

Date: 8/5/2024 1:00:35 PM

Master Bill Of Lading

SHIP FROM

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

Master Bill of Lading Number: 06757163000916962

SHIP TO

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

CARRIER NAME: Knight Transportation

Trailer number: 84127
 Seal number(s): 44369609
 SCAC: KNIG
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

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

SPECIAL INSTRUCTIONS:

ME# 887876047

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

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
15093668 Dept#: 115	76	1004.72	Y N	06757163000916627	00830	
15093668 Dept#: 115	68	898.96	Y N	06757163000916832	00890	
15093184 Dept#: 115	89	1508.55	Y N	06757163000916825	00890	
15093681 Dept#: 115	6	79.32	Y N	06757163000916887	00813	
14879104 Dept#: 115	8	103.84	Y N	06757163000916788	00875	
15093195 Dept#: 115	8	135.60	Y N	06757163000916870	00813	
14879104 Dept#: 115	3	38.94	Y N	06757163000916726	00860	
14879104 Dept#: 115	3	38.94	Y N	06757163000916818	00885	
15093184 Dept#: 115	109	1847.55	Y N	06757163000916733	00865	
15093668 Dept#: 115	54	713.88	Y N	06757163000916771	00875	
14879104 Dept#: 115	21	272.58	Y N	06757163000916603	00810	
15093184 Dept#: 115	42	711.90	Y N	06757163000916702	00860	
14879104 Dept#: 115	15	194.70	Y N	06757163000916849	00890	

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.

Forll 8/5/24

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.

X [Signature] 8-5-24

SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>	Master Bill of Lading Number: 06757163000916962
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SHIP TO		Name: Kohls DC#: XDSFS Div. _____ Address: X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS City/State/Zip: SANTA FE SPRINGS, CA 90670 SID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Knight Transportation Trailer number: 84127 Seal number(s): 44369609 SCAC: KNIG Pro Number: _____
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THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: ME# 887876047	Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM PM	AM PM	AM PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time							
AM PM	AM PM	AM PM							

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO			Supplier#	
					BOL#	DC#			
15093668	Dept#: 115	80	1057.60	Y	N	06757163000916597	00810		
15093195	Dept#: 115	2	33.90	Y	N	06757163000916863	00806		
15093195	Dept#: 115	8	135.60	Y	N	06757163000916948	00836		
15093668	Dept#: 115	28	370.16	Y	N	06757163000916801	00885		
15093184	Dept#: 115	56	949.20	Y	N	06757163000916641	00840		
15093184	Dept#: 115	37	627.15	Y	N	06757163000916795	00885		
15093184	Dept#: 115	85	1440.75	Y	N	06757163000916764	00875		
15093195	Dept#: 115	4	67.80	Y	N	06757163000916894	00816		
15093681	Dept#: 115	2	26.44	Y	N	06757163000916900	00816		
14879104	Dept#: 115	6	77.88	Y	N	06757163000916696	00855		
15093184	Dept#: 115	105	1779.75	Y	N	06757163000916580	00810		
15093184	Dept#: 115	56	949.20	Y	N	06757163000916672	00855		
15093195	Dept#: 115	3	50.85	Y	N	06757163000916955	00870		

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. 	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<input checked="" type="checkbox"/>	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: 06757163000916962	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Kohls DC#: XDSFS Div. _____ Address: X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS City/State/Zip: SANTA FE SPRINGS, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 84127 Seal number(s): 44369609 SCAC: KNIG 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# 887876047		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
		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			Supplier#
					BOL#	DC#		
15093668	Dept#: 115	38	502.36	Y	N	06757163000916689	00855	
15093681	Dept#: 115	4	52.88	Y	N	06757163000916931	00836	
15093668	Dept#: 115	34	449.48	Y	N	06757163000916658	00840	
15093668	Dept#: 115	86	1136.92	Y	N	06757163000916740	00865	
15093681	Dept#: 115	2	26.44	Y	N	06757163000916917	00826	
15093184	Dept#: 115	93	1576.35	Y	N	06757163000916610	00830	
15093195	Dept#: 115	1	16.95	Y	N	06757163000916924	00826	
15093681	Dept#: 115	2	26.44	Y	N	06757163000916856	00806	
14879104	Dept#: 115	23	298.54	Y	N	06757163000916634	00830	
14879104	Dept#: 115	12	155.76	Y	N	06757163000916665	00840	
14879104	Dept#: 115	24	311.52	Y	N	06757163000916757	00865	
15093668	Dept#: 115	28	370.16	Y	N	06757163000916719	00860	
Grand Total		1321	20039.56					


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

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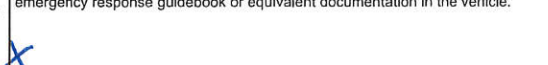
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

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

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


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


SHIP FROM		Master Bill of Lading Number: 06757163000916962	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Kohls DC#: XDSFS Div. _____ Address: X-DOCK PERFORMANCE TEAM BLDG 6 12816 SHOEMAKER AVE, XDSFS City/State/Zip: SANTA FE SPRINGS, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 84127 Seal number(s): 44369609 SCAC: KNIG 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# 887876047		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

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
623	ctns			8208.46		Bath Towel, Beach Towel	49260 Sub 4	175
698	ctns			11831.10		Shower curtain	49385	77.5
1321				20039.56		Grand Total		

