

SHIP FROM		Master Bill of Lading Number: 06757163000862955
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Knight Transportation
Name:	Kohls	Trailer number: 83755
	DC#: XDSFS	Seal number(s): 8096156
	Div.	SCAC: KNIG
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Pro Number:
City/State/Zip:	SANTA FE SPRINGS, CA 90670	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM PM	AM PM	AM PM
SPECIAL INSTRUCTIONS:				
ME# 877758604				

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO			
					BOL#	DC#	Supplier#	
14878696	Dept#: 115	191	2479.18	Y	N	06757163000862801	00810	
14878696	Dept#: 115	194	2518.12	Y	N	06757163000862818	00830	
14878696	Dept#: 115	95	1233.10	Y	N	06757163000862825	00840	
14878696	Dept#: 115	93	1207.14	Y	N	06757163000862832	00855	
14878696	Dept#: 115	77	999.46	Y	N	06757163000862849	00860	
14878696	Dept#: 115	206	2673.88	Y	N	06757163000862856	00865	
14878696	Dept#: 115	140	1817.20	Y	N	06757163000862863	00875	
14878696	Dept#: 115	65	843.70	Y	N	06757163000862870	00885	
14878696	Dept#: 115	180	2336.40	Y	N	06757163000862887	00890	
14878791	Dept#: 115	10	129.80	Y	N	06757163000862894	00806	
14878791	Dept#: 115	28	363.44	Y	N	06757163000862900	00813	
14878791	Dept#: 115	23	298.54	Y	N	06757163000862917	00816	
14878791	Dept#: 115	10	129.80	Y	N	06757163000862924	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: <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.  2/26/24	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.  2/27/24
	Shipper Signature		

SHIP FROM		Master Bill of Lading Number: 06757163000862955
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Knight Transportation
Name:	Kohls	DC#: XDSFS
		Div.
Address:	X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS	Trailer number: 83755
		Seal number(s): 8096156
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC: KNIG
SID#:		Pro Number:
		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM
ME# 877758604		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
14878791 Dept#: 115	25	324.50	Y	N	06757163000862931	00836	
14878791 Dept#: 115	8	103.84	Y	N	06757163000862948	00870	
Grand Total	1345	17458.10					

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
33	Pallet			1650.00		Pallet		70
		1345	ctns	17458.10		Bath Towel, Beach Towel	49260 Sub 4	175
33				19108.10		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.
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Date: 2/26/2024 12:53:15 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00826 Location #: 00826
Address:	221 Hanson Way	Address:	2019 N. I-35 E Desoto-EC, 00826
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Desoto, TX 75115
SID#:		CID#:	877758604
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Load #: 877758604		Prepaid: Collect: X 3rd Party:	
Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

Bill of Lading Number: 06757163000862924



(402)06757163000862924

CARRIER NAME: Knight Transportation

Responsible Acct.No:

Trailer number: 83755

Seal number(s): 8096156

SCAC: KNIG

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
14878791 Dept#: 115	10	129.80	Y N	
Grand Total	10	129.80		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	129.80		Bath Towel, Beach Towel	49260 Sub 4	175
1		10		179.80		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: 2/26/2024 12:53:14 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000862818	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000862818	
SHIP TO		CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 83755 Seal number(s): 8096156	
Name: Kohls Dist. Center - #00830 Location #: 00830 Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22602 CID#: 877758604 FOB: <input type="checkbox"/>		SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
Name: _____ Address: _____ City/State/Zip: _____		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 877758604 Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14878696 Dept#: 115	194	2518.12	Y N		
Grand Total	194	2518.12			


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
4	Pallet			200.00		Pallet		
		194	ctns	2518.12		Bath Towel, Beach Towel	49260 Sub 4	175
4		194		2718.12		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 <small>This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <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> Property described above is received in good order, except as noted. Appt Time: _____ In: _____ Out: _____ Driver Signature: _____
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SHIP FROM		Bill of Lading Number: 06757163000862863	
Name: E & E COMPANY LTD		 (402)06757163000862863	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:		CARRIER NAME: Knight Transportation	
PHONE:		Responsible Acct.No:	
VENDOR: 000074879		Trailer number: 83755	
FOB: <input type="checkbox"/>		Seal number(s): 8096156	
SHIP TO		SCAC: KNIG	
Name: Kohls Dist. Center - #00875		Pro Number:	
Address: 3030 Airport Road East			
City/State/Zip: Macon, GA 31216			
CID#: 877758604			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Load #: 877758604		Master Bill of Lading: with attached underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14878696	Dept#: 115	140	1817.20	Y	N
Grand Total		140	1817.20		

