

Date: 3/29/2023 10:00:25 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000786220	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
<b>SHIP TO</b>		CARRIER NAME: <b>Alliance Shippers</b>	
Name:	Kohls	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	W36671
		Seal number(s):	8096783
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	ANSH
SID#:	FOB: <input type="checkbox"/>	Pro Number:	NA
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
ME# 855692894		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO			
					BOL#	DC#	Supplier#	
14270688	Dept#: 115	52	1056.42	Y	N	06757163000784653	00810	
14270688	Dept#: 115	30	642.28	Y	N	06757163000784660	00830	
14270688	Dept#: 115	13	252.76	Y	N	06757163000784677	00840	
14270688	Dept#: 115	8	168.22	Y	N	06757163000784684	00855	
14270688	Dept#: 115	8	168.22	Y	N	06757163000784691	00860	
14270688	Dept#: 115	73	1447.22	Y	N	06757163000784707	00865	
14270688	Dept#: 115	10	229.00	Y	N	06757163000784714	00875	
14270688	Dept#: 115	6	107.44	Y	N	06757163000784721	00885	
14270688	Dept#: 115	38	810.50	Y	N	06757163000784738	00890	
14275078	Dept#: 115	7	105.68	Y	N	06757163000784745	00830	
14275078	Dept#: 115	3	43.59	Y	N	06757163000784752	00840	
14275078	Dept#: 115	8	122.20	Y	N	06757163000784769	00855	
14275078	Dept#: 115	21	318.26	Y	N	06757163000784776	00860	

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 \_\_\_\_\_

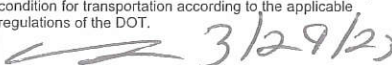
COD Amount \$ _____
Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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

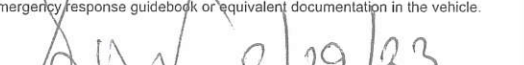
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable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


<b>Trailer Loaded:</b>	<b>Freight Counted:</b>
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  


Date: 3/29/2023 10:00:25 AM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000786220	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Alliance Shippers	
Name:	Kohls	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	W36671
		Seal number(s):	8096783
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	ANSH
SID#:		Pro Number:	NA
		FOB:	<input type="checkbox"/>

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:		<input checked="" type="checkbox"/> (check box)		MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING			
City/State/Zip:		Appointment Time	AM	Actual Driver Arrival Time	AM	Driver Departure Time	AM
			PM		PM		PM
<b>SPECIAL INSTRUCTIONS:</b>							
ME# 855692894							

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14275078 Dept#: 115	22	324.85	Y	N	06757163000784783	00875	
14275078 Dept#: 115	3	43.59	Y	N	06757163000784790	00885	
<b>Grand Total</b>	<b>302</b>	<b>5840.23</b>					

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
16	Pallet			800.00		Pallet		70
		89	ctns	1091.32		Bath Towel, Beach Towel	49390 Sub 4	175
		213	ctns	4748.91		Shower curtain	49385	77.5
16				6640.23		<b>Grand Total</b>		

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.  
 3/29/23

**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.  
 3/29/23



Date: 3/29/2023 10:00:14 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000784769	
Name:	E & E COMPANY LTD	 (402)06757163000784769	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Alliance Shippers	
VENDOR:	000074879	FOB:	<input type="checkbox"/>
RESPONSIBLE ACCT. NO:			
SHIP TO		Trailer number: W36671	
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#:	855692894	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Load #: 855692894	Prepaid:		Collect: X      3rd Party:
Packing List is Attached	<input type="checkbox"/>		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
14275078      Dept#: 115	8	122.20	Y	N	
<b>Grand Total</b>	<b>8</b>	<b>122.20</b>			

## 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		
		4	ctns	59.22		Bath Towel, Beach Towel	49390 Sub 4	175
		4	ctns	62.98		Shower curtain	49385	77.5
1		8		172.20		<b>Grand Total</b>		

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:

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000784738	
Name: E & E COMPANY LTD		 (402)06757163000784738	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: W36671	
VENDOR: 000074879		Seal number(s): 8096783	
<b>SHIP TO</b>		SCAC: ANSH	
Name: Kohls Dist. Center - #00890      Location #: 00890		Pro Number: NA	
Address: 4300 MBL Drive			
City/State/Zip: Ottawa D.C., 00890			
CID#: 855692894			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Address:			
City/State/Zip:		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
Load #: 855692894			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14270688      Dept#: 115	38	810.50	Y      N		
<b>Grand Total</b>	<b>38</b>	<b>810.50</b>			

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		
		5	ctns	54.80		Bath Towel, Beach Towel	49390 Sub 4	175
		33	ctns	755.70		Shower curtain	49385	77.5
1		38		860.50		<b>Grand Total</b>		

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 \_\_\_\_\_

<b>COD Amount:</b> _____
<b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
<b>Customer check acceptable:</b> <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).**

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

\_\_\_\_\_  
Shipper Signature

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000784707	
Name: E & E COMPANY LTD		 (402)06757163000784707	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: W36671	
VENDOR: 000074879		Seal number(s): 8096783	
<b>SHIP TO</b>		SCAC: ANSH	
Name: Kohls Dist. Center - #00865		Pro Number: NA	
Address: Mamakating (Wurtsboro) D.C.			
City/State/Zip: Wurtsboro, NY 12790			
CID#: 855692894			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	
Address:		Collect: <input checked="" type="checkbox"/> 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:			
Load #: 855692894			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14270688	Dept#: 115	73	Y N		
<b>Grand Total</b>		73	1447.22		

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
2	Pallet			100.00		Pallet		
		16	ctns	141.92		Bath Towel, Beach Towel	49390 Sub 4	175
		57	ctns	1305.30		Shower curtain	49385	77.5
2		73		1547.22		<b>Grand Total</b>		

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 \*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

<p><b>SHIPPER SIGNATURE / DATE</b></p> <p><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></p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></p> <p><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></p> <p><i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: In: Out: Driver Signature:</p>
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<b>SHIP FROM</b>		Bill of Lading Number: 06757163000784714	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879		 (402)06757163000784714	
<b>SHIP TO</b>		CARRIER NAME: Alliance Shippers	
Name: Kohls Dist. Center - #00875      Location #: 00875 Address: 3030 Airport Road East Macon D.C., 00875 City/State/Zip: Macon, GA 31216 CID#: 855692894		Responsible Acct.No: _____ Trailer number: W36671 Seal number(s): 8096783	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: ANSH Pro Number: NA	
Name: _____ Address: _____  City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid:                      Collect: X                      3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 855692894  Packing List is Attached		<input type="checkbox"/> 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
14270688      Dept#: 115	10	229.00	Y	N	
<b>Grand Total</b>	10	229.00			

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		
		10	ctns	229.00		Shower curtain	49385	77.5
1		10		279.00		<b>Grand Total</b>		


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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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.  <div style="text-align: right; margin-top: 20px;">                     _____  <b>Shipper Signature</b> </div>
--	--

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:



<b>SHIP FROM</b>		Bill of Lading Number: 06757163000784684	
Name: E & E COMPANY LTD		 (402)06757163000784684	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: W36671	
VENDOR: 000074879		Seal number(s): 8096783	
<b>SHIP TO</b>		SCAC: ANSH	
Name: Kohls Dist. Center - #00855      Location #: 00855		Pro Number: NA	
Address: 890 East Mill Street		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid:                      Collect: X                      3rd Party:	
City/State/Zip: San Bernardino D.C., 00855			
CID#: 855692894                      FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 855692894			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14270688      Dept#: 115	8	168.22	Y	N	
<b>Grand Total</b>	<b>8</b>	<b>168.22</b>			

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			
		1	ctns	7.92		Bath Towel, Beach Towel	49390 Sub 4	175	
		7	ctns	160.30		Shower curtain	49385	77.5	
1		8		218.22		<b>Grand Total</b>			

<p>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 _____</p>	<p><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b>      Collect: <input type="checkbox"/>      Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
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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).**


