

Date: 10/26/2022 12:04:24 PM

Master Bill Of Lading

SHIP FROM

Name: **E & E COMPANY LTD**
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 06757163000739301

SHIP TO

Name: **Kohls** DC#: XDSFS
 Div. _____
 Address: X-DOCK PERFORMANCE TEAM BLDG 6
 12816 SHOEMAKER AVE, XDSFS
 City/State/Zip: **SANTA FE SPRINGS, CA 90670**
 SID#: _____ FOB:

CARRIER NAME: **Alliance Shippers**

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

ME# 846284294

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
10:00 AM	11:00 AM	12:35 PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		Supplier#
			BOL#	DC#	BOL#	DC#	
14026099 Dept#: 115	26	429.33	Y	N	06757163000738380	00813	
14026090 Dept#: 115	96	1541.26	Y	N	06757163000738137	00830	
14026090 Dept#: 115	38	601.22	Y	N	06757163000738144	00840	
14026090 Dept#: 115	56	924.20	Y	N	06757163000738182	00875	
14026095 Dept#: 115	64	1032.72	Y	N	06757163000738274	00865	
14024926 Dept#: 115	9	141.03	Y	N	06757163000738335	00855	
14024926 Dept#: 115	3	46.35	Y	N	06757163000738366	00885	
14026090 Dept#: 115	78	1263.44	Y	N	06757163000738175	00865	
14026095 Dept#: 115	28	476.86	Y	N	06757163000738267	00860	
14026095 Dept#: 115	21	331.32	Y	N	06757163000738298	00885	
14026090 Dept#: 115	90	1433.38	Y	N	06757163000738120	00810	
14026095 Dept#: 115	97	1548.74	Y	N	06757163000738236	00830	
14024926 Dept#: 115	8	122.64	Y	N	06757163000738311	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

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 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/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

[Signature] 10, 26, 22

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 06757163000739301

SHIP TO

Name: Kohls DC#: XDSFS
 Div.
 Address: X-DOCK PERFORMANCE TEAM BLDG 6
 12816 SHOEMAKER AVE, XDSFS
 City/State/Zip: SANTA FE SPRINGS, CA 90670
 SID#: _____ FOB:

CARRIER NAME: Alliance Shippers

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

(check box) MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

ME# 846284294

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO			
			Y	N	BOL#	DC#	Supplier#	
14026095	Dept#: 115	40	677.20	Y	N	06757163000738250	00855	
14024926	Dept#: 115	50	777.48	Y	N	06757163000738359	00875	
14026090	Dept#: 115	23	362.14	Y	N	06757163000738168	00860	
14026090	Dept#: 115	69	1131.58	Y	N	06757163000738205	00890	
14026093	Dept#: 115	33	563.00	Y	N	06757163000738373	00813	
14026090	Dept#: 115	14	246.14	Y	N	06757163000738199	00885	
14026095	Dept#: 115	74	1186.60	Y	N	06757163000738212	00810	
14026095	Dept#: 115	42	678.06	Y	N	06757163000738243	00840	
14026095	Dept#: 115	69	1132.02	Y	N	06757163000738281	00875	
14024926	Dept#: 115	2	32.70	Y	N	06757163000738328	00840	
14024926	Dept#: 115	5	76.29	Y	N	06757163000738342	00860	
14026090	Dept#: 115	32	538.72	Y	N	06757163000738151	00855	
14026095	Dept#: 115	66	1048.12	Y	N	06757163000738304	00890	

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.

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/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 10/26/2022 12:04:24 PM

Master Bill Of Lading

Page 3 of 3

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 06757163000739301

SHIP TO

Name: Kohls DC#: XDSFS
 Div. _____
 Address: X-DOCK PERFORMANCE TEAM BLDG 6
 12816 SHOEMAKER AVE, XDSFS
 City/State/Zip: SANTA FE SPRINGS, CA 90670
 SID#: _____ FOB:

CARRIER NAME: Alliance Shippers

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

SPECIAL INSTRUCTIONS:

ME# 846284294

Grand Total

1133 18342.54

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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
613	ctns			6593.82		Bath Towel, Beach Towel	49390 Sub 4	175
520	ctns			11748.72		Shower curtain	49385	77.5
1133				18342.54		Grand Total		

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.

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/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 10/26/2022 12:02:25 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000738137



(402)06757163000738137

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00830 Location #: 00830
 Address: 300 Admiral Byrd Drive
 Winchester D. C., 00830
 City/State/Zip: Winchester, VA 22602
 CID#: 846284294 FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

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

City/State/Zip:

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14026090 Dept#: 115	96	1541.26	Y N		
Grand Total	96	1541.26			

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
53	ctns			556.56		Bath Towel, Beach Towel	49390 Sub 4	175
43	ctns			984.70		Shower curtain	49385	77.5
96				1541.26		Grand Total		

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.

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/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:

Order No.: 6813866 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026090
#00830

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	10/26/2022
			Shipment No.: 300073813

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	96	4	96	4
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	216	9	216	9
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	312	13	312	13
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	216	9	216	9
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	312	13	312	13
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	120	5	120	5
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	216	18	216	18
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	300	25	300	25

Total Weight:	1541.26
Total Quantity Ordered:	1788
Total Cartons Ordered:	96
Total Quantity Shipped:	1788
Total Cartons Shipped:	96

Date: 10/26/2022 12:02:25 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 06757163000738137



CARRIER NAME: Alliance Shippers
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00830 Location #: 00830
 Address: 300 Admiral Byrd Drive
 Winchester D. C., 00830
 City/State/Zip: Winchester, VA 22602
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569
 SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: _____ Collect: **X** 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026090 Dept#: 115	96	1541.26	Y	N	
Grand Total	96	1541.26			

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
53	ctns			556.56		Bath Towel, Beach Towel	49390 Sub 4	175
43	ctns			984.70		Shower curtain	49385	77.5
96				1541.26		Grand Total		

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.

