




CB2202623

Document Number	Adjustment Amt	PO Number	Remittance Information Only	DP No.	ST No.		
R097546531SHTG	(94.30)	14026079	Item not received	115	00875	BATH/SV2 CB2202623	
R230301532SHTG	(7.86)	14026079	Item not received	115	00890	BATH/SV2 CB2202623	
R435873530SHTG	(102.16)	14026079	Item not received	115	00865	BATH/SV2 CB2202623	
R788920538SHTG	(39.28)	14026079	Item not received	115	00830	BATH/SV2 CB2202623	
R973506539SHTG	(31.43)	14026079	Item not received	115	00840	BATH/SV2 CB2202623	
R035504522SHTG	(102.16)	14026070	Item not received	115		BATH/SV2 CB2202623	
R928606415SHTG	(116.39)	14024925	Item not received	115		BATH/SV2 CB2202623	
	(493.58)						


Date: 8/24/2022 10:38:27 AM **Bill Of Lading** Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757166000809555	
Name:	E & E COMPANY LTD	 (402)06757166000809555	
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:			
VENDOR:	000074879	FOB: <input type="checkbox"/>	CARRIER NAME: ABF Freight
SHIP TO		Responsible Acct.No:	
Name:	Kohls Dist. Center - #00860	Trailer number: 503754	
Address:	1600 North Business 45	Seal number(s):	
City/State/Zip:	Corsicana D.C., 00860		
CID#:	842445040	SCAC: ABFS Pro Number: 087621711 087 621 711	
THIRD PARTY FREIGHT CHARGES BILL TO			
Name:		Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs.	
Address:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip:		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 842445040		(check box)	
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026079	5	110.20	Y	N	
Grand Total		5	110.20		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	ctns			110.20		Rugs	70970-5	125
Grand Total		5		110.20				

① pallet

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.  8/24/22	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 permits. 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:

Pro Number: **087621711**

Status: **Delivered**

YOUR SHIPMENT WAS **DELIVERED ON 08/31/22 2311** PER CONSIGNEE REQUEST.



Picked Up
Wed 08/24/2022



Transit Complete



Delivered
Wed 08/31/2022

Origin 087 | Email Station

Destination 070 | Email Station

Freight Information

Pieces:

1

Weight:

155

Other

[Share this shipment](#)



Order No.: 6780415 Order Date: 08/11/2022 Customer: KOHLS DIST. CENTER - #00860 Customer PO No.: 14026079

SHIP FROM:
E & E COMPANY LTD
550 NORTHPORT PKWY
PORT WENTWORTH, GA 31407

BILL TO:
KOHLS, INC. (STORE)
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO:
KOHLS DIST. CENTER - #00860
1600 NORTH BUSINESS 45
CORNICANA D.C.
CORNICANA, TX 75110
US

Shipping Date:
08/24/2022

Shipment No.:
600080955

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWRU1	11SNMEDWRU1	086569492098	Spa Waffle Rug	EA	12	24	2	24	2
11SNMEDWRU1G	11SNMEDWRU1G	086569492067	Spa Waffle Rug	EA	12	36	3	36	3

Total Weight: 110.2

Total Quantity Ordered: 60

Total Cartons Ordered: 5

Total Quantity Shipped: 60

Total Cartons Shipped: 5

Date: 8/24/2022 9:07:51 AM

Bill Of Lading

Page 1 of 1

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757166000809548

 (402)06757166000809548

SHIP TO
 Name: Kohls Dist. Center - #00855 Location #: 00855
 Address: 890 East Mill Street
 San Bernardino D.C., 00855
 City/State/Zip: San Bernardino, CA 92408-1614
 CID#: 842445043 FOB:

CARRIER NAME: ABF Freight
 Responsible Acct.No: _____
 Trailer number: 503754
 Seal number(s): _____
SCAC: ABFS
 Pro Number: 087621705

087 621 705


Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs.

THIRD PARTY/FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: _____ Collect: 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 842445043
 Packing List is Attached

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
14026079 Dept#: 115	11	242.44	Y N	
Grand Total	11	242.44		

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(e) of NMFC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	ctns			242.44		Rugs	70970-5	125
11				242.44		Grand Total		

1 Pallet

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 _____

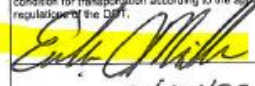
COD Amount: _____
Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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.

 8/24/22

Trailer Loaded:
 By Shipper
 By Driver

Freight Counted:
 By Shipper
 By Driver/pallets said 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 as required by DOT emergency response information placard on driver's document and vehicle.
 Properly described above is received in good order, except as noted.

 8-24-22
 Appt Time:
 In:
 Out:
 Driver Signature:

Pro Number: **087621705**

Status: **Delivered**

YOUR SHIPMENT WAS **DELIVERED ON 09/02/22 1709** PER CONSIGNEE REQUEST.



Picked Up
Wed 08/24/2022



Transit Complete



Delivered
Fri 09/02/2022

Origin 087 | Email Station

Destination 165 | Email Station

Freight Information

Other

Pieces:

1

[Share this shipment](#)

Weight:

290



Order No.: 6780414 Order Date: 08/11/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026079
 #00855

SHIP FROM: E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	Shipping Date: 08/24/2022 Shipment No.: 600080954
--	---	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWRU1	11SNMEDWRU 1	086569492098	Spa Waffle Rug	EA	12	84	7	84	7
11SNMEDWRU1G	11SNMEDWRU 1G	086569492067	Spa Waffle Rug	EA	12	48	4	48	4

Total Weight:	242.44
Total Quantity Ordered:	132
Total Cartons Ordered:	11
Total Quantity Shipped:	132
Total Cartons Shipped:	11

Date: 8/24/2022 9:04:26 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757166000809500

 (402)06757166000809500

SHIP TO
 Name: Kohls Dist. Center - #00885 Location #: 00885
 Address: 2065 Keystone Pacific Parkway
 Patterson D.C., 00885
 City/State/Zip: Patterson, CA 95363
 CID#: 82445097 FOB:

CARRIER NAME: ABF Freight
 Responsible Acct.No: _____
 Trailer number: 503754
 Seal number(s): _____
SCAC: ABFS
 Pro Number: 087621706

087 621 706
Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs.