<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right; margin-top: 20px;">_____ Shipper Signature</p>
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<p><b>SHIPPER SIGNATURE / DATE</b>                  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.</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  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>Property described above is received in good order, except as noted.</i></p> <p>Appt Time:                  In:                  Out:                  Driver Signature:</p>
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Date: 3/29/2023 9:59:39 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000784790	
Name:	E & E COMPANY LTD	 (402)06757163000784790	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Alliance Shippers	
VENDOR:	000074879	FOB:	<input type="checkbox"/>
RESPONSIBLE ACCT. NO:			
SHIP TO		Trailer number: W36671	
Name:	Kohls Dist. Center - #00885	Location #:	00885
Address:	2065 Keystone Pacific Parkway		
	Patterson D.C., 00885		
City/State/Zip:	Patterson, CA 95363		
CID#:	855692894	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Seal number(s): 8096783	
Name:	SCAC: ANSH		
Address:	Pro Number: NA		
City/State/Zip:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
SPECIAL INSTRUCTIONS:		Prepaid: Collect: X 3rd Party:	
Load #: 855692894		<input type="checkbox"/> Master Bill of Lading: with attached	
Packing List is Attached		(check box) underlying Bills of Lading	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14275078	3	43.59	Y	N	
Dept#: 115					
<b>Grand Total</b>	<b>3</b>	<b>43.59</b>			

## 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	Pallet			50.00		Pallet		
		3	ctns	43.59		Bath Towel, Beach Towel	49390 Sub 4	175
1		3		93.59		<b>Grand Total</b>		

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:

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000784745	
Name: E & E COMPANY LTD		 (402)06757163000784745	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Alliance Shippers	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: W36671	
VENDOR: 000074879		Seal number(s): 8096783	
<b>SHIP TO</b>		SCAC: ANSH	
Name: Kohls Dist. Center - #00830		Pro Number: NA	
Address: 300 Admiral Byrd Drive			
City/State/Zip: Winchester D. C., 00830			
CID#: 855692894			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	
Address:		Collect: X	
City/State/Zip:		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Load #: 855692894			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14275078	7	105.68	Y	N	Dept#: 115
<b>Grand Total</b>	7	105.68			

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		
		5	ctns	74.19		Bath Towel, Beach Towel	49390 Sub 4	175
		2	ctns	31.49		Shower curtain	49385	77.5
1		7		155.68		<b>Grand Total</b>		

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: <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.  <div style="text-align: right;">                     _____                      Shipper Signature                 </div>
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<b>SHIPPER SIGNATURE / DATE</b> 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 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	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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:
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Date: 3/29/2023 9:59:29 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879      FOB: <input type="checkbox"/>		Bill of Lading Number: 06757163000784783  (402)06757163000784783	
Name: Kohls Dist. Center - #00875      Location #: 00875 Address: 3030 Airport Road East Macon D.C., 00875 City/State/Zip: Macon, GA 31216 CID#: 855692894      FOB: <input type="checkbox"/>		CARRIER NAME: Alliance Shippers Responsible Acct.No: _____ Trailer number: W36671 Seal number(s): 8096783 SCAC: ANSH Pro Number: NA	
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 #: 855692894 Packing List is Attached		<input type="checkbox"/> 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
14275078      Dept#: 115	22	324.85	Y      N	
<b>Grand Total</b>	22	324.85		

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		
		15	ctns	220.59		Bath Towel, Beach Towel	49390 Sub 4	175
		7	ctns	104.26		Shower curtain	49385	77.5
1		22		374.85		<b>Grand Total</b>		

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

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>Property described above is received in good order, except as noted.</i> Appt Time: In: Out: Driver Signature:
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Date: 3/29/2023 9:59:24 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000784752	
Name:	E & E COMPANY LTD	 (402)06757163000784752	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Alliance Shippers	
VENDOR:	000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: W36671	
Name:	Kohls Dist. Center - #00840	Location #:	00840
Address:	2015 NE Jefferson Street		
City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840		
CID#:	855692894	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Seal number(s): 8096783	
Name:	SCAC: ANSH		
Address:	Pro Number: NA		
City/State/Zip:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
SPECIAL INSTRUCTIONS:	Prepaid: Collect: X 3rd Party:		
Load #: 855692894	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
Packing List is Attached	(check box)		

