

SHIP FROM		Master Bill of Lading Number: 06757163000815883	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Swift Transportation	
Name:	Kohls	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	211166
		Seal number(s):	8068708
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	SWFT
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

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 UNDERLYING BILLS OF LANDING
ME# 864262471		Appointment Time	Actual Driver Arrival Time
		8:00 AM	8:30 AM
			9:30 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14601425	Dept#: 115	159	2517.60	Y N	06757163000815739	00810	
14601425	Dept#: 115	134	2154.82	Y N	06757163000815746	00830	
14601425	Dept#: 115	73	1192.34	Y N	06757163000815753	00840	
14601425	Dept#: 115	71	1161.52	Y N	06757163000815760	00855	
14601425	Dept#: 115	52	906.18	Y N	06757163000815777	00860	
14601425	Dept#: 115	157	2456.82	Y N	06757163000815784	00865	
14601425	Dept#: 115	78	1336.80	Y N	06757163000815791	00875	
14601425	Dept#: 115	50	830.42	Y N	06757163000815807	00885	
14601425	Dept#: 115	145	2316.84	Y N	06757163000815814	00890	
14621195	Dept#: 115	22	368.98	Y N	06757163000815821	00806	
14621195	Dept#: 115	68	1242.62	Y N	06757163000815838	00813	
14621195	Dept#: 115	5	99.52	Y N	06757163000815845	00816	
14621195	Dept#: 115	20	353.14	Y N	06757163000815852	00826	

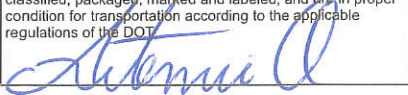
Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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.

 8/8/23

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

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

 8/8/23

Date: 8/8/2023 9:21:59 AM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000815883	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Swift Transportation	
Name:	Kohls	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	211166
		Seal number(s):	8068708
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	SWFT
SID#:		Pro Number:	
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
		(check box)	UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 864262471		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#
14621195 Dept#: 115	45	805.80	Y	N	06757163000815869	00836	
14621195 Dept#: 115	28	506.38	Y	N	06757163000815876	00870	
Grand Total	1107	18249.78					

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
22	Pallet			1100.00		Pallet		70
		474	ctns	3754.08		Bath Towel, Beach Towel	49390 Sub 4	175
		633	ctns	14495.70		Shower curtain	49385	77.5
22				19349.78		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

COD Amount \$ _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces


CARRIER SIGNATURE / PICKUP DATE

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

Date: 8/8/2023 9:21:37 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00875
Address:	221 Hanson Way	Address:	3030 Airport Road East
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Macon D.C., 00875
SID#:		CID#:	864262471
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000815791		Trailer number: 211166	
		Seal number(s): 8068708	
(402)06757163000815791		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
3rd Party:		Master Bill of Lading: with attached underlying Bills of Lading	
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> (check box)	
Name:		SPECIAL INSTRUCTIONS:	
Address:		Load #: 864262471	
City/State/Zip:		Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14601425 Dept#: 115	78	1336.80	Y N	
Grand Total	78	1336.80		

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		
		30	ctns	237.60		Bath Towel, Beach Towel	49390 Sub 4	175
		48	ctns	1099.20		Shower curtain	49385	77.5
2		78		1436.80		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Property described above is received in good order, except as noted.

Appt Time:
In:
Out:
Driver Signature:

Order No.: 67840988 Order Date: 07/26/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14601425 #00875

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 - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 08/08/2023 Shipment No.: 300081579
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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	144	6	144	6
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	216	9	216	9
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	120	5	120	5
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	240	10	240	10
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	264	22	264	22
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	312	26	312	26

Total Weight:	1336.8
Total Quantity Ordered:	1296
Total Cartons Ordered:	78
Total Quantity Shipped:	1296
Total Cartons Shipped:	78

Date: 8/8/2023 9:21:38 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00826
Address:	221 Hanson Way	Address:	2019 N. I-35 E
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Desoto-EC, 00826
SID#:		City/State/Zip:	Desoto, TX 75115
PHONE:		CID#:	864262471
VENDOR:	000074879	Location #:	00826
		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000815852		Trailer number: 211166	
		Seal number(s): 8068708	
(402)06757163000815852		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 864262471			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALETT/SKIP	ADDITIONAL SHIPPER INFO
14621195	Dept#: 115	20	353.14	Y N
Grand Total		20	353.14	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	55.44		Bath Towel, Beach Towel	49390 Sub 4	175
		13	ctns	297.70		Shower curtain	49385	77.5
1		20		403.14		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Property described above is received in good order, except as noted.