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____


Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 82445097
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
14026079 Dept#: 115	7	154.28	Y N		
Grand Total	7	154.28			

CARRIER INFORMATION					PACKAGE		
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC #	CLASS
QTY	TYPE	QTY	TYPE		<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(e) of NMFC Item 340.</small>		
7	ctns				Rugs	70970-5	125
					Grand Total		

1 pallet

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 _____"

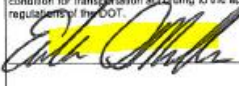
COD Amount: _____
Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

 8/24/22

Trailer Loaded:
 By Shipper
 By Driver

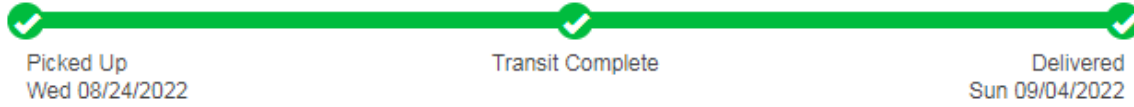
Freight Counted:
 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Properly described above is received in good order, except as noted.

 Appt Time: _____
 In: _____
 Out: _____
 Driver Signature: _____

Pro Number: **087621706**

Status: **Delivered**

YOUR SHIPMENT WAS **DELIVERED ON 09/04/22 0739** PER CONSIGNEE REQUEST.



Origin 087 | Email Station

Destination 156 | Email Station

Freight Information

Other

Pieces:

1

[Share this shipment](#)

Weight:

190



Order No.: 6780418 Order Date: 08/11/2022 Customer: KOHL'S DIST. CENTER - Customer PO No.: 14026079
#00885

SHIP FROM: E & E COMPANY LTD
550 NORTHPORT PKWY
PORT WENTWORTH, GA 31407

BILL TO: KOHL'S, INC. (STORE)
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO: KOHL'S DIST. CENTER - #00885
2065 KEYSTONE PACIFIC
PARKWAY
PATTERSON D.C.
PATTERSON, CA 95363
US

Shipping Date: 08/24/2022

Shipment No.: 600080950

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWRU1	11SNMEDWRU1	086569492098	Spa Waffle Rug	EA	12	48	4	48	4
11SNMEDWRU1G	11SNMEDWRU1G	086569492067	Spa Waffle Rug	EA	12	36	3	36	3

Total Weight: 154.28
Total Quantity Ordered: 84
Total Cartons Ordered: 7
Total Quantity Shipped: 84
Total Cartons Shipped: 7

Date: 8/24/2022 8:58:11 AM

Bill Of Lading

Page 1 of 1

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757166000809494



(402)06757166000809494

SHIP TO
 Name: Kohls Dist. Center - #00810 Location #: 00810
 Address: 7855 County Road 140
 Findlay D.C., 00810
 City/State/Zip: Findlay, OH 45840
 CID#: 842445015 FOB:

CARRIER NAME: ABF Freight

Responsible Acct.No: _____

Trailer number: 503754

Seal number(s): _____

SCAC: ABFS

Pro Number: 087621709



087 621 709

Driver signature only acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of Uniform Straight Bill of Lading and ABF's tariffs.

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: 3rd Party: _____

SPECIAL INSTRUCTIONS:

Load #: 842445015

Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)



5

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	
14026079 Dept#: 115	36	793.44	Y	N
Grand Total	36	793.44		

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 transportator with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
36	ctns			793.44		Rugs	70970-5	125
36				793.44		Grand Total		

2 pallets

Where the rate is dependent on value, shippers are required to stated 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.
Erin O'Malley
 8/24/22

Trailer Loaded:
 By Shipper
 By Driver

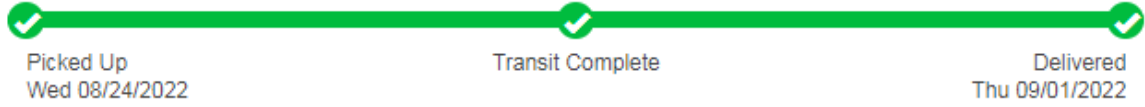
Freight Counted:
 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of ~~owner's~~ 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.
 8/24/22
 Appt Time:
 In:
 Out:
 Driver Signature:

Pro Number: **087621709**

Status: **Delivered**

YOUR SHIPMENT WAS **DELIVERED ON 09/01/22 0928** PER CONSIGNEE REQUEST.



Origin 087 | Email Station

Destination 066 | Email Station

Freight Information

Other

Pieces:

2

[Share this shipment](#)

Weight:

920



PACKING LIST

PAGE 1 OF 1

Order No.: 6780411 Order Date: 08/11/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026079
#00810

SHIP FROM: E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 08/24/2022 Shipment No.: 600080949
--	---	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWRU1	11SNMEDWRU1	086569492098	Spa Waffle Rug	EA	12	204	17	204	17
11SNMEDWRU1G	11SNMEDWRU1G	086569492067	Spa Waffle Rug	EA	12	228	19	228	19

Total Weight:	793.44
Total Quantity Ordered:	432
Total Cartons Ordered:	36
Total Quantity Shipped:	432
Total Cartons Shipped:	36