

Date: 6/12/2024 9:52:12 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000895380	
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 City/State/Zip: SANTA FE SPRINGS, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 164214 Seal number(s): 44369844 SCAC: SWFT Pro Number: _____	
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# 884599713		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> 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#	
14990556	Dept#: 115	12	95.04	Y	N	06757163000895144	00830	
14987927	Dept#: 115	14	320.60	Y	N	06757163000895250	00865	
14879103	Dept#: 115	31	402.38	Y	N	06757163000895151	00840	
14990556	Dept#: 115	8	63.36	Y	N	06757163000895298	00875	
14990558	Dept#: 115	6	47.52	Y	N	06757163000895373	00813	
14879103	Dept#: 115	71	921.58	Y	N	06757163000895090	00810	
14987927	Dept#: 115	14	320.60	Y	N	06757163000895281	00875	
14990556	Dept#: 115	15	118.80	Y	N	06757163000895113	00810	
14990556	Dept#: 115	6	47.52	Y	N	06757163000895236	00860	
14990556	Dept#: 115	16	126.72	Y	N	06757163000895359	00890	
14879103	Dept#: 115	51	661.98	Y	N	06757163000895120	00830	
14990558	Dept#: 115	2	15.84	Y	N	06757163000895366	00806	
14987927	Dept#: 115	17	389.30	Y	N	06757163000895106	00810	

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.
 6/12/24

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.
 6/12/2024

SHIP FROM		Master Bill of Lading Number: 06757163000895380	
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		
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"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS: ME# 884599713		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM 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#
14987927	Dept#: 115	13	297.70	Y	N	06757163000895137	00830
14987927	Dept#: 115	12	274.80	Y	N	06757163000895168	00840
14987927	Dept#: 115	10	229.00	Y	N	06757163000895229	00860
14990556	Dept#: 115	2	15.84	Y	N	06757163000895205	00855
14879103	Dept#: 115	23	298.54	Y	N	06757163000895182	00855
14987927	Dept#: 115	9	206.10	Y	N	06757163000895199	00855
14990556	Dept#: 115	1	7.92	Y	N	06757163000895328	00885
14879103	Dept#: 115	49	636.02	Y	N	06757163000895243	00865
14879103	Dept#: 115	53	687.94	Y	N	06757163000895335	00890
14987927	Dept#: 115	15	343.50	Y	N	06757163000895342	00890
14990556	Dept#: 115	7	55.44	Y	N	06757163000895175	00840
14879103	Dept#: 115	23	298.54	Y	N	06757163000895212	00860
14879103	Dept#: 115	43	558.14	Y	N	06757163000895274	00875

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. 6/12/24	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.
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SHIP FROM		Master Bill of Lading Number: 06757163000895380	
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:	164214
		Seal number(s):	44369844
City/State/Zip:	SANTA FE SPRINGS, CA 90670	SCAC:	SWFT
SID#:	FOB: <input type="checkbox"/>	Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
ME# 884599713		AM PM	AM 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#
14987927 Dept#: 115	7	160.30	Y	N	06757163000895311	00885	
14879103 Dept#: 115	17	220.66	Y	N	06757163000895304	00885	
14990556 Dept#: 115	11	87.12	Y	N	06757163000895267	00865	
Grand Total	558	7908.80					

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
30	Pallet			1500.00		Pallet		70
		447	ctns	5366.90		Bath Towel, Beach Towel	49260 Sub 4	175
		111	ctns	2541.90		Shower curtain	49385	77.5
30				9408.80		Grand Total		

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

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

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

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


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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. 6/12/24	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.
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Date: 6/12/2024 9:52:10 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000895212	
Name: E & E COMPANY LTD		 (402)06757163000895212	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 164214	
VENDOR: 000074879		Seal number(s): 44369844	
FOB: <input type="checkbox"/>		SCAC: SWFT	
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00860		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 1600 North Business 45			
City/State/Zip: Corsicana D.C., 00860		Prepaid: Collect: X 3rd Party:	
CID#: 884599713		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14879103 Dept#: 115	23	298.54	Y N	
Grand Total	23	298.54		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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		
		23	ctns	298.54		Bath Towel, Beach Towel	49260 Sub 4	175
1		23		348.54		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"/>

