

Date: 3/17/2025 11:03:06 AM

Master Bill Of Lading

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CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
15413038	Dept#: 115	2	15.84	Y	N	06757163001002541	00840	
15448377	Dept#: 115	7	105.66	Y	N	06757163001002527	00840	
15490756	Dept#: 115	3	36.36	Y	N	06757163001002534	00840	
Grand Total		12	157.86					

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 _____ P# _____		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.	
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. <i>For 3/17/25</i>		SHIPPER SIGNATURE 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. <i>ABF Jeffery 1845 3-17-25</i>	



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Shipment Lookup #155203879

Shipment #155203879

Picked Up

Transit Complete

At Destination Service Center

Out For Delivery

DELIVERED

Tue, Mar 25
3:32 PM

DELIVERY DELAYED

CURRENT STATUS
Delivered

STATUS DETAIL
Your shipment was delivered on 3/25/2025 at 3:32 PM CDT.

PICKED UP ON
Mon, Mar 17
12:33 PM

ALERTS

Delivery Delayed

The estimated delivery date for this shipment is after the original estimated delivery date.

For questions or concerns, please call the LTL Team at 1-800-610-5544 or email customerservice@arcbb.com



Locations Freight Information

Origin Service Center

ABF SERVICE CENTER
SACRAMENTO, CA (155)

Destination Service Center

ABF SERVICE CENTER
OLATHE, KS (007)

Order No.: 73455846 Order Date: 02/27/2025 Customer: KOHLS DIST. CENTER - #00840 Customer PO No.: 15413038

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 03/17/2025 Shipment No.: 300100254
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02T	11SNMEDWHT 02T	086568491992	Spa Border Hand Towel	EA.	24	48	2	48	2

Total Weight:	15.84
Total Quantity Ordered:	48
Total Cartons Ordered:	2
Total Quantity Shipped:	48
Total Cartons Shipped:	2