

Date: 10/28/2022 3:21:46 PM


Master Bill Of Lading

Page 1 of 1

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

Master Bill of Lading Number: 06757166000818373

SHIP TO
Name: Kohls Dist. Center - #00840 **DC#:** 00840
Address: 2015 NE Jefferson Street
 Blue Spring (Grain Valley) D.C., 00840
City/State/Zip: Grain Valley, MO 64029
SID#: FOB:

CARRIER NAME: ABF Freight
Trailer number: 503079
Seal number(s): 00000 
SCAC: ABFS
Pro Number: 087632462
087 632 462

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



6

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

Freight Charge Terms:
Prepaid: **Collect:** **3rd Party:**
 MASTER BILL OF LADING: WITH ATTACHED UNDERLYING BILLS OF LANDING
Appointment Time AM PM **Actual Driver Arrival Time** AM PM **Driver Departure Time** AM PM

SPECIAL INSTRUCTIONS:
 ME# 846137491

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
14026091	Dept#: 115	15	330.30	Y	N	06757166000818120	00840
14026097	Dept#: 115	17	374.34	Y	N	06757166000818243	00840
Grand Total		32	704.64				

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 303.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
32	ctns			704.64		Rugs	70970-5	125
32				704.64		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 _____

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.
Angela Clark
 10-28-22

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
[Signature]
 10-31-22

Pro Number: **087632462**

Status: **Delivered**

YOUR SHIPMENT WAS **DELIVERED ON 11/04/22 1540** PER CONSIGNEE REQUEST.



Picked Up
Mon 10/31/2022



Transit Complete



Delivered
Fri 11/04/2022

Origin 087 | Email Station

Destination 003 | Email Station

Freight Information

Other

Pieces:

32

[Share this shipment](#)

Weight:

850



Order No.: 6826662 Order Date: 10/18/2022 Customer: KOHLS DIST. CENTER - #00840 Customer PO No.: 14026097

SHIP FROM: E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 10/28/2022 Shipment No.: 600081824
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWRU1	11SNMEDWRU 1	086569492098	Spa Waffle Rug	EA	12	108	9	108	9
11SNMEDWRU1G	11SNMEDWRU 1G	086569492067	Spa Waffle Rug	EA	12	96	8	96	8

Total Weight:	374.34
Total Quantity Ordered:	204
Total Cartons Ordered:	17
Total Quantity Shipped:	204
Total Cartons Shipped:	17

Date: 10/28/2022 3:20:26 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757166000818397	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: ABF Freight	
Name:	Kohls Dist. Center - #00855	DC#:	00855
		Div.:	
Address:	890 East Mill Street	Trailer number:	503079
	San Bernardino D.C., 00855	Seal number(s):	0000
		SCAC:	ABFS
City/State/Zip:	San Bernardino, CA 92408-1614	Pro Number:	08763246-087 632 461
SID#:			

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



THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
ME# 846137504		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14024927 Dept#: 115	4	58.12	Y N	06757166000818311	00855	
14026091 Dept#: 115	13	286.26	Y N	06757166000818328	00855	
14026097 Dept#: 115	13	286.26	Y N	06757166000818236	00855	
Grand Total	30	630.64				

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(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30	ctns			630.64		Rugs	70970-5	125
30				630.64		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
--	---

SHIPPER SIGNATURE / DATE <small>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.</small> <i>Angela Clark</i> 10-28-22	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	SHIPPER SIGNATURE / PICKUP DATE <small>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.</small> <i>SLC 10-31-22</i>
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Pro Number: **087632461**

Status: **Delivered**

YOUR SHIPMENT WAS **DELIVERED ON 11/08/22 1730** PER CONSIGNEE REQUEST.