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/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: _____

Date: 10/26/2022 12:02:30 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738335



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

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#: 846284294

FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14024926 Dept#: 115	9	141.03	Y N	
Grand Total	9	141.03		

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
6	ctns			87.84		Bath Towel, Beach Towel	49390 Sub 4	175
3	ctns			53.19		Shower curtain	49385	77.5
9				141.03		Grand Total		

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.

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/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:

Order No.: 6816529 Order Date: 10/04/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14024926
#00855

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	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: 10/26/2022 Shipment No.: 300073833
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCHT01	21BOMCCHT01	022164111965	Devon Collection Hand Towel	EA	24	24	1	24	1
21BOMCCHT02	21BOMCCHT02	022164111972	Devon Collection Hand Towel	EA	24	24	1	24	1
21BOMCCSC01	21BOMCCSC01	022164112023	Devon Collection Shower Curtai	EA	12	36	3	36	3
21BOMCCWP01	21BOMCCWP01	022164111989	Devon Collection Washcloth Set	EA	24	48	2	48	2
21BOMTSHT02	21BOMTSHT02	022164111934	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	24	1	24	1

Total Weight:	141.03
Total Quantity Ordered:	180
Total Cartons Ordered:	9
Total Quantity Shipped:	180
Total Cartons Shipped:	9

Date: 10/26/2022 12:02:30 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738335



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

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#: 846284294 FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

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

Prepaid:

Collect: X

3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

(check box)

Master Bill of Lading: with attached
 underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14024926 Dept#: 115	9	141.03	Y N	
Grand Total	9	141.03		

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
6	ctns			87.84		Bath Towel, Beach Towel	49390 Sub 4	175
3	ctns			53.19		Shower curtain	49385	77.5
9				141.03		Grand Total		

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.

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/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:

Date: 10/26/2022 12:02:34 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738373



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

SHIP TO

Name: Kohls Ecom DC-#00813 Location #: 00813
 Address: 10201 Schuster Way
 00813
 City/State/Zip: Pataskala, OH 43062
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026093 Dept#: 115	33	563.00	Y	N	EFC Master Pack
Grand Total	33	563.00			

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
1	Pallet			50.00		Pallet		
		16	ctns	348.80		Shower curtain	49385	77.5
		17	ctns	214.20		Bath Towel, Beach Towel	49390 Sub 4	175
1		33		613.00		Grand Total		

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.

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/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:

Order No.: 6814435 Order Date: 10/07/2022 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 14026093

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S ECOM FULFILLMENT N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00813 10201 SCHUSTER WAY PATASKALA, OH 43062 US	Shipping Date: 10/26/2022 Shipment No.: 300073837
--	---	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01-EFC	086569491985	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWHT02	11SNMEDWHT02-EFC	086569492029	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02GS	11SNMEDWHT02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT03	11SNMEDWHT03-EFC	086569492005	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	84	7	84	7
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	60	5	60	5
21SNMLRHT01	21SNMLRHT01-EFC	022164104004	Ryley Paisley Hand Towel	EA	24	24	1	24	1
21SNMLRHT02	21SNMLRHT02-EFC	022164104028	Ryley Lemon Hand Towel	EA	24	48	2	48	2
21SNMLRHT03	21SNMLRHT03-EFC	022164104011	Ryley Border Hand Towel	EA	24	24	1	24	1
21SNMLRSC01	21SNMLRSC01-EFC	022164103977	Ryley Paisley Shower Curtain	EA	12	24	2	24	2
21SNMLRSC02	21SNMLRSC02-EFC	022164103984	Ryley Lemon Shower Curtain	EA	12	24	2	24	2

Total Weight:	563
Total Quantity Ordered:	600
Total Cartons Ordered:	33
Total Quantity Shipped:	600
Total Cartons Shipped:	33

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 06757163000738373



CARRIER NAME: Alliance Shippers

Responsible Acct.No: _____

SHIP TO

Name: Kohls Ecom DC-#00813 Location #: 00813
 Address: 10201 Schuster Way
 00813
 City/State/Zip: Pataskala, OH 43062
 CID#: 846284294

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: _____ Collect: X 3rd Party: _____

SPECIAL INSTRUCTIONS:

Load #: 846284294
 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
14026093 Dept#: 115	33	563.00	Y N	EFC Master Pack
Grand Total	33	563.00		

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
1	Pallet			50.00		Pallet		
		16	ctns	348.80		Shower curtain	49385	77.5
		17	ctns	214.20		Bath Towel, Beach Towel	49390 Sub 4	175
1		33		613.00		Grand Total		

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.

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/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:

Date: 10/26/2022 12:02:39 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738267



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569
 SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026095 Dept#: 115	28	476.86	Y	N	
Grand Total	28	476.86			

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
13	ctns			133.36		Bath Towel, Beach Towel	49390 Sub 4	175
15	ctns			343.50		Shower curtain	49385	77.5
28				476.86		Grand Total		

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.

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/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:

Order No.: 6813887 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026095
#00860

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

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

SHIP TO:
KOHL'S DIST. CENTER - #00860
1600 NORTH BUSINESS 45
CORSICANA D.C.
CORSICANA, TX 75110
US

Shipping Date:
10/26/2022

Shipment No.:
300073826

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	60	5	60	5
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	120	10	120	10

Total Weight: 476.86
Total Quantity Ordered: 492
Total Cartons Ordered: 28
Total Quantity Shipped: 492
Total Cartons Shipped: 28

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 06757163000738267



CARRIER NAME: Alliance Shippers
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: _____ Collect: **X** 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026095 Dept#: 115	28	476.86	Y N	
Grand Total	28	476.86		

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
13	ctns			133.36		Bath Towel, Beach Towel	49390 Sub 4	175
15	ctns			343.50		Shower curtain	49385	77.5
28				476.86		Grand Total		

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.