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: 6/12/2024 9:52:09 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: 06757163000895106



(402)06757163000895106

CARRIER NAME: Swift Transportation

Responsible Acct.No:

SHIP TO

Name: Kohls Dist. Center - #00810 Location #: 00810
 Address: 7855 County Road 140
 Findlay D.C., 00810
 City/State/Zip: Findlay, OH 45840
 CID#: 884599713 FOB:

Trailer number: 164214

Seal number(s): 44369844

SCAC: SWFT

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

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

City/State/Zip:

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 884599713

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14987927 Dept#: 115	17	389.30	Y N		
Grand Total	17	389.30			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	389.30		Shower curtain	49385	77.5
1		17		439.30		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: 6/12/2024 9:52:08 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000895335	
Name: E & E COMPANY LTD		 (402)06757163000895335	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 164214	
VENDOR: 000074879		Seal number(s): 44369844	
SHIP TO		SCAC: SWFT	
Name: Kohls Dist. Center - #00890 Location #: 00890		Pro Number:	
Address: 4300 MBL Drive		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
City/State/Zip: Ottawa D.C., 00890			
City/State/Zip: Ottawa, IL 61350			
CID#: 884599713		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS: Load #: 884599713 Packing List is Attached			
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip:			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14879103 Dept#: 115	53	687.94	Y N	
Grand Total	53	687.94		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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		
		53	ctns	687.94		Bath Towel, Beach Towel	49260 Sub 4	175
1		53		737.94		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: 6/12/2024 9:52:07 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000895151	
Name: E & E COMPANY LTD		 (402)06757163000895151	
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: 164214	
Name: Kohls Dist. Center - #00840		Seal number(s): 44369844	
Address: 2015 NE Jefferson Street		SCAC: SWFT	
City/State/Zip: Blue Spring (Grain Valley) D.C., 00840		Pro Number:	
Grain Valley, MO 64029			
CID#: 884599713			
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 #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14879103 Dept#: 115	31	402.38	Y N	
Grand Total	31	402.38		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		31	ctns	402.38		Bath Towel, Beach Towel	49260 Sub 4	175
1		31		452.38		Grand Total		

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

COD Amount: _____
Fee Terms: Collect: <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:

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000895243	
Name: E & E COMPANY LTD		 (402)06757163000895243	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Swift Transportation	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: 164214	
Name: Kohls Dist. Center - #00865	Location #: 00865	Seal number(s): 44369844	
Address: Mamakating (Wurtsboro) D.C.		SCAC: SWFT	
3440 State Route 209, 00865		Pro Number:	
City/State/Zip: Wurtsboro, NY 12790			
CID#: 884599713	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:		Prepaid: Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 884599713 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
14879103 Dept#: 115	49	636.02	Y N	
Grand Total	49	636.02		

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		
		49	ctns	636.02		Bath Towel, Beach Towel	49260 Sub 4	175
1		49		686.02		Grand Total		

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

COD Amount: _____

Fee Terms: **Collect:** **Prepaid:**

Customer check acceptable:

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

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

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

Shipper Signature

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

Date: 6/12/2024 9:52:05 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

Bill of Lading Number: 06757163000895205



(402)06757163000895205

CARRIER NAME: Swift Transportation

Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00855 Location #: 00855
 Address: 890 East Mill Street
 San Bernardino D.C., 00855
 City/State/Zip: San Bernardino, CA 92408-1614
 CID#: 884599713

Trailer number: 164214

Seal number(s): 44369844

SCAC: SWFT

Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

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

SPECIAL INSTRUCTIONS:

Load #: 884599713
 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
14990556 Dept#: 115	2	15.84	Y N	
Grand Total	2	15.84		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	15.84		Bath Towel, Beach Towel	49260 Sub 4	175
1		2		65.84		Grand Total		

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

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

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

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

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

 Shipper Signature

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

Trailer Loaded:
 By Shipper
 By Driver

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

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

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

SHIP FROM

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

Bill of Lading Number: 06757163000895090



(402)06757163000895090

CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____
 Trailer number: 164214
 Seal number(s): 44369844

