

SHIP FROM		Master Bill of Lading Number: 06757166001038169
Name: <b>E &amp; E COMPANY LTD</b>		
Address: <b>550 Northport Parkway</b>		
City/State/Zip: <b>Port Wentworth, GA 31407</b>		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: ABF
Name: <b>Kohls Dist. Center - #00875</b>	DC#: <b>00875</b>	
	Div. _____	
Address: <b>3030 Airport Road East</b>		Trailer number: <b>572713</b>
<b>Macon D.C., 00875</b>		Seal number(s): _____
City/State/Zip: <b>Macon, GA 31216</b>		SCAC: <b>ABF</b>
SID#: _____	FOB: <input type="checkbox"/>	Pro Number: <b>087643793</b>

087 643 793

Driver signature only acknowledges: 1 of freight. Shipment is subject to app terms and conditions of Uniform Bill of Lading and ABF's tariffs.

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
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 UNDERLYING BILLS OF LANDING</b>		
City/State/Zip: _____		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
<b>SPECIAL INSTRUCTIONS:</b> ME# 905280619		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	2	26.24	Y N	06757166001036165	00875	
15521142	Dept#: 115	56	378.20	Y N	06757166001036158	00875	
<b>Grand Total</b>		58	404.44				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			<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(e) of NMFC Item 390.</small>	NMFC #	CLASS
58	ctns			404.44		Bath Towel, Beach Towel	49260-4	175
<b>Grand Total</b>				404.44				

<p><small>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 _____</small></p>	<p><b>COD Amount \$</b> _____</p> <p>Fee Terms: 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><small>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.</small></p>	<p><small>The carrier shall not make delivery of this shipment without payment of freight and all other charges.</small></p> <p style="text-align: right; font-family: cursive; font-size: 1.2em;"><i>Malyah Frierson</i></p> <p style="text-align: right;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b> <small>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.</small></p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b> <small>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.</small></p> <p style="text-align: right; font-family: cursive; font-size: 1.5em;"><i>ASCC 5-8-25</i></p>
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**SHIPPED MAY 08 2025**

Order No.: 73854291    Order Date: 04/28/2025    Customer: KOHLS DIST. CENTER -    Customer PO No.: 15521142  
#00875

<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 - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	<b>Shipping Date:</b> 05/08/2025  <b>Shipment No.:</b> 600103615
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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	120	15	120	15
KL73-3716	KL73-3716	022164522655	Oliviette Body Wrap	EA	8	120	15	120	15
KL73-3717	KL73-3717	022164522662	Bianca Spa Set	EA	10	120	12	120	12
KL73-3718	KL73-3718	022164522679	Oliviette Spa Set	EA	10	140	14	140	14

<b>Total Weight:</b>	<b>378.2</b>
<b>Total Quantity Ordered:</b>	<b>500</b>
<b>Total Cartons Ordered:</b>	<b>56</b>
<b>Total Quantity Shipped:</b>	<b>500</b>
<b>Total Cartons Shipped:</b>	<b>56</b>