Appt Time:
In:
Out:
Driver Signature:

Order No.: 67786252 Order Date: 07/20/2023 Customer: KOHLS ECOM DC-#00826 Customer PO No.: 14621195

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 ECOM DC-#00826
2019 N. I-35 E
DESOTO-EC
DESOTO, TX 75115
US

Shipping Date:
08/08/2023

Shipment No.:
300081585


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	48	4	48	4
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	108	9	108	9

Total Weight: 353.14
Total Quantity Ordered: 324
Total Cartons Ordered: 20
Total Quantity Shipped: 324
Total Cartons Shipped: 20

Date: 8/8/2023 9:21:40 AM

Bill of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00885
Address:	221 Hanson Way	Address:	2065 Keystone Pacific Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Patterson D.C., 00885
SID#:		CID#:	864262471
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000815807		Trailer number: 211166	
		Seal number(s): 8068708	
(402)06757163000815807		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 864262471			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14601425 Dept#: 115	50	830.42	Y N	
Grand Total	50	830.42		

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		
		21	ctns	166.32		Bath Towel, Beach Towel	49390 Sub 4	175
		29	ctns	664.10		Shower curtain	49385	77.5
1		50		880.42		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 67840989 **Order Date:** 07/26/2023 **Customer:** KOHLS DIST. CENTER - **Customer PO No.:** 14601425
 #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: 08/08/2023 Shipment No.: 300081580
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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	96	4	96	4
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	168	7	168	7
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	180	15	180	15
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	168	14	168	14

Total Weight:	830.42
Total Quantity Ordered:	852
Total Cartons Ordered:	50
Total Quantity Shipped:	852
Total Cartons Shipped:	50

Date: 8/8/2023 9:21:41 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00806
Address:	221 Hanson Way	Address:	825 East Central Avenue
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino - DC, 00806
SID#:		City/State/Zip:	San Bernardino, CA 92408-2413
PHONE:		CID#:	864262471
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000815821		Trailer number: 211166	
		Seal number(s): 8068708	
(402)06757163000815821		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 864262471			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14621195	22	368.98	Y N	Dept#: 115
Grand Total	22	368.98		

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		
		9	ctns	71.28		Bath Towel, Beach Towel	49390 Sub 4	175
		13	ctns	297.70		Shower curtain	49385	77.5
1		22		418.98		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Property described above is received in good order, except as noted.

Appt Time:

In:

Out:

Driver Signature:

Order No.: 67786249 Order Date: 07/20/2023 Customer: KOHLS ECOM DC-#00806 Customer PO No.: 14621195

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00806 825 EAST CENTRAL AVENUE SAN BERNARDINO - DC SAN BERNARDINO, CA 92408-2413 US	Shipping Date: 08/08/2023 Shipment No.: 300081582
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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-EFC	086569492029	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02GS	11SNMEDWHT02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	48	2	48	2
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	60	5	60	5
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	96	8	96	8

Total Weight:	368.98
Total Quantity Ordered:	372
Total Cartons Ordered:	22
Total Quantity Shipped:	372
Total Cartons Shipped:	22

Date: 8/8/2023 9:21:43 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000815746	
Name:	E & E COMPANY LTD	 (402)06757163000815746	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Swift Transportation	
Name:	Kohls Dist. Center - #00830	Location #:	00830
Address:	300 Admiral Byrd Drive		
	Winchester D. C., 00830		
City/State/Zip:	Winchester, VA 22602		
CID#:	864262471	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:	Prepaid: Collect: X 3rd Party:		
Load #: 864262471	<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
14601425 Dept#: 115	134	2154.82	Y N	
Grand Total	134	2154.82		

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		
		61	ctns	483.12		Bath Towel, Beach Towel	49390 Sub 4	175
		73	ctns	1671.70		Shower curtain	49385	77.5
2		134		2254.82		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Property described above is received in good order, except as noted.