SHIP TO

Name: Kohls Dist. Center - #00810 Location #: 00810
 Address: 7855 County Road 140
 Findlay D.C., 00810
 City/State/Zip: Findlay, OH 45840
 CID#: 884599713 FOB:

SCAC: SWFT
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 884599713
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14879103 Dept#: 115	71	921.58	Y N	
Grand Total	71	921.58		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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		
		71	ctns	921.58		Bath Towel, Beach Towel	49260 Sub 4	175
2		71		1021.58		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

_____ **Shipper Signature**

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

Trailer Loaded: **Freight Counted:**

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


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

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

Date: 6/12/2024 9:52:03 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00830 Location #: 00830
Address:	221 Hanson Way	Address:	300 Admiral Byrd Drive Winchester D. C., 00830
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Winchester, VA 22602
SID#:		CID#:	884599713
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000895120		CARRIER NAME: Swift Transportation	
		Responsible Acct.No:	
(402)06757163000895120		Trailer number: 164214	
		Seal number(s): 44369844	
		SCAC: SWFT	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	
Address:		Collect: X	
City/State/Zip:		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached	
Load #: 884599713		(check box) underlying Bills of Lading	
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14879103 Dept#: 115	51	661.98	Y N	
Grand Total	51	661.98		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		51	ctns	661.98		Bath Towel, Beach Towel	49260 Sub 4	175
1		51		711.98		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:


Out:

Driver Signature:

Date: 6/12/2024 9:52:03 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00840 Location #: 00840
Address:	221 Hanson Way	Address:	2015 NE Jefferson Street
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Blue Spring (Grain Valley) D.C., 00840
SID#:		CID#:	Grain Valley, MO 64029
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000895168		Trailer number: 164214	
		Seal number(s): 44369844	
(402)06757163000895168		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:	Address:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:			
Load #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14987927 Dept#: 115	12	274.80	Y N	
Grand Total	12	274.80		

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		
		12	ctns	274.80		Shower curtain	49385	77.5
1		12		324.80		Grand Total		

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

_____ per _____

COD Amount: _____

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

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

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

Shipper Signature**SHIPPER SIGNATURE / DATE**

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

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

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

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

Appt Time:

In:


Out:

Driver Signature:

Date: 6/12/2024 9:52:02 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000895229	
Name: E & E COMPANY LTD		 (402)06757163000895229	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 164214	
VENDOR: 000074879		Seal number(s): 44369844	
FOB: <input type="checkbox"/>		SCAC: SWFT	
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00860		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 1600 North Business 45			
City/State/Zip: Corsicana D.C., 00860		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
City/State/Zip: Corsicana, TX 75110		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
CID#: 884599713			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14987927 Dept#: 115	10	229.00	Y N	
Grand Total	10	229.00		

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		
		10	ctns	229.00		Shower curtain	49385	77.5
1		10		279.00		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: <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: 06757163000895236	
Name: E & E COMPANY LTD		 (402)06757163000895236	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 164214	
VENDOR: 000074879		Seal number(s): 44369844	
SHIP TO		SCAC: SWFT	
Name: Kohls Dist. Center - #00860 Location #: 00860		Pro Number:	
Address: 1600 North Business 45		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
City/State/Zip: Corsicana D.C., 00860			
City/State/Zip: Corsicana, TX 75110			
CID#: 884599713 FOB: <input type="checkbox"/>		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14990556 Dept#: 115	6	47.52	Y N	
Grand Total	6	47.52		

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
1		6		97.52		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

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

Date: 6/12/2024 9:52:00 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00875 Location #: 00875
Address:	221 Hanson Way	Address:	3030 Airport Road East
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Macon D.C., 00875
SID#:		CID#:	884599713
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000895274		Trailer number: 164214	
		Seal number(s): 44369844	
(402)06757163000895274		SCAC: SWFT	
CARRIER NAME: Swift Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14879103 Dept#: 115	43	558.14	Y N	
Grand Total	43	558.14		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		43	ctns	558.14		Bath Towel, Beach Towel	49260 Sub 4	175
1		43		608.14		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:

