



Date: 3/17/2025 10:57:35 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163001002749	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		CARRIER NAME: ABF	
Name:	Kohls Dist. Center - #00890	DC#:	00890
Address:	4300 MBL Drive	Trailer number:	556086
	Ottawa D.C., 00890	Seal number(s):	 155 203 870
City/State/Zip:	Ottawa, IL 61350	SCAC:	ABF
SID#:		Pro Number:	155203870
		 5	

Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Freight Bill of Lading and ABF's tariffs.

<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"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
ME# 902102914		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
			10:50 AM
			11:40 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
15448377	Dept#: 115	17	247.21	Y N	06757163001002718	00890	
15413038	Dept#: 115	7	55.44	Y N	06757163001002732	00890	
15490756	Dept#: 115	10	123.78	Y N	06757163001002725	00890	
<b>Grand Total</b>		34	426.43				

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 3(j) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
17	ctns			179.22		Bath Towel, Beach Towel	49260-4	175
17	ctns			247.21		Shower curtain	49385	77.5
<b>Grand Total</b>				576.43				

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.

<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.  3/17/25	<b>Trailer Loaded:</b> <input checked="" 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.  3-17-25
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# Shipment Tracking

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[Sign In](#)

Shipment Lookup #155203870

## Shipment #155203870

Picked Up ✓

Transit Complete ✓

At Destination Service Center ✓

Out For Delivery ✓

DELIVERED

**Thu, Apr 03**  
6:31 AM

DELIVERY DELAYED

CURRENT STATUS

**Delivered**

STATUS DETAIL

Your shipment was delivered on 4/3/2025 at 6:31 AM 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@arcb.com](mailto:customerservice@arcb.com)



Locations Freight Information

### Origin Service Center

ABF SERVICE CENTER  
SACRAMENTO, CA (155)

### Destination Service Center

ABF SERVICE CENTER  
OSWEGO, IL (114)

Order No.: 73455851 Order Date: 02/27/2025 Customer: KOHLS DIST. CENTER - Customer PO No.: 15413038  
#00890

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	<b>Shipping Date:</b> 03/17/2025  <b>Shipment No.:</b> 300100273
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3

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<b>Total Weight:</b>	<b>55.44</b>
<b>Total Quantity Ordered:</b>	<b>168</b>
<b>Total Cartons Ordered:</b>	<b>7</b>
<b>Total Quantity Shipped:</b>	<b>168</b>
<b>Total Cartons Shipped:</b>	<b>7</b>