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/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: _____

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 06757163000738212



CARRIER NAME: Alliance Shippers

Responsible Acct.No: _____

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#: 846284294

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: _____ Collect: X 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026095 Dept#: 115	74	1186.60	Y	N	
Grand Total	74	1186.60			

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
40	ctns			408.00		Bath Towel, Beach Towel	49390 Sub 4	175
34	ctns			778.60		Shower curtain	49385	77.5
74				1186.60		Grand Total		

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.

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/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:

Order No.: 6813883 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026095 #00810

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	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: 10/26/2022 Shipment No.: 300073821
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	264	11	264	11
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	168	7	168	7
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	240	10	240	10
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	180	15	180	15
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	228	19	228	19

Total Weight:	1186.6
Total Quantity Ordered:	1368
Total Cartons Ordered:	74
Total Quantity Shipped:	1368
Total Cartons Shipped:	74

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738212



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

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#: 846284294

Trailer number: T933
 Seal number(s): 44369569
 SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026095 Dept#: 115	74	1186.60	Y	N	
Grand Total	74	1186.60			

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
40	ctns			408.00		Bath Towel, Beach Towel	49390 Sub 4	175
34	ctns			778.60		Shower curtain	49385	77.5
74				1186.60		Grand Total		

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.

Trailer Loaded: Freight Counted:
 By Shipper By Shipper
 By Driver 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/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:

Date: 10/26/2022 12:02:47 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738328



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00840 Location #: 00840
 Address: 2015 NE Jefferson Street
 Blue Spring (Grain Valley) D.C.,
 City/State/Zip: 00840
 Grain Valley, MO 64029
 CID#: 846284294

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

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

City/State/Zip:

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294

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

Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14024926 Dept#: 115	2	32.70	Y	N	
Grand Total	2	32.70			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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
1	ctns			14.97		Bath Towel, Beach Towel	49390 Sub 4	175
1	ctns			17.73		Shower curtain	49385	77.5
2				32.70		Grand Total		

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

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: Freight Counted:
 By Shipper By Shipper
 By Driver By Driver/pallets said to contain
 By Driver 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.
 Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 6816528 Order Date: 10/04/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14024926
#00840

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 10/26/2022 Shipment No.: 300073832
--	---	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCWP01	21BOMCCWP01	022164111989	Devon Collection Washcloth Set	EA	24	24	1	24	1
21BOMTSSC01	21BOMTSSC01	022164112009	Amelia Collection Shower Curta	EA	12	12	1	12	1

Total Weight:	32.7
Total Quantity Ordered:	36
Total Cartons Ordered:	2
Total Quantity Shipped:	36
Total Cartons Shipped:	2

Date: 10/26/2022 12:02:47 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738328



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00840 Location #: 00840
 Address: 2015 NE Jefferson Street
 Blue Spring (Grain Valley) D.C.,
 City/State/Zip: 00840
 Grain Valley, MO 64029
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

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 #: 846284294
 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
14024926 Dept#: 115	2	32.70	Y N	
Grand Total	2	32.70		

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
1	ctns			14.97		Bath Towel, Beach Towel	49390 Sub 4	175
1	ctns			17.73		Shower curtain	49385	77.5
2				32.70		Grand Total		

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.

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/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:

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738281



CARRIER NAME: Alliance Shippers

Responsible Acct.No: _____

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

SHIP TO

Name: Kohls Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 846284294

FOB:

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 #: 846284294
 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
14026095 Dept#: 115	69	1132.02	Y	N	
Grand Total	69	1132.02			

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
36	ctns			376.32		Bath Towel, Beach Towel	49390 Sub 4	175
33	ctns			755.70		Shower curtain	49385	77.5
69				1132.02		Grand Total		

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.

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/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:

Order No.: 6813889 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026095 #00875

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 10/26/2022 Shipment No.: 300073828
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	192	8	192	8
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	240	10	240	10
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	96	4	96	4
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	180	15	180	15
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	216	18	216	18

Total Weight:	1132.02
Total Quantity Ordered:	1260
Total Cartons Ordered:	69
Total Quantity Shipped:	1260
Total Cartons Shipped:	69

Date: 10/26/2022 12:02:51 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738281



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 846284294

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026095 Dept#: 115	69	1132.02	Y	N	
Grand Total	69	1132.02			

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
36	ctns			376.32		Bath Towel, Beach Towel	49390 Sub 4	175
33	ctns			755.70		Shower curtain	49385	77.5
69				1132.02		Grand Total		

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.

Trailer Loaded: Freight Counted:
 By Shipper By Shipper
 By Driver 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/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:

Date: 10/26/2022 12:02:56 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738250



(402)06757163000738250

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

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#: 846284294 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026095 Dept#: 115	40	677.20	Y	N	
Grand Total	40	677.20			

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
20	ctns			219.20		Bath Towel, Beach Towel	49390 Sub 4	175
20	ctns			458.00		Shower curtain	49385	77.5
40				677.20		Grand Total		

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.

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/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:

Order No.: 6813886 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026095
#00855

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, 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: 10/26/2022 Shipment No.: 300073825
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	120	5	120	5
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	120	5	120	5
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	108	9	108	9
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	132	11	132	11

Total Weight:	677.2
Total Quantity Ordered:	720
Total Cartons Ordered:	40
Total Quantity Shipped:	720
Total Cartons Shipped:	40

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738250



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

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#: 846284294

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

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 #: 846284294
 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
14026095 Dept#: 115	40	677.20	Y N	
Grand Total	40	677.20		

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
20	ctns			219.20		Bath Towel, Beach Towel	49390 Sub 4	175
20	ctns			458.00		Shower curtain	49385	77.5
40				677.20		Grand Total		

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.

Trailer Loaded: Freight Counted:
 By Shipper By Shipper
 By Driver 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/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:

Date: 10/26/2022 12:03:00 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738175



(402)06757163000738175

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

SHIP TO

Name: Kohls Dist. Center - #00865 Location #: 00865
 Address: Mamakating (Wurtsboro) D.C.
 3440 State Route 209, 00865
 City/State/Zip: Wurtsboro, NY 12790
 CID#: 846284294 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

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

Prepaid:

Collect: X

3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

(check box)

Master Bill of Lading: with attached
 underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026090 Dept#: 115	78	1263.44	Y	N	
Grand Total	78	1263.44			

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
42	ctns			439.04		Bath Towel, Beach Towel	49390 Sub 4	175
36	ctns			824.40		Shower curtain	49385	77.5
78				1263.44		Grand Total		

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.