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		
		140	ctns	1817.20		Bath Towel, Beach Towel	49260 Sub 4	175
3		140		1967.20		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:

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: 06757163000862894

 (402)06757163000862894

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#: 877758604 FOB:

CARRIER NAME: Knight Transportation
 Responsible Acct.No: _____
 Trailer number: 83755
 Seal number(s): 8096156

SCAC: KNIG
Pro Number: _____

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

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

SPECIAL INSTRUCTIONS:
 Load #: 877758604
 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
14878791 Dept#: 115	10	129.80	Y N	
Grand Total	10	129.80		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	129.80		Bath Towel, Beach Towel	49260 Sub 4	175
1		10		179.80		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: **Freight Counted:**
 By Shipper By Shipper
 By Driver By Driver/pallets said to contain
 By Driver/Pieces

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

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

SHIP FROM		Bill of Lading Number: 06757163000862948	
Name: E & E COMPANY LTD		 (402)06757163000862948	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 83755	
VENDOR: 000074879		Seal number(s): 8096156	
SHIP TO		SCAC: KNIG	
Name: Kohls Ecom DC-#00870		Pro Number:	
Address: 3500 Salzman Road			
City/State/Zip: Middletown, OH 45044-9401			
CID#: 877758604			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:			
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 877758604 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14878791 Dept#: 115	8	103.84	Y N	
Grand Total	8	103.84		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	103.84		Bath Towel, Beach Towel	49260 Sub 4	175
1		8		153.84		Grand Total		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p>	<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p> <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small></p> <p><i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: In: Out: Driver Signature:</p>
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SHIP FROM		Bill of Lading Number: 06757163000862825
Name: E & E COMPANY LTD		 (402)06757163000862825
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		CARRIER NAME: Knight Transportation
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: 83755
Name: Kohls Dist. Center - #00840	Location #: 00840	Seal number(s): 8096156
Address: 2015 NE Jefferson Street		
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840		SCAC: KNIG
Grain Valley, MO 64029		Pro Number:
CID#: 877758604	FOB: <input type="checkbox"/>	

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 underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 877758604		
Packing List is Attached		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14878696 Dept#: 115	95	1233.10	Y N		
Grand Total	95	1233.10			

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		
		95	ctns	1233.10		Bath Towel, Beach Towel	49260 Sub 4	175
2		95		1333.10		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: 06757163000862801	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: 000074879		 (402)06757163000862801	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Kohls Dist. Center - #00810 Location #: 00810 Address: 7855 County Road 140 Findlay D.C., 00810 City/State/Zip: Findlay, OH 45840 CID#: 877758604		Responsible Acct.No: Trailer number: 83755 Seal number(s): 8096156	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: KNIG Pro Number:	
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 877758604 Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 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	
14878696 Dept#: 115	191	2479.18	Y N		
Grand Total	191	2479.18			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		191	ctns	2479.18		Bath Towel, Beach Towel	49260 Sub 4	175
4		191		2679.18		Grand Total		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right; margin-top: 20px;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p> <p><i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: In: Out: Driver Signature:</p>
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Date: 2/26/2024 12:53:09 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00890 Location #: 00890
Address:	221 Hanson Way	Address:	4300 MBL Drive Ottawa D.C., 00890
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Ottawa, IL 61350
SID#:		CID#:	877758604
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Load #: 877758604		Prepaid: Collect: X 3rd Party:	
Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

Bill of Lading Number: 06757163000862887



(402)06757163000862887

CARRIER NAME: Knight Transportation

Responsible Acct.No:

Trailer number: 83755

Seal number(s): 8096156

SCAC: KNIG

Pro Number:

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14878696 Dept#: 115	180	2336.40	Y N		
Grand Total	180	2336.40			

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
4	Pallet			200.00		Pallet		
		180	ctns	2336.40		Bath Towel, Beach Towel	49260 Sub 4	175
4		180		2536.40		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.