In:

Out:

Driver Signature:

Date: 6/12/2024 9:51:59 AM

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#:	884599713
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	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) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:		
Load #: 884599713	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
Packing List is Attached			

Bill of Lading Number: 06757163000895359



(402)06757163000895359

CARRIER NAME: Swift Transportation

Responsible Acct.No:

Trailer number: 164214

Seal number(s): 44369844

SCAC: SWFT

Pro Number:

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

Prepaid: Collect: 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
14990556 Dept#: 115	16	126.72	Y	N	
Grand Total	16	126.72			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	126.72		Bath Towel, Beach Towel	49260 Sub 4	175
1		16		176.72		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: 6/12/2024 9:51:59 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

Bill of Lading Number: 06757163000895298



(402)06757163000895298

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#: 884599713

Trailer number: 164214

Seal number(s): 44369844

SCAC: SWFT

Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: _____ Collect: 3rd Party: _____

SPECIAL INSTRUCTIONS:

Load #: 884599713
 Packing List is Attached

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14990556 Dept#: 115	8	63.36	Y N	
Grand Total	8	63.36		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	63.36		Bath Towel, Beach Towel	49260 Sub 4	175
1		8		113.36		Grand Total		

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

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:


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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000895304	
Name: E & E COMPANY LTD		 (402)06757163000895304	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 164214	
VENDOR: 000074879		Seal number(s): 44369844	
SHIP TO		SCAC: SWFT	
Name: Kohls Dist. Center - #00885 Location #: 00885		Pro Number:	
Address: 2065 Keystone Pacific Parkway		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
City/State/Zip: Patterson D.C., 00885			
City/State/Zip: Patterson, CA 95363			
CID#: 884599713		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14879103 Dept#: 115	17	220.66	Y N		
Grand Total	17	220.66			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	220.66		Bath Towel, Beach Towel	49260 Sub 4	175
1		17		270.66		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. <div style="text-align: right;">_____ Shipper Signature</div>
--	--

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: 6/12/2024 9:51:54 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000895250	
Name:	E & E COMPANY LTD	 (402)06757163000895250	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 164214	
VENDOR: 000074879	FOB: <input type="checkbox"/>	Seal number(s): 44369844	
SHIP TO		SCAC: SWFT	
Name:	Kohls Dist. Center - #00865 Location #: 00865	Pro Number:	
Address:	Mamakating (Wurtsboro) D.C.		
	3440 State Route 209, 00865		
City/State/Zip:	Wurtsboro, NY 12790		
CID#:	884599713 FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14987927 Dept#: 115	14	320.60	Y	N	
Grand Total	14	320.60			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	320.60		Shower curtain	49385	77.5
1		14		370.60		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

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: 6/12/2024 9:51:54 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000895113	
Name: E & E COMPANY LTD		 (402)06757163000895113	
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: 164214	
Name: Kohls Dist. Center - #00810 Location #: 00810		Seal number(s): 44369844	
Address: 7855 County Road 140		SCAC: SWFT	
Findlay D.C., 00810		Pro Number:	
City/State/Zip: Findlay, OH 45840			
CID#: 884599713			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: Collect: X 3rd Party:	
Load #: 884599713		<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
14990556 Dept#: 115	15	118.80	Y N	
Grand Total	15	118.80		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	118.80		Bath Towel, Beach Towel	49260 Sub 4	175
1		15		168.80		Grand Total		

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

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

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

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


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

Shipper Signature

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

Date: 6/12/2024 9:51:53 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000895175	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		 (402)06757163000895175	
SHIP TO		CARRIER NAME: Swift Transportation	
Name: Kohls Dist. Center - #00840 Location #: 00840 Address: 2015 NE Jefferson Street Blue Spring (Grain Valley) D.C., City/State/Zip: 00840 Grain Valley, MO 64029 CID#: 884599713 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 164214 Seal number(s): 44369844 SCAC: SWFT Pro Number: _____	
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: Load #: 884599713 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	
14990556 Dept#: 115	7	55.44	Y N		
Grand Total	7	55.44			