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

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


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

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
[Signature] 8/5/24

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

SHIP FROM		Bill of Lading Number: 06757163000916627	
Name: E & E COMPANY LTD		 (402)06757163000916627	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
SHIP TO		SCAC: KNIG	
Name: Kohls Dist. Center - #00830 Location #: 00830		Pro Number:	
Address: 300 Admiral Byrd Drive		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
City/State/Zip: Winchester D. C., 00830			
CID#: 887876047 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
15093668 Dept#: 115	76	1004.72	Y	N	
Grand Total	76	1004.72			


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
76	ctns			1004.72		Bath Towel, Beach Towel	49260 Sub 4	175
76				1004.72		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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: 06757163000916894	
Name: E & E COMPANY LTD		 (402)06757163000916894	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number:	
Name: Kohls Ecom DC-#00816		Location #: 00816	
Address: 1701 Trimble Avenue			
Edgewood-EC, 00816			
City/State/Zip: Edgewood, MD 21040			
CID#: 887876047		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 #: 887876047 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	
15093195 Dept#: 115		4	67.80	Y N		
Grand Total		4	67.80			


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		
		4	ctns	67.80		Shower curtain	49385	77.5
1		4		117.80		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"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

SHIP FROM		Bill of Lading Number: 06757163000916634	
Name: E & E COMPANY LTD		 (402)06757163000916634	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00830		Location #: 00830	
Address: 300 Admiral Byrd Drive			
Winchester D. C., 00830			
City/State/Zip: Winchester, VA 22602			
CID#: 887876047		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
14879104 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
23	ctns			298.54		Bath Towel, Beach Towel	49260 Sub 4	175
23				298.54		Grand Total		

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;"> _____ Shipper Signature </div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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: 8/5/2024 1:00:30 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00855 Location #: 00855
Address:	221 Hanson Way	Address:	890 East Mill Street San Bernardino D.C., 00855
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	San Bernardino, CA 92408-1614
SID#:		CID#:	887876047
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000916696		Trailer number: 84127	
		Seal number(s): 44369609	
(402)06757163000916696		SCAC: KNIG	
CARRIER NAME: Knight 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 underlying Bills of Lading	
Load #: 887876047		(check box)	
Packing List is Attached			

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
14879104 Dept#: 115		6	77.88	Y	N			
Grand Total		6	77.88					
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
6	ctns			77.88		Bath Towel, Beach Towel	49260 Sub 4	175
6				77.88		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: 06757163000916641	
Name: E & E COMPANY LTD		 (402)06757163000916641	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Knight Transportation	
VENDOR: 000074879		Responsible Acct.No:	
		Trailer number: 84127	
		Seal number(s): 44369609	
SHIP TO		SCAC: KNIG	
Name: Kohls Dist. Center - #00840 Location #: 00840		Pro Number:	
Address: 2015 NE Jefferson Street			
Blue Spring (Grain Valley) D.C.,			
City/State/Zip: 00840			
Grain Valley, MO 64029			
CID#: 887876047			
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 #: 887876047		<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	
15093184 Dept#: 115	56	949.20	Y N		
Grand Total	56	949.20			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
56	ctns			949.20		Shower curtain	49385	77.5
56				949.20		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
---	--

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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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: 8/5/2024 1:00:28 PM

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: 06757163000916955



(402)06757163000916955

CARRIER NAME: Knight Transportation

Responsible Acct.No:

Trailer number: 84127

Seal number(s): 44369609

SCAC: KNIG

Pro Number:

SHIP TO

Name: Kohls Ecom DC-#00870 Location #: 00870
 Address: 3500 Salzman Road
 Monroe (Middletown) F.C., 00870
 City/State/Zip: Middletown, OH 45044-9401
 CID#: 887876047 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

SPECIAL INSTRUCTIONS:

Load #: 887876047

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
15093195 Dept#: 115	3	50.85	Y N	
Grand Total	3	50.85		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	50.85		Shower curtain	49385	77.5
1		3		100.85		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: 06757163000916863



(402)06757163000916863

SHIP TO

Name: Kohls Ecom DC-#00806 Location #: 00806
 Address: 825 East Central Avenue
 San Bernardino - DC, 00806
 City/State/Zip: San Bernardino, CA 92408-2413
 CID#: 887876047 FOB:

CARRIER NAME: Knight Transportation
 Responsible Acct.No: _____
 Trailer number: 84127
 Seal number(s): 44369609

SCAC: KNIG
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 887876047
 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	
15093195 Dept#: 115	2	33.90	Y N		
Grand Total	2	33.90			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	33.90		Shower curtain	49385	77.5
1		2		83.90		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.