Apt Time:

In:


Out:

Driver Signature:

Date: 2/26/2024 12:53:06 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000862900	
Name: E & E COMPANY LTD		 (402)06757163000862900	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 83755	
VENDOR: 000074879		Seal number(s): 8096156	
SHIP TO		SCAC: KNIG	
Name: Kohls Ecom DC-#00813		Pro Number:	
Address: 10201 Schuster Way		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Pataskala, OH 43062			
CID#: 877758604			
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 877758604			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14878791	Dept#: 115	28	363.44	Y N	
Grand Total		28	363.44		

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		
		28	ctns	363.44		Bath Towel, Beach Towel	49260 Sub 4	175
1		28		413.44		Grand Total		

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


<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p> <p><i>Property described above is received in good order, except as noted.</i></p> <p>Appt Time: In: Out: Driver Signature:</p>
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Date: 2/26/2024 12:53:04 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000862849	
Name: E & E COMPANY LTD		 (402)06757163000862849	CARRIER NAME: Knight Transportation Responsible Acct.No: Trailer number: 83755 Seal number(s): 8096156 SCAC: KNIG Pro Number:
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR: 000074879	FOB: <input type="checkbox"/>		
SHIP TO			
Name: Kohls Dist. Center - #00860	Location #: 00860		
Address: 1600 North Business 45			
	Corsicana D.C., 00860		
City/State/Zip: Corsicana, TX 75110			
CID#: 877758604	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 877758604 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	
14878696 Dept#: 115	77	999.46	Y N		
Grand Total	77	999.46			

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
2	Pallet			100.00		Pallet		
		77	ctns	999.46		Bath Towel, Beach Towel	49260 Sub 4	175
2		77		1099.46		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: <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: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
		Appt Time: In: Out: Driver Signature:

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000862931	
Name: E & E COMPANY LTD		 (402)06757163000862931	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Knight Transportation	
VENDOR: 000074879		Responsible Acct.No:	
SHIP TO		Trailer number: 83755	
Name: Kohls Ecom DC-#00836		Seal number(s): 8096156	
Address: 9998 All Points Parkway		SCAC: KNIG	
City/State/Zip: Plainfield, IN 46168		Pro Number:	
CID#: 877758604			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Load #: 877758604			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14878791 Dept#: 115	25	324.50	Y N		
Grand Total	25	324.50			

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		
		25	ctns	324.50		Bath Towel, Beach Towel	49260 Sub 4	175
1		25		374.50		Grand Total		

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

<p><small>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.</small></p>	<p><small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p style="text-align: right; margin-top: 20px;">_____ Shipper Signature</p>
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<p>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></p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small></p> <p><i>Property described above is received in good order, except as noted.</i></p>
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	<p>Appt Time: In: Out: Driver Signature:</p>
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Order No.: 69858395 Order Date: 02/06/2024 Customer: KOHLS ECOM DC-#00826 Customer PO No.: 14878791

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-#00826 2019 N. I-35 E DESOTO-EC DESOTO, TX 75115 US	Shipping Date: 02/27/2024 Shipment No.: 300086292
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06 -EFC	022164359053	Andover Leaves	EA	24	48	2	48	2
N/A	41BOM2PHT07 -EFC	022164359077	Shells	EA	24	48	2	48	2
N/A	41BOM2PHT08 -EFC	022164359084	Aqua Stripe	EA	24	48	2	48	2
N/A	41BOM2PHT09 -EFC	022164359091	Coral Stripe	EA	24	24	1	24	1
N/A	41BOM2PHT10 -EFC	022164359107	Arboretum	EA	24	24	1	24	1
N/A	41BOM2PHT11 -EFC	022164359060	Andover Stripe	EA	24	48	2	48	2

Total Weight:	129.8
Total Quantity Ordered:	240
Total Cartons Ordered:	10
Total Quantity Shipped:	240
Total Cartons Shipped:	10

Order No.: 69868073 Order Date: 02/08/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14878696
#00830

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00830 300 ADMIRAL BYRD DRIVE WINCHESTER D. C. WINCHESTER, VA 22602 US	Shipping Date: 02/27/2024 Shipment No.: 300086281
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06	022164359053	Andover Leaves	EA	24	792	33	792	33
N/A	41BOM2PHT07	022164359077	Shells	EA	24	888	37	888	37
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	888	37	888	37
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	720	30	720	30
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	504	21	504	21
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	864	36	864	36

Total Weight:	2518.12
Total Quantity Ordered:	4656
Total Cartons Ordered:	194
Total Quantity Shipped:	4656
Total Cartons Shipped:	194

Order No.: 69868078 Order Date: 02/08/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14878696
 #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: 02/27/2024 Shipment No.: 300086286
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06	022164359053	Andover Leaves	EA	24	600	25	600	25
N/A	41BOM2PHT07	022164359077	Shells	EA	24	648	27	648	27
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	648	27	648	27
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	504	21	504	21
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	336	14	336	14
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	624	26	624	26

Total Weight:	1817.2
Total Quantity Ordered:	3360
Total Cartons Ordered:	140
Total Quantity Shipped:	3360
Total Cartons Shipped:	140

Order No.: 69858392 Order Date: 02/06/2024 Customer: KOHLS ECOM DC-#00806 Customer PO No.: 14878791