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		
		7	ctns	55.44		Bath Towel, Beach Towel	49260 Sub 4	175
1		7		105.44		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: <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: 6/12/2024 9:51:52 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000895328	
Name: E & E COMPANY LTD		 (402)06757163000895328	
Address: 221 Hanson Way		CARRIER NAME: Swift Transportation	
City/State/Zip: Woodland, CA 95776		Responsible Acct.No:	
SID#:		Trailer number: 164214	
PHONE:		Seal number(s): 44369844	
VENDOR: 000074879	FOB: <input type="checkbox"/>	SCAC: SWFT	
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00885	Location #: 00885	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
Address: 2065 Keystone Pacific Parkway			
City/State/Zip: Patterson, CA 95363			
CID#: 884599713	FOB: <input type="checkbox"/>		
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 #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14990556 Dept#: 115	1	7.92	Y N	
Grand Total	1	7.92		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	7.92		Bath Towel, Beach Towel	49260 Sub 4	175
1		1		57.92		Grand Total		

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

COD Amount: _____
Fee Terms: Collect: <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: 6/12/2024 9:51:51 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000895182	
Name: E & E COMPANY LTD		 (402)06757163000895182	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 164214	
VENDOR: 000074879		Seal number(s): 44369844	
FOB: <input type="checkbox"/>		SCAC: SWFT	
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00855		Location #: 00855	
Address: 890 East Mill Street			
City/State/Zip: San Bernardino D.C., 00855			
City/State/Zip: San Bernardino, CA 92408-1614			
CID#: 884599713		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
Load #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
14879103 Dept#: 115	23	298.54	Y N	
Grand Total	23	298.54		

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		
		23	ctns	298.54		Bath Towel, Beach Towel	49260 Sub 4	175
1		23		348.54		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"/>
---	--

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>
--	--

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: 6/12/2024 9:51:50 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

Bill of Lading Number: 06757163000895144



CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____

SHIP TO

Name: Kohls Dist. Center - #00830 Location #: 00830
 Address: 300 Admiral Byrd Drive
 Winchester D. C., 00830
 City/State/Zip: Winchester, VA 22602
 CID#: 884599713

Trailer number: 164214
 Seal number(s): 44369844

SCAC: SWFT
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: _____ Collect: 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Load #: 884599713
 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
14990556 Dept#: 115	12	95.04	Y	N	
Grand Total	12	95.04			

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
1		12		145.04		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: 6/12/2024 9:51:58 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000895366	
Name: E & E COMPANY LTD		 (402)06757163000895366	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 164214	
VENDOR: 000074879		Seal number(s): 44369844	
SHIP TO		SCAC: SWFT	
Name: Kohls Ecom DC-#00806		Pro Number:	
Address: 825 East Central Avenue			
City/State/Zip: San Bernardino - DC, 00806			
City/State/Zip: San Bernardino, CA 92408-2413			
CID#: 884599713			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14990558 Dept#: 115	2	15.84	Y N		
Grand Total	2	15.84			

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		2	ctns	15.84		Bath Towel, Beach Towel	49260 Sub 4	175	
1		2		65.84		Grand Total			

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

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

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: 6/12/2024 9:51:49 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: 06757163000895267



(402)06757163000895267

SHIP TO

Name: Kohls Dist. Center - #00865 Location #: 00865
 Address: Mamakating (Wurtsboro) D.C.
 3440 State Route 209, 00865
 City/State/Zip: Wurtsboro, NY 12790
 CID#: 884599713 FOB:

CARRIER NAME: Swift Transportation
 Responsible Acct.No: _____
 Trailer number: 164214
 Seal number(s): 44369844

SCAC: SWFT
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

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

SPECIAL INSTRUCTIONS:
 Load #: 884599713
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14990556 Dept#: 115	11	87.12	Y	N	
Grand Total	11	87.12			

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
1	Pallet			50.00		Pallet		
		11	ctns	87.12		Bath Towel, Beach Towel	49260 Sub 4	175
1		11		137.12		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: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: **Freight Counted:**

