

Date: 9/11/2023 11:50:30 AM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000824410	
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:	210204
		Seal number(s):	2149234
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	SWFT
SID#:		Pro Number:	866587252
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/>	MASTER BILL OF LANDING: WITH ATTACHED
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
ME# 866587252		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
14591911	Dept#: 115	118	1863.32	Y N	06757163000823987	00810	
14591911	Dept#: 115	80	1307.70	Y N	06757163000823994	00830	
14591911	Dept#: 115	49	792.54	Y N	06757163000824007	00840	
14591911	Dept#: 115	28	476.42	Y N	06757163000824014	00855	
14591911	Dept#: 115	19	330.24	Y N	06757163000824021	00860	
14591911	Dept#: 115	127	1994.52	Y N	06757163000824038	00865	
14591911	Dept#: 115	54	937.00	Y N	06757163000824045	00875	
14591911	Dept#: 115	28	461.44	Y N	06757163000824052	00885	
14591911	Dept#: 115	72	1139.48	Y N	06757163000824069	00890	
14591916	Dept#: 115	16	276.52	Y N	06757163000823925	00806	
14591916	Dept#: 115	26	550.46	Y N	06757163000823932	00813	
14591916	Dept#: 115	23	406.86	Y N	06757163000823949	00816	
14591916	Dept#: 115	28	476.42	Y N	06757163000823956	00826	

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

_____ per _____

COD Amount \$ _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

 9-11-23

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.

09-11-23 

Date: 9/11/2023 11:50:30 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000824410	
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 Address: X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS City/State/Zip: SANTA FE SPRINGS, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 210204 Seal number(s): 2149234 SCAC: SWFT Pro Number: 866587252	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: ME# 866587252		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO	
				BOL#	DC#	Supplier#	
14591916	Dept#: 115	26	430.62	Y	N	06757163000823963	00836
14591916	Dept#: 115	5	84.54	Y	N	06757163000823970	00870
Grand Total		699	11528.08				

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
18	Pallet			900.00		Pallet		70
		299	ctns	2368.08		Bath Towel, Beach Towel	49260 Sub 4	175
		400	ctns	9160.00		Shower curtain	49385	77.5
18				12428.08		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 _____"

_____ per _____

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

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

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


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

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

Date: 9/11/2023 11:50:29 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000823994	
Name: E & E COMPANY LTD		 (402)06757163000823994	
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: 210204	
Name: Kohls Dist. Center - #00830		Seal number(s): 2149234	
Address: 300 Admiral Byrd Drive		SCAC: SWFT	
City/State/Zip: Winchester D. C., 00830		Pro Number: 866587252	
CID#: 866587252			
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 #: 866587252		<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
14591911 Dept#: 115	80	1307.70	Y N	
Grand Total	80	1307.70		

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
2	Pallet			100.00		Pallet		
		35	ctns	277.20		Bath Towel, Beach Towel	49260 Sub 4	175
		45	ctns	1030.50		Shower curtain	49385	77.5
2		80		1407.70		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;"> _____ Shipper Signature </div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Date: 9/11/2023 11:50:27 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00855 Location #: 00855
Address:	221 Hanson Way	Address:	890 East Mill Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino D.C., 00855
SID#:		City/State/Zip:	San Bernardino, CA 92408-1614
PHONE:		CID#:	866587252
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000824014		Trailer number: 210204	
		Seal number(s): 2149234	
(402)06757163000824014		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number: 866587252	
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 #: 866587252			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14591911 Dept#: 115	28	476.42	Y N	
Grand Total	28	476.42		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	87.12		Bath Towel, Beach Towel	49260 Sub 4	175
		17	ctns	389.30		Shower curtain	49385	77.5
1		28		526.42		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: 9/11/2023 11:50:24 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000823956	
Name: E & E COMPANY LTD		 (402)06757163000823956	
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: 210204	
Name: Kohls Ecom DC-#00826		Seal number(s): 2149234	
Address: 2019 N. I-35 E		SCAC: SWFT	
City/State/Zip: Desoto, TX 75115		Pro Number: 866587252	
CID#: 866587252			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Address:			
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 866587252			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14591916 Dept#: 115	28	476.42	Y N		
Grand Total	28	476.42			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	- PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	87.12		Bath Towel, Beach Towel	49260 Sub 4	175
		17	ctns	389.30		Shower curtain	49385	77.5
1		28		526.42		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i> Appt Time: In: Out: Driver Signature:
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Date: 9/11/2023 11:50:22 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00813
Address:	221 Hanson Way	Address:	10201 Schuster Way
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Pataskala, OH 43062
SID#:		CID#:	866587252
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000823932		Trailer number: 210204	
		Seal number(s): 2149234	
(402)06757163000823932		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number: 866587252	
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 #: 866587252 Packing List is Attached		<input type="checkbox"/> (check box)	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14591916 Dept#: 115	26	550.46	Y	N	
Grand Total	26	550.46			

