

Date: 11/10/2025 12:28:42 PM

# Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757163001094645
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: GILBERT WEST
Name:	KOHL X-Dock Gilbert West	DC#:
		Div.:
Address:	701 Malaga St	Trailer number: 53969
		Seal number(s): 69894479
City/State/Zip:	Ontario, CA 91761	SCAC: GBWS
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

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"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)
City/State/Zip:		Appointment Time: 11:00 AM PM Actual Driver Arrival Time: 11:30 AM PM Driver Departure Time: 12:40 AM EST
SPECIAL INSTRUCTIONS: ME# 916611348		


CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	ADDITIONAL SHIPPER INFO				
				BOL#	DC#	Supplier#		
15812569	Dept#: 115	11	87.12	Y	N	06757163001094485	00810	
15812569	Dept#: 115	12	95.04	Y	N	06757163001094508	00830	
15812569	Dept#: 115	4	31.68	Y	N	06757163001094522	00840	
15812569	Dept#: 115	3	23.76	Y	N	06757163001094553	00860	
15812569	Dept#: 115	11	87.12	Y	N	06757163001094577	00865	
15812569	Dept#: 115	7	55.44	Y	N	06757163001094591	00875	
15812569	Dept#: 115	2	15.84	Y	N	06757163001094614	00885	
15812569	Dept#: 115	8	63.36	Y	N	06757163001094638	00890	
15816446	Dept#: 115	15	343.50	Y	N	06757163001094478	00810	
15816446	Dept#: 115	11	251.90	Y	N	06757163001094492	00830	
15816446	Dept#: 115	7	160.30	Y	N	06757163001094515	00840	
15816446	Dept#: 115	5	114.50	Y	N	06757163001094539	00855	
15816446	Dept#: 115	7	160.30	Y	N	06757163001094546	00860	

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"/>
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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 rules, 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 / 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.  11/10/24	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.  3183 SIC 11-10-25
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City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME: GILBERT WEST</b>	
Name:	KOHL X-Dock Gilbert West	DC#:	
		Div.:	
Address:	701 Malaga St	Trailer number:	53969
		Seal number(s):	69894479
City/State/Zip:	Ontario, CA 91761	SCAC:	GBWS
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
ME# 916611348		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#
15816446	Dept#: 115	13	297.70	Y	N	06757163001094560	00865
15816446	Dept#: 115	12	274.80	Y	N	06757163001094584	00875
15816446	Dept#: 115	5	114.50	Y	N	06757163001094607	00885
15816446	Dept#: 115	12	274.80	Y	N	06757163001094621	00890
<b>Grand Total</b>		145	2451.66				

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(c) of NMFC Item 360.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
58	ctns			459.36		Bath Towel, Beach Towel	49260-4	175
87	ctns			1992.30		Shower curtain	49385	77.5
145				2451.66		<b>Grand Total</b>		

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.

## Trailer Loaded:

 By Shipper By Driver

## Freight Counted:

 By Shipper By Driver/pallets sold to contain 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.