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


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

Appt Time:
 In:
 Out:
 Driver Signature: _____

Date: 6/12/2024 9:51:48 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000895373	
Name: E & E COMPANY LTD		 (402)06757163000895373	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Swift Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 164214	
VENDOR: 000074879		Seal number(s): 44369844	
FOB: <input type="checkbox"/>		SCAC: SWFT	
SHIP TO		Pro Number:	
Name: Kohls Ecom DC-#00813		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Location #: 00813		Prepaid: Collect: X 3rd Party:	
Address: 10201 Schuster Way		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
00813			
City/State/Zip: Pataskala, OH 43062			
CID#: 884599713			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 884599713			
Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14990558 Dept#: 115		6	47.52	Y	N	
Grand Total		6	47.52			

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
1		6		97.52		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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

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

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

Shipper Signature

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

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

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

	Appt Time: In: Out: Driver Signature:
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Order No.: 70645278 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - #00855 Customer PO No.: 14987927

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00855 890 EAST MILL STREET SAN BERNARDINO D.C. SAN BERNARDINO, CA 92408-1614 US	Shipping Date: 06/12/2024 Shipment No.: 300089519
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	60	5	60	5
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	48	4	48	4

Total Weight:	206.1
Total Quantity Ordered:	108
Total Cartons Ordered:	9
Total Quantity Shipped:	108
Total Cartons Shipped:	9

Order No.: 70645270 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - #00860 Customer PO No.: 14879103

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORNICANA D.C. CORNICANA, TX 75110 US	Shipping Date: 06/12/2024 Shipment No.: 300089521
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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	72	3	72	3
N/A	41BOM2PHT07	022164359077	Shells	EA	24	96	4	96	4
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	48	2	48	2
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	96	4	96	4

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

Order No.: 70645275 **Order Date:** 05/22/2024 **Customer:** KOHLS DIST. CENTER - **Customer PO No.:** 14987927
#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: 06/12/2024 Shipment No.: 300089510
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	108	9	108	9
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	96	8	96	8

Total Weight:	389.3
Total Quantity Ordered:	204
Total Cartons Ordered:	17
Total Quantity Shipped:	204
Total Cartons Shipped:	17

Order No.: 70645274 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879103
#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: 06/12/2024 Shipment No.: 300089533
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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	216	9	216	9
N/A	41BOM2PHT07	022164359077	Shells	EA	24	240	10	240	10
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	216	9	216	9
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	192	8	192	8
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	144	6	144	6
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	264	11	264	11

Total Weight:	687.94
Total Quantity Ordered:	1272
Total Cartons Ordered:	53
Total Quantity Shipped:	1272
Total Cartons Shipped:	53

Order No.: 70645268 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879103
#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: 06/12/2024 Shipment No.: 300089515
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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	144	6	144	6
N/A	41BOM2PHT07	022164359077	Shells	EA	24	120	5	120	5
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	144	6	144	6
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	48	2	48	2
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	168	7	168	7

Total Weight:	402.38
Total Quantity Ordered:	744
Total Cartons Ordered:	31
Total Quantity Shipped:	744
Total Cartons Shipped:	31

Order No.: 70645271 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879103
 #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: 06/12/2024 Shipment No.: 300089524
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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	216	9	216	9
N/A	41BOM2PHT07	022164359077	Shells	EA	24	264	11	264	11
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	192	8	192	8
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	144	6	144	6
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	96	4	96	4
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	264	11	264	11

Total Weight:	636.02
Total Quantity Ordered:	1176
Total Cartons Ordered:	49
Total Quantity Shipped:	1176
Total Cartons Shipped:	49

Order No.: 70645287 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14990556 #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: 06/12/2024 Shipment No.: 300089520
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1

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

Order No.: 70645266 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879103
 #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: 06/12/2024 Shipment No.: 300089509
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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	288	12	288	12
N/A	41BOM2PHT07	022164359077	Shells	EA	24	288	12	288	12
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	336	14	336	14
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	264	11	264	11
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	216	9	216	9
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	312	13	312	13

Total Weight:	921.58
Total Quantity Ordered:	1704
Total Cartons Ordered:	71
Total Quantity Shipped:	1704
Total Cartons Shipped:	71