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
1	Pallet			50.00		Pallet		
		3	ctns	23.76		Bath Towel, Beach Towel	49260 Sub 4	175
		23	ctns	526.70		Shower curtain	49385	77.5
1		26		600.46		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: 06757163000824069	
Name: E & E COMPANY LTD		 (402)06757163000824069	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 210204	
VENDOR: 000074879		Seal number(s): 2149234	
SHIP TO		SCAC: SWFT	
Name: Kohls Dist. Center - #00890 Location #: 00890		Pro Number: 866587252	
Address: 4300 MBL Drive		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Ottawa, IL 61350			
CID#: 866587252		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 #: 866587252			
Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14591911 Dept#: 115		72	1139.48	Y	N	
Grand Total		72	1139.48			

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		
		34	ctns	269.28		Bath Towel, Beach Towel	49260 Sub 4	175
		38	ctns	870.20		Shower curtain	49385	77.5
1		72		1189.48		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">_____ Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i> Appt Time: In: Out: Driver Signature:
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Date: 9/11/2023 11:50:17 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 FOB:

Bill of Lading Number: 06757163000824052



(402)06757163000824052

CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____
 Trailer number: 210204
 Seal number(s): 2149234

SCAC: SWFT
Pro Number: 866587252

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#: 866587252 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 #: 866587252
 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
14591911 Dept#: 115	28	461.44	Y	N	
Grand Total	28	461.44			

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		
		12	ctns	95.04		Bath Towel, Beach Towel	49260 Sub 4	175
		16	ctns	366.40		Shower curtain	49385	77.5
1		28		511.44		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: **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:

Appt Time:
 In:
 Out:
 Driver Signature:

Appt Time:
 In:
 Out:
 Driver Signature:

Date: 9/11/2023 11:50:15 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: 06757163000823949



(402)06757163000823949

CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____
 Trailer number: 210204
 Seal number(s): 2149234
 SCAC: SWFT
 Pro Number: 866587252

SHIP TO

Name: Kohls Ecom DC-#00816 Location #: 00816
 Address: 1701 Trimble Avenue
 Edgewood-EC, 00816
 City/State/Zip: Edgewood, MD 21040
 CID#: 866587252 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 #: 866587252
 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
14591916 Dept#: 115	23	406.86	Y	N	
Grand Total	23	406.86			

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
		15	ctns	343.50		Shower curtain	49385	77.5
1		23		456.86		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 <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>	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 <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
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: 000074879 FOB:

Bill of Lading Number: 06757163000824045

 (402)06757163000824045

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#: 866587252 FOB:

Trailer number: 210204
 Seal number(s): 2149234

SCAC: SWFT
Pro Number: 866587252

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 #: 866587252
 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
14591911 Dept#: 115	54	937.00	Y	N	
Grand Total	54	937.00			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		20	ctns	158.40		Bath Towel, Beach Towel	49260 Sub 4	175
		34	ctns	778.60		Shower curtain	49385	77.5
1		54		987.00		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: 9/11/2023 11:50:11 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000824021	
Name: E & E COMPANY LTD		 (402)06757163000824021	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 210204	
VENDOR: 000074879		Seal number(s): 2149234	
SHIP TO		SCAC: SWFT	
Name: Kohls Dist. Center - #00860		Pro Number: 866587252	
Address: 1600 North Business 45			
City/State/Zip: Corsicana D.C., 00860			
City/State/Zip: Corsicana, TX 75110			
CID#: 866587252			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 866587252			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14591911 Dept#: 115	19	330.24	Y N		
Grand Total	19	330.24			

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	49260 Sub 4	175
		12	ctns	274.80		Shower curtain	49385	77.5
1		19		380.24		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: 9/11/2023 11:50:10 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: 06757163000823925

 (402)06757163000823925

SHIP TO
 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#: 866587252 FOB:

CARRIER NAME: Swift Transportation
 Responsible Acct.No:
 Trailer number: 210204
 Seal number(s): 2149234
SCAC: SWFT
Pro Number: 866587252

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

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

SPECIAL INSTRUCTIONS:
 Load #: 866587252
 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
14591916 Dept#: 115	16	276.52	Y	N	
Grand Total	16	276.52			

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	47.52		Bath Towel, Beach Towel	49260 Sub 4	175
		10	ctns	229.00		Shower curtain	49385	77.5
1		16		326.52		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: **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

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

Bill of Lading Number: 06757163000824069



CARRIER NAME: Swift Transportation

Responsible Acct.No:

Trailer number: 210204

Seal number(s): 2149234

SCAC: SWFT

Pro Number: 866587252

SHIP TO

Name: Kohls Dist. Center - #00890 Location #: 00890
 Address: 4300 MBL Drive
 Ottawa D.C., 00890
 City/State/Zip: Ottawa, IL 61350
 CID#: 866587252 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 #: 866587252
 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
14591911 Dept#: 115	72	1139.48	Y	N	
Grand Total	72	1139.48			

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		
		34	ctns	269.28		Bath Towel, Beach Towel	49260 Sub 4	175
		38	ctns	870.20		Shower curtain	49385	77.5
1		72		1189.48		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: 9/11/2023 10:57:28 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000823994	
Name: E & E COMPANY LTD		 (402)06757163000823994	
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: 210204	
Name: Kohls Dist. Center - #00830		Seal number(s): 214234	
Address: 300 Admiral Byrd Drive		SCAC: SWFT	
City/State/Zip: Winchester D. C., 00830		Pro Number: 866587252	
CID#: 866587252			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 866587252		Prepaid: Collect: X 3rd Party:	
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	
14591911 Dept#: 115	80	1307.70	Y N		
Grand Total	80	1307.70			

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
2	Pallet			100.00		Pallet		
		35	ctns	277.20		Bath Towel, Beach Towel	49260 Sub 4	175
		45	ctns	1030.50		Shower curtain	49385	77.5
2		80		1407.70		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: <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: 06757163000823963	
Name: E & E COMPANY LTD		 (402)06757163000823963	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR: 000074879		CARRIER NAME: Swift Transportation	
SHIP TO		Responsible Acct.No:	
Name: Kohls Ecom DC-#00836		Trailer number: 210204	
Address: 9998 All Points Parkway		Seal number(s): 2149234	
City/State/Zip: Plainfield, IN 46168		SCAC: SWFT	
CID#: 866587252		Pro Number: 866587252	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			
Address:			
City/State/Zip:		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Load #: 866587252			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14591916 Dept#: 115	26	430.62	Y	N	
Grand Total	26	430.62			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	87.12		Bath Towel, Beach Towel	49260 Sub 4	175
		15	ctns	343.50		Shower curtain	49385	77.5
1		26		480.62		Grand Total		

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

COD Amount: _____
Fee Terms: Collect: <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: 9/11/2023 10:47:55 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000823970	
Name:	E & E COMPANY LTD	 (402)06757163000823970	
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-#00870	Location #:	00870
Address:	3500 Salzman Road		
	Monroe (Middletown) F.C., 00870		
City/State/Zip:	Middletown, OH 45044-9401		
CID#:	866587252	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 #: 866587252	Prepaid:	Collect: X	3rd Party:
Packing List is Attached	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14591916 Dept#: 115	5	84.54	Y N		
Grand Total	5	84.54			

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
		3	ctns	68.70		Shower curtain	49385	77.5
1		5		134.54		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.

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:

Order No.: 68035160 Order Date: 08/22/2023 Customer: KOHLS DIST. CENTER - #00830 Customer PO No.: 14591911

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: 09/11/2023 Shipment No.: 300082399
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	264	11	264	11
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	288	12	288	12
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	264	22	264	22
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	276	23	276	23

Total Weight:	1307.7
Total Quantity Ordered:	1380
Total Cartons Ordered:	80
Total Quantity Shipped:	1380
Total Cartons Shipped:	80

Order No.: 68035162 Order Date: 08/22/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591911
#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: 09/11/2023 Shipment No.: 300082401
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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	48	2	48	2
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	96	4	96	4
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:	476.42
Total Quantity Ordered:	468
Total Cartons Ordered:	28
Total Quantity Shipped:	468
Total Cartons Shipped:	28

Order No.: 68035172 Order Date: 08/22/2023 Customer: KOHLS ECOM DC-#00836 Customer PO No.: 14591916

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:
09/11/2023

Shipment No.:
300082396

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	120	5	120	5
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	60	5	60	5
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	120	10	120	10

Total Weight: 430.62
Total Quantity Ordered: 444
Total Cartons Ordered: 26
Total Quantity Shipped: 444
Total Cartons Shipped: 26

Order No.: 68035171 Order Date: 08/22/2023 Customer: KOHLS ECOM DC-#00826 Customer PO No.: 14591916

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: 09/11/2023 Shipment No.: 300082395
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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	120	5	120	5
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	72	6	72	6
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	132	11	132	11

Total Weight:	476.42
Total Quantity Ordered:	468
Total Cartons Ordered:	28
Total Quantity Shipped:	468
Total Cartons Shipped:	28

Order No.: 68035161 Order Date: 08/22/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591911 #00840

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 - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 09/11/2023 Shipment No.: 300082400
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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	144	12	144	12
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	180	15	180	15

Total Weight:	792.54
Total Quantity Ordered:	852
Total Cartons Ordered:	49
Total Quantity Shipped:	852
Total Cartons Shipped:	49

Order No.: 68035169 Order Date: 08/22/2023 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 14591916

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: 09/11/2023 Shipment No.: 300082393
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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	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	108	9	108	9
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	168	14	168	14

Total Weight:	550.46
Total Quantity Ordered:	348
Total Cartons Ordered:	26
Total Quantity Shipped:	348
Total Cartons Shipped:	26

Order No.: 68035167 Order Date: 08/22/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591911 #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:
09/11/2023

Shipment No.:
300082406

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	228	19	228	19
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	228	19	228	19

Total Weight: 1139.48
Total Quantity Ordered: 1272
Total Cartons Ordered: 72
Total Quantity Shipped: 1272
Total Cartons Shipped: 72

Order No.: 68035173 Order Date: 08/22/2023 Customer: KOHLS ECOM DC-#00870 Customer PO No.: 14591916

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: 09/11/2023 Shipment No.: 300082397
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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	48	2	48	2
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	36	3	36	3

Total Weight:	84.54
Total Quantity Ordered:	84
Total Cartons Ordered:	5
Total Quantity Shipped:	84
Total Cartons Shipped:	5

Order No.: 68035159 Order Date: 08/22/2023 Customer: KOHLS DIST. CENTER - #00810 Customer PO No.: 14591911

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: 09/11/2023 Shipment No.: 300082398
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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	264	11	264	11
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	408	17	408	17
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	348	29	348	29
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	396	33	396	33

Total Weight:	1863.32
Total Quantity Ordered:	2088
Total Cartons Ordered:	118
Total Quantity Shipped:	2088
Total Cartons Shipped:	118

Order No.: 68035166 Order Date: 08/22/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591911
#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: 09/11/2023 Shipment No.: 300082405
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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	96	4	96	4
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	48	2	48	2
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	96	8	96	8
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	96	8	96	8

Total Weight:	461.44
Total Quantity Ordered:	480
Total Cartons Ordered:	28
Total Quantity Shipped:	480
Total Cartons Shipped:	28

Order No.: 68035170 Order Date: 08/22/2023 Customer: KOHLS ECOM DC-#00816 Customer PO No.: 14591916

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-#00816 1701 TRIMBLE AVENUE EDGEWOOD-EC EDGEWOOD, MD 21040 US	Shipping Date: 09/11/2023 Shipment No.: 300082394
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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	72	3	72	3
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	72	6	72	6
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	108	9	108	9

Total Weight:	406.86
Total Quantity Ordered:	372
Total Cartons Ordered:	23
Total Quantity Shipped:	372
Total Cartons Shipped:	23

Order No.: 68035164 Order Date: 08/22/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591911
#00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 09/11/2023 Shipment No.: 300082403
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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	288	12	288	12
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	432	18	432	18
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	312	13	312	13
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	432	18	432	18
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	384	32	384	32
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	408	34	408	34

Total Weight:	1994.52
Total Quantity Ordered:	2256
Total Cartons Ordered:	127
Total Quantity Shipped:	2256
Total Cartons Shipped:	127

Order No.: 68035165 Order Date: 08/22/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591911 #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: 09/11/2023 Shipment No.: 300082404
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	192	16	192	16
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	216	18	216	18

Total Weight:	937
Total Quantity Ordered:	888
Total Cartons Ordered:	54
Total Quantity Shipped:	888
Total Cartons Shipped:	54

Order No.: 68035163 Order Date: 08/22/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591911
#00860

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 - #00860 1600 NORTH BUSINESS 45 CORSICANA D.C. CORSICANA, TX 75110 US	Shipping Date: 09/11/2023 Shipment No.: 300082402
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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	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	60	5	60	5
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	84	7	84	7

Total Weight:	330.24
Total Quantity Ordered:	312
Total Cartons Ordered:	19
Total Quantity Shipped:	312
Total Cartons Shipped:	19

Order No.: 68035168 Order Date: 08/22/2023 Customer: KOHLS ECOM DC-#00806 Customer PO No.: 14591916

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: 09/11/2023 Shipment No.: 300082392
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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	48	2	48	2
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	24	2	24	2
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	96	8	96	8

Total Weight:	276.52
Total Quantity Ordered:	264
Total Cartons Ordered:	16
Total Quantity Shipped:	264
Total Cartons Shipped:	16

Order No.: 68035167 Order Date: 08/22/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591911
#00890

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 09/11/2023 Shipment No.: 300082406
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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	228	19	228	19
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	228	19	228	19

Total Weight:	1139.48
Total Quantity Ordered:	1272
Total Cartons Ordered:	72
Total Quantity Shipped:	1272
Total Cartons Shipped:	72

Order No.: 68035160 Order Date: 08/22/2023 Customer: KOHLS DIST. CENTER - Customer PO No.: 14591911 #00830

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: 09/11/2023	Shipment No.: 300082399
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02	11SNMEDWHT02	086569492029	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	264	11	264	11
11SNMEDWHT02GT	11SNMEDWHT02GT	086569492036	Spa Waffle Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	288	12	288	12
11SNMEDWSC1	11SNMEDWSC1	086569491756	Spa Shower Curtain	EA	12	264	22	264	22
11SNMEDWSC2	11SNMEDWSC2	086569491763	Spa Shower Curtain	EA	12	276	23	276	23

Total Weight:	1307.7
Total Quantity Ordered:	1380
Total Cartons Ordered:	80
Total Quantity Shipped:	1380
Total Cartons Shipped:	80

Order No.: 68035172 Order Date: 08/22/2023 Customer: KOHLS ECOM DC-#00836 Customer PO No.: 14591916

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: 09/11/2023 Shipment No.: 300082396
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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	120	5	120	5
11SNMEDWHT02GT	11SNMEDWHT02GT-EFC	086569492036	Spa Waffle Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWSC1	11SNMEDWSC1-EFC	086569491756	Spa Shower Curtain	EA	12	60	5	60	5
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	120	10	120	10

Total Weight:	430.62
Total Quantity Ordered:	444
Total Cartons Ordered:	26
Total Quantity Shipped:	444
Total Cartons Shipped:	26

Order No.: 68035173 Order Date: 08/22/2023 Customer: KOHLS ECOM DC-#00870 Customer PO No.: 14591916

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: 09/11/2023 Shipment No.: 300082397
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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	48	2	48	2
11SNMEDWSC2	11SNMEDWSC2-EFC	086569491763	Spa Shower Curtain	EA	12	36	3	36	3

Total Weight:	84.54
Total Quantity Ordered:	84
Total Cartons Ordered:	5
Total Quantity Shipped:	84
Total Cartons Shipped:	5