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/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:

Order No.: 6813870 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026090
#00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 10/26/2022 Shipment No.: 300073817
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	168	7	168	7
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	240	10	240	10
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	192	8	192	8
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	240	10	240	10
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	96	4	96	4
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	204	17	204	17
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	228	19	228	19

Total Weight:	1263.44
Total Quantity Ordered:	1440
Total Cartons Ordered:	78
Total Quantity Shipped:	1440
Total Cartons Shipped:	78

Date: 10/26/2022 12:03:00 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738175



(402)06757163000738175

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

SHIP TO

Name: Kohls Dist. Center - #00865 Location #: 00865
 Address: Mamakating (Wurtsboro) D.C.
 3440 State Route 209, 00865
 City/State/Zip: Wurtsboro, NY 12790
 CID#: 846284294

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026090 Dept#: 115	78	1263.44	Y	N	
Grand Total	78	1263.44			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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
42	ctns			439.04		Bath Towel, Beach Towel	49390 Sub 4	175
36	ctns			824.40		Shower curtain	49385	77.5
78				1263.44		Grand Total		

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.

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/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:

Date: 10/26/2022 12:03:05 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738359



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

SHIP TO

Name: Kohls Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 846284294

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14024926 Dept#: 115	50	777.48	Y	N	
Grand Total	50	777.48			

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
34	ctns			493.80		Bath Towel, Beach Towel	49390 Sub 4	175
16	ctns			283.68		Shower curtain	49385	77.5
50				777.48		Grand Total		

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.

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/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:

Order No.: 6816531 Order Date: 10/04/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14024926
#00875

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 10/26/2022 Shipment No.: 300073835
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCHT01	21BOMCCHT01	022164111965	Devon Collection Hand Towel	EA	24	168	7	168	7
21BOMCCHT02	21BOMCCHT02	022164111972	Devon Collection Hand Towel	EA	24	120	5	120	5
21BOMCCSC01	21BOMCCSC01	022164112023	Devon Collection Shower Curtai	EA	12	84	7	84	7
21BOMCCWP01	21BOMCCWP01	022164111989	Devon Collection Washcloth Set	EA	24	120	5	120	5
21BOMTSHT01	21BOMTSHT01	022164111927	Amelia Collection Hand Towel	EA	24	144	6	144	6
21BOMTSHT02	21BOMTSHT02	022164111934	Amelia Collection Hand Towel	EA	24	120	5	120	5
21BOMTSSC01	21BOMTSSC01	022164112009	Amelia Collection Shower Curta	EA	12	108	9	108	9
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	144	6	144	6

Total Weight:	777.48
Total Quantity Ordered:	1008
Total Cartons Ordered:	50
Total Quantity Shipped:	1008
Total Cartons Shipped:	50

Date: 10/26/2022 12:03:05 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738359



(402)06757163000738359

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

SHIP TO

Name: Kohls Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 846284294 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

Prepaid:

Collect: X

3rd Party:

(check box)

Master Bill of Lading: with attached
 underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14024926 Dept#: 115	50	777.48	Y	N	
Grand Total	50	777.48			

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
34	ctns			493.80		Bath Towel, Beach Towel	49390 Sub 4	175
16	ctns			283.68		Shower curtain	49385	77.5
50				777.48		Grand Total		

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.

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/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:

Date: 10/26/2022 12:03:09 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738380



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

SHIP TO

Name: Kohls Ecom DC-#00813 Location #: 00813
 Address: 10201 Schuster Way
 00813
 City/State/Zip: Pataskala, OH 43062
 CID#: 846284294 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026099 Dept#: 115	26	429.33	Y	N	EFC Master Pack
Grand Total	26	429.33			

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
1	Pallet			50.00		Pallet		
		12	ctns	126.33		Bath Towel, Beach Towel	49390 Sub 4	175
		14	ctns	303.00		Shower curtain	49385	77.5
1		26		479.33		Grand Total		

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.

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/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:

Order No.: 6814447 Order Date: 10/07/2022 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 14026099

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
KOHL'S ECOM FULFILLMENT
N56 W17000 RIDGEWOOD DRIVE
MENOMONEE FALLS, WI 53051
US

SHIP TO:
KOHL'S ECOM DC-#00813
10201 SCHUSTER WAY
PATASKALA, OH 43062
US

Shipping Date:
10/26/2022

Shipment No.:
300073838

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02-EFC	086569492029	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02GS	11SNMEDWHT02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	120	5	120	5
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	48	2	48	2
11SNMEDWHT03	11SNMEDWHT03-EFC	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	48	4	48	4
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	72	6	72	6
21SNMLRBT01	21SNMLRBT01-EFC	022164103991	Ryley Paisley Bath Towel	EA	24	24	1	24	1
21SNMLRHT03	21SNMLRHT03-EFC	022164104011	Ryley Border Hand Towel	EA	24	24	1	24	1
21SNMLRSC01	21SNMLRSC01-EFC	022164103977	Ryley Paisley Shower Curtain	EA	12	24	2	24	2
21SNMLRSC02	21SNMLRSC02-EFC	022164103984	Ryley Lemon Shower Curtain	EA	12	24	2	24	2

Total Weight: 429.33
 Total Quantity Ordered: 456
 Total Cartons Ordered: 26
 Total Quantity Shipped: 456
 Total Cartons Shipped: 26

Date: 10/26/2022 12:03:09 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738380



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

SHIP TO

Name: Kohls Ecom DC-#00813 Location #: 00813
 Address: 10201 Schuster Way
 00813
 City/State/Zip: Pataskala, OH 43062
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026099 Dept#: 115	26	429.33	Y N	EFC Master Pack
Grand Total	26	429.33		

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
1	Pallet			50.00		Pallet		
		12	ctns	126.33		Bath Towel, Beach Towel	49390 Sub 4	175
		14	ctns	303.00		Shower curtain	49385	77.5
1		26		479.33		Grand Total		

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.