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14275078	3	43.59	Y	N	
Dept#: 115					
<b>Grand Total</b>	<b>3</b>	<b>43.59</b>			

## 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		
		3	ctns	43.59		Bath Towel, Beach Towel	49390 Sub 4	175
1		3		93.59		<b>Grand Total</b>		

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:

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000784721	
Name: E & E COMPANY LTD		 (402)06757163000784721	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Alliance Shippers	
VENDOR: 000074879		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: W36671	
Name: Kohls Dist. Center - #00885		Seal number(s): 8096783	
Address: 2065 Keystone Pacific Parkway		SCAC: ANSH	
City/State/Zip: Patterson D.C., 00885		Pro Number: NA	
CID#: 855692894			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid:                      Collect: X                      3rd Party:	
Load #: 855692894		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14270688      Dept#: 115	6	107.44	Y      N		
<b>Grand Total</b>	6	107.44			


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
1	Pallet			50.00		Pallet		
		2	ctns	15.84		Bath Towel, Beach Towel	49390 Sub 4	175
		4	ctns	91.60		Shower curtain	49385	77.5
1		6		157.44		<b>Grand Total</b>		

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: <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.  <div style="text-align: right;">                     _____                      Shipper Signature                 </div>
--	---

<b>SHIPPER SIGNATURE / DATE</b> 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 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	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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:
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<b>SHIP FROM</b>		Bill of Lading Number: 06757163000784677	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000784677	
VENDOR: 000074879      FOB: <input type="checkbox"/>		CARRIER NAME: Alliance Shippers Responsible Acct.No: _____	
<b>SHIP TO</b>		Trailer number: W36671 Seal number(s): 8096783	
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#: 855692894      FOB: <input type="checkbox"/>		SCAC: ANSH Pro Number: NA	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____  City/State/Zip: _____		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 855692894  Packing List is Attached		<input type="checkbox"/> 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	
14270688      Dept#: 115	13	252.76	Y      N		
<b>Grand Total</b>	13	252.76			

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		
		3	ctns	23.76		Bath Towel, Beach Towel	49390 Sub 4	175
		10	ctns	229.00		Shower curtain	49385	77.5
1		13		302.76		<b>Grand Total</b>		

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

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:



Order No.: 66843627 Order Date: 03/07/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14275078  
#00860

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

**BILL TO:**  
KOHL'S, INC.  
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:**  
03/29/2023

**Shipment No.:**  
300078477

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	72	3	72	3
21BOMCCHT02	21BOMCCHT02	022164111972	Devon Collection Hand Towel	EA	24	48	2	48	2
21BOMCCSC01	21BOMCCSC01	022164112023	Devon Collection Shower Curtai	EA	12	24	2	24	2
21BOMCCWP01	21BOMCCWP01	022164111989	Devon Collection Washcloth Set	EA	24	96	4	96	4
21BOMTSHT01	21BOMTSHT01	022164111927	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSHT02	21BOMTSHT02	022164111934	Amelia Collection Hand Towel	EA	24	72	3	72	3
21BOMTSSC01	21BOMTSSC01	022164112009	Amelia Collection Shower Curta	EA	12	24	2	24	2
21BOMTSSC02	21BOMTSSC02	022164112016	Amelia Collection Shower Curta	EA	12	12	1	12	1
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	72	3	72	3

**Total Weight:** 318.26  
**Total Quantity Ordered:** 444  
**Total Cartons Ordered:** 21  
**Total Quantity Shipped:** 444  
**Total Cartons Shipped:** 21

Order No.: 66843626    Order Date: 03/07/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14275078  
 #00855

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

**BILL TO:**  
 KOHL'S, INC.  
 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:**  
 03/29/2023

**Shipment No.:**  
 300078476

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCSC01	21BOMCCSC01	022164112023	Devon Collection Shower Curtai	EA	12	12	1	12	1
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
21BOMTSSC01	21BOMTSSC01	022164112009	Amelia Collection Shower Curta	EA	12	12	1	12	1
21BOMTSSC02	21BOMTSSC02	022164112016	Amelia Collection Shower Curta	EA	12	24	2	24	2
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	24	1	24	1