Picked Up
Mon 10/31/2022



Transit Complete



Delivered
Tue 11/08/2022

Origin 087 | Email Station

Destination 165 | Email Station

Freight Information

Other

Pieces:

30

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Weight:

775



Order No.: 6826663 Order Date: 10/18/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026097
#00855

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

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

SHIP TO:
KOHLS DIST. CENTER - #00855
890 EAST MILL STREET
SAN BERNARDINO D.C.
SAN BERNARDINO, CA 92408-1614
US

Shipping Date:
10/28/2022

Shipment No.:
600081823

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWRU1	11SNMEDWRU1	086569492098	Spa Waffle Rug	EA	12	84	7	84	7
11SNMEDWRU1G	11SNMEDWRU1G	086569492067	Spa Waffle Rug	EA	12	72	6	72	6

Total Weight: 286.26
Total Quantity Ordered: 156
Total Cartons Ordered: 13
Total Quantity Shipped: 156
Total Cartons Shipped: 13

Date: 10/28/2022 3:18:51 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757166000818403
Name:	E & E COMPANY LTD	
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: ABF Freight
Name:	Kohls Dist. Center - #00860	DC#: 00860
		Div.
Address:	1600 North Business 45	
	Corsicana D.C., 00860	
City/State/Zip:	Corsicana, TX 75110	
SID#:		FOB: <input type="checkbox"/>

Trailer number: 503079
 Seal number(s): 00000
 SCAC: ABFS
 Pro Number: 087632460



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



THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)
SPECIAL INSTRUCTIONS:		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM
ME# 846137513		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#	
14024927 Dept#: 115	3	43.59	Y N	06757166000818281	00860		
14026091 Dept#: 115	8	176.16	Y N	06757166000818137	00860		
14026097 Dept#: 115	6	132.12	Y N	06757166000818229	00860		
Grand Total	17	351.87					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity 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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
17	ctns			351.87		Rugs	70970-5	125
17				351.87		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	Shipper Signature
SHIPPER SIGNATURE / DATE <small>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 provisions of the DOT.</small> Angela Clark 10-28-22	Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <small>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.</small> D. SLC 10-31-22

Pro Number: 087632460

Status: Delivered

YOUR SHIPMENT WAS DELIVERED ON 11/04/22 1646 PER CONSIGNEE REQUEST.



Picked Up
Mon 10/31/2022



Transit Complete



Delivered
Fri 11/04/2022

Origin 087 | Email Station

Destination 070 | Email Station

Freight Information

Pieces:

17

Weight:

352

Other

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Order No.: 6826664 Order Date: 10/18/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026097
#00860

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

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

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

Shipping Date: 10/28/2022

Shipment No.: 600081822


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

Total Weight: 132.12
Total Quantity Ordered: 72
Total Cartons Ordered: 6
Total Quantity Shipped: 72
Total Cartons Shipped: 6

Date: 10/28/2022 3:14:59 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757166000818427		
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>				
SHIP TO		CARRIER NAME: ABF Freight		
Name: Kohls Dist. Center - #00865 DC#: 00865 Div. _____ Address: Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865 City/State/Zip: Wurtsboro, NY 12790 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 503079 Seal number(s): 00000 SCAC: ABFS Pro Number: 087632463		
				
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
SPECIAL INSTRUCTIONS: ME# 846137540		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING		
		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM		
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	ADDITIONAL SHIPPER INFO
14026091 Dept#: 115	32	704.64	Y N	BOL# 06757166000818168 DC# 00865 Supplier#
14026097 Dept#: 115	34	748.68	Y N	BOL# 06757166000818212 DC# 00865
Grand Total		66	1453.32	
CARRIER INFORMATION				
HANDLING UNIT	PACKAGE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION
QTY TYPE	QTY TYPE			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 300.
66 ctns		1453.32		Rugs
66		1453.32		Grand Total
				LTL ONLY
				NMFC # CLASS
				70970-5 125

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
Shipper Signature			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Angela Clark</i> 10-28-22	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>SLC</i> 10-31-22			

Pro Number: **087632463**

Status: **Delivered**

YOUR SHIPMENT WAS **DELIVERED ON 11/04/22 0755.**



Picked Up
Mon 10/31/2022



Transit Complete



Delivered
Fri 11/04/2022

Origin **087** | [Email Station](#)

Destination **321** | [Email Station](#)

Freight Information

Pieces:

66

Weight:

1,740

Other

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Order No.: 6826665 Order Date: 10/18/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026097
 #00865

SHIP FROM: E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 10/28/2022 Shipment No.: 600081821
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWRU1	11SNMEDWRU1	086569492098	Spa Waffle Rug	EA	12	204	17	204	17
11SNMEDWRU1G	11SNMEDWRU1G	086569492067	Spa Waffle Rug	EA	12	204	17	204	17

Total Weight:	748.68
Total Quantity Ordered:	408
Total Cartons Ordered:	34
Total Quantity Shipped:	408
Total Cartons Shipped:	34

Date: 10/28/2022 3:09:11 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757166000818380
Name:	E & E COMPANY LTD	
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: ABF Freight
Name:	Kohls Dist. Center - #00830	DC#: 00830
		Div.
Address:	300 Admiral Byrd Drive Winchester D. C., 00830	Trailer number: 503079
		Seal number(s):
City/State/Zip:	Winchester, VA 22602	SCAC: ABFS
SID#:		Pro Number: 087632458
		087 632 458



THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM
ME# 846137469		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14024927	Dept#: 115	3	43.59	Y N	06757166000818274	00830	
14026091	Dept#: 115	35	770.70	Y N	06757166000818113	00830	
14026097	Dept#: 115	41	902.82	Y N	06757166000818267	00830	
Grand Total		79	1717.11				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			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 309.	NMFC #	CLASS
79	ctns			1717.11		Rugs	70970-5	125
79				1717.11		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 / 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. <i>Angela Clark</i> 10-28-22	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidelines or equivalent documentation in the vehicle. <i>SLC 10-31-22</i>
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Shipper Signature

Pro Number: **087632458**

Status: **Delivered**

YOUR SHIPMENT WAS **DELIVERED ON 11/07/22 1810** PER CONSIGNEE REQUEST.



Picked Up
Mon 10/31/2022



Transit Complete



Delivered
Mon 11/07/2022

Origin 087 | Email Station

Destination 198 | Email Station

Freight Information

Pieces:

79

Weight:

2,030

Other

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Order No.: 6826661 Order Date: 10/18/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026097
 #00830

SHIP FROM: E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 10/28/2022 Shipment No.: 600081826
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWRU1	11SNMEDWRU 1	086569492098	Spa Waffle Rug	EA	12	240	20	240	20
11SNMEDWRU1G	11SNMEDWRU 1G	086569492067	Spa Waffle Rug	EA	12	252	21	252	21

Total Weight:	902.82
Total Quantity Ordered:	492
Total Cartons Ordered:	41
Total Quantity Shipped:	492
Total Cartons Shipped:	41

Date: 10/28/2022 2:28:01 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757166000818434	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: ABF Freight	
Name:	Kohls Dist. Center - #00885	DC#:	00885
		Div.:	
Address:	2065 Keystone Pacific Parkway Patterson D.C., 00885	Trailer number:	502315
		Seal number(s):	
City/State/Zip:	Patterson, CA 95363	SCAC:	ABFS
SID#:		Pro Number:	087629959 087 629 959



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



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THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 846137578		AM PM	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14024927	Dept#: 115	2	29.06	Y N	06757166000818304	00885	
14026091	Dept#: 115	9	198.18	Y N	06757166000818144	00885	
14026097	Dept#: 115	6	132.12	Y N	06757166000818199	00885	
Grand Total		17	359.36				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
17	ctns			359.36		Rugs	70970-5	125
17				359.36		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 / 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. <i>Angela Clark</i> 10-28-22	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> SMC 10/28/22
	Shipper Signature		

Pro Number: **087629959**

Status: **Delivered**

YOUR SHIPMENT WAS DELIVERED ON 11/08/22 1756 PER CONSIGNEE REQUEST.