 Shipper Signature

 Shipper Signature

Appt Time:
 In:
 Out:
 Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000916832	
Name: E & E COMPANY LTD		 (402)06757163000916832	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00890		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Location #: 00890			
Address: 4300 MBL Drive		Prepaid: Collect: X 3rd Party:	
Ottawa D.C., 00890		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip: Ottawa, IL 61350			
CID#: 887876047			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
15093668 Dept#: 115	68	898.96	Y N		
Grand Total	68	898.96			

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
68	ctns			898.96		Bath Towel, Beach Towel	49260 Sub 4	175
68				898.96		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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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: 06757163000916825	
Name: E & E COMPANY LTD		 (402)06757163000916825	
Address: 221 Hanson Way		CARRIER NAME: Knight Transportation	
City/State/Zip: Woodland, CA 95776		Responsible Acct.No:	
SID#:		Trailer number: 84127	
PHONE:		Seal number(s): 44369609	
VENDOR: 000074879		SCAC: KNIG Pro Number:	
FOB: <input type="checkbox"/>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SHIP TO		Prepaid: Collect: X 3rd Party:	
Name: Kohls Dist. Center - #00890 Location #: 00890		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Address: 4300 MBL Drive			
City/State/Zip: Ottawa, IL 61350			
CID#: 887876047 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
15093184	Dept#: 115	89	1508.55	Y	N	
Grand Total		89	1508.55			

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
89	ctns			1508.55		Shower curtain	49385	77.5
89				1508.55		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 type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><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:</p> <p>In:</p> <p>Out:</p> <p>Driver Signature:</p>

SHIP FROM		Bill of Lading Number: 06757163000916597	
Name: E & E COMPANY LTD		 (402)06757163000916597	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00810		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Location #: 00810			
Address: 7855 County Road 140		Prepaid: Collect: X 3rd Party:	
Findlay D.C., 00810		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip: Findlay, OH 45840			
CID#: 887876047			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
15093668	Dept#: 115	80	1057.60	Y	N	
Grand Total		80	1057.60			

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
80	ctns			1057.60		Bath Towel, Beach Towel	49260 Sub 4	175
80				1057.60		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: <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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>
			Appt Time: In: Out: Driver Signature:

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

Bill of Lading Number: 06757163000916924

 (402)06757163000916924

SHIP TO
 Name: Kohls Ecom DC-#00826 Location #: 00826
 Address: 2019 N. I-35 E
 Desoto-EC, 00826
 City/State/Zip: Desoto, TX 75115
 CID#: 887876047 FOB:

CARRIER NAME: Knight Transportation
 Responsible Acct.No: _____
 Trailer number: 84127
 Seal number(s): 44369609

SCAC: KNIG
Pro Number: _____

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

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

SPECIAL INSTRUCTIONS:
 Load #: 887876047
 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
15093195 Dept#: 115	1	16.95	Y N	
Grand Total	1	16.95		

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		
		1	ctns	16.95		Shower curtain	49385	77.5
1		1		66.95		Grand Total		

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

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

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

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

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


Shipper Signature

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

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

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

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

SHIP FROM		Bill of Lading Number: 06757163000916580	
Name: E & E COMPANY LTD		 (402)06757163000916580	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
SHIP TO		SCAC: KNIG	
Name: Kohls Dist. Center - #00810 Location #: 00810		Pro Number:	
Address: 7855 County Road 140		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
Findlay D.C., 00810			
City/State/Zip: Findlay, OH 45840			
CID#: 887876047		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
15093184 Dept#: 115	105	1779.75	Y	N	
Grand Total	105	1779.75			

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	
105	ctns			1779.75		Shower curtain	49385	77.5	
105				1779.75		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 type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><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>
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SHIP FROM		Bill of Lading Number: 06757163000916764	
Name: E & E COMPANY LTD		 (402)06757163000916764	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number:	
Name: Kohls Dist. Center - #00875		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Location #: 00875			
Address: 3030 Airport Road East		Prepaid: Collect: X 3rd Party:	
Macon D.C., 00875		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip: Macon, GA 31216			
CID#: 887876047			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO	
15093184		Dept#: 115	85	1440.75	Y	N		
Grand Total			85	1440.75				
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
85	ctns			1440.75		Shower curtain	49385	77.5
85				1440.75		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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
Freight Counted: <input 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: 06757163000916771	
Name: E & E COMPANY LTD		 (402)06757163000916771	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
SHIP TO		SCAC: KNIG	
Name: Kohls Dist. Center - #00875 Location #: 00875		Pro Number:	
Address: 3030 Airport Road East			
City/State/Zip: Macon D.C., 00875			
City/State/Zip: Macon, GA 31216			
CID#: 887876047			
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 #: 887876047		<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
15093668 Dept#: 115	54	713.88	Y	N	
Grand Total	54	713.88			


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
54	ctns			713.88		Bath Towel, Beach Towel	49260 Sub 4	175
54				713.88		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;"> _____ Shipper Signature </div>
--	--

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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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: 06757163000916610	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: 000074879		 (402)06757163000916610	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Kohls Dist. Center - #00830 Location #: 00830 Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22602 CID#: 887876047		Responsible Acct.No: Trailer number: 84127 Seal number(s): 44369609	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: KNIG Pro Number:	
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 887876047 Packing List is Attached		Prepaid: Collect: X 3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
15093184 Dept#: 115	93	1576.35	Y	N	
Grand Total	93	1576.35			

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
93	ctns			1576.35		Shower curtain	49385	77.5	
93				1576.35		Grand Total			

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <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>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
			Appt Time: In: Out: Driver Signature:

Date: 8/5/2024 1:00:21 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000916931	
Name: E & E COMPANY LTD		 (402)06757163000916931	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
SHIP TO		SCAC: KNIG	
Name: Kohls Ecom DC-#00836		Pro Number:	
Address: 9998 All Points Parkway		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Plainfield, IN 46168			
CID#: 887876047		Prepaid: Collect: X 3rd Party:	
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
15093681 Dept#: 115	4	52.88	Y N		
Grand Total	4	52.88			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			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. <small>See Section 2(e) of NMFC Item 360</small>	NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	52.88		Bath Towel, Beach Towel	49260 Sub 4	175
1		4		102.88		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</p> <p><input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><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: 8/5/2024 1:00:20 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00865 Location #: 00865
Address:	221 Hanson Way	Address:	Mamakating (Wurtsboro) D.C. 3440 State Route 209, 00865
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Wurtsboro, NY 12790
SID#:		CID#:	887876047
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000916740		Trailer number: 84127	
		Seal number(s): 44369609	
(402)06757163000916740		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO			
15093668 Dept#: 115	86	1136.92	Y	N				
Grand Total	86	1136.92						
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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
86	ctns			1136.92		Bath Towel, Beach Towel	49260 Sub 4	175
86				1136.92		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:


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

CARRIER SIGNATURE / PICKUP DATE

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000916665	
Name: E & E COMPANY LTD		 (402)06757163000916665	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
SHIP TO		SCAC: KNIG	
Name: Kohls Dist. Center - #00840 Location #: 00840		Pro Number:	
Address: 2015 NE Jefferson Street		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Blue Spring (Grain Valley) D.C.,			
City/State/Zip: 00840		Prepaid: Collect: X 3rd Party:	
Grain Valley, MO 64029		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
CID#: 887876047			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
14879104 Dept#: 115	12	155.76	Y N		
Grand Total	12	155.76			


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
12	ctns			155.76	(X)	Bath Towel, Beach Towel	49260 Sub 4	175
12				155.76		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;"> _____ Shipper Signature </div>
--	--

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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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: 06757163000916887	
Name: E & E COMPANY LTD		 (402)06757163000916887	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
SHIP TO		SCAC: KNIG	
Name: Kohls Ecom DC-#00813		Pro Number:	
Address: 10201 Schuster Way		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Pataskala, OH 43062			
CID#: 887876047		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
15093681 Dept#: 115	6	79.32	Y N		
Grand Total	6	79.32			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	79.32		Bath Towel, Beach Towel	49260 Sub 4	175
1		6		129.32		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;"> _____ Shipper Signature </div>
--	---

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

SHIP FROM		Bill of Lading Number: 06757163000916733	
Name: E & E COMPANY LTD		 (402)06757163000916733	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
SHIP TO		SCAC: KNIG	
Name: Kohls Dist. Center - #00865 Location #: 00865		Pro Number:	
Address: Mamakating (Wurtsboro) D.C.		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
3440 State Route 209, 00865			
City/State/Zip: Wurtsboro, NY 12790			
CID#: 887876047		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
15093184 Dept#: 115	109	1847.55	Y N		
Grand Total	109	1847.55			

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
109	ctns			1847.55		Shower curtain	49385	77.5
109				1847.55		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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


Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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: 8/5/2024 1:00:15 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Ecom DC-#00836 Location #: 00836
Address:	221 Hanson Way	Address:	9998 All Points Parkway 00836
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Plainfield, IN 46168
SID#:		CID#:	887876047
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000916948		Trailer number: 84127	
		Seal number(s): 44369609	
(402)06757163000916948		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 887876047 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
15093195 Dept#: 115	8	135.60	Y N	
Grand Total	8	135.60		

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		
		8	ctns	135.60		Shower curtain	49385	77.5
1		8		185.60		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: 8/5/2024 1:00:12 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00885 Location #: 00885
Address:	221 Hanson Way	Address:	2065 Keystone Pacific Parkway Patterson D.C., 00885
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Patterson, CA 95363
SID#:		CID#:	887876047
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:	000074879	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000916818		Trailer number: 84127	
		Seal number(s): 44369609	
(402)06757163000916818		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
		3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 887876047 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
14879104 Dept#: 115		3	38.94	Y	N	
Grand Total		3	38.94			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	ctns			38.94		Bath Towel, Beach Towel	49260 Sub 4	175
3				38.94		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:

Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper

By Driver

Freight Counted:

By Shipper

By Driver/pallets said to contain

By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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


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

Appt Time:

In:

Out:

Driver Signature:

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>	Bill of Lading Number: 06757163000916917  (402)06757163000916917 CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 84127 Seal number(s): 44369609 SCAC: KNIG Pro Number: _____		
Name: Kohls Ecom DC-#00826 Location #: 00826 Address: 2019 N. I-35 E Desoto-EC, 00826 City/State/Zip: Desoto, TX 75115 CID#: 887876047 FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____		
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____	
SPECIAL INSTRUCTIONS: Load #: 887876047 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
15093681 Dept#: 115	2	26.44	Y	N	
Grand Total	2	26.44			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	26.44		Bath Towel, Beach Towel	49260 Sub 4	175
1		2		76.44		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:

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: 06757163000916795

 (402)06757163000916795

SHIP TO
 Name: Kohls Dist. Center - #00885 Location #: 00885
 Address: 2065 Keystone Pacific Parkway
 Patterson D.C., 00885
 City/State/Zip: Patterson, CA 95363
 CID#: 887876047 FOB:

CARRIER NAME: Knight Transportation
 Responsible Acct.No: _____
 Trailer number: 84127
 Seal number(s): 44369609

SCAC: KNIG
Pro Number: _____

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

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

SPECIAL INSTRUCTIONS:
 Load #: 887876047
 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
15093184 Dept#: 115	37	627.15	Y	N	
Grand Total	37	627.15			

