

Date: 12/12/2025 11:55:17 AM		Bill Of Lading		Page 1 of 1				
SHIP FROM			Bill of Lading Number: 0675716600114393					
Name: E & E COMPANY LTD Address: 550 Northport Parkway City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>			 (402)0675716600114393					
SHIP TO			CARRIER NAME: ABF					
Name: Kohls Dist. Center - #00855 Location #: 00855 Address: 890 East Mill Street San Bernardino D.C., 00855 City/State/Zip: San Bernardino D.C. 92408-1614 CID#: 9184456609 FOB: <input type="checkbox"/>			Responsible Acct.No: _____ Trailer number: 551817 Seal number(s): _____ SCAC: ABF Pro Number: 087699018					
THIRD PARTY FREIGHT CHARGES BILL TO:								
Name: _____ Address: _____ City/State/Zip: _____			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____					
SPECIAL INSTRUCTIONS: Load #: 9184456609 Packing List is Attached			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)					
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
15812577 Dept#: 115		1	8.59	Y N				
Grand Total		1	8.59					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	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 900.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	ctns			8.59		Bath Towel, Beach Towel	49260-4	175
1				8.59		Grand Total		

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. <i>Dashay Cooper</i>		Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
SHIPPED DEC 12 2025		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. Property described above is received in good order, except as noted.	
		Appt Time: In: Out: Driver Signature:	

