

Date: 3/3/2025 8:18:05 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757166001011056	
Name:	E & E COMPANY LTD	FOB:	<input type="checkbox"/>
Address:	550 Northport Parkway		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			

<b>SHIP TO</b>		CARRIER NAME: ABF	
Name:	Kohls Dist. Center - #00860	DC#:	00860
Address:	1600 North Business 45 Corsicana D.C., 00860	Div.	
City/State/Zip:	Corsicana, TX 75110	Trailer number:	572722
SID#:		Seal number(s):	087 643 773
		SCAC:	ABF
		Pro Number:	087643773



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.



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<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
ME# 901245263		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION						ADDITIONAL SHIPPER INFO		
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#	
15491834	Dept#: 115	2	26.24	Y	N	06757166001010905	00860	
15491836	Dept#: 115	12	157.44	Y	N	06757166001010929	00860	
15491839	Dept#: 115	2	26.24	Y	N	06757166001010912	00860	
<b>Grand Total</b>		16	209.92					

HANDLING UNIT				PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of HMFC Form 366</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS					
16	ctns			209.92		Bath Towel, Beach Towel		49260-4	175	
16				209.92		<b>Grand Total</b>				

Where the rate is dependent on value, shippers are required to state 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. <i>Malyah Frierson</i> 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.	<b>Trailer Loaded:</b> <input 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>[Signature]</i> 3-3-25
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SHIPPED MAR 03 2025

Order No.: 73277385    Order Date: 02/04/2025    Customer: KOHLS DIST. CENTER - #00860    Customer PO No.: 15491836

<b>SHIP FROM:</b> E & E COMPANY LTD 550 NORTHPORT PARKWAY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORSICANA D.C. CORSICANA, TX 75110 US	<b>Shipping Date:</b> 03/03/2025  <b>Shipment No.:</b> 600101092
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
51BOM2PHT01	KL73-3676	022164496994	Geo 2-Pack Hand	EA	24	144	6	144	6
51BOM2PHT04	KL73-3677	022164497007	Textured 2-Pack Hand Towel Set	EA	24	144	6	144	6

<b>Total Weight:</b>	<b>157.44</b>
<b>Total Quantity Ordered:</b>	<b>288</b>
<b>Total Cartons Ordered:</b>	<b>12</b>
<b>Total Quantity Shipped:</b>	<b>288</b>
<b>Total Cartons Shipped:</b>	<b>12</b>

Order No.: 73330584    Order Date: 02/11/2025    Customer: KOHLS DIST. CENTER -    Customer PO No.: 15491839  
 #00860

<b>SHIP FROM:</b> E & E COMPANY LTD 550 NORTHPORT PARKWAY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORSICANA D.C. CORSICANA, TX 75110 US	<b>Shipping Date:</b> 03/03/2025  <b>Shipment No.:</b> 600101091
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
51BOM2PHT01	KL73-3676	022164496994	Geo 2-Pack Hand	EA	24	24	1	24	1
51BOM2PHT04	KL73-3677	022164497007	Textured 2-Pack Hand Towel Set	EA	24	24	1	24	1

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<b>Total Weight:</b>	<b>26.24</b>
<b>Total Quantity Ordered:</b>	<b>48</b>
<b>Total Cartons Ordered:</b>	<b>2</b>
<b>Total Quantity Shipped:</b>	<b>48</b>
<b>Total Cartons Shipped:</b>	<b>2</b>