Appt Time:

In:

Out:

Driver Signature:

Order No.: 67840981 Order Date: 07/26/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14601425 #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:
08/08/2023

Shipment No.:
300081574

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	264	11	264	11
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	432	18	432	18
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	336	14	336	14
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	432	18	432	18
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	408	34	408	34
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	468	39	468	39

Total Weight: 2154.82
Total Quantity Ordered: 2340
Total Cartons Ordered: 134
Total Quantity Shipped: 2340
Total Cartons Shipped: 134

Date: 8/8/2023 9:21:44 AM

Bill Of Lading

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

Bill of Lading Number: 06757163000815739

 (402)06757163000815739

SHIP TO
 Name: Kohls Dist. Center - #00810 Location #: 00810
 Address: 7855 County Road 140
 Findlay D.C., 00810
 City/State/Zip: Findlay, OH 45840
 CID#: 864262471 FOB:

CARRIER NAME: Swift Transportation
 Responsible Acct.No:
 Trailer number: 211166
 Seal number(s): 8068708

SCAC: SWFT
Pro Number:

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

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

SPECIAL INSTRUCTIONS:
 Load #: 864262471
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14601425 Dept#: 115	159	2517.60	Y	N	
Grand Total	159	2517.60			

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
3	Pallet			150.00		Pallet				
		75	ctns	594.00		Bath Towel, Beach Towel	49390 Sub 4		175	
		84	ctns	1923.60		Shower curtain	49385		77.5	
3		159		2667.60		Grand Total				

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Order No.: 67840980 Order Date: 07/26/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14601425
#00810

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 - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 08/08/2023 Shipment No.: 300081573
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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	384	16	384	16
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	552	23	552	23
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	336	14	336	14
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	528	22	528	22
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	468	39	468	39
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	540	45	540	45

Total Weight:	2517.6
Total Quantity Ordered:	2808
Total Cartons Ordered:	159
Total Quantity Shipped:	2808
Total Cartons Shipped:	159

Date: 8/8/2023 9:21:46 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00870
Address:	221 Hanson Way	Address:	3500 Salzman Road
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Monroe (Middletown) F.C., 00870
SID#:		CID#:	864262471
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000815876		Trailer number: 211166	
		Seal number(s): 8068708	
(402)06757163000815876		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 864262471			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14621195	Dept#: 115	28	Y N	
Grand Total	28	506.38		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	71.28		Bath Towel, Beach Towel	49390 Sub 4	175
		19	ctns	435.10		Shower curtain	49385	77.5
1		28		556.38		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Property described above is received in good order, except as noted.

Appt Time:

In:

Out:

Driver Signature:

Order No.: 67786254 Order Date: 07/20/2023 Customer: KOHLS ECOM DC-#00870 Customer PO No.: 14621195

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 ECOM DC-#00870
3500 SALZMAN ROAD
MONROE (MIDDLETOWN) F.C.
MIDDLETOWN, OH 45044-9401
US

Shipping Date:
08/08/2023
Shipment No.:
300081587


Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02-EFC	086569492029	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02GS	11SNMEDWHT02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	84	7	84	7
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	144	12	144	12

Total Weight: 506.38
Total Quantity Ordered: 444
Total Cartons Ordered: 28
Total Quantity Shipped: 444
Total Cartons Shipped: 28

Date: 8/8/2023 9:21:47 AM

Bill of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00813
Address:	221 Hanson Way	Address:	10201 Schuster Way
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Pataskala, OH 43062
SID#:		CID#:	864262471
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000815838		Trailer number: 211166	
		Seal number(s): 8068708	
(402)06757163000815838		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 864262471			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14621195	Dept#: 115	68	Y N	
Grand Total	68	1242.62		

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		
		21	ctns	166.32		Bath Towel, Beach Towel	49390 Sub 4	175
		47	ctns	1076.30		Shower curtain	49385	77.5
1		68		1292.62		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Property described above is received in good order, except as noted.

Appt Time:

In:

Out:

Driver Signature:

Order No.: 67786250 Order Date: 07/20/2023 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 14621195

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 ECOM DC-#00813 10201 SCHUSTER WAY PATASKALA, OH 43062 US	Shipping Date: 08/08/2023 Shipment No.: 300081583
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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-EFC	086569492029	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02GS	11SNMEDWHT02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	240	10	240	10
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	168	7	168	7
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	192	16	192	16
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	372	31	372	31


Total Weight:	1242.62
Total Quantity Ordered:	1068
Total Cartons Ordered:	68
Total Quantity Shipped:	1068
Total Cartons Shipped:	68

Order No.: 67840985 **Order Date:** 07/26/2023 **Customer:** KOHLS DIST. CENTER - #00860 **Customer PO No.:** 14601425

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: 08/08/2023 Shipment No.: 300081577
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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	72	3	72	3
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	204	17	204	17
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	192	16	192	16

Total Weight:	906.18
Total Quantity Ordered:	852
Total Cartons Ordered:	52
Total Quantity Shipped:	852
Total Cartons Shipped:	52

SHIP FROM		Bill of Lading Number: 06757163000815814	
Name: E & E COMPANY LTD		 (402)06757163000815814	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Swift Transportation	
VENDOR: 000074879		Responsible Acct.No:	
SHIP TO		Trailer number: 211166	
Name: Kohls Dist. Center - #00890		Seal number(s): 8068708	
Address: 4300 MBL Drive		SCAC: SWFT	
City/State/Zip: Ottawa D.C., 00890		Pro Number:	
CID#: 864262471			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Load #: 864262471		<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	
14601425 Dept#: 115	145	2316.84	Y N		
Grand Total	145	2316.84			

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		
		67	ctns	530.64		Bath Towel, Beach Towel	49390 Sub 4	175
		78	ctns	1786.20		Shower curtain	49385	77.5
2		145		2416.84		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <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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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 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. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Order No.: 67840991 Order Date: 07/26/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14601425
#00890

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. 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: 08/08/2023 Shipment No.: 300081581
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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	312	13	312	13
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	480	20	480	20
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	288	12	288	12
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	528	22	528	22
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	420	35	420	35
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	516	43	516	43

Total Weight:	2316.84
Total Quantity Ordered:	2544
Total Cartons Ordered:	145
Total Quantity Shipped:	2544
Total Cartons Shipped:	145

Date: 8/8/2023 9:21:52 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00840
Address:	221 Hanson Way	Address:	2015 NE Jefferson Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840
SID#:		CID#:	Grain Valley, MO 64029
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000815753		Trailer number: 211166	
		Seal number(s): 8068708	
(402)06757163000815753		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 864262471			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14601425 Dept#: 115	73	1192.34	Y N	
Grand Total	73	1192.34		

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		
		32	ctns	253.44		Bath Towel, Beach Towel	49390 Sub 4	175
		41	ctns	938.90		Shower curtain	49385	77.5
1		73		1242.34		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Property described above is received in good order, except as noted.

Appt Time:

In:

Out:

Driver Signature:

Order No.: 67840982 Order Date: 07/26/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14601425
#00840


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 - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 08/08/2023 Shipment No.: 300081575
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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	120	5	120	5
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	240	10	240	10
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	168	7	168	7
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	240	10	240	10
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	228	19	228	19
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	264	22	264	22

Total Weight:	1192.34
Total Quantity Ordered:	1260
Total Cartons Ordered:	73
Total Quantity Shipped:	1260
Total Cartons Shipped:	73

Date: 8/8/2023 9:21:53 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000815845	
Name: E & E COMPANY LTD		 (402)06757163000815845	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 211166	
VENDOR: 000074879		Seal number(s): 8068708	
SHIP TO		SCAC: SWFT	
Name: Kohls Ecom DC-#00816		Pro Number:	
Address: 1701 Trimble Avenue			
City/State/Zip: Edgewood, MD 21040			
CID#: 864262471		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Name:			
Address:			
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS:			
Load #: 864262471			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14621195 Dept#: 115	5	99.52	Y N		
Grand Total	5	99.52			

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
		4	ctns	91.60		Shower curtain	49385	77.5
1		5		149.52		Grand Total		

<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>COD Amount: _____</p> <p>Fee Terms: 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>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.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</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>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>Property described above is received in good order, except as noted.</i></p>
			<p>Appt Time: In: Out: Driver Signature:</p>

Order No.: 67786251 Order Date: 07/20/2023 Customer: KOHLS ECOM DC-#00816 Customer PO No.: 14621195

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 ECOM DC-#00816 1701 TRIMBLE AVENUE EDGEWOOD-EC EDGEWOOD, MD 21040 US	Shipping Date: 08/08/2023 Shipment No.: 300081584
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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-EFC	086569492012	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	12	1	12	1
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	36	3	36	3

Total Weight:	99.52
Total Quantity Ordered:	72
Total Cartons Ordered:	5
Total Quantity Shipped:	72
Total Cartons Shipped:	5

Date: 8/8/2023 9:21:54 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00836
Address:	221 Hanson Way	Address:	9998 All Points Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Plainfield, IN 46168
SID#:		CID#:	864262471
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000815869		Trailer number: 211166	
		Seal number(s): 8068708	
(402)06757163000815869		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached	
Load #: 864262471		(check box) underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14621195 Dept#: 115	45	805.80	Y N	
Grand Total	45	805.80		

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	118.80		Bath Towel, Beach Towel	49390 Sub 4	175
		30	ctns	687.00		Shower curtain	49385	77.5
1		45		855.80		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Property described above is received in good order, except as noted.

Appt Time:

In:

Out:

Driver Signature:

Order No.: 67786253 Order Date: 07/20/2023 Customer: KOHLS ECOM DC-#00836 Customer PO No.: 14621195

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 ECOM DC-#00836 9998 ALL POINTS PARKWAY PLAINFIELD, IN 46168 US	Shipping Date: 08/08/2023 Shipment No.: 300081586
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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-EFC	086569492029	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02GS	11SNMEDWHT02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	192	8	192	8
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	120	10	120	10
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	240	20	240	20

Total Weight:	805.8
Total Quantity Ordered:	720
Total Cartons Ordered:	45
Total Quantity Shipped:	720
Total Cartons Shipped:	45

Order No.: 67840987 Order Date: 07/26/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14601425
#00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. 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: 08/08/2023 Shipment No.: 300081578
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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	384	16	384	16
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	528	22	528	22
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	360	15	360	15
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	552	23	552	23
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	468	39	468	39
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	504	42	504	42

Total Weight:	2456.82
Total Quantity Ordered:	2796
Total Cartons Ordered:	157
Total Quantity Shipped:	2796
Total Cartons Shipped:	157

Date: 8/8/2023 9:21:57 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00855 Location #: 00855
Address:	221 Hanson Way	Address:	890 East Mill Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino D.C., 00855
SID#:		City/State/Zip:	San Bernardino, CA 92408-1614
PHONE:		CID#:	864262471 FOB: <input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000815760		Trailer number: 211166	
		Seal number(s): 8068708	
(402)06757163000815760		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:		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	
Load #: 864262471		(check box) underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14601425 Dept#: 115	71	1161.52	Y N		
Grand Total	71	1161.52			

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		
		31	ctns	245.52		Bath Towel, Beach Towel	49390 Sub 4	175
		40	ctns	916.00		Shower curtain	49385	77.5
1		71		1211.52		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Property described above is received in good order, except as noted.

Appt Time:
In:
Out:
Driver Signature:

Order No.: 67840984 Order Date: 07/26/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14601425 #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: 08/08/2023 Shipment No.: 300081576
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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	144	6	144	6
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	264	11	264	11
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	120	5	120	5
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	216	9	216	9
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	240	20	240	20
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	240	20	240	20

Total Weight:	1161.52
Total Quantity Ordered:	1224
Total Cartons Ordered:	71
Total Quantity Shipped:	1224
Total Cartons Shipped:	71