**Total Weight:** 122.2  
**Total Quantity Ordered:** 144  
**Total Cartons Ordered:** 8  
**Total Quantity Shipped:** 144  
**Total Cartons Shipped:** 8

Order No.: 66909981    Order Date: 03/15/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14270688  
#00890

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	<b>Shipping Date:</b> 03/29/2023  <b>Shipment No.:</b> 300078473
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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
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	48	2	48	2
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	156	13	156	13
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	240	20	240	20

<b>Total Weight:</b>	<b>810.5</b>
<b>Total Quantity Ordered:</b>	<b>516</b>
<b>Total Cartons Ordered:</b>	<b>38</b>
<b>Total Quantity Shipped:</b>	<b>516</b>
<b>Total Cartons Shipped:</b>	<b>38</b>

Order No.: 66909978    Order Date: 03/15/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14270688  
 #00865

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	<b>Shipping Date:</b> 03/29/2023  <b>Shipment No.:</b> 300078470
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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	24	1	24	1
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	144	6	144	6
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	276	23	276	23
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	408	34	408	34

<b>Total Weight:</b>	<b>1447.22</b>
<b>Total Quantity Ordered:</b>	<b>1068</b>
<b>Total Cartons Ordered:</b>	<b>73</b>
<b>Total Quantity Shipped:</b>	<b>1068</b>
<b>Total Cartons Shipped:</b>	<b>73</b>

Order No.: 66909973 Order Date: 03/15/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14270688  
#00810

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	<b>Shipping Date:</b> 03/29/2023  <b>Shipment No.:</b> 300078465
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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	24	1	24	1
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	180	15	180	15
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	312	26	312	26

<b>Total Weight:</b>	<b>1056.42</b>
<b>Total Quantity Ordered:</b>	<b>756</b>
<b>Total Cartons Ordered:</b>	<b>52</b>
<b>Total Quantity Shipped:</b>	<b>756</b>
<b>Total Cartons Shipped:</b>	<b>52</b>

Order No.: 66909979    Order Date: 03/15/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14270688  
 #00875

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	<b>Shipping Date:</b> 03/29/2023  <b>Shipment No.:</b> 300078471
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	36	3	36	3
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	84	7	84	7

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<b>Total Weight:</b>	<b>229</b>
<b>Total Quantity Ordered:</b>	<b>120</b>
<b>Total Cartons Ordered:</b>	<b>10</b>
<b>Total Quantity Shipped:</b>	<b>120</b>
<b>Total Cartons Shipped:</b>	<b>10</b>

Order No.: 66909977    Order Date: 03/15/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14270688  
 #00860

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

**BILL TO:**  
 KOHL'S, INC.  
 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:**  
 03/29/2023

**Shipment No.:**  
 300078469

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT 02	086569492029	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	48	4	48	4
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	36	3	36	3

**Total Weight:** 168.22  
**Total Quantity Ordered:** 108  
**Total Cartons Ordered:** 8  
**Total Quantity Shipped:** 108  
**Total Cartons Shipped:** 8

Order No.: 66909976    Order Date: 03/15/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14270688  
 #00855

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408-1614 US	<b>Shipping Date:</b> 03/29/2023  <b>Shipment No.:</b> 300078468
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	48	4	48	4
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	36	3	36	3

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<b>Total Weight:</b>	<b>168.22</b>
<b>Total Quantity Ordered:</b>	<b>108</b>
<b>Total Cartons Ordered:</b>	<b>8</b>
<b>Total Quantity Shipped:</b>	<b>108</b>
<b>Total Cartons Shipped:</b>	<b>8</b>

Order No.: 66843629    Order Date: 03/07/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14275078  
 #00885

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

**BILL TO:**  
 KOHL'S, INC.  
 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:**  
 03/29/2023

**Shipment No.:**  
 300078479

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCHT02	21BOMCCHT02	022164111972	Devon Collection Hand Towel	EA	24	24	1	24	1
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:** 43.59  
**Total Quantity Ordered:** 72  
**Total Cartons Ordered:** 3  
**Total Quantity Shipped:** 72  
**Total Cartons Shipped:** 3