Order No.: 70645267 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879103
#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: 06/12/2024 Shipment No.: 300089512
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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	264	11	264	11
N/A	41BOM2PHT07	022164359077	Shells	EA	24	264	11	264	11
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	216	9	216	9
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	120	5	120	5
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	240	10	240	10

Total Weight:	661.98
Total Quantity Ordered:	1224
Total Cartons Ordered:	51
Total Quantity Shipped:	1224
Total Cartons Shipped:	51

Order No.: 70645277 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14987927
#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: 06/12/2024 Shipment No.: 300089516
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	84	7	84	7
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	60	5	60	5

Total Weight:	274.8
Total Quantity Ordered:	144
Total Cartons Ordered:	12
Total Quantity Shipped:	144
Total Cartons Shipped:	12

Order No.: 70645279 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - #00860 Customer PO No.: 14987927

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: 06/12/2024 Shipment No.: 300089522
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	60	5	60	5
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	60	5	60	5

Total Weight:	229
Total Quantity Ordered:	120
Total Cartons Ordered:	10
Total Quantity Shipped:	120
Total Cartons Shipped:	10

Order No.: 70645288 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14990556 #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: 06/12/2024 Shipment No.: 300089523
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	72	3	72	3
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3

Total Weight:	47.52
Total Quantity Ordered:	144
Total Cartons Ordered:	6
Total Quantity Shipped:	144
Total Cartons Shipped:	6

Order No.: 70645272 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879103
#00875

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	Shipping Date: 06/12/2024 Shipment No.: 300089527
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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	168	7	168	7
N/A	41BOM2PHT07	022164359077	Shells	EA	24	192	8	192	8
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	240	10	240	10
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	168	7	168	7
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	72	3	72	3
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	192	8	192	8

Total Weight:	558.14
Total Quantity Ordered:	1032
Total Cartons Ordered:	43
Total Quantity Shipped:	1032
Total Cartons Shipped:	43

Order No.: 70645292 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14990556
 #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: 06/12/2024 Shipment No.: 300089535
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	216	9	216	9
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	168	7	168	7

Total Weight:	126.72
Total Quantity Ordered:	384
Total Cartons Ordered:	16
Total Quantity Shipped:	384
Total Cartons Shipped:	16

Order No.: 70645290 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14990556 #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: 06/12/2024 Shipment No.: 300089529
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	96	4	96	4

Total Weight:	63.36
Total Quantity Ordered:	192
Total Cartons Ordered:	8
Total Quantity Shipped:	192
Total Cartons Shipped:	8

Order No.: 70645273 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879103
 #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: 06/12/2024 Shipment No.: 300089530
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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	72	3	72	3
N/A	41BOM2PHT07	022164359077	Shells	EA	24	96	4	96	4
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	96	4	96	4
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	72	3	72	3
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	24	1	24	1
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	48	2	48	2

Total Weight:	220.66
Total Quantity Ordered:	408
Total Cartons Ordered:	17
Total Quantity Shipped:	408
Total Cartons Shipped:	17

Order No.: 70645281 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14987927
#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: 06/12/2024 Shipment No.: 300089528
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	72	6	72	6
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	96	8	96	8

Total Weight:	320.6
Total Quantity Ordered:	168
Total Cartons Ordered:	14
Total Quantity Shipped:	168
Total Cartons Shipped:	14

Order No.: 70645282 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14987927
#00885

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00885 2065 KEYSTONE PACIFIC PARKWAY PATTERSON D.C. PATTERSON, CA 95363 US	Shipping Date: 06/12/2024 Shipment No.: 300089531
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	48	4	48	4
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	36	3	36	3

Total Weight:	160.3
Total Quantity Ordered:	84
Total Cartons Ordered:	7
Total Quantity Shipped:	84
Total Cartons Shipped:	7

Order No.: 70645276 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14987927
 #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: 06/12/2024 Shipment No.: 300089513
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	72	6	72	6
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	84	7	84	7

Total Weight:	297.7
Total Quantity Ordered:	156
Total Cartons Ordered:	13
Total Quantity Shipped:	156
Total Cartons Shipped:	13