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: 02/27/2024 Shipment No.: 300086289
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06 -EFC	022164359053	Andover Leaves	EA	24	48	2	48	2
N/A	41BOM2PHT07 -EFC	022164359077	Shells	EA	24	48	2	48	2
N/A	41BOM2PHT08 -EFC	022164359084	Aqua Stripe	EA	24	48	2	48	2
N/A	41BOM2PHT09 -EFC	022164359091	Coral Stripe	EA	24	24	1	24	1
N/A	41BOM2PHT10 -EFC	022164359107	Arboretum	EA	24	24	1	24	1
N/A	41BOM2PHT11 -EFC	022164359060	Andover Stripe	EA	24	48	2	48	2

Total Weight:	129.8
Total Quantity Ordered:	240
Total Cartons Ordered:	10
Total Quantity Shipped:	240
Total Cartons Shipped:	10

Order No.: 69868077 Order Date: 02/08/2024 Customer: KOHLS DIST. CENTER - #00865 Customer PO No.: 14878696

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 02/27/2024 Shipment No.: 300086285
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06	022164359053	Andover Leaves	EA	24	840	35	840	35
N/A	41BOM2PHT07	022164359077	Shells	EA	24	936	39	936	39
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	936	39	936	39
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	792	33	792	33
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	480	20	480	20
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	960	40	960	40

Total Weight:	2673.88
Total Quantity Ordered:	4944
Total Cartons Ordered:	206
Total Quantity Shipped:	4944
Total Cartons Shipped:	206

Order No.: 69858397 Order Date: 02/06/2024 Customer: KOHLS ECOM DC-#00870 Customer PO No.: 14878791

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: 02/27/2024 Shipment No.: 300086294
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06 -EFC	022164359053	Andover Leaves	EA	24	48	2	48	2
N/A	41BOM2PHT07 -EFC	022164359077	Shells	EA	24	24	1	24	1
N/A	41BOM2PHT08 -EFC	022164359084	Aqua Stripe	EA	24	24	1	24	1
N/A	41BOM2PHT09 -EFC	022164359091	Coral Stripe	EA	24	48	2	48	2
N/A	41BOM2PHT10 -EFC	022164359107	Arboretum	EA	24	24	1	24	1
N/A	41BOM2PHT11 -EFC	022164359060	Andover Stripe	EA	24	24	1	24	1

Total Weight:	103.84
Total Quantity Ordered:	192
Total Cartons Ordered:	8
Total Quantity Shipped:	192
Total Cartons Shipped:	8

Order No.: 69868074 Order Date: 02/08/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14878696 #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: 02/27/2024 Shipment No.: 300086282
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06	022164359053	Andover Leaves	EA	24	384	16	384	16
N/A	41BOM2PHT07	022164359077	Shells	EA	24	432	18	432	18
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	432	18	432	18
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	336	14	336	14
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	240	10	240	10
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	456	19	456	19

Total Weight:	1233.1
Total Quantity Ordered:	2280
Total Cartons Ordered:	95
Total Quantity Shipped:	2280
Total Cartons Shipped:	95

Order No.: 69868072 Order Date: 02/08/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14878696
#00810

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 02/27/2024 Shipment No.: 300086280
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06	022164359053	Andover Leaves	EA	24	768	32	768	32
N/A	41BOM2PHT07	022164359077	Shells	EA	24	864	36	864	36
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	864	36	864	36
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	744	31	744	31
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	480	20	480	20
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	864	36	864	36

Total Weight:	2479.18
Total Quantity Ordered:	4584
Total Cartons Ordered:	191
Total Quantity Shipped:	4584
Total Cartons Shipped:	191

Order No.: 69868080 Order Date: 02/08/2024 Customer: KOHLS DIST. CENTER - #00890 Customer PO No.: 14878696

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: 02/27/2024 Shipment No.: 300086288
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06	022164359053	Andover Leaves	EA	24	720	30	720	30
N/A	41BOM2PHT07	022164359077	Shells	EA	24	816	34	816	34
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	816	34	816	34
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	672	28	672	28
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	504	21	504	21
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	792	33	792	33

Total Weight:	2336.4
Total Quantity Ordered:	4320
Total Cartons Ordered:	180
Total Quantity Shipped:	4320
Total Cartons Shipped:	180

Order No.: 69868079 Order Date: 02/08/2024 Customer: KOHLS DIST. CENTER - #00885 Customer PO No.: 14878696

