




Date: 1/7/2025 11:39:03 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000976317	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000976317	
VENDOR: 000074879 FOB: <input type="checkbox"/>		CARRIER NAME: ABF Freight	
SHIP TO		Responsible Acct.No: _____	
Name: Kohls Dist. Center - #00875 Location #: 00875		Trailer number: 410477	
Address: 3030 Airport Road East		Seal number(s): _____	
Macon D.C., 00875			
City/State/Zip: Macon, GA 31216		SCAC: ABFS	
CID#: 897552127 FOB: <input type="checkbox"/>		Pro Number: 155203832	
THIRD PARTY FREIGHT CHARGES BILL TO:		Total Pages 5	
Name: _____		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.	
Address: _____			
City/State/Zip: _____			
SPECIAL INSTRUCTIONS: Load #: 897552127		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
<input type="checkbox"/> (check box)		Master Bill of Lading: with attached underlying Bills of Lading	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
15286561 Dept#: 115		13	168.74	Y	N	
Grand Total		13	168.74			

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
13	ctns			168.74	(X)	Bath Towel, Beach Towel	49260-4	175
13				168.74		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: <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. <div style="text-align: right;"> _____ Shipper Signature </div>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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. <div style="font-size: 1.2em; color: blue;"> _____ 1/7/25 </div>	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. Property described above is received in good order, except as noted.
			Appt Time: _____ In: _____ Out: _____ Driver Signature: _____

Order No.: 72911914 Order Date: 12/17/2024 Customer: KOHLS DIST. CENTER - #00875 Customer PO No.: 15286561

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 - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 01/07/2025 Shipment No.: 300097631
--------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

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	144	6	144	6
N/A	41BOM2PHT07	022164359077	Shells	EA	24	96	4	96	4
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	72	3	72	3

Total Weight:	168.74
Total Quantity Ordered:	312
Total Cartons Ordered:	13
Total Quantity Shipped:	312
Total Cartons Shipped:	13