

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757166001038121	
Name: E & E COMPANY LTD			
Address: 550 Northport Parkway			
City/State/Zip: Port Wentworth, GA 31407			
SID#: _____		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> ABF	
Name: Kohls Dist. Center - #00840		DC#: 00840	
		Div. _____	
Address: 2015 NE Jefferson Street		Trailer number: 570699	
Blue Spring (Grain Valley) D.C., 00840		Seal number(s): _____	
City/State/Zip: Grain Valley, MO 64029		SCAC: ABF	
SID#: _____		Pro Number: 087643789	
		<b>087 643 789</b>	
			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED</b>	
City/State/Zip: _____		(check box) <b>UNDERLYING BILLS OF LANDING</b>	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	
ME# 905280527		Actual Driver Arrival Time	
		Driver Departure Time	
		AM PM AM PM AM PM	

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
15491844	Dept#: 115	3	39.36	Y	N	06757166001036240	00840	
15521142	Dept#: 115	36	247.40	Y	N	06757166001036233	00840	
<b>Grand Total</b>		39	286.76					

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 2(a) of NMFC Item 286</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
39	ctns			286.76		Bath Towel, Beach Towel	49260-4	175
39				286.76		<b>Grand Total</b>		

<p>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 _____"</p>	<p><b>COD Amount \$</b> _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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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).**

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: center;"><i>Malyah Triverson</i> Shipper Signature</p>
<p><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.</p> <p style="font-size: 2em; font-weight: bold;">SHIPPED MAY 09 2025</p>	<p><b>Trailer Loaded:</b>  <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p> <p><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</p>
<p><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.</p> <p style="font-size: 2em; font-weight: bold;"><i>AMY A. ROTH SLC</i> 5-9-25</p>	

Order No.: 73854287 Order Date: 04/28/2025 Customer: KOHLS DIST. CENTER - #00840 Customer PO No.: 15521142

<b>SHIP FROM:</b> E & E COMPANY LTD 550 NORTHPORT PARKWAY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	<b>Shipping Date:</b> 05/09/2025  <b>Shipment No.:</b> 600103623
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
KL73-3715	KL73-3715	022164522648	Bianca Body Wrap	EA	8	80	10	80	10
KL73-3716	KL73-3716	022164522655	Oliviette Body Wrap	EA	8	80	10	80	10
KL73-3717	KL73-3717	022164522662	Bianca Spa Set	EA	10	70	7	70	7
KL73-3718	KL73-3718	022164522679	Oliviette Spa Set	EA	10	90	9	90	9

<b>Total Weight:</b>	<b>247.4</b>
<b>Total Quantity Ordered:</b>	<b>320</b>
<b>Total Cartons Ordered:</b>	<b>36</b>
<b>Total Quantity Shipped:</b>	<b>320</b>
<b>Total Cartons Shipped:</b>	<b>36</b>