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
37	ctns			627.15		Shower curtain	49385	77.5
37				627.15		Grand Total		

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

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

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

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

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


Shipper Signature

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

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

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

Appt Time:
 In:
 Out:
 Driver Signature:

SHIP FROM		Bill of Lading Number: 06757163000916856	
Name: E & E COMPANY LTD		 (402)06757163000916856	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 84127	
VENDOR: 000074879		Seal number(s): 44369609	
FOB: <input type="checkbox"/>		SCAC: KNIG	
SHIP TO		Pro Number:	
Name: Kohls Ecom DC-#00806		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Location #: 00806			
Address: 825 East Central Avenue		Prepaid: Collect: X 3rd Party:	
San Bernardino - DC, 00806		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip: San Bernardino, CA 92408-2413			
CID#: 887876047			
FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 887876047			
Packing List is Attached			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
15093681 Dept#: 115		2	26.44	Y	N	
Grand Total		2	26.44			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	26.44		Bath Towel, Beach Towel	49260 Sub 4	175
1		2		76.44		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"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: 000074879 FOB: <input type="checkbox"/>		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#: 887876047 FOB: <input type="checkbox"/>		Name: _____ Address: _____ City/State/Zip: _____	
Bill of Lading Number: 06757163000916689  (402)06757163000916689		CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 84127 Seal number(s): 44369609		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____	
SCAC: KNIG Pro Number: _____		SPECIAL INSTRUCTIONS: Load #: 887876047 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	
15093668 Dept#: 115	38	502.36	Y N		
Grand Total	38	502.36			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
38	ctns			502.36		Bath Towel, Beach Towel	49260 Sub 4	175
38				502.36		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: <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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i> Appt Time: In: Out: Driver Signature:
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Order No.: 71100154 **Order Date:** 07/21/2024 **Customer:** KOHLS DIST. CENTER - **Customer PO No.:** 15093668
 #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: 08/05/2024 Shipment No.: 300091662
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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	KL73-3549	022164418484	Mountain Mist	EA	24	912	38	912	38
N/A	KL73-3550	022164418491	Floral	EA	24	912	38	912	38

Total Weight:	1004.72
Total Quantity Ordered:	1824
Total Cartons Ordered:	76
Total Quantity Shipped:	1824
Total Cartons Shipped:	76

Order No.: 71133248 **Order Date:** 07/25/2024 **Customer:** KOHLS DIST. CENTER - #00810 **Customer PO No.:** 14879104

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 08/05/2024 Shipment No.: 300091660
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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	120	5	120	5
N/A	41BOM2PHT07	022164359077	Shells	EA	24	24	1	24	1
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	96	4	96	4
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	96	4	96	4
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	48	2	48	2
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	120	5	120	5

Total Weight:	272.58
Total Quantity Ordered:	504
Total Cartons Ordered:	21
Total Quantity Shipped:	504
Total Cartons Shipped:	21

Order No.: 71048650 Order Date: 07/17/2024 Customer: KOHLS ECOM DC-#00816 Customer PO No.: 15093195

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00816 1701 TRIMBLE AVENUE EDGEWOOD-EC EDGEWOOD, MD 21040 US	Shipping Date: 08/05/2024 Shipment No.: 300091689
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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	KL70-3551EFC	022164418521	Waffle Stripe	EA	12	24	2	24	2
N/A	KL70-3552EFC	022164418538	Waffle Stripe	EA	12	24	2	24	2

Total Weight:	67.8
Total Quantity Ordered:	48
Total Cartons Ordered:	4
Total Quantity Shipped:	48
Total Cartons Shipped:	4

Order No.: 71133249 Order Date: 07/25/2024 Customer: KOHLS DIST. CENTER - #00830 Customer PO No.: 14879104

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: 08/05/2024 Shipment No.: 300091663
--	--	--	--

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	120	5	120	5
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	120	5	120	5
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	96	4	96	4
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.: 71100157 Order Date: 07/21/2024 Customer: KOHLS DIST. CENTER - #00860 Customer PO No.: 15093668

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORSICANA D.C. CORSICANA, TX 75110 US	Shipping Date: 08/05/2024 Shipment No.: 300091671
--	--	---	--

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL73-3549	022164418484	Mountain Mist	EA	24	336	14	336	14
N/A	KL73-3550	022164418491	Floral	EA	24	336	14	336	14

Total Weight:	370.16
Total Quantity Ordered:	672
Total Cartons Ordered:	28
Total Quantity Shipped:	672
Total Cartons Shipped:	28

Order No.: 71133251 Order Date: 07/25/2024 Customer: KOHLS DIST. CENTER - #00855 Customer PO No.: 14879104

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: 08/05/2024 Shipment No.: 300091669
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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	24	1	24	1
N/A	41BOM2PHT07	022164359077	Shells	EA	24	24	1	24	1
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	24	1	24	1
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	48	2	48	2
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	24	1	24	1

Total Weight:	77.88
Total Quantity Ordered:	144
Total Cartons Ordered:	6
Total Quantity Shipped:	144
Total Cartons Shipped:	6

Order No.: 71111722 Order Date: 07/22/2024 Customer: KOHLS DIST. CENTER - #00840 Customer PO No.: 15093184

