

SHIP FROM		Master Bill of Lading Number: 06757163000831180	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Swift Transportation	
Name:	Kohls	DC#:	XDSFS
		Div.:	
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number:	85196
		Seal number(s):	2149260
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	SWFT
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/>	MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
ME# 868507084		Appointment Time	Actual Driver Arrival Time
		8:00 AM	2:30 AM
			3:15 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14591919	Dept#: 115	159	2532.58	Y N	06757163000831142	00865	
14591919	Dept#: 115	50	815.44	Y N	06757163000831128	00855	
14591919	Dept#: 115	171	2747.46	Y N	06757163000831173	00890	
14591919	Dept#: 115	33	545.98	Y N	06757163000831166	00885	
14591920	Dept#: 115	53	929.08	Y N	06757163000831074	00836	
14591920	Dept#: 115	11	221.94	Y N	06757163000831043	00806	
14591919	Dept#: 115	51	868.30	Y N	06757163000831111	00840	
14591919	Dept#: 115	34	553.90	Y N	06757163000831135	00860	
14591920	Dept#: 115	122	2209.58	Y N	06757163000831050	00813	
14591919	Dept#: 115	168	2723.70	Y N	06757163000831098	00810	
14591919	Dept#: 115	77	1253.98	Y N	06757163000831159	00875	
14591920	Dept#: 115	25	452.66	Y N	06757163000831081	00870	
14591919	Dept#: 115	120	1909.12	Y N	06757163000831104	00830	

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.

*[Signature]* 10/12/23

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]* 9-12-23

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000831180	
Name: E & E COMPANY LTD			
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: Swift Transportation	
Name: Kohls DC#: XDSFS		Trailer number: 85196	
Div. _____		Seal number(s): 2149260	
Address: X-DOCK PERFORMANCE TEAM BLDG 6		SCAC: SWFT	
12816 SHOEMAKER AVE, XDSFS		Pro Number: _____	
City/State/Zip: SANTA FE SPRINGS, CA 90670			
SID#: _____ FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip: _____		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM PM AM PM AM PM	
ME# 868507084			

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO	
				BOL#	DC#	Supplier#	
14591920	Dept#: 115	40	691.30	Y	N	06757163000831067	00826
<b>Grand Total</b>		1114	18455.02				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
22	Pallet			1100.00		Pallet		70
		471	ctns	3730.32		Bath Towel, Beach Towel	49260 Sub 4	175
		643	ctns	14724.70		Shower curtain	49385	77.5
22				19555.02		<b>Grand Total</b>		

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

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


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

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

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

**Shipper Signature**

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. 10/12/23	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. 
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SHIP FROM		Bill of Lading Number: 06757163000831142	
Name:	E & E COMPANY LTD	 (402)06757163000831142	
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:		Trailer number: 85196	
SHIP TO		Seal number(s): 2149260	
Name:	Kohls Dist. Center - #00865	Location #:	00865
Address:	Mamakating (Wurtsboro) D.C.	SCAC: SWFT	
	3440 State Route 209, 00865	Pro Number:	
City/State/Zip:	Wurtsboro, NY 12790		
CID#:	868507084	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Load #: 868507084	Prepaid: <input type="checkbox"/> Collect: X 3rd Party:		
Packing List is Attached	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14591919 Dept#: 115	159	2532.58	Y N	
<b>Grand Total</b>	159	2532.58		

## 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
3	Pallet			150.00		Pallet		
		74	ctns	586.08		Bath Towel, Beach Towel	49260 Sub 4	175
		85	ctns	1946.50		Shower curtain	49385	77.5
3		159		2682.58		<b>Grand Total</b>		

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

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

per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms:

Collect:

Prepaid:

Customer check acceptable:

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:

By Shipper

By Driver

## Freight Counted:

By Shipper

By Driver/pallets said to contain

By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:

In:

Out:

Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000831135
Name: E & E COMPANY LTD	 (402)06757163000831135	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:	<b>CARRIER NAME:</b> Swift Transportation	
VENDOR: 000074879	Responsible Acct.No:	
SHIP TO		Trailer number: 85196
Name: Kohls Dist. Center - #00860	Location #: 00860	Seal number(s): 2149260
Address: 1600 North Business 45	<b>SCAC:</b> SWFT	
City/State/Zip: Corsicana D.C., 00860	<b>Pro Number:</b>	
CID#: 868507084	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party:
Name:	<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS: Load #: 868507084 Packing List is Attached		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14591919      Dept#: 115	34	553.90	Y      N		
<b>Grand Total</b>	34	553.90			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	118.80		Bath Towel, Beach Towel	49260 Sub 4	175
		19	ctns	435.10		Shower curtain	49385	77.5
1		34		603.90		<b>Grand Total</b>		

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

<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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


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

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

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





SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD	Bill of Lading Number: 06757163000831043		
Address: 221 Hanson Way	 (402)06757163000831043		
City/State/Zip: Woodland, CA 95776	CARRIER NAME: Swift Transportation		
SID#:	Responsible Acct.No:		
PHONE:	Trailer number: 85196		
VENDOR: 000074879	Seal number(s): 2149260		
FOB: <input type="checkbox"/>	SCAC: SWFT		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:	Pro Number:		
Address:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
City/State/Zip:	Prepaid:                      Collect: <b>X</b> 3rd Party:		
SPECIAL INSTRUCTIONS:	<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading		
Load #: 868507084			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14591920      Dept#: 115	11	221.94	Y      N		
<b>Grand Total</b>	11	221.94			

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	49260 Sub 4	175
		9	ctns	206.10		Shower curtain	49385	77.5
1		11		271.94		<b>Grand Total</b>		

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

<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

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

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>  Appt Time: In: Out: Driver Signature:
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Date: 10/12/2023 2:55:16 PM

## 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 San Bernardino D.C., 00855
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino, CA 92408-1614
SID#:		CID#:	868507084
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 868507084			
Packing List is Attached			

Bill of Lading Number: 06757163000831128



(402)06757163000831128

CARRIER NAME: Swift Transportation

Responsible Acct.No:

Trailer number: 85196

Seal number(s): 2149260

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  
 (check box) underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14591919 Dept#: 115	50	815.44	Y N	
<b>Grand Total</b>	50	815.44		

## 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		
		22	ctns	174.24		Bath Towel, Beach Towel	49260 Sub 4	175
		28	ctns	641.20		Shower curtain	49385	77.5
1		50		865.44		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:


Out:

Driver Signature:

Date: 10/12/2023 2:55:14 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY.LTD	Name:	Kohls Ecom DC-#00870 Location #: 00870
Address:	221 Hanson Way	Address:	3500 Salzman Road
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Monroe (Middletown) F.C., 00870
SID#:		City/State/Zip:	Middletown, OH 45044-9401
PHONE:		CID#:	868507084
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000831081		Trailer number: 85196	
		Seal number(s): 2149260	
(402)06757163000831081		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
3rd Party: <input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:	
Address:		City/State/Zip:	
SPECIAL INSTRUCTIONS:		Packing List is Attached	
Load #: 868507084			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14591920 Dept#: 115	25	452.66	Y N	
<b>Grand Total</b>	25	452.66		

## 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		
		8	ctns	63.36		Bath Towel, Beach Towel	49260 Sub 4	175
		17	ctns	389.30		Shower curtain	49385	77.5
1		25		502.66		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

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

## 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: 06757163000831159		
Name: E & E COMPANY LTD	 (402)06757163000831159			
Address: 221 Hanson Way				
City/State/Zip: Woodland, CA 95776				
SID#:				
PHONE:				
VENDOR: 000074879	CARRIER NAME: Swift Transportation			
<table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: none;">FOB: <input type="checkbox"/></td> <td style="border: none;">Responsible Acct.No:</td> </tr> </table>		FOB: <input type="checkbox"/>	Responsible Acct.No:	Trailer number: 85196
FOB: <input type="checkbox"/>	Responsible Acct.No:			
SHIP TO		Seal number(s): 2149260		
Name: Kohls Dist. Center - #00875	Location #: 00875	SCAC: SWFT		
Address: 3030 Airport Road East				
Macon D.C., 00875				
City/State/Zip: Macon, GA 31216				
CID#: 868507084	FOB: <input type="checkbox"/>			
<table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: none;">FOB: <input type="checkbox"/></td> <td style="border: none;">Responsible Acct.No:</td> </tr> </table>		FOB: <input type="checkbox"/>	Responsible Acct.No:	Pro Number:
FOB: <input type="checkbox"/>	Responsible Acct.No:			
THIRD PARTY FREIGHT CHARGES BILL TO:				
Name:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid:                      Collect: <b>X</b> 3rd Party:		
Address:				
City/State/Zip:				
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
Load #: 868507084				
Packing List is Attached				

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14591919	Dept#: 115	77	1253.98	Y	N
<b>Grand Total</b>		77	1253.98		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		34	ctns	269.28		Bath Towel, Beach Towel	49260 Sub 4	175
		43	ctns	984.70		Shower curtain	49385	77.5
1		77		1303.98		<b>Grand Total</b>		

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

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


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

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

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

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

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  <i>Property described above is received in good order, except as noted.</i>  Appt Time: In: Out: Driver Signature:
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SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00890 Location #: 00890
Address:	221 Hanson Way	Address:	4300 MBL Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ottawa D.C., 00890
SID#:		CID#:	868507084
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000831173		Trailer number: 85196	
		Seal number(s): 2149260	
(402)06757163000831173		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	
SPECIAL INSTRUCTIONS: Load #: 868507084 Packing List is Attached		<input type="checkbox"/> (check box)	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14591919 Dept#: 115	171	2747.46	Y N	
<b>Grand Total</b>	171	2747.46		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		78	ctns	617.76		Bath Towel, Beach Towel	49260 Sub 4	175
		93	ctns	2129.70		Shower curtain	49385	77.5
3		171		2897.46		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:

By Shipper  
 By Driver

## Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:  
In:  
Out:  
Driver Signature:

Date: 10/12/2023 2:55:10 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00813
Address:	221 Hanson Way	Address:	10201 Schuster Way
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	00813
SID#:		City/State/Zip:	Pataskala, OH 43062
PHONE:		CID#:	868507084
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000831050		Trailer number: 85196	
		Seal number(s): 2149260	
(402)06757163000831050		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:
<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 #: 868507084		Packing List is Attached	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14591920 Dept#: 115	122	2209.58	Y N	
<b>Grand Total</b>	122	2209.58		

## 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
2	Pallet			100.00		Pallet		
		39	ctns	308.88		Bath Towel, Beach Towel	49260 Sub 4	175
		83	ctns	1900.70		Shower curtain	49385	77.5
2		122		2309.58		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:


Out:

Driver Signature:

Date: 10/12/2023 2:55:09 PM

**Bill Of Lading**

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000831098	
Name:	E & E COMPANY LTD	 (402)06757163000831098	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	000074879	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Swift Transportation	
Name:	Kohls Dist. Center - #00810	Location #:	00810
Address:	7855 County Road 140	Trailer number:	85196
	Findlay D.C., 00810	Seal number(s):	2149260
City/State/Zip:	Findlay, OH 45840	SCAC:	SWFT
CID#:	868507084	Pro Number:	
		FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X
Address:			3rd Party:
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #:	868507084		
Packing List is Attached			

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14591919 Dept#: 115	168	2723.70	Y N		
<b>Grand Total</b>	168	2723.70			

**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
3	Pallet			150.00		Pallet		
		75	ctns	594.00		Bath Towel, Beach Towel	49260 Sub 4	175
		93	ctns	2129.70		Shower curtain	49385	77.5
3		168		2873.70		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms:

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

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

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

\_\_\_\_\_  
Shipper Signature**SHIPPER SIGNATURE / DATE**

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

**Trailer Loaded:** By Shipper By Driver**Freight Counted:** By Shipper By Driver/pallets said to contain By Driver/Pieces**CARRIER SIGNATURE / PICKUP DATE**

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

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

Appt Time:

In:

Out:

Driver Signature:

Date: 10/12/2023 2:55:07 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD	Address: 221 Hanson Way	Name: Kohls Ecom DC-#00826	Location #: 00826
City/State/Zip: Woodland, CA 95776	SID#:	Address: 2019 N. I-35 E	City/State/Zip: Desoto-EC, 00826
PHONE:	VENDOR: 000074879	CID#: 868507084	City/State/Zip: Desoto, TX 75115
	FOB: <input type="checkbox"/>		CID#: 868507084
THIRD PARTY FREIGHT CHARGES BILL TO:		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	Address:	Name:	
City/State/Zip:		Address:	
SPECIAL INSTRUCTIONS:		SPECIAL INSTRUCTIONS:	
Load #: 868507084		Load #: 868507084	
Packing List is Attached		Packing List is Attached	

Bill of Lading Number: 06757163000831067



(402)06757163000831067

CARRIER NAME: Swift Transportation

Responsible Acct.No:

Trailer number: 85196

Seal number(s): 2149260

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  
 (check box) underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14591920 Dept#: 115	40	691.30	Y	N	
<b>Grand Total</b>	<b>40</b>	<b>691.30</b>			

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	118.80		Bath Towel, Beach Towel	49260 Sub 4	175
		25	ctns	572.50		Shower curtain	49385	77.5
1		40		741.30		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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



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

Appt Time:

In:

Out:

Driver Signature:

SHIP FROM		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#:	868507084
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS: Load #: 868507084 Packing List is Attached		SPECIAL INSTRUCTIONS: Load #: 868507084 Packing List is Attached	
Bill of Lading Number: 06757163000831111		Bill of Lading Number: 06757163000831111	
			
(402)06757163000831111		(402)06757163000831111	
CARRIER NAME: Swift Transportation		CARRIER NAME: Swift Transportation	
Responsible Acct.No:		Responsible Acct.No:	
Trailer number: 85196		Trailer number: 85196	
Seal number(s): 2149260		Seal number(s): 2149260	
SCAC: SWFT		SCAC: SWFT	
Pro Number:		Pro Number:	
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
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
14591919 Dept#: 115	51	868.30	Y N	
<b>Grand Total</b>	51	868.30		

## 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		
		20	ctns	158.40		Bath Towel, Beach Towel	49260 Sub 4	175
		31	ctns	709.90		Shower curtain	49385	77.5
1		51		918.30		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:

By Shipper

By Driver

## Freight Counted:

By Shipper

By Driver/pallets said to contain

By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:  
In:  
Out:  
Driver Signature:

Date: 10/12/2023 2:55:04 PM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00830 Location #: 00830
Address:	221 Hanson Way	Address:	300 Admiral Byrd Drive Winchester D. C., 00830
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Winchester, VA 22602
SID#:		CID#:	868507084
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000831104		Trailer number: 85196	
		Seal number(s): 2149260	
(402)06757163000831104		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 #: 868507084 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	PALETT/SLIP	ADDITIONAL SHIPPER INFO
14591919 Dept#: 115	120	1909.12	Y N	
<b>Grand Total</b>	120	1909.12		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		56	ctns	443.52		Bath Towel, Beach Towel	49260 Sub 4	175
		64	ctns	1465.60		Shower curtain	49385	77.5
2		120		2009.12		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

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

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:

 By Shipper By Driver

## Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Order No.: 68286553    Order Date: 09/24/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14591919  
 #00865

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	<b>Shipping Date:</b> 10/12/2023  <b>Shipment No.:</b> 300083114
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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	336	14	336	14
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	552	23	552	23
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	384	16	384	16
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	504	21	504	21
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	480	40	480	40
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	540	45	540	45

Total Weight:	2532.58
Total Quantity Ordered:	2796
Total Cartons Ordered:	159
Total Quantity Shipped:	2796
Total Cartons Shipped:	159

Order No.: 68286552    Order Date: 09/24/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14591919  
#00860

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORNICANA D.C. CORNICANA, TX 75110 US	<b>Shipping Date:</b> 10/12/2023  <b>Shipment No.:</b> 300083113
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	120	5	120	5
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	120	10	120	10
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	108	9	108	9

<b>Total Weight:</b>	<b>553.9</b>
<b>Total Quantity Ordered:</b>	<b>588</b>
<b>Total Cartons Ordered:</b>	<b>34</b>
<b>Total Quantity Shipped:</b>	<b>588</b>
<b>Total Cartons Shipped:</b>	<b>34</b>

Order No.: 68253705    Order Date: 09/21/2023    Customer: KOHLS ECOM DC-#00836    Customer PO No.: 14591920

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS ECOM DC-#00836 9998 ALL POINTS PARKWAY PLAINFIELD, IN 46168 US	<b>Shipping Date:</b> 10/12/2023  <b>Shipment No.:</b> 300083107
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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	168	7	168	7
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	168	7	168	7
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	132	11	132	11
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	276	23	276	23

Total Weight:	929.08
Total Quantity Ordered:	864
Total Cartons Ordered:	53
Total Quantity Shipped:	864
Total Cartons Shipped:	53

Order No.: 68286555    Order Date: 09/24/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14591919  
#00885

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	<b>Shipping Date:</b> 10/12/2023  <b>Shipment No.:</b> 300083116
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	120	5	120	5
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	108	9	108	9
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	120	10	120	10

Total Weight:	545.98
Total Quantity Ordered:	564
Total Cartons Ordered:	33
Total Quantity Shipped:	564
Total Cartons Shipped:	33

Order No.: 68253702    Order Date: 09/21/2023    Customer: KOHLS ECOM DC-#00806    Customer PO No.: 14591920

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS ECOM DC-#00806 825 EAST CENTRAL AVENUE SAN BERNARDINO - DC SAN BERNARDINO, CA 92408-2413 US	<b>Shipping Date:</b> 10/12/2023
			<b>Shipment No.:</b> 300083104

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	48	2	48	2
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	36	3	36	3
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	72	6	72	6

Total Weight:	221.94
Total Quantity Ordered:	156
Total Cartons Ordered:	11
Total Quantity Shipped:	156
Total Cartons Shipped:	11

Order No.: 68286551 Order Date: 09/24/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591919  
#00855

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408- 1614 US	<b>Shipping Date:</b> 10/12/2023  <b>Shipment No.:</b> 300083112
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	168	7	168	7
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	168	7	168	7
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	180	15	180	15
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	156	13	156	13

<b>Total Weight:</b>	815.44
<b>Total Quantity Ordered:</b>	864
<b>Total Cartons Ordered:</b>	50
<b>Total Quantity Shipped:</b>	864
<b>Total Cartons Shipped:</b>	50

Order No.: 68253706    Order Date: 09/21/2023    Customer: KOHLS ECOM DC-#00870    Customer PO No.: 14591920

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS ECOM DC-#00870 3500 SALZMAN ROAD MONROE (MIDDLETOWN) F.C. MIDDLETOWN, OH 45044-9401 US	<b>Shipping Date:</b> 10/12/2023  <b>Shipment No.:</b> 300083108
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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	24	1	24	1
11SNMEDWHT02GS	11SNMEDWHT 02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT 02T-EFC	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC 1-EFC	086569491756	Spa Shower Curtain	EA	12	72	6	72	6
11SNMEDWSC2	11SNMEDWSC 2-EFC	086569491763	Spa Shower Curtain	EA	12	132	11	132	11

Total Weight:	452.66
Total Quantity Ordered:	396
Total Cartons Ordered:	25
Total Quantity Shipped:	396
Total Cartons Shipped:	25

Order No.: 68286554 Order Date: 09/24/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591919  
#00875

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	<b>Shipping Date:</b> 10/12/2023  <b>Shipment No.:</b> 300083115
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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	168	7	168	7
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	264	11	264	11
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	240	10	240	10
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	240	20	240	20
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	276	23	276	23

Total Weight:	1253.98
Total Quantity Ordered:	1332
Total Cartons Ordered:	77
Total Quantity Shipped:	1332
Total Cartons Shipped:	77

Order No.: 68286556 Order Date: 09/24/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591919  
#00890

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	<b>Shipping Date:</b> 10/12/2023
			<b>Shipment No.:</b> 300083117

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	360	15	360	15
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	552	23	552	23
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	384	16	384	16
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	576	24	576	24
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	540	45	540	45
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	576	48	576	48

Total Weight: 2747.46  
 Total Quantity Ordered: 2988  
 Total Cartons Ordered: 171  
 Total Quantity Shipped: 2988  
 Total Cartons Shipped: 171

Order No.: 68253703    Order Date: 09/21/2023    Customer: KOHLS ECOM DC-#00813    Customer PO No.: 14591920

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS ECOM DC-#00813 10201 SCHUSTER WAY PATASKALA, OH 43062 US	<b>Shipping Date:</b> 10/12/2023
			<b>Shipment No.:</b> 300083105

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	96	4	96	4
11SNMEDWHT02GS	11SNMEDWHT02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	480	20	480	20
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	288	12	288	12
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	348	29	348	29
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	648	54	648	54

Total Weight: 2209.58  
 Total Quantity Ordered: 1932  
 Total Cartons Ordered: 122  
 Total Quantity Shipped: 1932  
 Total Cartons Shipped: 122

Order No.: 68286548 Order Date: 09/24/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591919  
#00810

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	<b>Shipping Date:</b> 10/12/2023  <b>Shipment No.:</b> 300083109
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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	336	14	336	14
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	552	23	552	23
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	360	15	360	15
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	552	23	552	23
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	504	42	504	42
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	612	51	612	51

Total Weight:	2723.7
Total Quantity Ordered:	2916
Total Cartons Ordered:	168
Total Quantity Shipped:	2916
Total Cartons Shipped:	168

Order No.: 68253704 Order Date: 09/21/2023 Customer: KOHLS ECOM DC-#00826 Customer PO No.: 14591920

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHLS INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS ECOM DC-#00826 2019 N. I-35 E DESOTO-EC DESOTO, TX 75115 US	<b>Shipping Date:</b> 10/12/2023  <b>Shipment No.:</b> 300083106
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02-EFC	086569492029	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02GS	11SNMEDWHT02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	168	7	168	7
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	120	5	120	5
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	96	8	96	8
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	204	17	204	17

Total Weight:	691.3
Total Quantity Ordered:	660
Total Cartons Ordered:	40
Total Quantity Shipped:	660
Total Cartons Shipped:	40

Order No.: 68286550 Order Date: 09/24/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591919  
#00840

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	<b>Shipping Date:</b> 10/12/2023  <b>Shipment No.:</b> 300083111
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	168	7	168	7
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	180	15	180	15
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	192	16	192	16

Total Weight:	868.3
Total Quantity Ordered:	852
Total Cartons Ordered:	51
Total Quantity Shipped:	852
Total Cartons Shipped:	51

Order No.: 68286549    Order Date: 09/24/2023    Customer: KOHLS DIST. CENTER - Customer PO No.: 14591919  
#00830

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	<b>Shipping Date:</b> 10/12/2023  <b>Shipment No.:</b> 300083110
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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	264	11	264	11
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	408	17	408	17
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	216	9	216	9
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	456	19	456	19
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	348	29	348	29
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	420	35	420	35

Total Weight: 1909.12  
 Total Quantity Ordered: 2112  
 Total Cartons Ordered: 120  
 Total Quantity Shipped: 2112  
 Total Cartons Shipped: 120