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/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:

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738311



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

SHIP TO

Name: Kohls Dist. Center - #00830 Location #: 00830
 Address: 300 Admiral Byrd Drive
 Winchester D. C., 00830
 City/State/Zip: Winchester, VA 22602
 CID#: 846284294

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14024926 Dept#: 115	8	122.64	Y	N	
Grand Total	8	122.64			

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
6	ctns			87.18		Bath Towel, Beach Towel	49390 Sub 4	175
2	ctns			35.46		Shower curtain	49385	77.5
8				122.64		Grand Total		

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.

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/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:

Order No.: 6816527 Order Date: 10/04/2022 Customer: KOHLS DIST. CENTER - #00830 Customer PO No.: 14024926

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 10/26/2022 Shipment No.: 300073831
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCHT01	21BOMCCHT01	022164111965	Devon Collection Hand Towel	EA	24	24	1	24	1
21BOMCCHT02	21BOMCCHT02	022164111972	Devon Collection Hand Towel	EA	24	24	1	24	1
21BOMCCSC01	21BOMCCSC01	022164112023	Devon Collection Shower Curtai	EA	12	12	1	12	1
21BOMCCWP01	21BOMCCWP01	022164111989	Devon Collection Washcloth Set	EA	24	24	1	24	1
21BOMTSHT01	21BOMTSHT01	022164111927	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSHT02	21BOMTSHT02	022164111934	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSSC01	21BOMTSSC01	022164112009	Amelia Collection Shower Curta	EA	12	12	1	12	1
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	24	1	24	1

Total Weight:	122.64
Total Quantity Ordered:	168
Total Cartons Ordered:	8
Total Quantity Shipped:	168
Total Cartons Shipped:	8

Date: 10/26/2022 12:03:14 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738311



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00830 Location #: 00830
 Address: 300 Admiral Byrd Drive
 Winchester D. C., 00830
 City/State/Zip: Winchester, VA 22602
 CID#: 846284294

FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

Prepaid:

Collect: X

3rd Party:

(check box)

Master Bill of Lading: with attached
 underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14024926 Dept#: 115	8	122.64	Y	N	
Grand Total	8	122.64			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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
6	ctns			87.18		Bath Towel, Beach Towel	49390 Sub 4	175
2	ctns			35.46		Shower curtain	49385	77.5
8				122.64		Grand Total		

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 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/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:

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738243



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00840 Location #: 00840
 Address: 2015 NE Jefferson Street
 Blue Spring (Grain Valley) D.C.,
 City/State/Zip: 00840
 Grain Valley, MO 64029
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

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

City/State/Zip:

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294

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

Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026095 Dept#: 115	42	678.06	Y N	
Grand Total	42	678.06		

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
23	ctns			242.96		Bath Towel, Beach Towel	49390 Sub 4	175
19	ctns			435.10		Shower curtain	49385	77.5
42				678.06		Grand Total		

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 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/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:

Order No.: 6813885 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026095
#00840

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 10/26/2022 Shipment No.: 300073824
--	--	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	120	5	120	5
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	96	8	96	8
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	132	11	132	11

Total Weight:	678.06
Total Quantity Ordered:	780
Total Cartons Ordered:	42
Total Quantity Shipped:	780
Total Cartons Shipped:	42

Date: 10/26/2022 12:03:18 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738243



CARRIER NAME: Alliance Shippers

Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00840 Location #: 00840
 Address: 2015 NE Jefferson Street
 Blue Spring (Grain Valley) D.C.,
 00840
 City/State/Zip: Grain Valley, MO 64029
 CID#: 846284294

FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

City/State/Zip: _____

Prepaid: _____

Collect: X

3rd Party: _____

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

(check box)

Master Bill of Lading: with attached
 underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026095 Dept#: 115	42	678.06	Y	N	
Grand Total	42	678.06			

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
23	ctns			242.96		Bath Towel, Beach Towel	49390 Sub 4	175
19	ctns			435.10		Shower curtain	49385	77.5
42				678.06		Grand Total		

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.

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/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:

Date: 10/26/2022 12:03:22 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738274



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00865 Location #: 00865
 Address: Mamakating (Wurtsboro) D.C.
 3440 State Route 209, 00865
 City/State/Zip: Wurtsboro, NY 12790
 CID#: 846284294

FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026095 Dept#: 115	64	1032.72	Y	N	
Grand Total	64	1032.72			

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
36	ctns			391.52		Bath Towel, Beach Towel	49390 Sub 4	175
28	ctns			641.20		Shower curtain	49385	77.5
64				1032.72		Grand Total		

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.

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/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:

Order No.: 6813888 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026095
#00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 10/26/2022 Shipment No.: 300073827
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	168	7	168	7
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	240	10	240	10
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	96	4	96	4
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	180	15	180	15
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	156	13	156	13

Total Weight:	1032.72
Total Quantity Ordered:	1200
Total Cartons Ordered:	64
Total Quantity Shipped:	1200
Total Cartons Shipped:	64

Date: 10/26/2022 12:03:22 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738274



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00865 Location #: 00865
 Address: Mamakating (Wurtsboro) D.C.
 3440 State Route 209, 00865
 City/State/Zip: Wurtsboro, NY 12790
 CID#: 846284294

FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026095 Dept#: 115	64	1032.72	Y	N	
Grand Total	64	1032.72			

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
36	ctns			391.52		Bath Towel, Beach Towel	49390 Sub 4	175
28	ctns			641.20		Shower curtain	49385	77.5
64				1032.72		Grand Total		

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.