Picked Up
Fri 10/28/2022



Transit Complete



Delivered
Tue 11/08/2022

Origin **087** | [Email Station](#)

Destination **156** | [Email Station](#)

Freight Information

Pieces:

17

Weight:

500

Other

[Share this shipment](#)



Order No.: 6826667 Order Date: 10/18/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026097
 #00885

SHIP FROM: E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 10/28/2022 Shipment No.: 600081819
--	---	---	--

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

Total Weight:	132.12
Total Quantity Ordered:	72
Total Cartons Ordered:	6
Total Quantity Shipped:	72
Total Cartons Shipped:	6

Date: 10/28/2022 1:38:52 PM

Master Bill Of Lading

Page 1 of 1

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

Master Bill of Lading Number: 06757166000818441

SHIP TO
Name: Kohls Dist. Center - #00890 **DC#:** 00890
Address: 4300 MBL Drive
 Ottawa D.C., 00890
City/State/Zip: Ottawa, IL 61350
SID#: **FOB:**

CARRIER NAME: ABF Freight
Trailer number: 502315
Seal number(s):
SCAC: ABFS
Pro Number: 087629956 **087 629 956**

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



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

Freight Charge Terms:
Prepaid: **Collect:** **3rd Party:**
 MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

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

SPECIAL INSTRUCTIONS:
 ME# 846137660

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14026091	Dept#: 115	29	638.58	Y N	06757166000818175	00890
14026097	Dept#: 115	26	572.52	Y N	06757166000818182	00890
Grand Total		55	1211.10			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			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(c) of NMFC Item 340	NMFC #	CLASS
55	ctns			1211.10		Rugs	70970-5	125
55				1211.10		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.
Angela Cloutier
 10-28-22

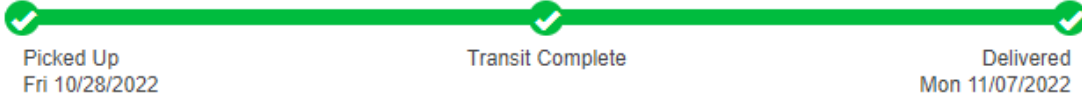
Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier certifies 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.
Steve SLC 10/28/22

Pro Number: **087629956**

Status: **Delivered**

YOUR SHIPMENT WAS **DELIVERED ON 11/07/22** (DEL SIG= JEFF CARTAGE) PER CONSIGNEE REQUEST.



Origin 087 | Email Station

Destination 114 | Email Station

Freight Information

Pieces: **55**
Weight: **1,212**

Other

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Order No.: 6826668 Order Date: 10/18/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026097
 #00890

SHIP FROM: E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 10/28/2022 Shipment No.: 600081818
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWRU1	11SNMEDWRU 1	086569492098	Spa Waffle Rug	EA	12	168	14	168	14
11SNMEDWRU1G	11SNMEDWRU 1G	086569492067	Spa Waffle Rug	EA	12	144	12	144	12

Total Weight:	572.52
Total Quantity Ordered:	312
Total Cartons Ordered:	26
Total Quantity Shipped:	312
Total Cartons Shipped:	26

Date: 10/28/2022 11:08:29 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757166000818410	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: ABF Freight	
Name:	Kohls Dist. Center - #00875	DC#:	00875
		Div.:	
Address:	3030 Airport Road East Macon D.C., 00875	Trailer number:	502315
		Seal number(s):	
City/State/Zip:	Macon, GA 31216	SCAC:	ABFS
SID#:		Pro Number:	087629955 087 629 955
			

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

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 846137570		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14024927 Dept#: 115	23	334.19	Y N	06757166000818298	00875	
14026091 Dept#: 115	24	528.48	Y N	06757166000818151	00875	
14026097 Dept#: 115	24	528.48	Y N	06757166000818205	00875	
Grand Total	71	1391.15				

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(c) of NMFC Item 303</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
71	ctns			1391.15		Rugs	70970-5	125
71				1391.15		Grand Total		

3 pallets

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ _____
	Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
	Customer check acceptable: <input type="checkbox"/>

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper. If applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

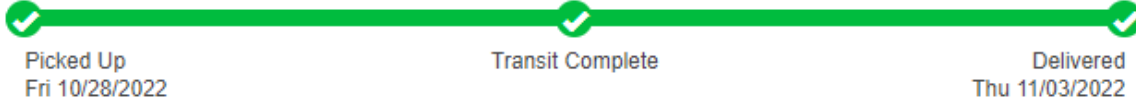
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
<i>Angela Clark</i> 10/28/22			<i>[Signature]</i> S2C 10/28/22

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Pro Number: **087629955**

Status: **Delivered**

YOUR SHIPMENT WAS **DELIVERED ON 11/03/22 09:18** PER CONSIGNEE REQUEST.