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: 08/05/2024 Shipment No.: 300091664
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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	KL70-3551	022164418521	Waffle Stripe	EA	12	348	29	348	29
N/A	KL70-3552	022164418538	Waffle Stripe	EA	12	324	27	324	27

Total Weight:	949.2
Total Quantity Ordered:	672
Total Cartons Ordered:	56
Total Quantity Shipped:	672
Total Cartons Shipped:	56

Order No.: 71048653 Order Date: 07/17/2024 Customer: KOHLS ECOM DC-#00870 Customer PO No.: 15093195

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00870 3500 SALZMAN ROAD MONROE (MIDDLETOWN) F.C. MIDDLETOWN, OH 45044-9401 US	Shipping Date: 08/05/2024 Shipment No.: 300091695
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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	KL70-3551EFC	022164418521	Waffle Stripe	EA	12	12	1	12	1
N/A	KL70-3552EFC	022164418538	Waffle Stripe	EA	12	24	2	24	2

Total Weight:	50.85
Total Quantity Ordered:	36
Total Cartons Ordered:	3
Total Quantity Shipped:	36
Total Cartons Shipped:	3

Order No.: 71048648 Order Date: 07/17/2024 Customer: KOHLS ECOM DC-#00806 Customer PO No.: 15093195

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00806 825 EAST CENTRAL AVENUE SAN BERNARDINO - DC SAN BERNARDINO, CA 92408-2413 US	Shipping Date: 08/05/2024 Shipment No.: 300091686
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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	KL70-3551EFC	022164418521	Waffle Stripe	EA	12	12	1	12	1
N/A	KL70-3552EFC	022164418538	Waffle Stripe	EA	12	12	1	12	1

Total Weight:	33.9
Total Quantity Ordered:	24
Total Cartons Ordered:	2
Total Quantity Shipped:	24
Total Cartons Shipped:	2

Order No.: 71100161 Order Date: 07/21/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 15093668
#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: 08/05/2024 Shipment No.: 300091683
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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	KL73-3549	022164418484	Mountain Mist	EA	24	816	34	816	34
N/A	KL73-3550	022164418491	Floral	EA	24	816	34	816	34

Total Weight:	898.96
Total Quantity Ordered:	1632
Total Cartons Ordered:	68
Total Quantity Shipped:	1632
Total Cartons Shipped:	68

Order No.: 71111730 Order Date: 07/22/2024 Customer: KOHLS DIST. CENTER - #00890 Customer PO No.: 15093184

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 08/05/2024 Shipment No.: 300091682
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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	KL70-3551	022164418521	Waffle Stripe	EA	12	564	47	564	47
N/A	KL70-3552	022164418538	Waffle Stripe	EA	12	504	42	504	42

Total Weight:	1508.55
Total Quantity Ordered:	1068
Total Cartons Ordered:	89
Total Quantity Shipped:	1068
Total Cartons Shipped:	89

Order No.: 71100153 Order Date: 07/21/2024 Customer: KOHLS DIST. CENTER - #00810 Customer PO No.: 15093668

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 08/05/2024 Shipment No.: 300091659
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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	KL73-3549	022164418484	Mountain Mist	EA	24	960	40	960	40
N/A	KL73-3550	022164418491	Floral	EA	24	960	40	960	40

Total Weight:	1057.6
Total Quantity Ordered:	1920
Total Cartons Ordered:	80
Total Quantity Shipped:	1920
Total Cartons Shipped:	80

Order No.: 71048651 Order Date: 07/17/2024 Customer: KOHLS ECOM DC-#00826 Customer PO No.: 15093195

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00826 2019 N. I-35 E DESOTO-EC DESOTO, TX 75115 US	Shipping Date: 08/05/2024 Shipment No.: 300091692
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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	KL70-3551EFC	022164418521	Waffle Stripe	EA	12	12	1	12	1

Total Weight:	16.95
Total Quantity Ordered:	12
Total Cartons Ordered:	1
Total Quantity Shipped:	12
Total Cartons Shipped:	1

Order No.: 71111720 Order Date: 07/22/2024 Customer: KOHLS DIST. CENTER - #00810 Customer PO No.: 15093184

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00810 7855 COUNTY ROAD 140 FINDLAY D.C. FINDLAY, OH 45840 US	Shipping Date: 08/05/2024 Shipment No.: 300091658
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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	KL70-3551	022164418521	Waffle Stripe	EA	12	588	49	588	49
N/A	KL70-3552	022164418538	Waffle Stripe	EA	12	672	56	672	56

Total Weight:	1779.75
Total Quantity Ordered:	1260
Total Cartons Ordered:	105
Total Quantity Shipped:	1260
Total Cartons Shipped:	105

Order No.: 71111727 Order Date: 07/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 15093184
 #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: 08/05/2024 Shipment No.: 300091676
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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	KL70-3551	022164418521	Waffle Stripe	EA	12	516	43	516	43
N/A	KL70-3552	022164418538	Waffle Stripe	EA	12	504	42	504	42

Total Weight:	1440.75
Total Quantity Ordered:	1020
Total Cartons Ordered:	85
Total Quantity Shipped:	1020
Total Cartons Shipped:	85

Order No.: 71100159 **Order Date:** 07/21/2024 **Customer:** KOHLS DIST. CENTER - #00875 **Customer PO No.:** 15093668