Trailer Loaded: Freight Counted:
 By Shipper By Shipper
 By Driver 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/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:

Date: 10/26/2022 12:03:27 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738236



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00830 Location #: 00830
 Address: 300 Admiral Byrd Drive
 Winchester D. C., 00830
 City/State/Zip: Winchester, VA 22602
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026095 Dept#: 115	97	1548.74	Y N	
Grand Total	97	1548.74		

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
52	ctns			518.24		Bath Towel, Beach Towel	49390 Sub 4	175
45	ctns			1030.50		Shower curtain	49385	77.5
97				1548.74		Grand Total		

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.

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/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:

Order No.: 6813884 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026095
#00830

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 10/26/2022 Shipment No.: 300073823
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	192	8	192	8
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	288	12	288	12
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	264	11	264	11
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	336	14	336	14
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	96	4	96	4
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	252	21	252	21
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	288	24	288	24

Total Weight:	1548.74
Total Quantity Ordered:	1788
Total Cartons Ordered:	97
Total Quantity Shipped:	1788
Total Cartons Shipped:	97

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

SHIP TO

Name: Kohls Dist. Center - #00830 Location #: 00830
 Address: 300 Admiral Byrd Drive
 Winchester D. C., 00830
 City/State/Zip: Winchester, VA 22602
 CID#: 846284294 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

Bill of Lading Number: 06757163000738236



(402)06757163000738236

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

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

Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026095 Dept#: 115	97	1548.74	Y N	
Grand Total	97	1548.74		

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
52	ctns			518.24		Bath Towel, Beach Towel	49390 Sub 4	175
45	ctns			1030.50		Shower curtain	49385	77.5
97				1548.74		Grand Total		

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.

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/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:

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 06757163000738298



CARRIER NAME: Alliance Shippers
 Responsible Acct.No: _____

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#: 846284294

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

City/State/Zip: _____

Prepaid: _____ Collect: X 3rd Party: _____

SPECIAL INSTRUCTIONS:

Load #: 846284294
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026095 Dept#: 115	21	331.32	Y N	
Grand Total	21	331.32		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	ctns			102.32		Bath Towel, Beach Towel	49390 Sub 4	175
10	ctns			229.00		Shower curtain	49385	77.5
21				331.32		Grand Total		

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.

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/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:

Order No.: 6813890 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - #00885 Customer PO No.: 14026095

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 10/26/2022 Shipment No.: 300073829
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	36	3	36	3
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	84	7	84	7

Total Weight:	331.32
Total Quantity Ordered:	384
Total Cartons Ordered:	21
Total Quantity Shipped:	384
Total Cartons Shipped:	21

Date: 10/26/2022 12:03:32 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738298



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

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#: 846284294 FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

Prepaid:

Collect: X

3rd Party:

(check box)

Master Bill of Lading: with attached
 underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026095 Dept#: 115	21	331.32	Y	N	
Grand Total	21	331.32			

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			102.32		Bath Towel, Beach Towel	49390 Sub 4	175
10	ctns			229.00		Shower curtain	49385	77.5
21				331.32		Grand Total		

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.

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/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:

Date: 10/26/2022 12:03:36 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000738366



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

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#: 846284294 FOB:

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14024926 Dept#: 115	3	46.35	Y N	
Grand Total	3	46.35		

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
2	ctns			28.62		Bath Towel, Beach Towel	49390 Sub 4	175
1	ctns			17.73		Shower curtain	49385	77.5
3				46.35		Grand Total		

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.

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/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:

Order No.: 6816532 Order Date: 10/04/2022 Customer: KOHLS DIST. CENTER - #00885
 Customer PO No.: 14024926

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 10/26/2022 Shipment No.: 300073836
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCHT01	21BOMCCHT01	022164111965	Devon Collection Hand Towel	EA	24	24	1	24	1
21BOMCCHT02	21BOMCCHT02	022164111972	Devon Collection Hand Towel	EA	24	24	1	24	1
21BOMCCSC01	21BOMCCSC01	022164112023	Devon Collection Shower Curtai	EA	12	12	1	12	1

Total Weight:	46.35
Total Quantity Ordered:	60
Total Cartons Ordered:	3
Total Quantity Shipped:	60
Total Cartons Shipped:	3

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 06757163000738366



(402)06757163000738366

CARRIER NAME: Alliance Shippers
 Responsible Acct.No: _____

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#: 846284294

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: _____ Collect: **X** 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14024926 Dept#: 115	3	46.35	Y N	
Grand Total	3	46.35		

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
2	ctns			28.62		Bath Towel, Beach Towel	49390 Sub 4	175
1	ctns			17.73		Shower curtain	49385	77.5
3				46.35		Grand Total		

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.

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/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:

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 06757163000738182



CARRIER NAME: Alliance Shippers
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: _____ Collect: X 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026090 Dept#: 115	56	924.20	Y N	
Grand Total	56	924.20		

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
30	ctns			328.80		Bath Towel, Beach Towel	49390 Sub 4	175
26	ctns			595.40		Shower curtain	49385	77.5
56				924.20		Grand Total		

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 property 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 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/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:

Order No.: 6813871 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026090
 #00875

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	10/26/2022
			Shipment No.: 300073818

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	96	4	96	4
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	120	5	120	5
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	168	7	168	7
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	132	11	132	11
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	180	15	180	15

Total Weight:	924.2
Total Quantity Ordered:	1032
Total Cartons Ordered:	56
Total Quantity Shipped:	1032
Total Cartons Shipped:	56

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: 000074879

Bill of Lading Number: 06757163000738182



CARRIER NAME: Alliance Shippers
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569
 SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026090 Dept#: 115	56	924.20	Y N	
Grand Total	56	924.20		

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
30	ctns			328.80		Bath Towel, Beach Towel	49390 Sub 4	175
26	ctns			595.40		Shower curtain	49385	77.5
56				924.20		Grand Total		

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.

