

Date: 1/15/2026 10:49:56 AM

Master Bill Of Lading

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| SHIP FROM | | Master Bill of Lading Number: 06757163001122683 | |
|-----------------|--------------------|---|--------------------------|
| 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.: | |
| | | Trailer number: | EJGZ105222 |
| Address: | 701 Malaga St | Seal number(s): | 69894764 |
| | | SCAC: | GBWS |
| | | Pro Number: | |
| City/State/Zip: | Ontario, CA 91761 | | |
| SID#: | | FOB: | <input type="checkbox"/> |

| THIRD PARTY FREIGHT CHARGES BILL TO: | | 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 UNDERLYING BILLS OF LANDING (check box) | |

| SPECIAL INSTRUCTIONS: | | Appointment Time | | Actual Driver Arrival Time | | Driver Departure Time | |
|-----------------------|--|------------------|----|----------------------------|----|-----------------------|----|
| ME# 920360798 | | 12:00 | AM | 10:30 | AM | 11:00 | AM |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|------------|--------------------------|-----|-------------------|-------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLE ONE) | | BOL# | ADDITIONAL SHIPPER INFO | |
| | | | | | | DC# | Supplier# |
| 15816449 | Dept#: 115 | 11 | 251.90 | Y N | 06757163001122591 | 00810 | |
| 15816449 | Dept#: 115 | 12 | 274.80 | Y N | 06757163001122607 | 00830 | |
| 15816449 | Dept#: 115 | 7 | 160.30 | Y N | 06757163001122614 | 00840 | |
| 15816449 | Dept#: 115 | 12 | 274.80 | Y N | 06757163001122621 | 00855 | |
| 15816449 | Dept#: 115 | 3 | 68.70 | Y N | 06757163001122638 | 00860 | |
| 15816449 | Dept#: 115 | 22 | 503.80 | Y N | 06757163001122645 | 00865 | |
| 15816449 | Dept#: 115 | 7 | 160.30 | Y N | 06757163001122652 | 00875 | |
| 15816449 | Dept#: 115 | 4 | 91.60 | Y N | 06757163001122669 | 00885 | |
| 15816449 | Dept#: 115 | 11 | 251.90 | Y N | 06757163001122676 | 00890 | |
| Grand Total | | 89 | 2038.10 | | | | |

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 / 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.
 _____ 1/15/26

| | |
|--|--|
| 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 |

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.
 X _____ 1/15/26