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: 08/05/2024 Shipment No.: 300091677
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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	KL73-3549	022164418484	Mountain Mist	EA	24	648	27	648	27
N/A	KL73-3550	022164418491	Floral	EA	24	648	27	648	27

Total Weight:	713.88
Total Quantity Ordered:	1296
Total Cartons Ordered:	54
Total Quantity Shipped:	1296
Total Cartons Shipped:	54

Order No.: 71133252 Order Date: 07/25/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879104
 #00860

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORSICANA D.C. CORSICANA, TX 75110 US	Shipping Date: 08/05/2024 Shipment No.: 300091672
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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	41BOM2PHT07	022164359077	Shells	EA	24	24	1	24	1
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	24	1	24	1
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	24	1	24	1

Total Weight:	38.94
Total Quantity Ordered:	72
Total Cartons Ordered:	3
Total Quantity Shipped:	72
Total Cartons Shipped:	3

Order No.: 71111721 Order Date: 07/22/2024 Customer: KOHLS DIST. CENTER - #00830 Customer PO No.: 15093184

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: 08/05/2024 Shipment No.: 300091661
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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	KL70-3551	022164418521	Waffle Stripe	EA	12	540	45	540	45
N/A	KL70-3552	022164418538	Waffle Stripe	EA	12	576	48	576	48

Total Weight:	1576.35
Total Quantity Ordered:	1116
Total Cartons Ordered:	93
Total Quantity Shipped:	1116
Total Cartons Shipped:	93

Order No.: 71048233 Order Date: 07/16/2024 Customer: KOHLS ECOM DC-#00836 Customer PO No.: 15093681

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00836 9998 ALL POINTS PARKWAY PLAINFIELD, IN 46168 US	Shipping Date: 08/05/2024 Shipment No.: 300091693
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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	KL73-3549EFC	022164418484	Mountain Mist	EA	24	48	2	48	2
N/A	KL73-3550EFC	022164418491	Floral	EA	24	48	2	48	2

Total Weight:	52.88
Total Quantity Ordered:	96
Total Cartons Ordered:	4
Total Quantity Shipped:	96
Total Cartons Shipped:	4

Order No.: 71100158 **Order Date:** 07/21/2024 **Customer:** KOHLS DIST. CENTER - **Customer PO No.:** 15093668
#00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 08/05/2024 Shipment No.: 300091674
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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	KL73-3549	022164418484	Mountain Mist	EA	24	1032	43	1032	43
N/A	KL73-3550	022164418491	Floral	EA	24	1032	43	1032	43

Total Weight:	1136.92
Total Quantity Ordered:	2064
Total Cartons Ordered:	86
Total Quantity Shipped:	2064
Total Cartons Shipped:	86

Order No.: 71133254 Order Date: 07/25/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879104
 #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: 08/05/2024 Shipment No.: 300091678
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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	24	1	24	1
N/A	41BOM2PHT07	022164359077	Shells	EA	24	48	2	48	2
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	48	2	48	2
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	24	1	24	1
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	48	2	48	2

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

Order No.: 71133250 Order Date: 07/25/2024 Customer: KOHLS DIST. CENTER - #00840 Customer PO No.: 14879104

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: 08/05/2024 Shipment No.: 300091666
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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	24	1	24	1
N/A	41BOM2PHT07	022164359077	Shells	EA	24	48	2	48	2
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	72	3	72	3
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	48	2	48	2
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	48	2	48	2
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	48	2	48	2

Total Weight:	155.76
Total Quantity Ordered:	288
Total Cartons Ordered:	12
Total Quantity Shipped:	288
Total Cartons Shipped:	12

Order No.: 71048230 Order Date: 07/16/2024 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 15093681

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: 08/05/2024 Shipment No.: 300091688
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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	KL73-3549EFC	022164418484	Mountain Mist	EA	24	72	3	72	3
N/A	KL73-3550EFC	022164418491	Floral	EA	24	72	3	72	3

Total Weight:	79.32
Total Quantity Ordered:	144
Total Cartons Ordered:	6
Total Quantity Shipped:	144
Total Cartons Shipped:	6

Order No.: 71111723 Order Date: 07/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 15093184
 #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: 08/05/2024 Shipment No.: 300091667
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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	KL70-3551	022164418521	Waffle Stripe	EA	12	336	28	336	28
N/A	KL70-3552	022164418538	Waffle Stripe	EA	12	336	28	336	28

Total Weight:	949.2
Total Quantity Ordered:	672
Total Cartons Ordered:	56
Total Quantity Shipped:	672
Total Cartons Shipped:	56

Order No.: 71111726 **Order Date:** 07/22/2024 **Customer:** KOHLS DIST. CENTER - **Customer PO No.:** 15093184
#00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 08/05/2024 Shipment No.: 300091673
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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	KL70-3551	022164418521	Waffle Stripe	EA	12	660	55	660	55
N/A	KL70-3552	022164418538	Waffle Stripe	EA	12	648	54	648	54

Total Weight:	1847.55
Total Quantity Ordered:	1308
Total Cartons Ordered:	109
Total Quantity Shipped:	1308
Total Cartons Shipped:	109

Order No.: 71048652 Order Date: 07/17/2024 Customer: KOHLS ECOM DC-#00836 Customer PO No.: 15093195