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/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:

Date: 10/26/2022 12:03:45 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
Address: 221 Hanson Way
City/State/Zip: Woodland, CA 95776
SID#:

PHONE:

VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738199



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

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#: 846284294 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:

City/State/Zip:

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

Prepaid:

Collect: X

3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026090 Dept#: 115	14	246.14	Y N	
Grand Total	14	246.14		

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
7	ctns			85.84		Bath Towel, Beach Towel	49390 Sub 4	175
7	ctns			160.30		Shower curtain	49385	77.5
14				246.14		Grand Total		

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.

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/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:

Order No.: 6813872 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026090
#00885

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 10/26/2022 Shipment No.: 300073819
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	48	2	48	2
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	36	3	36	3
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	48	4	48	4

Total Weight:	246.14
Total Quantity Ordered:	252
Total Cartons Ordered:	14
Total Quantity Shipped:	252
Total Cartons Shipped:	14

Date: 10/26/2022 12:03:45 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738199



(402)06757163000738199

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

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#: 846284294 FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

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

Prepaid:

Collect: X

3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

 (check box)

Master Bill of Lading: with attached
 underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026090 Dept#: 115	14	246.14	Y N	
Grand Total	14	246.14		

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
7	ctns			85.84		Bath Towel, Beach Towel	49390 Sub 4	175
7	ctns			160.30		Shower curtain	49385	77.5
14				246.14		Grand Total		

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 property 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 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/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:

Date: 10/26/2022 12:03:49 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738205



(402)06757163000738205

FOB:

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00890 Location #: 00890
 Address: 4300 MBL Drive
 Ottawa D.C., 00890
 City/State/Zip: Ottawa, IL 61350
 CID#: 846284294

FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

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 #: 846284294
 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
14026090 Dept#: 115	69	1131.58	Y N	
Grand Total	69	1131.58		

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
34	ctns			330.08		Bath Towel, Beach Towel	49390 Sub 4	175
35	ctns			801.50		Shower curtain	49385	77.5
69				1131.58		Grand Total		

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.

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/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:

Order No.: 6813873 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026090
#00890

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 10/26/2022 Shipment No.: 300073820
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	216	9	216	9
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	216	9	216	9
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	192	16	192	16
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	228	19	228	19

Total Weight:	1131.58
Total Quantity Ordered:	1236
Total Cartons Ordered:	69
Total Quantity Shipped:	1236
Total Cartons Shipped:	69

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738205



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00890 Location #: 00890
 Address: 4300 MBL Drive
 Ottawa D.C., 00890
 City/State/Zip: Ottawa, IL 61350
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569
 SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026090 Dept#: 115	69	1131.58	Y N	
Grand Total	69	1131.58		

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
34	ctns			330.08		Bath Towel, Beach Towel	49390 Sub 4	175
35	ctns			801.50		Shower curtain	49385	77.5
69				1131.58		Grand Total		

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.

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/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:

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738168



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 846284294

Trailer number: T933
 Seal number(s): 44369569
 SCAC: ANSH
 Pro Number: N/A

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 #: 846284294
 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
14026090 Dept#: 115	23	362.14	Y N	
Grand Total	23	362.14		

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
12	ctns			110.24		Bath Towel, Beach Towel	49390 Sub 4	175
11	ctns			251.90		Shower curtain	49385	77.5
23				362.14		Grand Total		

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

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.

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/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:

Order No.: 6813869 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026090
#00860

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
KOHL'S, 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:
10/26/2022

Shipment No.:
300073816

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	60	5	60	5
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	72	6	72	6

Total Weight: 362.14
Total Quantity Ordered: 420
Total Cartons Ordered: 23
Total Quantity Shipped: 420
Total Cartons Shipped: 23

Date: 10/26/2022 12:03:54 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 846284294 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

Bill of Lading Number: 06757163000738168



(402)06757163000738168

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

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

Prepaid:

Collect: X

3rd Party:

 (check box)

Master Bill of Lading: with attached
 underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026090 Dept#: 115	23	362.14	Y N	
Grand Total	23	362.14		

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
12	ctns			110.24		Bath Towel, Beach Towel	49390 Sub 4	175
11	ctns			251.90		Shower curtain	49385	77.5
23				362.14		Grand Total		

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.

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/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:

Date: 10/26/2022 12:03:59 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738144



(402)06757163000738144

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00840 Location #: 00840
 Address: 2015 NE Jefferson Street
 Blue Spring (Grain Valley) D.C.,
 City/State/Zip: 00840
 Grain Valley, MO 64029
 CID#: 846284294

FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026090 Dept#: 115	38	601.22	Y N	
Grand Total	38	601.22		

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
21	ctns			211.92		Bath Towel, Beach Towel	49390 Sub 4	175
17	ctns			389.30		Shower curtain	49385	77.5
38				601.22		Grand Total		

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.

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/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:

Order No.: 6813867 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026090
#00840

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 10/26/2022 Shipment No.: 300073814
--	---	--	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	120	5	120	5
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	84	7	84	7
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	120	10	120	10

Total Weight:	601.22
Total Quantity Ordered:	708
Total Cartons Ordered:	38
Total Quantity Shipped:	708
Total Cartons Shipped:	38

Date: 10/26/2022 12:03:59 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738144



CARRIER NAME: Alliance Shippers

Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00840 Location #: 00840
 Address: 2015 NE Jefferson Street
 Blue Spring (Grain Valley) D.C.,
 00840
 City/State/Zip: Grain Valley, MO 64029
 CID#: 846284294 FOB:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026090 Dept#: 115	38	601.22	Y N	
Grand Total	38	601.22		

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
21	ctns			211.92		Bath Towel, Beach Towel	49390 Sub 4	175
17	ctns			389.30		Shower curtain	49385	77.5
38				601.22		Grand Total		

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 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/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:

Date: 10/26/2022 12:04:03 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738304



(402)06757163000738304

SHIP TO

Name: Kohls Dist. Center - #00890 Location #: 00890
 Address: 4300 MBL Drive
 Ottawa D.C., 00890
 City/State/Zip: Ottawa, IL 61350
 CID#: 846284294

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

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

City/State/Zip:

Prepaid:

Collect: X

3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

(check box)

