

SHIP FROM		Master Bill of Lading Number: 06757163001017965	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: US Xpress	
Name:	Kohls	DC#:	XDSFS
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	310154
City/State/Zip:	SANTA FE SPRINGS, CA 90670	Seal number(s):	63589682
SID#:	FOB: <input type="checkbox"/>	SCAC:	USXI
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
ME# 905256387		Appointment Time	Actual Driver Arrival Time
		8-14 AM PM	11:45 AM PM
			Driver Departure Time
			12:45 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
15413043	Dept#: 115	1	7.92	Y N	06757163001017835	00860	
15490758	Dept#: 115	5	61.48	Y N	06757163001017910	00885	
15381504	Dept#: 115	7	160.30	Y N	06757163001017811	00860	
15413043	Dept#: 115	3	23.76	Y N	06757163001017774	00840	
15490758	Dept#: 115	8	98.68	Y N	06757163001017880	00875	
15413043	Dept#: 115	3	23.76	Y N	06757163001017804	00855	
15490758	Dept#: 115	8	98.68	Y N	06757163001017798	00855	
15381504	Dept#: 115	6	137.40	Y N	06757163001017903	00885	
15381504	Dept#: 115	15	343.50	Y N	06757163001017842	00865	
15381504	Dept#: 115	9	206.10	Y N	06757163001017873	00875	
15413043	Dept#: 115	6	47.52	Y N	06757163001017712	00810	
15413043	Dept#: 115	3	23.76	Y N	06757163001017897	00875	
15381504	Dept#: 115	18	412.20	Y N	06757163001017699	00810	

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 _____

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.  5/7/25	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. 
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Date: 5/7/2025 12:32:14 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757163001017955	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: US Xpress	
Name:	Kohls	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	310154
		Seal number(s):	63589682
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	USXI
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 905256387		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#	
15413043 Dept#: 115	1	7.92	Y N	06757163001017927	00885		
15413043 Dept#: 115	8	63.36	Y N	06757163001017958	00890		
15381504 Dept#: 115	13	297.70	Y N	06757163001017941	00890		
15413043 Dept#: 115	6	47.52	Y N	06757163001017743	00830		
15490758 Dept#: 115	16	199.08	Y N	06757163001017705	00810		
15490758 Dept#: 115	19	235.44	Y N	06757163001017934	00890		
15381504 Dept#: 115	9	206.10	Y N	06757163001017750	00840		
15413043 Dept#: 115	8	63.36	Y N	06757163001017866	00865		
15490758 Dept#: 115	20	250.14	Y N	06757163001017729	00830		
15381504 Dept#: 115	10	229.00	Y N	06757163001017736	00830		
15490758 Dept#: 115	17	212.06	Y N	06757163001017859	00865		
15381504 Dept#: 115	9	206.10	Y N	06757163001017781	00855		
15490758 Dept#: 115	10	122.06	Y N	06757163001017767	00840		

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 _____	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
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: <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.	

Order No.: 73790843 Order Date: 04/17/2025 Customer: KOHLS DIST. CENTER - #00810 Customer PO No.: 15413043

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 - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 05/07/2025 Shipment No.: 300101771
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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	72	3	72	3
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3

Total Weight:	47.52
Total Quantity Ordered:	144
Total Cartons Ordered:	6
Total Quantity Shipped:	144
Total Cartons Shipped:	6

Order No.: 73790851 Order Date: 04/17/2025 Customer: KOHLS DIST. CENTER - #00890 Customer PO No.: 15413043

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: 05/07/2025 Shipment No.: 300101795
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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	96	4	96	4

Total Weight:	63.36
Total Quantity Ordered:	192
Total Cartons Ordered:	8
Total Quantity Shipped:	192
Total Cartons Shipped:	8

Order No.: 73790844 Order Date: 04/17/2025 Customer: KOHLS DIST. CENTER - #00830 Customer PO No.: 15413043

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 - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 05/07/2025 Shipment No.: 300101774
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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	48	2	48	2

Total Weight:	47.52
Total Quantity Ordered:	144
Total Cartons Ordered:	6
Total Quantity Shipped:	144
Total Cartons Shipped:	6