

Date: 12/10/2025 12:10:06 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163001110222	
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:	531480
		Seal number(s):	69894634
City/State/Zip:	Ontario, CA 91761	SCAC:	GBWS
SID#:	FOB: <input type="checkbox"/>	Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
ME# 918426266		Appointment Time	Actual Driver Arrival Time
		10:00 AM PM	11:00 AM PM
			Driver Departure Time
			12:30 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	Dept#	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
15812573	115	6	47.52	Y N	06757163001110093	00865	
15784602	211	37	497.57	Y N	06757163001110024	00860	
15784602	211	73	983.03	Y N	06757163001109943	00830	
15812573	115	6	47.52	Y N	06757163001109974	00830	
15812572	115	10	79.20	Y N	06757163001110086	00865	
15812572	115	1	7.92	Y N	06757163001110161	00885	
15812573	115	2	15.84	Y N	06757163001110215	00890	
15812573	115	2	15.84	Y N	06757163001110055	00860	
15784602	211	91	1227.41	Y N	06757163001110062	00865	
15784602	211	110	1481.70	Y N	06757163001110185	00890	
15816448	115	18	412.20	Y N	06757163001110079	00865	
15812572	115	4	31.68	Y N	06757163001110208	00890	
15816448	115	16	366.40	Y N	06757163001109950	00830	

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 / DATE: *[Signature]* 12/10/25

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE: *[Signature]* 383 SLG 12-10-25

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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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:	531480
		Seal number(s):	69894634
City/State/Zip:	Ontario, CA 91761	SCAC:	GBWS
SID#:	FOB: <input type="checkbox"/>	Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			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# 918426266		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		
Dept#:					DC#	Supplier#	
15816448	17	389.30	Y N	06757163001110116	00875		
15812572	10	79.20	Y N	06757163001109967	00830		
15812572	7	55.44	Y N	06757163001109929	00810		
15812572	2	15.84	Y N	06757163001110048	00860		
15812573	1	7.92	Y N	06757163001110178	00885		
15816448	9	206.10	Y N	06757163001109981	00840		
15784602	77	1051.27	Y N	06757163001109905	00810		
15812572	3	23.76	Y N	06757163001110123	00875		
15784602	44	597.74	Y N	06757163001110017	00840		
15784602	42	589.12	Y N	06757163001110109	00875		
15812573	1	7.92	Y N	06757163001110000	00840		
15816448	4	91.60	Y N	06757163001110154	00885		
15812573	2	15.84	Y N	06757163001110130	00875		

<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>COD Amount \$ _____</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>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: right;">Shipper Signature</p>		
<p>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.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p>