Origin 087 | Email Station

Destination 208 | Email Station

Freight Information

Pieces:

71

Weight:

1,390

Other

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Order No.: 6826666 Order Date: 10/18/2022 Customer: KOHLS DIST. CENTER - Customer PO No.: 14026097 #00875

SHIP FROM: E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	BILL TO: KOHLS, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 10/28/2022 Shipment No.: 600081820
--	---	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWRU1	11SNMEDWRU 1	086569492098	Spa Waffle Rug	EA	12	144	12	144	12
11SNMEDWRU1G	11SNMEDWRU 1G	086569492067	Spa Waffle Rug	EA	12	144	12	144	12

Total Weight:	528.48
Total Quantity Ordered:	288
Total Cartons Ordered:	24
Total Quantity Shipped:	288
Total Cartons Shipped:	24

Date: 10/28/2022 8:12:52 AM

Master Bill Of Lading

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

Master Bill of Lading Number: 06757166000818366

SHIP TO
Name: Kohls Dist. Center - #00810 **DC#:** 00810
Address: 7855 County Road 140
 Findlay D.C., 00810
City/State/Zip: Findlay, OH 45840
SID#: _____ **FOB:**

CARRIER NAME: ABF Freight
Trailer number: 502315
Seal number(s): _____
SCAC: ABFS
Pro Number: 087629954 **087 629 954**
 8

THIRD PARTY FREIGHT CHARGES BILL TO:
Name: _____
Address: _____
City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 ME# 846137288

Freight Charge Terms:
Prepaid: **Collect:** **3rd Party:**
 MASTER BILL OF LADING: WITH ATTACHED UNDERLYING BILLS OF LANDING
Appointment Time **Actual Driver Arrival Time** **Driver Departure Time**
 AM PM AM PM AM PM

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	Dept#	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14026091	115	30	660.60	Y	N	06757166000818106	00810	
14026097	115	30	660.60	Y	N	06757166000818250	00810	
Grand Total		60	1321.20					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 20(a) of NMFC Item 308</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
60	ctns			1321.20		Rugs	70970-5	125
60				1321.20		Grand Total		

2 pallets

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

COD Amount \$ _____
Fee Terms: **Collect:** **Prepaid:**
Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / DATE
 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.
Angela Clark
 10/28/22

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
[Signature] SLU 10/28/22

Pro Number: 087629954

Status: Delivered

YOUR SHIPMENT WAS DELIVERED ON 11/04/22 1001 PER CONSIGNEE REQUEST.



Picked Up
Fri 10/28/2022



Transit Complete



Delivered
Fri 11/04/2022

Origin 087 | Email Station

Destination 066 | Email Station

Freight Information

Pieces:

4

Weight:

1,590

Other

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Order No.: 6826660 Order Date: 10/18/2022 Customer: KOHL'S DIST. CENTER - #00810 Customer PO No.: 14026097

SHIP FROM: E & E COMPANY LTD 550 NORTHPORT PKWY PORT WENTWORTH, GA 31407	BILL TO: KOHL'S, INC. (STORE) N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHL'S DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 10/28/2022
			Shipment No.: 600081825

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWRU1	11SNMEDWRU 1	086569492098	Spa Waffle Rug	EA	12	156	13	156	13
11SNMEDWRU1G	11SNMEDWRU 1G	086569492067	Spa Waffle Rug	EA	12	204	17	204	17

Total Weight:	660.6
Total Quantity Ordered:	360
Total Cartons Ordered:	30
Total Quantity Shipped:	360
Total Cartons Shipped:	30