Master Bill of Lading: with attached
 underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14026095 Dept#: 115	66	1048.12	Y N	
Grand Total	66	1048.12		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
36	ctns			361.12		Bath Towel, Beach Towel	49390 Sub 4	175
30	ctns			687.00		Shower curtain	49385	77.5
66				1048.12		Grand Total		

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 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/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:

Order No.: 6813891 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026095 #00890

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 10/26/2022 Shipment No.: 300073830
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	240	10	240	10
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	216	9	216	9
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	144	12	144	12
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	216	18	216	18

Total Weight:	1048.12
Total Quantity Ordered:	1224
Total Cartons Ordered:	66
Total Quantity Shipped:	1224
Total Cartons Shipped:	66

Date: 10/26/2022 12:04:03 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000738304



(402)06757163000738304

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

SHIP TO

Name: Kohls Dist. Center - #00890 Location #: 00890
 Address: 4300 MBL Drive
 Ottawa D.C., 00890
 City/State/Zip: Ottawa, IL 61350
 CID#: 846284294 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14026095 Dept#: 115	66	1048.12	Y	N	
Grand Total	66	1048.12			

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
36	ctns			361.12		Bath Towel, Beach Towel	49390 Sub 4	175
30	ctns			687.00		Shower curtain	49385	77.5
66				1048.12		Grand Total		

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.

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/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:

Date: 10/26/2022 12:04:08 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738120



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

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#: 846284294

Trailer number: T933
 Seal number(s): 44369569
 SCAC: ANSH
 Pro Number: N/A

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 #: 846284294
 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
14026090 Dept#: 115	90	1433.38	Y	N	
Grand Total	90	1433.38			

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
49	ctns			494.48		Bath Towel, Beach Towel	49390 Sub 4	175
41	ctns			938.90		Shower curtain	49385	77.5
90				1433.38		Grand Total		

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.

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/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:

Order No.: 6813865 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026090 #00810

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	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: 10/26/2022 Shipment No.: 300073812
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	216	9	216	9
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	312	13	312	13
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	168	7	168	7
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	312	13	312	13
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	96	4	96	4
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	216	18	216	18
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	276	23	276	23

Total Weight:	1433.38
Total Quantity Ordered:	1668
Total Cartons Ordered:	90
Total Quantity Shipped:	1668
Total Cartons Shipped:	90

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738120



(402)06757163000738120

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#: 846284294

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026090 Dept#: 115	90	1433.38	Y N	
Grand Total	90	1433.38		

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
49	ctns			494.48		Bath Towel, Beach Towel	49390 Sub 4	175
41	ctns			938.90		Shower curtain	49385	77.5
90				1433.38		Grand Total		

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

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 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/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:

Date: 10/26/2022 12:04:12 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738151



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

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#: 846284294

Trailer number: T933
 Seal number(s): 44369569
 SCAC: ANSH
 Pro Number: N/A

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 #: 846284294
 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
14026090 Dept#: 115	32	538.72	Y N	
Grand Total	32	538.72		

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
16	ctns			172.32		Bath Towel, Beach Towel	49390 Sub 4	175
16	ctns			366.40		Shower curtain	49385	77.5
32				538.72		Grand Total		

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.

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/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:

Order No.: 6813868 Order Date: 10/05/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026090
#00855

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

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:
10/26/2022

Shipment No.:
300073815

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT01	11SNMEDWHT01	086569491985	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	120	5	120	5
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	84	7	84	7
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	108	9	108	9

Total Weight: 538.72
Total Quantity Ordered: 576
Total Cartons Ordered: 32
Total Quantity Shipped: 576
Total Cartons Shipped: 32

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879

Bill of Lading Number: 06757163000738151



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

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#: 846284294

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 846284294
 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
14026090 Dept#: 115	32	538.72	Y	N	
Grand Total	32	538.72			

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
16	ctns			172.32		Bath Towel, Beach Towel	49390 Sub 4	175
16	ctns			366.40		Shower curtain	49385	77.5
32				538.72		Grand Total		

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.

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/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:

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: 000074879

FOB:

SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 846284294 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 846284294

Packing List is Attached

Bill of Lading Number: 06757163000738342



(402)06757163000738342

CARRIER NAME: Alliance Shippers

Responsible Acct.No:

Trailer number: T933

Seal number(s): 44369569

SCAC: ANSH

Pro Number: N/A

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

Prepaid: Collect: **X** 3rd Party:

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
14024926 Dept#: 115	5	76.29	Y	N	
Grand Total	5	76.29			

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	ctns			58.56		Bath Towel, Beach Towel	49390 Sub 4	175
1	ctns			17.73		Shower curtain	49385	77.5
5				76.29		Grand Total		

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.

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/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:

Order No.: 6816530 Order Date: 10/04/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14024926
#00860

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORSICANA D.C. CORSICANA, TX 75110 US	Shipping Date: 10/26/2022 Shipment No.: 300073834
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCWP01	21BOMCCWP01	022164111989	Devon Collection Washcloth Set	EA	24	24	1	24	1
21BOMTSHT01	21BOMTSHT01	022164111927	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSHT02	21BOMTSHT02	022164111934	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSSC01	21BOMTSSC01	022164112009	Amelia Collection Shower Curta	EA	12	12	1	12	1
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	24	1	24	1

Total Weight:	76.29
Total Quantity Ordered:	108
Total Cartons Ordered:	5
Total Quantity Shipped:	108
Total Cartons Shipped:	5

Date: 10/26/2022 12:04:17 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000738342



CARRIER NAME: Alliance Shippers
 Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 846284294 FOB:

Trailer number: T933
 Seal number(s): 44369569

SCAC: ANSH
 Pro Number: N/A

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 #: 846284294
 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
14024926 Dept#: 115	5	76.29	Y N	
Grand Total	5	76.29		

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
4	ctns			58.56		Bath Towel, Beach Towel	49390 Sub 4	175
1	ctns			17.73		Shower curtain	49385	77.5
5				76.29		Grand Total		

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.

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/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: