

Date: 7/26/2023 10:20:45 AM

Master Bill Of Lading

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

Master Bill of Lading Number: 06757163000813964

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

CARRIER NAME: Swift Transportation

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

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

Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
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SPECIAL INSTRUCTIONS:

ME# 863258884

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	Dept#	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14178087	115	11	159.67	Y N	06757163000812349	00810	
14178087	115	7	100.43	Y N	06757163000812394	00830	
14178087	115	7	90.74	Y N	06757163000812431	00840	
14178087	115	24	332.34	Y N	06757163000812493	00855	
14178087	115	48	698.37	Y N	06757163000812516	00860	
14178087	115	63	893.28	Y N	06757163000812608	00875	
14178087	115	4	64.31	Y N	06757163000812684	00885	
14271594	115	41	834.48	Y N	06757163000812325	00810	
14271594	115	27	543.62	Y N	06757163000812370	00830	
14271594	115	18	397.22	Y N	06757163000812417	00840	
14271594	115	21	450.94	Y N	06757163000812486	00855	
14271594	115	16	336.44	Y N	06757163000812523	00860	
14271594	115	34	673.74	Y N	06757163000812561	00865	

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

COD Amount \$

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

Shipper Signature

CARRIER SIGNATURE / PICKUP DATE

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

[Signature] 7/26/23

[Signature] 7/26/23

Date: 7/26/2023 10:20:45 AM

Master Bill Of Lading

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

Master Bill of Lading Number: 06757163000813964

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

CARRIER NAME: Swift Transportation

Trailer number: 212253
 Seal number(s): 8068734

SCAC: SWFT
 Pro Number: _____

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 ME# 863258884

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

Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
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CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14271594 Dept#: 115	24	474.92	Y N	06757163000812615	00875	
14271594 Dept#: 115	17	359.56	Y N	06757163000812646	00885	
14271594 Dept#: 115	35	696.64	Y N	06757163000812691	00890	
14271612 Dept#: 115	4	76.84	Y N	06757163000812721	00806	
14271612 Dept#: 115	17	255.14	Y N	06757163000812752	00813	
14271612 Dept#: 115	2	15.84	Y N	06757163000812790	00816	
14271612 Dept#: 115	5	54.80	Y N	06757163000812813	00826	
14271612 Dept#: 115	8	108.30	Y N	06757163000812851	00836	
14271612 Dept#: 115	8	108.52	Y N	06757163000812899	00870	
14275082 Dept#: 115	11	163.58	Y N	06757163000812387	00830	
14275082 Dept#: 115	3	47.01	Y N	06757163000812448	00840	
14275082 Dept#: 115	22	334.89	Y N	06757163000812479	00855	
14275082 Dept#: 115	14	210.70	Y N	06757163000812530	00860	

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

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

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

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

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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
[Signature] 7/26/23

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.
[Signature] 7/26/23

Date: 7/26/2023 10:20:45 AM

Master Bill Of Lading

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

Master Bill of Lading Number: 06757163000813964

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

CARRIER NAME: Swift Transportation

Trailer number: 212253
 Seal number(s): 8068734

SCAC: SWFT
 Pro Number:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

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

SPECIAL INSTRUCTIONS:
 ME# 863258884

Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
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CUSTOMER ORDER NUMBER	CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO		
	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	DC#	Supplier#	
14275082	Dept#: 115	50	748.45	Y	N	06757163000812592	00875
14275082	Dept#: 115	9	132.43	Y	N	06757163000812653	00885
14276994	Dept#: 115	2	28.07	Y	N	06757163000812738	00806
14276994	Dept#: 115	9	131.33	Y	N	06757163000812769	00813
14276994	Dept#: 115	4	57.35	Y	N	06757163000812820	00826
14276994	Dept#: 115	4	60.22	Y	N	06757163000812868	00836
14277008	Dept#: 115	1	14.31	Y	N	06757163000812905	00870
14277008	Dept#: 115	3	47.01	Y	N	06757163000812356	00810
14277008	Dept#: 115	3	47.01	Y	N	06757163000812400	00830
14277008	Dept#: 115	23	359.01	Y	N	06757163000812455	00840
14277008	Dept#: 115	14	222.06	Y	N	06757163000812462	00855
14277008	Dept#: 115	10	157.32	Y	N	06757163000812547	00860
				Y	N	06757163000812585	00865

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).

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

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 _____"

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.

SHIPPER SIGNATURE / DATE
 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.

Shipper Signature

Scott 7/26/23

Scott 7/26/23

Date: 7/26/2023 10:20:45 AM

Master Bill Of Lading

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

Master Bill of Lading Number: 06757163000813964

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

CARRIER NAME: Swift Transportation

Trailer number: 212253
 Seal number(s): 8068734

SCAC: SWFT
 Pro Number:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 ME# 863258884

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

Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
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CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO		
	Dept#	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	DC#	Supplier#	
14277008	115	11	173.73	Y N	06757163000812639	00875		
14277008	115	7	112.41	Y N	06757163000812677	00885		
14277008	115	7	108.99	Y N	06757163000812714	00890		
14277009	115	1	14.31	Y N	06757163000812745	00806		
14277009	115	2	32.70	Y N	06757163000812783	00813		
14277009	115	1	14.31	Y N	06757163000812844	00826		
14277009	115	1	14.97	Y N	06757163000812882	00836		
14278830	115	24	370.68	Y N	06757163000812929	00870		
14278830	115	27	410.19	Y N	06757163000812332	00810		
14278830	115	10	158.76	Y N	06757163000812363	00830		
14278830	115	15	241.23	Y N	06757163000812424	00840		
14278830	115	11	179.25	Y N	06757163000812509	00855		
					06757163000812554	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: Prepaid:
 Customer check acceptable:
 See 49 U.S.C. 14706(c)(1)(A) and (B).

NOTE Liability Limitation for loss or damage in this shipment may be applicable.

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

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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
[Signature] 7/26/23

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

SHIPPER SIGNATURE
CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
[Signature] 7/26/23

Date: 7/26/2023 10:20:45 AM

Master Bill Of Lading

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

Master Bill of Lading Number: 06757163000813964

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

CARRIER NAME: Swift Transportation

Trailer number: 212253
 Seal number(s): 8068734

SCAC: SWFT
 Pro Number:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

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

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

SPECIAL INSTRUCTIONS:
 ME# 863258884

CUSTOMER ORDER NUMBER	CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO		
	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#
14278830 Dept#: 115	24	363.18	Y	N	06757163000812578	00865	
14278830 Dept#: 115	19	299.13	Y	N	06757163000812622	00875	
14278830 Dept#: 115	7	108.33	Y	N	06757163000812660	00885	
14278849 Dept#: 115	23	357.03	Y	N	06757163000812707	00890	
14278849 Dept#: 115	6	93.36	Y	N	06757163000812776	00813	
14278849 Dept#: 115	1	14.97	Y	N	06757163000812806	00816	
14278849 Dept#: 115	3	42.93	Y	N	06757163000812837	00826	
14278849 Dept#: 115	2	32.70	Y	N	06757163000812875	00836	
Grand Total	832	13739.49	Y	N	06757163000812912	00870	

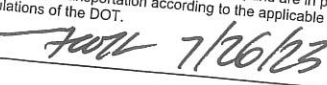
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount \$
Fee Terms: Collect: Prepaid:
 Customer check acceptable:
 See 49 U.S.C. 14706(c)(1)(A) and (B).

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

NOTE Liability Limitation for loss or damage in this shipment may be applicable.

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.

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.

 7/26/23

Trailer Loaded:
 By Shipper
 By Driver

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

SHIPPER SIGNATURE
 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.

 7/26/23

Date: 7/26/2023 10:20:45 AM

Master Bill Of Lading

SHIP FROM				Master Bill of Lading Number: 06757163000813964					
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.		Trailer number: 212253		Seal number(s): 8068734			
Address: X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS				SCAC: SWFT					
City/State/Zip: SANTA FE SPRINGS, CA 90670				Pro Number: _____					
SID#: _____ 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"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING					
City/State/Zip: _____									
SPECIAL INSTRUCTIONS: ME# 863258884				Appointment Time		Actual Driver Arrival Time			
				AM PM		AM PM			
						Driver Departure Time			
						AM PM			
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
61	Pallet			3050.00		Pallet		70	
		425	ctns	5513.49		Bath Towel, Beach Towel	49390 Sub 4	175	
		407	ctns	8226.00		Shower curtain	49385	77.5	
61				16789.49		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"/>

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

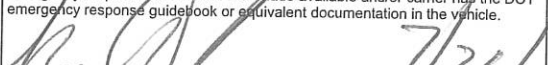
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable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

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

Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 7/26/23

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.
 7/26/23

Date: 7/26/2023 10:20:43 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

Bill of Lading Number: 06757163000812929



(402)06757163000812929

SHIP TO
 Name: Kohls Ecom DC-#00870
 Address: 3500 Salzman Road
 City/State/Zip: Monroe (Middletown) F.C., 00870
 CID#: 863258884
 Location #: 00870
 FOB:

CARRIER NAME: Swift Transportation

Responsible Acct.No:

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____

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

Prepaid:

Collect: X

3rd Party:

(check box)

Master Bill of Lading: with attached underlying Bills of Lading

City/State/Zip:

SPECIAL INSTRUCTIONS:
Load #: 863258884

Packing List is Attached

CUSTOMER ORDER NUMBER	Dept#:	# PKGS	WEIGHT	CUSTOMER ORDER INFORMATION		ADDITIONAL SHIPPER INFO	
14277009	115	2	32.70	PALLET/SLIP	Y	N	
Grand Total		2	32.70				

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	CARRIER INFORMATION	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE					NMFC #	CLASS
1	Pallet			50.00		Pallet			
		1	ctns	14.97		Bath Towel, Beach Towel			
		1	ctns	17.73		Shower curtain	49390 Sub 4		175
1		2		82.70			49385		77.5
Grand Total									

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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 / 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:

Shipper Signature

Date: 7/26/2023 10:20:41 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

Bill of Lading Number: 06757163000812745



CARRIER NAME: Swift Transportation

Responsible Acct.No: _____

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number: _____

SHIP TO
 Name: Kohls Ecom DC-#00806
 Address: 825 East Central Avenue
 City/State/Zip: San Bernardino - DC, 00806
 CID#: 863258884
 Location #: 00806
 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____

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

Prepaid: _____ Collect: 3rd Party: _____

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

SPECIAL INSTRUCTIONS:

Load #: 863258884

Packing List is Attached

CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION		ADDITIONAL SHIPPER INFO	
14277009	Dept#: 115	# PKGS	WEIGHT	PALLET/SLIP	
		1	14.31	Y N	
Grand Total		1	14.31		

HANDLING UNIT		PACKAGE		CARRIER INFORMATION		COMMODITY DESCRIPTION		PACKAGE	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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		NMFC #	CLASS
1	Pallet			50.00		Pallet			
		1	ctns	14.31		Bath Towel, Beach Towel			
1		1		64.31				49390 Sub 4	175
Grand Total									

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

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

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

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

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

 Shipper Signature

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

Trailer Loaded:
 By Shipper
 By Driver

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

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

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

Date: 7/26/2023 10:20:40 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

Bill of Lading Number: 06757163000812561

 (402)06757163000812561

SHIP TO
 Name: Kohls Dist. Center - #00865
 Address: Mamakating (Wurtsboro) D.C.
 City/State/Zip: 3440 State Route 209, 00865 Wurtsboro, NY 12790
 CID#: 863258884
 Location #: 00865
 FOB:

CARRIER NAME: Swift Transportation
 Responsible Acct.No:
 Trailer number: 212253
 Seal number(s): 8068734
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:** X **3rd Party:**
 Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: 863258884
 Packing List is Attached

CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION		ADDITIONAL SHIPPER INFO	
14271594	Dept#: 115	# PKGS	WEIGHT	PALLET/SLIP	
		34	673.74	Y N	
Grand Total		34	673.74		

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	55.44		Bath Towel, Beach Towel		
		27	ctns	618.30		Shower curtain	49390 Sub 4	175
1		34		723.74		Grand Total	49385	77.5

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

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

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).
 RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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

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

Trailer Loaded:
 By Shipper
 By Driver

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 7/26/2023 10:20:38 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:

SHIP TO

Name: Kohls Dist. Center - #00855
 Address: 890 East Mill Street
 City/State/Zip: San Bernardino D.C., 00855
 CID#: 863258884
 Location #: 00855

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 863258884

Packing List is Attached

Bill of Lading Number: 06757163000812486



(402)06757163000812486

CARRIER NAME: Swift Transportation

Responsible Acct.No: _____

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number: _____

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

Prepaid: _____

Collect: X

3rd Party: _____

(check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION		ADDITIONAL SHIPPER INFO	
14271594	Dept#: 115	# PKGS	WEIGHT	PALLET/SLIP	
		21	450.94	Y N	
Grand Total		21	450.94		

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	15.84		Bath Towel, Beach Towel		
		19	ctns	435.10		Shower curtain	49390 Sub 4	175
1		21		500.94			49385	77.5
Grand Total								

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

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

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

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

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

Shipper Signature _____

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

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

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

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

Date: 7/26/2023 10:20:36 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:

SHIP TO

Name: Kohls Dist. Center - #00885 Location #: 00885
 Address: 2065 Keystone Pacific Parkway
 Patterson D.C., 00885
 City/State/Zip: Patterson, CA 95363
 CID#: 863258884

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 863258884

Packing List is Attached

Bill of Lading Number: 06757163000812646



(402)06757163000812646

CARRIER NAME: Swift Transportation

Responsible Acct.No: _____

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number: _____

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

Prepaid: _____ Collect: 3rd Party: _____

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

CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO
14271594	Dept#: 115	# PKGS	WEIGHT	PALLET/SLIP		
		17	359.56	Y	N	
Grand Total		17	359.56			

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	38.96		Bath Towel, Beach Towel		
		14	ctns	320.60		Shower curtain	49390 Sub 4	175
1		17		409.56			49385	77.5
Grand Total								

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

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

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

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

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

Shipper Signature _____

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

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

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

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

Date: 7/26/2023 10:20:35 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:

SHIP TO

Name: Kohls Dist. Center - #00855
 Address: 890 East Mill Street
 City/State/Zip: San Bernardino D.C., 00855
 CID#: 863258884

Location #: 00855
 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 863258884

Packing List is Attached

Bill of Lading Number: 06757163000812509



CARRIER NAME: Swift Transportation

Responsible Acct.No: _____

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number: _____

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

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

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

CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION			ADDITIONAL SHIPPER INFO
14278830	Dept#: 115	# PKGS	WEIGHT	PALLET/SLIP	
		15	241.23	Y N	
Grand Total		15	241.23		

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	117.12		Bath Towel, Beach Towel		
		7	ctns	124.11		Shower curtain	49390 Sub 4	175
1		15		291.23			49385	77.5
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 / 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: _____

Shipper Signature

Date: 7/26/2023 10:20:33 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

Bill of Lading Number: 06757163000812622



CARRIER NAME: Swift Transportation
 Responsible Acct.No:

SHIP TO
 Name: Kohls Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 863258884

Trailer number: 212253
 Seal number(s): 8068734

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:** X **3rd Party:**

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

SPECIAL INSTRUCTIONS:
 Load #: 863258884
 Packing List is Attached

CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION			ADDITIONAL SHIPPER INFO
14278830	Dept#: 115	# PKGS	WEIGHT	PALLET/SLIP	
		19	299.13	Y N	
Grand Total		19	299.13		

HANDLING UNIT		PACKAGE		CARRIER INFORMATION		COMMODITY DESCRIPTION		PACKAGE	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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		NMFC #	CLASS
1	Pallet			50.00		Pallet			
		12	ctns	175.02		Bath Towel, Beach Towel			
		7	ctns	124.11		Shower curtain		49390 Sub 4	175
1		19		349.13		Grand Total		49385	77.5

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 / 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:

Shipper Signature

Date: 7/26/2023 10:20:31 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

Bill of Lading Number: 06757163000812431

 (402)06757163000812431

SHIP TO
 Name: Kohls Dist. Center - #00840 Location #: 00840
 Address: 2015 NE Jefferson Street
 Blue Spring (Grain Valley) D.C.,
 City/State/Zip: 00840
 Grain Valley, MO 64029
 CID#: 863258884

CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____
 Trailer number: 212253
 Seal number(s): 8068734

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: **X** 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 863258884
 Packing List is Attached

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

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14178087	Dept#: 115	7	90.74	Y	N	
Grand Total		7	90.74			

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	35.24		Bath Towel, Beach Towel	49390 Sub 4	175
		3	ctns	55.50		Shower curtain	49385	77.5
1		7		140.74		Grand Total		

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

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

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

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

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

Shipper Signature _____

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

Trailer Loaded:
 By Shipper
 By Driver

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

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

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

Date: 7/26/2023 10:20:29 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:

SHIP TO

Name: Kohls Dist. Center - #00840
 Address: 2015 NE Jefferson Street
 City/State/Zip: Blue Spring (Grain Valley) D.C., 00840
 CID#: Grain Valley, MO 64029
 863258884

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:
 Load #: 863258884

Packing List is Attached

Bill of Lading Number: 06757163000812424



CARRIER NAME: Swift Transportation

Responsible Acct.No:

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number:

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

Prepaid: Collect: X 3rd Party:

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

CUSTOMER ORDER NUMBER		CUSTOMER ORDER INFORMATION			ADDITIONAL SHIPPER INFO
14278830	Dept#: 115	# PKGS	WEIGHT	PALLET/SLIP	
		10	158.76	Y N	
Grand Total		10	158.76		

HANDLING UNIT		PACKAGE		CARRIER INFORMATION		COMMODITY DESCRIPTION		PACKAGE	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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		NMFC #	CLASS
1	Pallet			50.00		Pallet			
		6	ctns	87.84		Bath Towel, Beach Towel			
		4	ctns	70.92		Shower curtain		49390 Sub 4	175
1		10		208.76		Grand Total		49385	77.5

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Date: 7/26/2023 10:20:28 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:

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#: 863258884

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 863258884

Packing List is Attached

Bill of Lading Number: 06757163000812356



(402)06757163000812356

CARRIER NAME: Swift Transportation

Responsible Acct.No:

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number:

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

Prepaid: Collect: 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14277008 Dept#: 115	1	14.31	Y	N	
Grand Total	1	14.31			

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	14.31		Bath Towel, Beach Towel	49390 Sub 4	175
1		1		64.31		Grand Total		

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

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

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 7/26/2023 10:20:26 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:

SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 863258884

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 863258884

Packing List is Attached

Bill of Lading Number: 06757163000812547



CARRIER NAME: Swift Transportation

Responsible Acct.No:

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number:

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

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14277008 Dept#: 115	14	222.06	Y N	
Grand Total	14	222.06		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	133.41		Bath Towel, Beach Towel	49390 Sub 4	175
		5	ctns	88.65		Shower curtain	49385	77.5
1		14		272.06		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 7/26/2023 10:20:24 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:

SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 863258884

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Bill of Lading Number: 06757163000812554



CARRIER NAME: Swift Transportation

Responsible Acct.No: _____

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number: _____

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

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

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

SPECIAL INSTRUCTIONS:

Load #: 863258884

Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14278830 Dept#: 115	11	179.25	Y N	
Grand Total	11	179.25		

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				NMFC #	CLASS
1	Pallet		50.00		Pallet		
	5	ctns	72.87		Bath Towel, Beach Towel	49390 Sub 4	175
	6	ctns	106.38		Shower curtain	49385	77.5
1	11		229.25		Grand Total		

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

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

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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


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

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

Date: 7/26/2023 10:20:23 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000812691	
Name:	E & E COMPANY LTD	 (402)06757163000812691	
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: 212253	
Name:	Kohls Dist. Center - #00890	Location #: 00890	Seal number(s): 8068734
Address:	4300 MBL Drive	Ottawa D.C., 00890	SCAC: SWFT
City/State/Zip:	Ottawa, IL 61350		Pro Number:
CID#:	863258884	FOB: <input type="checkbox"/>	
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 #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14271594 Dept#: 115	35	696.64	Y N	
Grand Total	35	696.64		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	55.44		Bath Towel, Beach Towel	49390 Sub 4	175
		28	ctns	641.20		Shower curtain	49385	77.5
1		35		746.64		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:


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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
In:
Out:
Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000812592	
Name:	E & E COMPANY LTD	 (402)06757163000812592	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Swift Transportation	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: 212253	
Name:	Kohls Dist. Center - #00875 Location #: 00875	Seal number(s): 8068734	
Address:	3030 Airport Road East	SCAC: SWFT	
	Macon D.C., 00875	Pro Number:	
City/State/Zip:	Macon, GA 31216		
CID#: 863258884	FOB: <input type="checkbox"/>		
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: X 3rd Party:	
Load #: 863258884		<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	
14275082 Dept#: 115	50	748.45	Y N		
Grand Total	50	748.45			

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		
		39	ctns	573.27		Bath Towel, Beach Towel	49390 Sub 4	175
		11	ctns	175.18		Shower curtain	49385	77.5
1		50		798.45		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"/>

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: <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:

Date: 7/26/2023 10:20:18 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: 06757163000812608



CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 863258884 FOB:

Trailer number: 212253
 Seal number(s): 8068734

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: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 863258884
 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
14178087 Dept#: 115	63	893.28	Y N	
Grand Total	63	893.28		

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		
		34	ctns	356.78		Bath Towel, Beach Towel	49390 Sub 4	175
		29	ctns	536.50		Shower curtain	49385	77.5
1		63		943.28		Grand Total		

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

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

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 7/26/2023 10:20:17 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

Bill of Lading Number: 06757163000812912



CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Ecom DC-#00870 Location #: 00870
 Address: 3500 Salzman Road
 Monroe (Middletown) F.C., 00870
 City/State/Zip: Middletown, OH 45044-9401
 CID#: 863258884

Trailer number: 212253
 Seal number(s): 8068734

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: **X** 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 863258884
 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
14278849 Dept#: 115	2	32.70	Y N	
Grand Total	2	32.70		

CARRIER INFORMATION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1	Pallet		50.00		Pallet		
	1	ctns	14.97		Bath Towel, Beach Towel	49390 Sub 4	175
	1	ctns	17.73		Shower curtain	49385	77.5
1	2		82.70		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 7/26/2023 10:20:15 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:

SHIP TO

Name: Kohls Dist. Center - #00875 Location #: 00875
 Address: 3030 Airport Road East
 Macon D.C., 00875
 City/State/Zip: Macon, GA 31216
 CID#: 863258884

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:

Load #: 863258884
 Packing List is Attached

Bill of Lading Number: 06757163000812639



CARRIER NAME: Swift Transportation

Responsible Acct.No: _____

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number: _____

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

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

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14277008 Dept#: 115	11	173.73	Y N	
Grand Total	11	173.73		

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	102.81		Bath Towel, Beach Towel	49390 Sub 4	175
		4	ctns	70.92		Shower curtain	49385	77.5
1		11		223.73		Grand Total		

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

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

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

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

Date: 7/26/2023 10:20:13 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

Bill of Lading Number: 06757163000812769



CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Ecom DC-#00813 Location #: 00813
 Address: 10201 Schuster Way
 00813
 City/State/Zip: Pataskala, OH 43062
 CID#: 863258884

Trailer number: 212253
 Seal number(s): 8068734

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: **X** 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 863258884

Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14276994 Dept#: 115	9	131.33	Y N	
Grand Total	9	131.33		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	58.56		Bath Towel, Beach Towel	49390 Sub 4	175
		5	ctns	72.77		Shower curtain	49385	77.5
1		9		181.33		Grand Total		

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

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

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

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

Date: 7/26/2023 10:20:12 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000812493



CARRIER NAME: Swift Transportation
 Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00855 Location #: 00855
 Address: 890 East Mill Street
 San Bernardino D.C., 00855
 City/State/Zip: San Bernardino, CA 92408-1614
 CID#: 863258884 FOB:

Trailer number: 212253
 Seal number(s): 8068734

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: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 863258884

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
14178087 Dept#: 115	24	332.34	Y N	
Grand Total	24	332.34		

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		
		13	ctns	128.84		Bath Towel, Beach Towel	49390 Sub 4	175
		11	ctns	203.50		Shower curtain	49385	77.5
1		24		382.34		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:

Date: 7/26/2023 10:20:10 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

FOB:

Bill of Lading Number: 06757163000812837



(402)06757163000812837

CARRIER NAME: Swift Transportation

Responsible Acct.No: _____

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number: _____

SHIP TO

Name: Kohls Ecom DC-#00826 Location #: 00826
 Address: 2019 N. I-35 E
 Desoto-EC, 00826
 City/State/Zip: Desoto, TX 75115
 CID#: 863258884

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

City/State/Zip: _____

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

Prepaid: _____ Collect: X 3rd Party: _____

SPECIAL INSTRUCTIONS:

Load #: 863258884

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14278849 Dept#: 115	1	17.73	Y	N	
Grand Total	1	17.73			

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	17.73		Shower curtain	49385	77.5
1		1		67.73		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time: _____

In: _____


Out: _____

Driver Signature: _____

Date: 7/26/2023 10:20:09 AM

Bill of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000812776	
Name:	E & E COMPANY LTD	 (402)06757163000812776	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Swift Transportation	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: 212253	
Name:	Kohls Ecom DC-#00813	Seal number(s): 8068734	
Address:	10201 Schuster Way	SCAC: SWFT	
	00813	Pro Number:	
City/State/Zip:	Pataskala, OH 43062		
CID#:	863258884	FOB: <input type="checkbox"/>	
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:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14278849 Dept#: 115	6	93.36	Y N	
Grand Total	6	93.36		

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	57.90		Bath Towel, Beach Towel	49390 Sub 4	175
		2	ctns	35.46		Shower curtain	49385	77.5
1		6		143.36		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
In:
Out:
Driver Signature:

Date: 7/26/2023 10:20:07 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00875 Location #: 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#:	863258884
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

Bill of Lading Number: 06757163000812615



(402)06757163000812615

CARRIER NAME: Swift Transportation

Responsible Acct.No:

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number:

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

Prepaid:

Collect: X

3rd Party:

 (check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14271594 Dept#: 115	24	474.92	Y N	
Grand Total	24	474.92		

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		
		6	ctns	62.72		Bath Towel, Beach Towel	49390 Sub 4	175
		18	ctns	412.20		Shower curtain	49385	77.5
1		24		524.92		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:

In:

Out:

Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000812868	
Name: E & E COMPANY LTD		 (402)06757163000812868	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 212253	
VENDOR: 000074879		Seal number(s): 8068734	
SHIP TO		SCAC: SWFT	
Name: Kohls Ecom DC-#00836		Pro Number:	
Address: 9998 All Points Parkway		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Plainfield, IN 46168			
CID#: 863258884		Prepaid: Collect: X 3rd Party:	
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14276994 Dept#: 115	4	60.22	Y N		
Grand Total	4	60.22			

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
1	Pallet			50.00		Pallet		
		1	ctns	14.97		Bath Towel, Beach Towel	49390 Sub 4	175
		3	ctns	45.25		Shower curtain	49385	77.5
1		4		110.22		Grand Total		

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

COD Amount: _____
Fee Terms: Collect: <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.

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

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 7/26/2023 10:20:03 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00885 Location #: 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#:	863258884
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000812653		Trailer number: 212253	
		Seal number(s): 8068734	
(402)06757163000812653		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:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Address:		(check box)	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14275082 Dept#: 115	9	132.43	Y N	
Grand Total	9	132.43		

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		
		6	ctns	87.18		Bath Towel, Beach Towel	49390 Sub 4	175
		3	ctns	45.25		Shower curtain	49385	77.5
1		9		182.43		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:
Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:


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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
In:
Out:
Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000812721	
Name: E & E COMPANY LTD		 (402)06757163000812721	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 212253	
VENDOR: 000074879		Seal number(s): 8068734	
FOB: <input type="checkbox"/>		SCAC: SWFT	
SHIP TO		Pro Number:	
Name: Kohls Ecom DC-#00806		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 825 East Central Avenue		Prepaid: Collect: X 3rd Party:	
City/State/Zip: San Bernardino - DC, 00806		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip: San Bernardino, CA 92408-2413			
CID#: 863258884			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14271612 Dept#: 115	4	76.84	Y N		
Grand Total	4	76.84			

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
1	Pallet			50.00		Pallet		
		2	ctns	31.04		Bath Towel, Beach Towel	49390 Sub 4	175
		2	ctns	45.80		Shower curtain	49385	77.5
1		4		126.84		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"/>


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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000812790	
Name: E & E COMPANY LTD		 (402)06757163000812790	
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: 212253	
Name: Kohls Ecom DC-#00816		Seal number(s): 8068734	
Address: 1701 Trimble Avenue		SCAC: SWFT	
City/State/Zip: Edgewood-EC, 00816		Pro Number:	
City/State/Zip: Edgewood, MD 21040		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
CID#: 863258884			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14271612 Dept#: 115	2	15.84	Y N		
Grand Total	2	15.84			


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
1	Pallet			50.00		Pallet		
		2	ctns	15.84		Bath Towel, Beach Towel	49390 Sub 4	175
1		2		65.84		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. <p style="text-align: right;">_____ Shipper Signature</p>
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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:
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SHIP FROM		Bill of Lading Number: 06757163000812752	
Name: E & E COMPANY LTD		 (402)06757163000812752	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 212253	
VENDOR: 000074879		Seal number(s): 8068734	
SHIP TO		SCAC: SWFT	
Name: Kohls Ecom DC-#00813		Pro Number:	
Address: 10201 Schuster Way		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Pataskala, OH 43062			
CID#: 863258884		Prepaid: Collect: X 3rd Party:	
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14271612 Dept#: 115	17	255.14	Y N		
Grand Total	17	255.14			

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		
		12	ctns	140.64		Bath Towel, Beach Towel	49390 Sub 4	175
		5	ctns	114.50		Shower curtain	49385	77.5
1		17		305.14		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:	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.
Property described above is received in good order, except as noted.

Appt Time:
 In:
 Out:
 Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000812844	
Name: E & E COMPANY LTD		 (402)06757163000812844	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 212253	
VENDOR: 000074879		Seal number(s): 8068734	
FOB: <input type="checkbox"/>		SCAC: SWFT	
SHIP TO		Pro Number:	
Name: Kohls Ecom DC-#00826		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 2019 N. I-35 E		Prepaid: Collect: X 3rd Party:	
City/State/Zip: Desoto, TX 75115		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
CID#: 863258884			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 863258884 Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14277009	Dept#: 115	1	14.31	Y	N	
Grand Total		1	14.31			

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	14.31		Bath Towel, Beach Towel	49390 Sub 4	175
1		1		64.31		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;">_____ 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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <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. Property described above is received in good order, except as noted.</p> <p>Appt Time: In: Out: Driver Signature:</p>
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Date: 7/26/2023 10:19:55 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00840 Location #: 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: 06757163000812417		CARRIER NAME: Swift Transportation	
		Responsible Acct.No:	
(402)06757163000812417		Trailer number: 212253	
		Seal number(s): 8068734	
		SCAC: SWFT	
		Pro Number:	
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 #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14271594 Dept#: 115	18	397.22	Y N	
Grand Total	18	397.22		

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
1	Pallet			50.00		Pallet		
		1	ctns	7.92		Bath Towel, Beach Towel	49390 Sub 4	175
		17	ctns	389.30		Shower curtain	49385	77.5
1		18		447.22		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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


Appt Time:

In:

Out:

Driver Signature:

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000812738	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000812738	
VENDOR: 000074879 FOB: <input type="checkbox"/>		CARRIER NAME: Swift Transportation	
SHIP TO		Responsible Acct.No: _____	
Name: Kohls Ecom DC-#00806 Location #: 00806 Address: 825 East Central Avenue San Bernardino - DC, 00806 City/State/Zip: San Bernardino, CA 92408-2413 CID#: 863258884 FOB: <input type="checkbox"/>		Trailer number: 212253 Seal number(s): 8068734	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SWFT	
Name: _____ Address: _____		Pro Number: _____	
City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 863258884 Packing List is Attached		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14276994 Dept#: 115	2	28.07	Y N		
Grand Total	2	28.07			

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	14.31		Bath Towel, Beach Towel	49390 Sub 4	175
		1	ctns	13.76		Shower curtain	49385	77.5
1		2		78.07		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"/>


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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000812585	
Name: E & E COMPANY LTD		 (402)06757163000812585	
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: 212253	
Name: Kohls Dist. Center - #00865		Seal number(s): 8068734	
Address: Mamakating (Wurtsboro) D.C.		SCAC: SWFT	
3440 State Route 209, 00865		Pro Number:	
City/State/Zip: Wurtsboro, NY 12790			
CID#: 863258884			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14277008	Dept#: 115	10	Y N	
Grand Total		10	157.32	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	104.13		Bath Towel, Beach Towel	49390 Sub 4	175
		3	ctns	53.19		Shower curtain	49385	77.5
1		10		207.32		Grand Total		

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

COD Amount: _____
Fee Terms: Collect: <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.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

Date: 7/26/2023 10:19:49 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00836 Location #: 00836
Address:	221 Hanson Way	Address:	9998 All Points Parkway 00836
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Plainfield, IN 46168
SID#:		CID#:	863258884
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000812882		Trailer number: 212253	
		Seal number(s): 8068734	
(402)06757163000812882		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: Load #: 863258884 Packing List is Attached		<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14277009 Dept#: 115	1	14.97	Y N	
Grand Total	1	14.97		

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	14.97		Bath Towel, Beach Towel	49390 Sub 4	175
1		1		64.97		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE


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

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

Appt Time:
In:
Out:
Driver Signature:

Date: 7/26/2023 10:19:48 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000812905	
Name: E & E COMPANY LTD		 (402)06757163000812905	
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: 212253	
Name: Kohls Ecom DC-#00870		Seal number(s): 8068734	
Address: 3500 Salzman Road		SCAC: SWFT	
City/State/Zip: Middletown (Middletown) F.C., 00870		Pro Number:	
CID#: 863258884			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14276994	Dept#: 115	4	59.01	Y	N
Grand Total		4	59.01		

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	59.01		Shower curtain	49385	77.5
1		4		109.01		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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i> Appt Time: In: Out: Driver Signature:
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SHIP FROM		Bill of Lading Number: 06757163000812820	
Name: E & E COMPANY LTD		 (402)06757163000812820	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 212253	
VENDOR: 000074879		Seal number(s): 8068734	
SHIP TO		SCAC: SWFT	
Name: Kohls Ecom DC-#00826		Pro Number:	
Address: 2019 N. I-35 E		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Desoto, TX 75115			
CID#: 863258884			
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14276994 Dept#: 115	4	57.35	Y N		
Grand Total	4	57.35			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	43.59		Bath Towel, Beach Towel	49390 Sub 4	175
		1	ctns	13.76		Shower curtain	49385	77.5
1		4		107.35		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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


Shipper Signature

<p>SHIPPER SIGNATURE / DATE</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>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</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>

Date: 7/26/2023 10:19:40 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00885 Location #: 00885
Address:	221 Hanson Way	Address:	2065 Keystone Pacific Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Patterson D.C., 00885
SID#:		City/State/Zip:	Patterson, CA 95363
PHONE:		CID#:	863258884
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000812660		Trailer number: 212253	
		Seal number(s): 8068734	
(402)06757163000812660		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:	Address:	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14278830 Dept#: 115	7	108.33	Y N	
Grand Total	7	108.33		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	72.87		Bath Towel, Beach Towel	49390 Sub 4	175
		2	ctns	35.46		Shower curtain	49385	77.5
1		7		158.33		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE


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

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

Appt Time:
In:
Out:
Driver Signature:

Date: 7/26/2023 10:19:36 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000812332	
Name: E & E COMPANY LTD		 (402)06757163000812332	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 212253	
VENDOR: 000074879		Seal number(s): 8068734	
SHIP TO		SCAC: SWFT	
Name: Kohls Dist. Center - #00810 Location #: 00810		Pro Number:	
Address: 7855 County Road 140		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Findlay D.C., 00810			
City/State/Zip: Findlay, OH 45840			
CID#: 863258884		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14278830 Dept#: 115	24	370.68	Y N	
Grand Total	24	370.68		

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		
		17	ctns	246.57		Bath Towel, Beach Towel	49390 Sub 4	175
		7	ctns	124.11		Shower curtain	49385	77.5
1		24		420.68		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"/>

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

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

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

 Shipper Signature

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

Trailer Loaded: <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:

Date: 7/26/2023 10:19:35 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: 06757163000812349



CARRIER NAME: Swift Transportation
 Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00810 Location #: 00810
 Address: 7855 County Road 140
 Findlay D.C., 00810
 City/State/Zip: Findlay, OH 45840
 CID#: 863258884 FOB:

Trailer number: 212253
 Seal number(s): 8068734

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: X 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 863258884
 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	
14178087 Dept#: 115	11	159.67	Y N		
Grand Total	11	159.67			

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		
		6	ctns	67.17		Bath Towel, Beach Towel	49390 Sub 4	175
		5	ctns	92.50		Shower curtain	49385	77.5
1		11		209.67		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 By Driver/Pieces

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000812899	
Name: E & E COMPANY LTD		 (402)06757163000812899	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 212253	
VENDOR: 000074879		Seal number(s): 8068734	
FOB: <input type="checkbox"/>		SCAC: SWFT	
SHIP TO		Pro Number:	
Name: Kohls Ecom DC-#00870		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 3500 Salzman Road		Prepaid: Collect: X 3rd Party:	
Location #: 00870		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Monroe (Middletown) F.C., 00870			
City/State/Zip: Middletown, OH 45044-9401			
CID#: 863258884			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14271612	Dept#: 115	8	108.52	Y N		
Grand Total		8	108.52			

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		
		6	ctns	62.72		Bath Towel, Beach Towel	49390 Sub 4	175
		2	ctns	45.80		Shower curtain	49385	77.5
1		8		158.52		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:

Appt Time:
In:
Out:
Driver Signature:

Appt Time:
In:
Out:
Driver Signature:

SHIP FROM

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

Bill of Lading Number: 06757163000812578



(402)06757163000812578

CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____
 Trailer number: 212253
 Seal number(s): 8068734

SHIP TO

Name: Kohls Dist. Center - #00865 Location #: 00865
 Address: Mamakating (Wurtsboro) D.C.
 3440 State Route 209, 00865
 City/State/Zip: Wurtsboro, NY 12790
 CID#: 863258884 FOB:

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: **X** 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 863258884
 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
14278830 Dept#: 115	24	363.18	Y N	
Grand Total	24	363.18		

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		
		19	ctns	274.53		Bath Towel, Beach Towel	49390 Sub 4	175
		5	ctns	88.65		Shower curtain	49385	77.5
1		24		413.18		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: _____

SHIP FROM		Bill of Lading Number: 06757163000812875	
Name:	E & E COMPANY LTD	 (402)06757163000812875	
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 Ecom DC-#00836	Location #:	00836
Address:	9998 All Points Parkway		
	00836		
City/State/Zip:	Plainfield, IN 46168		
CID#:	863258884	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: 212253	
Name:	Address:		
City/State/Zip:		Seal number(s): 8068734	
SPECIAL INSTRUCTIONS:		SCAC: SWFT	
Load #: 863258884		Pro Number:	
Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
		<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	
14278849 Dept#: 115	3	42.93	Y N		
Grand Total	3	42.93			

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	42.93		Bath Towel, Beach Towel	49390 Sub 4	175
1		3		92.93		Grand Total		

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

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

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

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

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

Shipper Signature

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

Trailer Loaded: Freight Counted:

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 7/26/2023 10:19:29 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: 06757163000812677



(402)06757163000812677

CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____
 Trailer number: 212253
 Seal number(s): 8068734

SHIP TO

Name: Kohls Dist. Center - #00885 Location #: 00885
 Address: 2065 Keystone Pacific Parkway
 Patterson D.C., 00885
 City/State/Zip: Patterson, CA 95363
 CID#: 863258884 FOB:

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: **X** 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 863258884
 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
14277008 Dept#: 115	7	112.41	Y N	
Grand Total	7	112.41		

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
		3	ctns	53.19		Shower curtain	49385	77.5
1		7		162.41		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: _____

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000812400	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000812400	
VENDOR: 000074879 FOB: <input type="checkbox"/>		CARRIER NAME: Swift Transportation	
SHIP TO		Responsible Acct.No: _____	
Name: Kohls Dist. Center - #00830 Location #: 00830 Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22602 CID#: 863258884 FOB: <input type="checkbox"/>		Trailer number: 212253 Seal number(s): 8068734	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SWFT Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 863258884 Packing List is Attached		Prepaid: Collect: X 3rd Party: _____	
		<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	
14277008 Dept#: 115	3	47.01	Y N		
Grand Total	3	47.01			

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	29.28		Bath Towel, Beach Towel	49390 Sub 4	175
		1	ctns	17.73		Shower curtain	49385	77.5
1		3		97.01		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

<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>

Date: 7/26/2023 10:19:26 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:

SHIP TO

Name: Kohls Dist. Center - #00860 Location #: 00860
 Address: 1600 North Business 45
 Corsicana D.C., 00860
 City/State/Zip: Corsicana, TX 75110
 CID#: 863258884 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 863258884

Packing List is Attached

Bill of Lading Number: 06757163000812516



(402)06757163000812516

CARRIER NAME: Swift Transportation

Responsible Acct.No:

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number:

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

Prepaid: Collect: X 3rd Party:

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALETT/SLIP	ADDITIONAL SHIPPER INFO
14178087 Dept#: 115	48	698.37	Y N	
Grand Total	48	698.37		

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		
		24	ctns	254.37		Bath Towel, Beach Towel	49390 Sub 4	175
		24	ctns	444.00		Shower curtain	49385	77.5
1		48		748.37		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:


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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000812813	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000812813	
VENDOR: 000074879 FOB: <input type="checkbox"/>		CARRIER NAME: Swift Transportation	
SHIP TO		Responsible Acct.No: _____	
Name: Kohls Ecom DC-#00826 Location #: 00826 Address: 2019 N. I-35 E Desoto-EC, 00826 City/State/Zip: Desoto, TX 75115 CID#: 863258884 FOB: <input type="checkbox"/>		Trailer number: 212253 Seal number(s): 8068734	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SWFT	
Name: _____ Address: _____		Pro Number: _____	
City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 863258884 Packing List is Attached		Prepaid: Collect: X 3rd Party:	
		<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
14271612 Dept#: 115		5	54.80	Y	N	
Grand Total		5	54.80			

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		
		5	ctns	54.80		Bath Towel, Beach Towel	49390 Sub 4	175
1		5		104.80		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: <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.	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:

Date: 7/26/2023 10:19:23 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: 06757163000812806



CARRIER NAME: Swift Transportation

Responsible Acct.No:

SHIP TO

Name: Kohls Ecom DC-#00816 Location #: 00816
 Address: 1701 Trimble Avenue
 Edgewood-EC, 00816
 City/State/Zip: Edgewood, MD 21040
 CID#: 863258884 FOB:

Trailer number: 212253

Seal number(s): 8068734

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: X 3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 863258884

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
14278849 Dept#: 115	1	14.97	Y N	
Grand Total	1	14.97		

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	14.97		Bath Towel, Beach Towel	49390 Sub 4	175
1		1		64.97		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:


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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000812394	
Name: E & E COMPANY LTD		 (402)06757163000812394	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:		CARRIER NAME: Swift Transportation	
PHONE:		Responsible Acct.No:	
VENDOR: 000074879		Trailer number: 212253	
SHIP TO		Seal number(s): 8068734	
Name: Kohls Dist. Center - #00830 Location #: 00830		SCAC: SWFT	
Address: 300 Admiral Byrd Drive		Pro Number:	
Winchester D. C., 00830			
City/State/Zip: Winchester, VA 22602			
CID#: 863258884			
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 #: 863258884		<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	
14178087 Dept#: 115	7	100.43	Y N		
Grand Total	7	100.43			

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	26.43		Bath Towel, Beach Towel	49390 Sub 4	175
		4	ctns	74.00		Shower curtain	49385	77.5
1		7		150.43		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;">_____ 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: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p> <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.</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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Date: 7/26/2023 10:19:20 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

PHONE:

VENDOR: 000074879

FOB:

Bill of Lading Number: 06757163000812387



CARRIER NAME: Swift Transportation

Responsible Acct.No:

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number:

SHIP TO

Name: Kohls Dist. Center - #00830 Location #: 00830
 Address: 300 Admiral Byrd Drive
 Winchester D. C., 00830
 City/State/Zip: Winchester, VA 22602
 CID#: 863258884 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 863258884

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14275082 Dept#: 115	11	163.58	Y	N	
Grand Total	11	163.58			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	132.09		Bath Towel, Beach Towel	49390 Sub 4	175
		2	ctns	31.49		Shower curtain	49385	77.5
1		11		213.58		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:

In:

Out:

Driver Signature:

SHIP FROM		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000812455	
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000812455	
SID#: _____		PHONE: _____			
VENDOR: 000074879		FOB: <input type="checkbox"/>		CARRIER NAME: Swift Transportation	
SHIP TO		Name: Kohls Dist. Center - #00840		Trailer number: 212253	
Address: 2015 NE Jefferson Street		City/State/Zip: 00840		Seal number(s): 8068734	
CID#: 863258884		FOB: <input type="checkbox"/>		SCAC: SWFT	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____		Pro Number: _____	
Address: _____		City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 863258884		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	
14277008 Dept#: 115	3	47.01	Y N		
Grand Total	3	47.01			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
						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		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	29.28		Bath Towel, Beach Towel	49390 Sub 4	175
		1	ctns	17.73		Shower curtain	49385	77.5
1		3		97.01		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver

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


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

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 7/26/2023 10:19:17 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00810 Location #: 00810
Address:	221 Hanson Way	Address:	7855 County Road 140
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Findlay D.C., 00810
SID#:		CID#:	863258884
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000812325		Trailer number: 212253	
		Seal number(s): 8068734	
(402)06757163000812325		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: Load #: 863258884 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14271594 Dept#: 115	41	834.48	Y	N	
Grand Total	41	834.48			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	101.68		Bath Towel, Beach Towel	49390 Sub 4	175
		32	ctns	732.80		Shower curtain	49385	77.5
1		41		884.48		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Date: 7/26/2023 10:19:15 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: 06757163000812707



CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00890 Location #: 00890
 Address: 4300 MBL Drive
 Ottawa D.C., 00890
 City/State/Zip: Ottawa, IL 61350
 CID#: 863258884 FOB:

Trailer number: 212253
 Seal number(s): 8068734

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: **X** 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 863258884
 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	
14278830 Dept#: 115	23	357.03	Y N		
Grand Total	23	357.03			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	232.92		Bath Towel, Beach Towel	49390 Sub 4	175
		7	ctns	124.11		Shower curtain	49385	77.5
1		23		407.03		Grand Total		

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

_____ per _____

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

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 7/26/2023 10:19:14 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00813 Location #: 00813
Address:	221 Hanson Way	Address:	10201 Schuster Way
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	00813 Pataskala, OH 43062
SID#:		CID#:	863258884
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000812783		Trailer number: 212253	
		Seal number(s): 8068734	
(402)06757163000812783		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:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14277009 Dept#: 115	2	32.70	Y	N	
Grand Total	2	32.70			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	14.97		Bath Towel, Beach Towel	49390 Sub 4	175
		1	ctns	17.73		Shower curtain	49385	77.5
1		2		82.70		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:
In:
Out:
Driver Signature:

Date: 7/26/2023 10:19:13 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00860 Location #: 00860
Address:	221 Hanson Way	Address:	1600 North Business 45
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Corsicana D.C., 00860
SID#:		CID#:	863258884
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000812523		Trailer number: 212253	
		Seal number(s): 8068734	
(402)06757163000812523		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 #: 863258884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14271594 Dept#: 115	16	336.44	Y N	
Grand Total	16	336.44		

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
		14	ctns	320.60		Shower curtain	49385	77.5
1		16		386.44		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:


Out:

Driver Signature:

Date: 7/26/2023 10:19:12 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000812448	
Name:	E & E COMPANY LTD	 (402)06757163000812448	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Swift Transportation	
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		Responsible Acct.No:	
Name:	Kohls Dist. Center - #00840	Location #:	00840
Address:	2015 NE Jefferson Street		
City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840		
CID#:	863258884	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Trailer number: 212253	
Name:	Address:		
City/State/Zip:	Seal number(s): 8068734		
SPECIAL INSTRUCTIONS:		SCAC: SWFT	
Load #: 863258884		Pro Number:	
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			
14275082	Dept#: 115	3	47.01	Y N				
Grand Total		3	47.01					
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	29.28		Bath Towel, Beach Towel	49390 Sub 4	175
		1	ctns	17.73		Shower curtain	49385	77.5
1		3		97.01		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Date: 7/26/2023 10:19:10 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: 06757163000812851



(402)06757163000812851

CARRIER NAME: Swift Transportation

Responsible Acct.No: _____

Trailer number: 212253

Seal number(s): 8068734

SCAC: SWFT

Pro Number: _____

SHIP TO

Name: Kohls Ecom DC-#00836 Location #: 00836
 Address: 9998 All Points Parkway
 00836
 City/State/Zip: Plainfield, IN 46168
 CID#: 863258884 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

City/State/Zip: _____

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

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

SPECIAL INSTRUCTIONS:

Load #: 863258884

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
14271612 Dept#: 115	8	108.30	Y	N	
Grand Total	8	108.30			

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	39.60		Bath Towel, Beach Towel	49390 Sub 4	175
		3	ctns	68.70		Shower curtain	49385	77.5
1		8		158.30		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 7/26/2007 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#:		CID#:	863258884
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000812462		Trailer number: 212253	
		Seal number(s): 8068734	
(402)06757163000812462		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 #: 863258884		(check box) underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14277008 Dept#: 115	23	359.01	Y N	
Grand Total	23	359.01		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	234.90		Bath Towel, Beach Towel	49390 Sub 4	175
		7	ctns	124.11		Shower curtain	49385	77.5
1		23		409.01		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.: 67663321 Order Date: 07/06/2023 Customer: KOHLS ECOM DC-#00870 Customer PO No.: 14277009

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

Shipping Date:
07/26/2023

Shipment No.:
300081292

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSSC01	21BOMCSSC01	022164229431	Elena 13pcs Shower Curtain	EA	12	12	1	12	1
21BOMCSWP01	21BOMCSWP01	022164229455	Elena Wash Pack	EA	24	24	1	24	1

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

Order No.: 67663317 Order Date: 07/06/2023 Customer: KOHLS ECOM DC-#00806 Customer PO No.: 14277009

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-#00806 825 EAST CENTRAL AVENUE SAN BERNARDINO - DC SAN BERNARDINO, CA 92408-2413 US	Shipping Date: 07/26/2023 Shipment No.: 300081274
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01 -EFC	022164229448	Elena Hand Towel	EA	24	24	1	24	1

Total Weight:	14.31
Total Quantity Ordered:	24
Total Cartons Ordered:	1
Total Quantity Shipped:	24
Total Cartons Shipped:	1

Order No.: 67733327 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14271594
#00865

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 - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 07/26/2023 Shipment No.: 300081256
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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	48	2	48	2
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	144	12	144	12
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	180	15	180	15

Total Weight:	673.74
Total Quantity Ordered:	492
Total Cartons Ordered:	34
Total Quantity Shipped:	492
Total Cartons Shipped:	34

Order No.: 67733325 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14271594
#00855

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 - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408-1614 US	Shipping Date: 07/26/2023 Shipment No.: 300081248
--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

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	84	7	84	7
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	144	12	144	12

Total Weight:	450.94
Total Quantity Ordered:	276
Total Cartons Ordered:	21
Total Quantity Shipped:	276
Total Cartons Shipped:	21

Order No.: 67733329 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14271594
#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:
07/26/2023

Shipment No.:
300081264

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
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	36	3	36	3
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	132	11	132	11

Total Weight: 359.56
Total Quantity Ordered: 240
Total Cartons Ordered: 17
Total Quantity Shipped: 240
Total Cartons Shipped: 17

Order No.: 67756185 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - #00855 Customer PO No.: 14278830

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:
07/26/2023

Shipment No.:
300081250

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOHT01	31BOMSOHT01	022164230710	Emerson Collection Hand Towel	EA	24	48	2	48	2
31BOMSOHT02	31BOMSOHT02	022164230727	Emerson Collection Hand Towel	EA	24	48	2	48	2
31BOMSOSC01	31BOMSOSC01	022164230697	Emerson 13pcs Shower Curtain A	EA	12	36	3	36	3
31BOMSOSC02	31BOMSOSC02	022164230703	Emerson 13pcs Shower Curtain A	EA	12	48	4	48	4
31BOMSOWP01	31BOMSOWP01	022164230734	Emerson Collection Wash Pack	EA	24	96	4	96	4

Total Weight: 241.23
Total Quantity Ordered: 276
Total Cartons Ordered: 15
Total Quantity Shipped: 276
Total Cartons Shipped: 15

Order No.: 67756188 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14278830
 #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: 07/26/2023 Shipment No.: 300081262
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOHT01	31BOMSOHT01	022164230710	Emerson Collection Hand Towel	EA	24	72	3	72	3
31BOMSOHT02	31BOMSOHT02	022164230727	Emerson Collection Hand Towel	EA	24	96	4	96	4
31BOMSOSC01	31BOMSOSC01	022164230697	Emerson 13pcs Shower Curtain A	EA	12	24	2	24	2
31BOMSOSC02	31BOMSOSC02	022164230703	Emerson 13pcs Shower Curtain A	EA	12	60	5	60	5
31BOMSOWP01	31BOMSOWP01	022164230734	Emerson Collection Wash Pack	EA	24	120	5	120	5

Total Weight:	299.13
Total Quantity Ordered:	372
Total Cartons Ordered:	19
Total Quantity Shipped:	372
Total Cartons Shipped:	19

Order No.: 67733310 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - #00840 Customer PO No.: 14178087

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: 07/26/2023 Shipment No.: 300081243
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21SNMLRHT01	21SNMLRHT01	022164104004	Ryley Paisley Hand Towel	EA	24	48	2	48	2
21SNMLRHT03	21SNMLRHT03	022164104011	Ryley Border Hand Towel	EA	24	48	2	48	2
21SNMLRSC01	21SNMLRSC01	022164103977	Ryley Paisley Shower Curtain	EA	12	24	2	24	2
21SNMLRSC02	21SNMLRSC02	022164103984	Ryley Lemon Shower Curtain	EA	12	12	1	12	1

Total Weight:	90.74
Total Quantity Ordered:	132
Total Cartons Ordered:	7
Total Quantity Shipped:	132
Total Cartons Shipped:	7

Order No.: 67756184 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - #00840 Customer PO No.: 14278830

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:
07/26/2023

Shipment No.:
300081242

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOHT01	31BOMSOHT01	022164230710	Emerson Collection Hand Towel	EA	24	48	2	48	2
31BOMSOHT02	31BOMSOHT02	022164230727	Emerson Collection Hand Towel	EA	24	24	1	24	1
31BOMSOSC01	31BOMSOSC01	022164230697	Emerson 13pcs Shower Curtain A	EA	12	24	2	24	2
31BOMSOSC02	31BOMSOSC02	022164230703	Emerson 13pcs Shower Curtain A	EA	12	24	2	24	2
31BOMSOWP01	31BOMSOWP01	022164230734	Emerson Collection Wash Pack	EA	24	72	3	72	3

Total Weight: 158.76
Total Quantity Ordered: 192
Total Cartons Ordered: 10
Total Quantity Shipped: 192
Total Cartons Shipped: 10

Order No.: 67764038 Order Date: 07/17/2023 Customer: KOHLS DIST. CENTER - #00810 Customer PO No.: 14277008

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: 07/26/2023 Shipment No.: 300081235
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01	022164229448	Elena Hand Towel	EA	24	24	1	24	1

Total Weight:	14.31
Total Quantity Ordered:	24
Total Cartons Ordered:	1
Total Quantity Shipped:	24
Total Cartons Shipped:	1

Order No.: 67764042 Order Date: 07/17/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14277008
#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 CORNICANA D.C. CORNICANA, TX 75110 US	Shipping Date: 07/26/2023 Shipment No.: 300081254
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01	022164229448	Elena Hand Towel	EA	24	48	2	48	2
21BOMCSSC01	21BOMCSSC01	022164229431	Elena 13pcs Shower Curtain	EA	12	60	5	60	5
21BOMCSWP01	21BOMCSWP01	022164229455	Elena Wash Pack	EA	24	168	7	168	7

Total Weight:	222.06
Total Quantity Ordered:	276
Total Cartons Ordered:	14
Total Quantity Shipped:	276
Total Cartons Shipped:	14

Order No.: 67756186 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - #00860 Customer PO No.: 14278830

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: 07/26/2023 Shipment No.: 300081255
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOHT01	31BOMSOHT01	022164230710	Emerson Collection Hand Towel	EA	24	48	2	48	2
31BOMSOHT02	31BOMSOHT02	022164230727	Emerson Collection Hand Towel	EA	24	24	1	24	1
31BOMSOSC01	31BOMSOSC01	022164230697	Emerson 13pcs Shower Curtain A	EA	12	24	2	24	2
31BOMSOSC02	31BOMSOSC02	022164230703	Emerson 13pcs Shower Curtain A	EA	12	48	4	48	4
31BOMSOWP01	31BOMSOWP01	022164230734	Emerson Collection Wash Pack	EA	24	48	2	48	2

Total Weight:	179.25
Total Quantity Ordered:	192
Total Cartons Ordered:	11
Total Quantity Shipped:	192
Total Cartons Shipped:	11

Order No.: 67733330 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14271594
#00890

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 - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 07/26/2023 Shipment No.: 300081269
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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	72	3	72	3
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	48	2	48	2
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	156	13	156	13
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	180	15	180	15

Total Weight:	696.64
Total Quantity Ordered:	504
Total Cartons Ordered:	35
Total Quantity Shipped:	504
Total Cartons Shipped:	35

Order No.: 67756154 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14275082
#00875

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 - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 07/26/2023 Shipment No.: 300081259
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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	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	36	3	36	3
21BOMCCWP01	21BOMCCWP01	022164111989	Devon Collection Washcloth Set	EA	24	240	10	240	10
21BOMTSHT01	21BOMTSHT01	022164111927	Amelia Collection Hand Towel	EA	24	72	3	72	3
21BOMTSHT02	21BOMTSHT02	022164111934	Amelia Collection Hand Towel	EA	24	192	8	192	8
21BOMTSSC01	21BOMTSSC01	022164112009	Amelia Collection Shower Curta	EA	12	36	3	36	3
21BOMTSSC02	21BOMTSSC02	022164112016	Amelia Collection Shower Curta	EA	12	60	5	60	5
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	312	13	312	13

Total Weight:	748.45
Total Quantity Ordered:	1068
Total Cartons Ordered:	50
Total Quantity Shipped:	1068
Total Cartons Shipped:	50

Order No.: 67733313 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14178087
 #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: 07/26/2023 Shipment No.: 300081260
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21SNMLRBT01	21SNMLRBT01	022164103991	Ryley Paisley Bath Towel	EA	24	96	4	96	4
21SNMLRHT01	21SNMLRHT01	022164104004	Ryley Paisley Hand Towel	EA	24	264	11	264	11
21SNMLRHT02	21SNMLRHT02	022164104028	Ryley Lemon Hand Towel	EA	24	216	9	216	9
21SNMLRHT03	21SNMLRHT03	022164104011	Ryley Border Hand Towel	EA	24	240	10	240	10
21SNMLRSC01	21SNMLRSC01	022164103977	Ryley Paisley Shower Curtain	EA	12	192	16	192	16
21SNMLRSC02	21SNMLRSC02	022164103984	Ryley Lemon Shower Curtain	EA	12	156	13	156	13

Total Weight:	893.28
Total Quantity Ordered:	1164
Total Cartons Ordered:	63
Total Quantity Shipped:	1164
Total Cartons Shipped:	63

Order No.: 67663326 Order Date: 07/06/2023 Customer: KOHLS ECOM DC-#00870 Customer PO No.: 14278849

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:
07/26/2023

Shipment No.:
300081291

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOSC02	31BOMSOSC02	022164230703	Emerson 13pcs Shower Curtain A	EA	12	12	1	12	1
31BOMSOWP01	31BOMSOWP01	022164230734	Emerson Collection Wash Pack	EA	24	24	1	24	1

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

Order No.: 67764044 Order Date: 07/17/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14277008
#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: KOHL'S DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 07/26/2023 Shipment No.: 300081263
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01	022164229448	Elena Hand Towel	EA	24	72	3	72	3
21BOMCSSC01	21BOMCSSC01	022164229431	Elena 13pcs Shower Curtain	EA	12	48	4	48	4
21BOMCSWP01	21BOMCSWP01	022164229455	Elena Wash Pack	EA	24	96	4	96	4

Total Weight:	173.73
Total Quantity Ordered:	216
Total Cartons Ordered:	11
Total Quantity Shipped:	216
Total Cartons Shipped:	11

Order No.: 67684643 Order Date: 07/09/2023 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 14276994

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:
07/26/2023

Shipment No.:
300081276

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMTSHT01	21BOMTSHT01	022164111927	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSHT02	21BOMTSHT02	022164111934	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSSC01	21BOMTSSC01	022164112009	Amelia Collection Shower Curta	EA	12	12	1	12	1
21BOMTSSC02	21BOMTSSC02	022164112016	Amelia Collection Shower Curta	EA	12	48	4	48	4
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	48	2	48	2

Total Weight: 131.33
Total Quantity Ordered: 156
Total Cartons Ordered: 9
Total Quantity Shipped: 156
Total Cartons Shipped: 9

Order No.: 67733311 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14178087
#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: 07/26/2023 Shipment No.: 300081249
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21SNMLRBT01	21SNMLRBT01	022164103991	Ryley Paisley Bath Towel	EA	24	24	1	24	1
21SNMLRHT01	21SNMLRHT01	022164104004	Ryley Paisley Hand Towel	EA	24	96	4	96	4
21SNMLRHT02	21SNMLRHT02	022164104028	Ryley Lemon Hand Towel	EA	24	96	4	96	4
21SNMLRHT03	21SNMLRHT03	022164104011	Ryley Border Hand Towel	EA	24	96	4	96	4
21SNMLRSC01	21SNMLRSC01	022164103977	Ryley Paisley Shower Curtain	EA	12	84	7	84	7
21SNMLRSC02	21SNMLRSC02	022164103984	Ryley Lemon Shower Curtain	EA	12	48	4	48	4

Total Weight:	332.34
Total Quantity Ordered:	444
Total Cartons Ordered:	24
Total Quantity Shipped:	444
Total Cartons Shipped:	24

Order No.: 67663324 Order Date: 07/06/2023 Customer: KOHLS ECOM DC-#00826 Customer PO No.: 14278849

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: 07/26/2023 Shipment No.: 300081283
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOSC01	31BOMSOSC01 -EFC	022164230697	Emerson 13pcs Shower Curtain A	EA	12	12	1	12	1

Total Weight:	17.73
Total Quantity Ordered:	12
Total Cartons Ordered:	1
Total Quantity Shipped:	12
Total Cartons Shipped:	1

Order No.: 67663322 Order Date: 07/06/2023 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 14278849

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: 07/26/2023 Shipment No.: 300081277
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOHT01	31BOMSOHT01	022164230710	Emerson Collection Hand Towel	EA	24	24	1	24	1
31BOMSOHT02	31BOMSOHT02	022164230727	Emerson Collection Hand Towel	EA	24	48	2	48	2
31BOMSOSC01	31BOMSOSC01	022164230697	Emerson 13pcs Shower Curtain A	EA	12	12	1	12	1
31BOMSOSC02	31BOMSOSC02	022164230703	Emerson 13pcs Shower Curtain A	EA	12	12	1	12	1
31BOMSOWP01	31BOMSOWP01	022164230734	Emerson Collection Wash Pack	EA	24	24	1	24	1

Total Weight:	93.36
Total Quantity Ordered:	120
Total Cartons Ordered:	6
Total Quantity Shipped:	120
Total Cartons Shipped:	6

Order No.: 67733328 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14271594
#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: 07/26/2023 Shipment No.: 300081261
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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	48	2	48	2
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	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	84	7	84	7
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	132	11	132	11

Total Weight:	474.92
Total Quantity Ordered:	360
Total Cartons Ordered:	24
Total Quantity Shipped:	360
Total Cartons Shipped:	24

Order No.: 67684645 Order Date: 07/09/2023 Customer: KOHLS ECOM DC-#00836 Customer PO No.: 14276994

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:
07/26/2023

Shipment No.:
300081286

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
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: 60.22
Total Quantity Ordered: 60
Total Cartons Ordered: 4
Total Quantity Shipped: 60
Total Cartons Shipped: 4

Order No.: 67756155 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14275082 #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: 07/26/2023 Shipment No.: 300081265
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCHT01	21BOMCCHT01	022164111965	Devon Collection Hand Towel	EA	24	24	1	24	1
21BOMCCHT02	21BOMCCHT02	022164111972	Devon Collection Hand Towel	EA	24	24	1	24	1
21BOMCCSC01	21BOMCCSC01	022164112023	Devon Collection Shower Curtai	EA	12	12	1	12	1
21BOMCCWP01	21BOMCCWP01	022164111989	Devon Collection Washcloth Set	EA	24	24	1	24	1
21BOMTSHT01	21BOMTSHT01	022164111927	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSHT02	21BOMTSHT02	022164111934	Amelia Collection Hand Towel	EA	24	24	1	24	1
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:	132.43
Total Quantity Ordered:	180
Total Cartons Ordered:	9
Total Quantity Shipped:	180
Total Cartons Shipped:	9

Order No.: 67682925 Order Date: 07/09/2023 Customer: KOHLS ECOM DC-#00806 Customer PO No.: 14271612

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: 07/26/2023 Shipment No.: 300081272
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02T	11SNMEDWHT 02T-EFC	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWHT03	11SNMEDWHT 03-EFC	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC2	11SNMEDWSC 2-EFC	086569491763	Spa Shower Curtain	EA	12	24	2	24	2

Total Weight:	76.84
Total Quantity Ordered:	72
Total Cartons Ordered:	4
Total Quantity Shipped:	72
Total Cartons Shipped:	4

Order No.: 67682927 Order Date: 07/09/2023 Customer: KOHLS ECOM DC-#00816 Customer PO No.: 14271612

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: 07/26/2023 Shipment No.: 300081279
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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
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1

Total Weight:	15.84
Total Quantity Ordered:	48
Total Cartons Ordered:	2
Total Quantity Shipped:	48
Total Cartons Shipped:	2

Order No.: 67682926 Order Date: 07/09/2023 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 14271612

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:
07/26/2023

Shipment No.:
300081275

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	72	3	72	3
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT03	11SNMEDWHT03-EFC	086569492005	Spa Border Bath Towel	EA	24	72	3	72	3
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	60	5	60	5

Total Weight: 255.14
Total Quantity Ordered: 348
Total Cartons Ordered: 17
Total Quantity Shipped: 348
Total Cartons Shipped: 17

Order No.: 67663319 Order Date: 07/06/2023 Customer: KOHLS ECOM DC-#00826 Customer PO No.: 14277009

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: 07/26/2023 Shipment No.: 300081284
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01 -EFC	022164229448	Elena Hand Towel	EA	24	24	1	24	1

Total Weight:	14.31
Total Quantity Ordered:	24
Total Cartons Ordered:	1
Total Quantity Shipped:	24
Total Cartons Shipped:	1

Order No.: 67733324 **Order Date:** 07/13/2023 **Customer:** KOHLS DIST. CENTER - **Customer PO No.:** 14271594
#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: 07/26/2023 Shipment No.: 300081241
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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
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	84	7	84	7
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	120	10	120	10

Total Weight:	397.22
Total Quantity Ordered:	228
Total Cartons Ordered:	18
Total Quantity Shipped:	228
Total Cartons Shipped:	18

Order No.: 67684642 Order Date: 07/09/2023 Customer: KOHLS ECOM DC-#00806 Customer PO No.: 14276994

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-#00806 825 EAST CENTRAL AVENUE SAN BERNARDINO - DC SAN BERNARDINO, CA 92408-2413 US	Shipping Date: 07/26/2023 Shipment No.: 300081273
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMTSHT02	21BOMTSHT02 -EFC	022164111934	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSSC02	21BOMTSSC02 -EFC	022164112016	Amelia Collection Shower Curta	EA	12	12	1	12	1

Total Weight:	28.07
Total Quantity Ordered:	36
Total Cartons Ordered:	2
Total Quantity Shipped:	36
Total Cartons Shipped:	2

Order No.: 67764043 Order Date: 07/17/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14277008 #00865

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 - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 07/26/2023 Shipment No.: 300081258
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01	022164229448	Elena Hand Towel	EA	24	24	1	24	1
21BOMCSSC01	21BOMCSSC01	022164229431	Elena 13pcs Shower Curtain	EA	12	36	3	36	3
21BOMCSWP01	21BOMCSWP01	022164229455	Elena Wash Pack	EA	24	144	6	144	6

Total Weight:	157.32
Total Quantity Ordered:	204
Total Cartons Ordered:	10
Total Quantity Shipped:	204
Total Cartons Shipped:	10

Order No.: 67756153 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14275082
 #00860

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHLS DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORNICANA D.C. CORNICANA, TX 75110 US	07/26/2023
			Shipment No.: 300081253

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCHT01	21BOMCCHT01	022164111965	Devon Collection Hand Towel	EA	24	24	1	24	1
21BOMCCHT02	21BOMCCHT02	022164111972	Devon Collection Hand Towel	EA	24	24	1	24	1
21BOMCCSC01	21BOMCCSC01	022164112023	Devon Collection Shower Curtai	EA	12	12	1	12	1
21BOMCCWP01	21BOMCCWP01	022164111989	Devon Collection Washcloth Set	EA	24	72	3	72	3
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	96	4	96	4

Total Weight:	210.7
Total Quantity Ordered:	288
Total Cartons Ordered:	14
Total Quantity Shipped:	288
Total Cartons Shipped:	14

Order No.: 67663320 Order Date: 07/06/2023 Customer: KOHLS ECOM DC-#00836 Customer PO No.: 14277009

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-#00836 9998 ALL POINTS PARKWAY PLAINFIELD, IN 46168 US	Shipping Date: 07/26/2023 Shipment No.: 300081288
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSWP01	21BOMCSWP01-EFC	022164229455	Elena Wash Pack	EA	24	24	1	24	1

Total Weight:	14.97
Total Quantity Ordered:	24
Total Cartons Ordered:	1
Total Quantity Shipped:	24
Total Cartons Shipped:	1

Order No.: 67684646 Order Date: 07/09/2023 Customer: KOHLS ECOM DC-#00870 Customer PO No.: 14276994

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:
07/26/2023

Shipment No.:
300081290

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMTSSC01	21BOMTSSC01 -EFC	022164112009	Amelia Collection Shower Curta	EA	12	12	1	12	1
21BOMTSSC02	21BOMTSSC02 -EFC	022164112016	Amelia Collection Shower Curta	EA	12	36	3	36	3

Total Weight: 59.01
Total Quantity Ordered: 48
Total Cartons Ordered: 4
Total Quantity Shipped: 48
Total Cartons Shipped: 4

Order No.: 67756152 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14275082 #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: 07/26/2023 Shipment No.: 300081247
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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
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	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	36	3	36	3
21BOMTSSC02	21BOMTSSC02	022164112016	Amelia Collection Shower Curta	EA	12	36	3	36	3
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	72	3	72	3

Total Weight:	334.89
Total Quantity Ordered:	432
Total Cartons Ordered:	22
Total Quantity Shipped:	432
Total Cartons Shipped:	22

Order No.: 67756182 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14278830
 #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: 07/26/2023 Shipment No.: 300081236
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOHT01	31BOMSOHT01	022164230710	Emerson Collection Hand Towel	EA	24	192	8	192	8
31BOMSOHT02	31BOMSOHT02	022164230727	Emerson Collection Hand Towel	EA	24	192	8	192	8
31BOMSOSC01	31BOMSOSC01	022164230697	Emerson 13pcs Shower Curtain A	EA	12	48	4	48	4
31BOMSOSC02	31BOMSOSC02	022164230703	Emerson 13pcs Shower Curtain A	EA	12	24	2	24	2
31BOMSOWP01	31BOMSOWP01	022164230734	Emerson Collection Wash Pack	EA	24	120	5	120	5

Total Weight:	410.19
Total Quantity Ordered:	576
Total Cartons Ordered:	27
Total Quantity Shipped:	576
Total Cartons Shipped:	27

Order No.: 67733314 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14178087
#00885

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 - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 07/26/2023 Shipment No.: 300081268
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21SNMLRHT02	21SNMLRHT02	022164104028	Ryley Lemon Hand Towel	EA	24	24	1	24	1
21SNMLRSC01	21SNMLRSC01	022164103977	Ryley Paisley Shower Curtain	EA	12	24	2	24	2
21SNMLRSC02	21SNMLRSC02	022164103984	Ryley Lemon Shower Curtain	EA	12	12	1	12	1

Total Weight:	64.31
Total Quantity Ordered:	60
Total Cartons Ordered:	4
Total Quantity Shipped:	60
Total Cartons Shipped:	4

Order No.: 67684644 Order Date: 07/09/2023 Customer: KOHLS ECOM DC-#00826 Customer PO No.: 14276994

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: 07/26/2023 Shipment No.: 300081282
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMTSHT01	21BOMTSHT01	022164111927	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSHT02	21BOMTSHT02	022164111934	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSSC02	21BOMTSSC02	022164112016	Amelia Collection Shower Curta	EA	12	12	1	12	1
21BOMTSWP01	21BOMTSWP01	022164111941	Amelia Collection Washcloth Se	EA	24	24	1	24	1

Total Weight:	57.35
Total Quantity Ordered:	84
Total Cartons Ordered:	4
Total Quantity Shipped:	84
Total Cartons Shipped:	4

Order No.: 67756190 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14278830
 #00885

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	KOHL'S DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	07/26/2023
			Shipment No.: 300081266

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOHT01	31BOMSOHT01	022164230710	Emerson Collection Hand Towel	EA	24	24	1	24	1
31BOMSOHT02	31BOMSOHT02	022164230727	Emerson Collection Hand Towel	EA	24	48	2	48	2
31BOMSOSC01	31BOMSOSC01	022164230697	Emerson 13pcs Shower Curtain A	EA	12	24	2	24	2
31BOMSOWP01	31BOMSOWP01	022164230734	Emerson Collection Wash Pack	EA	24	48	2	48	2

Total Weight:	108.33
Total Quantity Ordered:	144
Total Cartons Ordered:	7
Total Quantity Shipped:	144
Total Cartons Shipped:	7

Order No.: 67733323 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14271594
#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: 07/26/2023 Shipment No.: 300081237
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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	72	3	72	3
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	120	10	120	10
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	132	11	132	11

Total Weight:	543.62
Total Quantity Ordered:	396
Total Cartons Ordered:	27
Total Quantity Shipped:	396
Total Cartons Shipped:	27

Order No.: 67756181 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - #00810 Customer PO No.: 14278830

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: 07/26/2023 Shipment No.: 300081233
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOHT01	31BOMSOHT01	022164230710	Emerson Collection Hand Towel	EA	24	144	6	144	6
31BOMSOHT02	31BOMSOHT02	022164230727	Emerson Collection Hand Towel	EA	24	144	6	144	6
31BOMSOSC01	31BOMSOSC01	022164230697	Emerson 13pcs Shower Curtain A	EA	12	48	4	48	4
31BOMSOSC02	31BOMSOSC02	022164230703	Emerson 13pcs Shower Curtain A	EA	12	36	3	36	3
31BOMSOWP01	31BOMSOWP01	022164230734	Emerson Collection Wash Pack	EA	24	120	5	120	5

Total Weight:	370.68
Total Quantity Ordered:	492
Total Cartons Ordered:	24
Total Quantity Shipped:	492
Total Cartons Shipped:	24

Order No.: 67733308 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14178087
#00810

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 - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 07/26/2023 Shipment No.: 300081234
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21SNMLRBT01	21SNMLRBT01	022164103991	Ryley Paisley Bath Towel	EA	24	24	1	24	1
21SNMLRHT01	21SNMLRHT01	022164104004	Ryley Paisley Hand Towel	EA	24	48	2	48	2
21SNMLRHT02	21SNMLRHT02	022164104028	Ryley Lemon Hand Towel	EA	24	24	1	24	1
21SNMLRHT03	21SNMLRHT03	022164104011	Ryley Border Hand Towel	EA	24	48	2	48	2
21SNMLRSC01	21SNMLRSC01	022164103977	Ryley Paisley Shower Curtain	EA	12	36	3	36	3
21SNMLRSC02	21SNMLRSC02	022164103984	Ryley Lemon Shower Curtain	EA	12	24	2	24	2

Total Weight:	159.67
Total Quantity Ordered:	204
Total Cartons Ordered:	11
Total Quantity Shipped:	204
Total Cartons Shipped:	11

Order No.: 67682930 Order Date: 07/09/2023 Customer: KOHLS ECOM DC-#00870 Customer PO No.: 14271612

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: 07/26/2023 Shipment No.: 300081289
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT 02-EFC	086569492029	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02GS	11SNMEDWHT 02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02GT	11SNMEDWHT 02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT 02T-EFC	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWHT03	11SNMEDWHT 03-EFC	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1
11SNMEDWSC2	11SNMEDWSC 2-EFC	086569491763	Spa Shower Curtain	EA	12	24	2	24	2

Total Weight:	108.52
Total Quantity Ordered:	168
Total Cartons Ordered:	8
Total Quantity Shipped:	168
Total Cartons Shipped:	8

Order No.: 67756187 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - #00865 Customer PO No.: 14278830

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 - #00865
MAMAKATING (WURTSBORO) D.C.
3440 STATE ROUTE 209
WURTSBORO, NY 12790
US

Shipping Date:
07/26/2023
Shipment No.:
300081257

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOHT01	31BOMSOHT01	022164230710	Emerson Collection Hand Towel	EA	24	192	8	192	8
31BOMSOHT02	31BOMSOHT02	022164230727	Emerson Collection Hand Towel	EA	24	168	7	168	7
31BOMSOSC01	31BOMSOSC01	022164230697	Emerson 13pcs Shower Curtain A	EA	12	48	4	48	4
31BOMSOSC02	31BOMSOSC02	022164230703	Emerson 13pcs Shower Curtain A	EA	12	12	1	12	1
31BOMSOWP01	31BOMSOWP01	022164230734	Emerson Collection Wash Pack	EA	24	96	4	96	4

Total Weight: 363.18
Total Quantity Ordered: 516
Total Cartons Ordered: 24
Total Quantity Shipped: 516
Total Cartons Shipped: 24

Order No.: 67663325 Order Date: 07/06/2023 Customer: KOHLS ECOM DC-#00836 Customer PO No.: 14278849

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: 07/26/2023 Shipment No.: 300081287
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOHT01	31BOMSOHT01 -EFC	022164230710	Emerson Collection Hand Towel	EA	24	48	2	48	2
31BOMSOHT02	31BOMSOHT02 -EFC	022164230727	Emerson Collection Hand Towel	EA	24	24	1	24	1

Total Weight:	42.93
Total Quantity Ordered:	72
Total Cartons Ordered:	3
Total Quantity Shipped:	72
Total Cartons Shipped:	3

Order No.: 67764045 Order Date: 07/17/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14277008
#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: 07/26/2023 Shipment No.: 300081267
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01	022164229448	Elena Hand Towel	EA	24	24	1	24	1
21BOMCSSC01	21BOMCSSC01	022164229431	Elena 13pcs Shower Curtain	EA	12	36	3	36	3
21BOMCSWP01	21BOMCSWP01	022164229455	Elena Wash Pack	EA	24	72	3	72	3

Total Weight:	112.41
Total Quantity Ordered:	132
Total Cartons Ordered:	7
Total Quantity Shipped:	132
Total Cartons Shipped:	7

Order No.: 67764039 Order Date: 07/17/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14277008
#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: 07/26/2023 Shipment No.: 300081240
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01	022164229448	Elena Hand Towel	EA	24	24	1	24	1
21BOMCSSC01	21BOMCSSC01	022164229431	Elena 13pcs Shower Curtain	EA	12	12	1	12	1
21BOMCSWP01	21BOMCSWP01	022164229455	Elena Wash Pack	EA	24	24	1	24	1

Total Weight:	47.01
Total Quantity Ordered:	60
Total Cartons Ordered:	3
Total Quantity Shipped:	60
Total Cartons Shipped:	3

Order No.: 67733312 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14178087
 #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 CORNICANA D.C. CORNICANA, TX 75110 US	Shipping Date: 07/26/2023 Shipment No.: 300081251
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21SNMLRBT01	21SNMLRBT01	022164103991	Ryley Paisley Bath Towel	EA	24	72	3	72	3
21SNMLRHT01	21SNMLRHT01	022164104004	Ryley Paisley Hand Towel	EA	24	216	9	216	9
21SNMLRHT02	21SNMLRHT02	022164104028	Ryley Lemon Hand Towel	EA	24	120	5	120	5
21SNMLRHT03	21SNMLRHT03	022164104011	Ryley Border Hand Towel	EA	24	168	7	168	7
21SNMLRSC01	21SNMLRSC01	022164103977	Ryley Paisley Shower Curtain	EA	12	180	15	180	15
21SNMLRSC02	21SNMLRSC02	022164103984	Ryley Lemon Shower Curtain	EA	12	108	9	108	9

Total Weight:	698.37
Total Quantity Ordered:	864
Total Cartons Ordered:	48
Total Quantity Shipped:	864
Total Cartons Shipped:	48

Order No.: 67682928 Order Date: 07/09/2023 Customer: KOHLS ECOM DC-#00826 Customer PO No.: 14271612

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: 07/26/2023 Shipment No.: 300081281
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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	24	1	24	1
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWHT03	11SNMEDWHT03-EFC	086569492005	Spa Border Bath Towel	EA	24	24	1	24	1

Total Weight:	54.8
Total Quantity Ordered:	120
Total Cartons Ordered:	5
Total Quantity Shipped:	120
Total Cartons Shipped:	5

Order No.: 67663323 Order Date: 07/06/2023 Customer: KOHLS ECOM DC-#00816 Customer PO No.: 14278849

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: 07/26/2023 Shipment No.: 300081280
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOWP01	31BOMSOWP0 1-EFC	022164230734	Emerson Collection Wash Pack	EA	24	24	1	24	1

Total Weight:	14.97
Total Quantity Ordered:	24
Total Cartons Ordered:	1
Total Quantity Shipped:	24
Total Cartons Shipped:	1

Order No.: 67733309 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - #00830 Customer PO No.: 14178087

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 - #00830
300 ADMIRAL BYRD DRIVE
WINCHESTER D. C.
WINCHESTER, VA 22602
US

Shipping Date:
07/26/2023

Shipment No.:
300081239

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21SNMLRHT01	21SNMLRHT01	022164104004	Ryley Paisley Hand Towel	EA	24	24	1	24	1
21SNMLRHT02	21SNMLRHT02	022164104028	Ryley Lemon Hand Towel	EA	24	48	2	48	2
21SNMLRSC01	21SNMLRSC01	022164103977	Ryley Paisley Shower Curtain	EA	12	24	2	24	2
21SNMLRSC02	21SNMLRSC02	022164103984	Ryley Lemon Shower Curtain	EA	12	24	2	24	2

Total Weight: 100.43
Total Quantity Ordered: 120
Total Cartons Ordered: 7
Total Quantity Shipped: 120
Total Cartons Shipped: 7

Order No.: 67756150 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14275082 #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: 07/26/2023 Shipment No.: 300081238
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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
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	72	3	72	3
21BOMTSHT02	21BOMTSHT02	022164111934	Amelia Collection Hand Towel	EA	24	24	1	24	1
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

Total Weight:	163.58
Total Quantity Ordered:	240
Total Cartons Ordered:	11
Total Quantity Shipped:	240
Total Cartons Shipped:	11

Order No.: 67764040 Order Date: 07/17/2023 Customer: KOHLS DIST. CENTER - #00840 Customer PO No.: 14277008

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: 07/26/2023 Shipment No.: 300081245
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01	022164229448	Elena Hand Towel	EA	24	24	1	24	1
21BOMCSSC01	21BOMCSSC01	022164229431	Elena 13pcs Shower Curtain	EA	12	12	1	12	1
21BOMCSWP01	21BOMCSWP01	022164229455	Elena Wash Pack	EA	24	24	1	24	1

Total Weight:	47.01
Total Quantity Ordered:	60
Total Cartons Ordered:	3
Total Quantity Shipped:	60
Total Cartons Shipped:	3

Order No.: 67733322 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14271594 #00810

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 - #00810
7855 COUNTY ROAD 140
FINDLAY D.C.
FINDLAY, OH 45840
US

Shipping Date:
07/26/2023

Shipment No.:
300081232

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	72	3	72	3
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	48	2	48	2
11SNMEDWHT03	11SNMEDWHT03	086569492005	Spa Border Bath Towel	EA	24	48	2	48	2
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	168	14	168	14
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	216	18	216	18

Total Weight: 834.48
Total Quantity Ordered: 600
Total Cartons Ordered: 41
Total Quantity Shipped: 600
Total Cartons Shipped: 41

Order No.: 67756192 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - #00890 Customer PO No.: 14278830

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 - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 07/26/2023 Shipment No.: 300081270
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
31BOMSOHT01	31BOMSOHT01	022164230710	Emerson Collection Hand Towel	EA	24	120	5	120	5
31BOMSOHT02	31BOMSOHT02	022164230727	Emerson Collection Hand Towel	EA	24	120	5	120	5
31BOMSOSC01	31BOMSOSC01	022164230697	Emerson 13pcs Shower Curtain A	EA	12	48	4	48	4
31BOMSOSC02	31BOMSOSC02	022164230703	Emerson 13pcs Shower Curtain A	EA	12	36	3	36	3
31BOMSOWP01	31BOMSOWP01	022164230734	Emerson Collection Wash Pack	EA	24	144	6	144	6

Total Weight:	357.03
Total Quantity Ordered:	468
Total Cartons Ordered:	23
Total Quantity Shipped:	468
Total Cartons Shipped:	23

Order No.: 67663318 Order Date: 07/06/2023 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 14277009

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: 07/26/2023 Shipment No.: 300081278
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSSC01	21BOMCSSC01	022164229431	Elena 13pcs Shower Curtain	EA	12	12	1	12	1
21BOMCSWP01	21BOMCSWP01	022164229455	Elena Wash Pack	EA	24	24	1	24	1

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

Order No.: 67733326 Order Date: 07/13/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14271594
 #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: 07/26/2023 Shipment No.: 300081252
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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	48	4	48	4
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	120	10	120	10

Total Weight:	336.44
Total Quantity Ordered:	216
Total Cartons Ordered:	16
Total Quantity Shipped:	216
Total Cartons Shipped:	16

Order No.: 67756151 Order Date: 07/16/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14275082
 #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: 07/26/2023 Shipment No.: 300081244
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCCWP01	21BOMCCWP01	022164111989	Devon Collection Washcloth Set	EA	24	24	1	24	1
21BOMTSHT01	21BOMTSHT01	022164111927	Amelia Collection Hand Towel	EA	24	24	1	24	1
21BOMTSSC01	21BOMTSSC01	022164112009	Amelia Collection Shower Curta	EA	12	12	1	12	1

Total Weight:	47.01
Total Quantity Ordered:	60
Total Cartons Ordered:	3
Total Quantity Shipped:	60
Total Cartons Shipped:	3

Order No.: 67682929 Order Date: 07/09/2023 Customer: KOHLS ECOM DC-#00836 Customer PO No.: 14271612

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: 07/26/2023 Shipment No.: 300081285
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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
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
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	36	3	36	3

Total Weight:	108.3
Total Quantity Ordered:	156
Total Cartons Ordered:	8
Total Quantity Shipped:	156
Total Cartons Shipped:	8

Order No.: 67764046 Order Date: 07/17/2023 Customer: KOHLS DIST. CENTER - #00890 Customer PO No.: 14277008

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: 07/26/2023
			Shipment No.: 300081271

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01	022164229448	Elena Hand Towel	EA	24	48	2	48	2
21BOMCSSC01	21BOMCSSC01	022164229431	Elena 13pcs Shower Curtain	EA	12	24	2	24	2
21BOMCSWP01	21BOMCSWP01	022164229455	Elena Wash Pack	EA	24	72	3	72	3

Total Weight:	108.99
Total Quantity Ordered:	144
Total Cartons Ordered:	7
Total Quantity Shipped:	144
Total Cartons Shipped:	7

Order No.: 67764041 Order Date: 07/17/2023 Customer: KOHLS DIST. CENTER - #00855 Customer PO No.: 14277008

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: 07/26/2023 Shipment No.: 300081246
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
21BOMCSHT01	21BOMCSHT01	022164229448	Elena Hand Towel	EA	24	168	7	168	7
21BOMCSSC01	21BOMCSSC01	022164229431	Elena 13pcs Shower Curtain	EA	12	84	7	84	7
21BOMCSWP01	21BOMCSWP01	022164229455	Elena Wash Pack	EA	24	216	9	216	9

Total Weight:	359.01
Total Quantity Ordered:	468
Total Cartons Ordered:	23
Total Quantity Shipped:	468
Total Cartons Shipped:	23