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:
02/27/2024

Shipment No.:
300086287

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06	022164359053	Andover Leaves	EA	24	288	12	288	12
N/A	41BOM2PHT07	022164359077	Shells	EA	24	336	14	336	14
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	336	14	336	14
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	216	9	216	9
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	48	2	48	2
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	336	14	336	14

Total Weight: 843.7
Total Quantity Ordered: 1560
Total Cartons Ordered: 65
Total Quantity Shipped: 1560
Total Cartons Shipped: 65

Order No.: 69868075 Order Date: 02/08/2024 Customer: KOHLS DIST. CENTER - #00855 Customer PO No.: 14878696

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: 02/27/2024 Shipment No.: 300086283
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06	022164359053	Andover Leaves	EA	24	408	17	408	17
N/A	41BOM2PHT07	022164359077	Shells	EA	24	456	19	456	19
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	456	19	456	19
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	360	15	360	15
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	120	5	120	5
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	432	18	432	18

Total Weight:	1207.14
Total Quantity Ordered:	2232
Total Cartons Ordered:	93
Total Quantity Shipped:	2232
Total Cartons Shipped:	93

Order No.: 69858393 Order Date: 02/06/2024 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 14878791

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-#00813 10201 SCHUSTER WAY PATASKALA, OH 43062 US	Shipping Date: 02/27/2024 Shipment No.: 300086290
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06 -EFC	022164359053	Andover Leaves	EA	24	120	5	120	5
N/A	41BOM2PHT07 -EFC	022164359077	Shells	EA	24	120	5	120	5
N/A	41BOM2PHT08 -EFC	022164359084	Aqua Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT09 -EFC	022164359091	Coral Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT10 -EFC	022164359107	Arboretum	EA	24	72	3	72	3
N/A	41BOM2PHT11 -EFC	022164359060	Andover Stripe	EA	24	120	5	120	5

Total Weight:	363.44
Total Quantity Ordered:	672
Total Cartons Ordered:	28
Total Quantity Shipped:	672
Total Cartons Shipped:	28

Order No.: 69868076 Order Date: 02/08/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14878696
 #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 CORNICANA D.C. CORNICANA, TX 75110 US	Shipping Date: 02/27/2024
			Shipment No.: 300086284

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06	022164359053	Andover Leaves	EA	24	336	14	336	14
N/A	41BOM2PHT07	022164359077	Shells	EA	24	336	14	336	14
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	336	14	336	14
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	288	12	288	12
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	168	7	168	7
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	384	16	384	16

Total Weight:	999.46
Total Quantity Ordered:	1848
Total Cartons Ordered:	77
Total Quantity Shipped:	1848
Total Cartons Shipped:	77

Order No.: 69858396 Order Date: 02/06/2024 Customer: KOHLS ECOM DC-#00836 Customer PO No.: 14878791

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: 02/27/2024 Shipment No.: 300086293
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06 -EFC	022164359053	Andover Leaves	EA	24	96	4	96	4
N/A	41BOM2PHT07 -EFC	022164359077	Shells	EA	24	120	5	120	5
N/A	41BOM2PHT08 -EFC	022164359084	Aqua Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT09 -EFC	022164359091	Coral Stripe	EA	24	96	4	96	4
N/A	41BOM2PHT10 -EFC	022164359107	Arboretum	EA	24	48	2	48	2
N/A	41BOM2PHT11 -EFC	022164359060	Andover Stripe	EA	24	120	5	120	5

Total Weight:	324.5
Total Quantity Ordered:	600
Total Cartons Ordered:	25
Total Quantity Shipped:	600
Total Cartons Shipped:	25

Order No.: 69858394 Order Date: 02/06/2024 Customer: KOHLS ECOM DC-#00816 Customer PO No.: 14878791

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00816 1701 TRIMBLE AVENUE EDGEWOOD-EC EDGEWOOD, MD 21040 US	Shipping Date: 02/27/2024 Shipment No.: 300086291
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	41BOM2PHT06 -EFC	022164359053	Andover Leaves	EA	24	72	3	72	3
N/A	41BOM2PHT07 -EFC	022164359077	Shells	EA	24	120	5	120	5
N/A	41BOM2PHT08 -EFC	022164359084	Aqua Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT09 -EFC	022164359091	Coral Stripe	EA	24	72	3	72	3
N/A	41BOM2PHT10 -EFC	022164359107	Arboretum	EA	24	48	2	48	2
N/A	41BOM2PHT11 -EFC	022164359060	Andover Stripe	EA	24	120	5	120	5

Total Weight:	298.54
Total Quantity Ordered:	552
Total Cartons Ordered:	23
Total Quantity Shipped:	552
Total Cartons Shipped:	23