s): _____

SCAC: ABFS

Pro Number: 155203819

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: _____

SPECIAL INSTRUCTIONS:
 Load #: 894085289
 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
15287043 Dept#: 115	27	457.65	Y	N	
Grand Total	27	457.65			

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			457.65		Shower curtain	49385	77.5
27				507.65		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

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.: 71921829 Order Date: 10/23/2024 Customer: KOHLS DIST. CENTER - #00890 Customer PO No.: 15287043

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 - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 11/11/2024 Shipment No.: 300095502
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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	KL70-3551	022164418521	Waffle Stripe	EA	12	156	13	156	13
N/A	KL70-3552	022164418538	Waffle Stripe	EA	12	168	14	168	14

Total Weight:	457.65
Total Quantity Ordered:	324
Total Cartons Ordered:	27
Total Quantity Shipped:	324
Total Cartons Shipped:	27

Date: 11/11/2024 11:51:29 AM

Bill Of Lading

Page 1 of 1

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: 06757163000955039



CARRIER NAME: ABF Freight
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00890 Location #: 00890
 Address: 4300 MBL Drive
 Ottawa D.C., 00890
 City/State/Zip: Ottawa, IL 61350
 CID#: 894085289 FOB:

Trailer number: 660601
 Seal number(s): _____

SCAC: ABFS
 Pro Number: 155203819

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 #: 894085289
 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
15287050 Dept#: 115	7	160.30	Y	N	
Grand Total	7	160.30			

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
7	ctns			160.30		Shower curtain	49385	77.5
7				210.30		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.: 71921844 Order Date: 10/23/2024 Customer: KOHLS DIST. CENTER - #00890 Customer PO No.: 15287050

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 - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 11/11/2024 Shipment No.: 300095503
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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	36	3	36	3
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	48	4	48	4

Total Weight:	160.3
Total Quantity Ordered:	84
Total Cartons Ordered:	7
Total Quantity Shipped:	84
Total Cartons Shipped:	7

Date: 11/11/2024 11:51:28 AM

Bill Of Lading

Page 1 of 1

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: 06757163000955046



(402)06757163000955046

CARRIER NAME: ABF Freight

Responsible Acct.No: _____

Trailer number: 660601

Seal number(s): _____

SCAC: ABFS**Pro Number:** 155203819**SHIP TO**

Name: Kohls Dist. Center - #00890 Location #: 00890
 Address: 4300 MBL Drive
 Ottawa D.C., 00890
 City/State/Zip: Ottawa, IL 61350
 CID#: 894085289

FOB: **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 #: 894085289

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	
15285627 Dept#: 115	1	7.92	Y N		
Grand Total	1	7.92			

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	ctns			7.92		Bath Towel, Beach Towel	49260-4	175
1				57.92		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

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 property 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.: 71921818 Order Date: 10/23/2024 Customer: KOHLS DIST. CENTER - #00890 Customer PO No.: 15285627

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 - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 11/11/2024 Shipment No.: 300095504
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02G S	11SNMEDWHT 02GS	086569492012	Spa Border Hand Towel	EA	24	24	1	24	1

Total Weight:	7.92
Total Quantity Ordered:	24
Total Cartons Ordered:	1
Total Quantity Shipped:	24
Total Cartons Shipped:	1