Order No.: 70645280 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14987927
#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: 06/12/2024 Shipment No.: 300089525
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	84	7	84	7
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	84	7	84	7

Total Weight:	320.6
Total Quantity Ordered:	168
Total Cartons Ordered:	14
Total Quantity Shipped:	168
Total Cartons Shipped:	14

Order No.: 70645284 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14990556
#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: 06/12/2024 Shipment No.: 300089511
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	192	8	192	8
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	168	7	168	7

Total Weight:	118.8
Total Quantity Ordered:	360
Total Cartons Ordered:	15
Total Quantity Shipped:	360
Total Cartons Shipped:	15

Order No.: 70645286 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14990556
#00840

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00840 2015 NE JEFFERSON STREET BLUE SPRING (GRAIN VALLEY) D.C. GRAIN VALLEY, MO 64029 US	Shipping Date: 06/12/2024 Shipment No.: 300089517
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	96	4	96	4
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3

Total Weight:	55.44
Total Quantity Ordered:	168
Total Cartons Ordered:	7
Total Quantity Shipped:	168
Total Cartons Shipped:	7

Order No.: 70645283 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14987927
 #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: 06/12/2024 Shipment No.: 300089534
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWSC1	11SNMEDWSC 1	086569491756	Spa Shower Curtain	EA	12	84	7	84	7
11SNMEDWSC2	11SNMEDWSC 2	086569491763	Spa Shower Curtain	EA	12	96	8	96	8

Total Weight:	343.5
Total Quantity Ordered:	180
Total Cartons Ordered:	15
Total Quantity Shipped:	180
Total Cartons Shipped:	15

Order No.: 70645291 **Order Date:** 05/22/2024 **Customer:** KOHLS DIST. CENTER - **Customer PO No.:** 14990556
 #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: 06/12/2024 Shipment No.: 300089532
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1

Total Weight:	7.92
Total Quantity Ordered:	24
Total Cartons Ordered:	1
Total Quantity Shipped:	24
Total Cartons Shipped:	1

Order No.: 70645269 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879103
#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: 06/12/2024 Shipment No.: 300089518
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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	48	2	48	2
N/A	41BOM2PHT07	022164359077	Shells	EA	24	120	5	120	5
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	48	2	48	2
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	96	4	96	4

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

Order No.: 70645285 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14990556
 #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: 06/12/2024 Shipment No.: 300089514
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	144	6	144	6

Total Weight:	95.04
Total Quantity Ordered:	288
Total Cartons Ordered:	12
Total Quantity Shipped:	288
Total Cartons Shipped:	12

Order No.: 70632735 Order Date: 05/21/2024 Customer: KOHLS ECOM DC-#00806 Customer PO No.: 14990558

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00806 825 EAST CENTRAL AVENUE SAN BERNARDINO - DC SAN BERNARDINO, CA 92408-2413 US	Shipping Date: 06/12/2024 Shipment No.: 300089536
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS-EFC	086569492012	Spa Border Hand Towel	EA	24	24	1	24	1
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	24	1	24	1

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

Order No.: 70645289 Order Date: 05/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14990556
 #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: 06/12/2024 Shipment No.: 300089526
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
11SNMEDWHT02GS	11SNMEDWHT02GS	086569492012	Spa Border Hand Towel	EA	24	144	6	144	6
11SNMEDWHT02T	11SNMEDWHT02T	086569491992	Spa Border Hand Towel	EA	24	120	5	120	5

Total Weight:	87.12
Total Quantity Ordered:	264
Total Cartons Ordered:	11
Total Quantity Shipped:	264
Total Cartons Shipped:	11

Order No.: 70632736 Order Date: 05/21/2024 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 14990558

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: 06/12/2024 Shipment No.: 300089537
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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
11SNMEDWHT02T	11SNMEDWHT02T-EFC	086569491992	Spa Border Hand Towel	EA	24	72	3	72	3

Total Weight:	47.52
Total Quantity Ordered:	144
Total Cartons Ordered:	6
Total Quantity Shipped:	144
Total Cartons Shipped:	6