

Date: 8/4/2025 9:04:10 AM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757163001054335	
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 City/State/Zip: Ontario, CA 91761 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 360737 Seal number(s): 69894018 SCAC: GBWS Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: ME# 910245950		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time: 12:00 AM	Actual Driver Arrival Time: 7:40 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
15787880	Dept#: 115	29	351.48	Y	N	06757163001054199 00810	
15787880	Dept#: 115	25	303.00	Y	N	06757163001054205 00830	
15787880	Dept#: 115	15	181.80	Y	N	06757163001054212 00840	
15787880	Dept#: 115	12	145.44	Y	N	06757163001054229 00855	
15787880	Dept#: 115	10	121.20	Y	N	06757163001054236 00860	
15787880	Dept#: 115	31	375.72	Y	N	06757163001054243 00865	
15787880	Dept#: 115	17	206.04	Y	N	06757163001054250 00875	
15787880	Dept#: 115	12	145.44	Y	N	06757163001054267 00885	
15787880	Dept#: 115	31	375.72	Y	N	06757163001054274 00890	
15787884	Dept#: 115	28	341.08	Y	N	06757163001054298 00813	
15787884	Dept#: 115	10	121.20	Y	N	06757163001054304 00816	
15787884	Dept#: 115	7	85.70	Y	N	06757163001054311 00826	
15787884	Dept#: 115	18	219.88	Y	N	06757163001054328 00836	

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 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 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. 8/4/25	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. 8-4-25
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