Order No.: 66843624    Order Date: 03/07/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14275078  
#00830

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	<b>Shipping Date:</b> 03/29/2023  <b>Shipment No.:</b> 300078474
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
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	48	2	48	2
21BOMTSSC02	21BOMTSSC02	022164112016	Amelia Collection Shower Curta	EA	12	12	1	12	1
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	48	2	48	2

<b>Total Weight:</b>	<b>105.68</b>
<b>Total Quantity Ordered:</b>	<b>144</b>
<b>Total Cartons Ordered:</b>	<b>7</b>
<b>Total Quantity Shipped:</b>	<b>144</b>
<b>Total Cartons Shipped:</b>	<b>7</b>

Order No.: 66843628    Order Date: 03/07/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14275078  
#00875

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	<b>Shipping Date:</b> 03/29/2023  <b>Shipment No.:</b> 300078478
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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	48	2	48	2
21BOMCCSC01	21BOMCCSC01	022164112023	Devon Collection Shower Curtai	EA	12	12	1	12	1
21BOMCCWP01	21BOMCCWP01	022164111989	Devon Collection Washcloth Set	EA	24	96	4	96	4
21BOMTSHT01	21BOMTSHT01	022164111927	Amelia Collection Hand Towel	EA	24	48	2	48	2
21BOMTSHT02	21BOMTSHT02	022164111934	Amelia Collection Hand Towel	EA	24	48	2	48	2
21BOMTSSC01	21BOMTSSC01	022164112009	Amelia Collection Shower Curta	EA	12	12	1	12	1
21BOMTSSC02	21BOMTSSC02	022164112016	Amelia Collection Shower Curta	EA	12	60	5	60	5
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	120	5	120	5

<b>Total Weight:</b>	<b>324.85</b>
<b>Total Quantity Ordered:</b>	<b>444</b>
<b>Total Cartons Ordered:</b>	<b>22</b>
<b>Total Quantity Shipped:</b>	<b>444</b>
<b>Total Cartons Shipped:</b>	<b>22</b>

Order No.: 66843625    Order Date: 03/07/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14275078  
#00840

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	<b>Shipping Date:</b> 03/29/2023  <b>Shipment No.:</b> 300078475
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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
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

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<b>Total Weight:</b>	43.59
<b>Total Quantity Ordered:</b>	72
<b>Total Cartons Ordered:</b>	3
<b>Total Quantity Shipped:</b>	72
<b>Total Cartons Shipped:</b>	3

Order No.: 66909980    Order Date: 03/15/2023    Customer: KOHLS DIST. CENTER - #00885    Customer PO No.: 14270688

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	<b>Shipping Date:</b> 03/29/2023  <b>Shipment No.:</b> 300078472
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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	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	24	2	24	2
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	24	2	24	2

<b>Total Weight:</b>	107.44
<b>Total Quantity Ordered:</b>	96
<b>Total Cartons Ordered:</b>	6
<b>Total Quantity Shipped:</b>	96
<b>Total Cartons Shipped:</b>	6

Order No.: 66909975    Order Date: 03/15/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14270688  
 #00840

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	<b>Shipping Date:</b> 03/29/2023  <b>Shipment No.:</b> 300078467
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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	24	1	24	1
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand 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	60	5	60	5

<b>Total Weight:</b>	252.76
<b>Total Quantity Ordered:</b>	192
<b>Total Cartons Ordered:</b>	13
<b>Total Quantity Shipped:</b>	192
<b>Total Cartons Shipped:</b>	13

Order No.: 66909974    Order Date: 03/15/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14270688  
 #00830

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

**BILL TO:**  
 KOHL'S, INC.  
 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:**  
 03/29/2023

**Shipment No.:**  
 300078466

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
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	120	10	120	10
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	192	16	192	16

**Total Weight:** 642.28  
**Total Quantity Ordered:** 408  
**Total Cartons Ordered:** 30  
**Total Quantity Shipped:** 408  
**Total Cartons Shipped:** 30