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00836 9998 ALL POINTS PARKWAY PLAINFIELD, IN 46168 US	Shipping Date: 08/05/2024 Shipment No.: 300091694
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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	KL70-3551EFC	022164418521	Waffle Stripe	EA	12	48	4	48	4
N/A	KL70-3552EFC	022164418538	Waffle Stripe	EA	12	48	4	48	4

Total Weight:	135.6
Total Quantity Ordered:	96
Total Cartons Ordered:	8
Total Quantity Shipped:	96
Total Cartons Shipped:	8

Order No.: 71133253 Order Date: 07/25/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879104
#00865

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	Shipping Date: 08/05/2024 Shipment No.: 300091675
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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	120	5	120	5
N/A	41BOM2PHT07	022164359077	Shells	EA	24	168	7	168	7
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	72	3	72	3
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	72	3	72	3
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:	311.52
Total Quantity Ordered:	576
Total Cartons Ordered:	24
Total Quantity Shipped:	576
Total Cartons Shipped:	24

Order No.: 71100155 Order Date: 07/21/2024 Customer: KOHLS DIST. CENTER - #00840 Customer PO No.: 15093668

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: 08/05/2024 Shipment No.: 300091665
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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	KL73-3549	022164418484	Mountain Mist	EA	24	408	17	408	17
N/A	KL73-3550	022164418491	Floral	EA	24	408	17	408	17

Total Weight:	449.48
Total Quantity Ordered:	816
Total Cartons Ordered:	34
Total Quantity Shipped:	816
Total Cartons Shipped:	34

Order No.: 71133256 Order Date: 07/25/2024 Customer: KOHLS DIST. CENTER - #00890 Customer PO No.: 14879104

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	Shipping Date: 08/05/2024 Shipment No.: 300091684
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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	96	4	96	4
N/A	41BOM2PHT07	022164359077	Shells	EA	24	48	2	48	2
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	72	3	72	3
N/A	41BOM2PHT09	022164359091	Coral Stripe	EA	24	48	2	48	2
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	24	1	24	1
N/A	41BOM2PHT11	022164359060	Andover Stripe	EA	24	72	3	72	3

Total Weight:	194.7
Total Quantity Ordered:	360
Total Cartons Ordered:	15
Total Quantity Shipped:	360
Total Cartons Shipped:	15

Order No.: 71133255 Order Date: 07/25/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 14879104
 #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: 08/05/2024	Shipment No.: 300091681
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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	41BOM2PHT07	022164359077	Shells	EA	24	24	1	24	1
N/A	41BOM2PHT08	022164359084	Aqua Stripe	EA	24	24	1	24	1
N/A	41BOM2PHT10	022164359107	Arboretum	EA	24	24	1	24	1

Total Weight:	38.94
Total Quantity Ordered:	72
Total Cartons Ordered:	3
Total Quantity Shipped:	72
Total Cartons Shipped:	3

Order No.: 71111725 Order Date: 07/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 15093184
 #00860

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS DIST. CENTER - #00860 1600 NORTH BUSINESS 45 CORSICANA D.C. CORSICANA, TX 75110 US	Shipping Date: 08/05/2024 Shipment No.: 300091670
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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	KL70-3551	022164418521	Waffle Stripe	EA	12	252	21	252	21
N/A	KL70-3552	022164418538	Waffle Stripe	EA	12	252	21	252	21

Total Weight:	711.9
Total Quantity Ordered:	504
Total Cartons Ordered:	42
Total Quantity Shipped:	504
Total Cartons Shipped:	42

Order No.: 71100160 Order Date: 07/21/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 15093668
#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: 08/05/2024 Shipment No.: 300091680
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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	KL73-3549	022164418484	Mountain Mist	EA	24	336	14	336	14
N/A	KL73-3550	022164418491	Floral	EA	24	336	14	336	14

Total Weight:	370.16
Total Quantity Ordered:	672
Total Cartons Ordered:	28
Total Quantity Shipped:	672
Total Cartons Shipped:	28

Order No.: 71048231 Order Date: 07/16/2024 Customer: KOHLS ECOM DC-#00816 Customer PO No.: 15093681

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHL'S INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00816 1701 TRIMBLE AVENUE EDGEWOOD-EC EDGEWOOD, MD 21040 US	Shipping Date: 08/05/2024 Shipment No.: 300091690
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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	KL73-3549EFC	022164418484	Mountain Mist	EA	24	24	1	24	1
N/A	KL73-3550EFC	022164418491	Floral	EA	24	24	1	24	1

Total Weight:	26.44
Total Quantity Ordered:	48
Total Cartons Ordered:	2
Total Quantity Shipped:	48
Total Cartons Shipped:	2

Order No.: 71048232 Order Date: 07/16/2024 Customer: KOHLS ECOM DC-#00826 Customer PO No.: 15093681

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: KOHLS INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	SHIP TO: KOHLS ECOM DC-#00826 2019 N. I-35 E DESOTO-EC DESOTO, TX 75115 US	Shipping Date: 08/05/2024 Shipment No.: 300091691
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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	KL73-3549EFC	022164418484	Mountain Mist	EA	24	24	1	24	1
N/A	KL73-3550EFC	022164418491	Floral	EA	24	24	1	24	1

Total Weight:	26.44
Total Quantity Ordered:	48
Total Cartons Ordered:	2
Total Quantity Shipped:	48
Total Cartons Shipped:	2

Order No.: 71111728 Order Date: 07/22/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 15093184
#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: 08/05/2024	Shipment No.: 300091679
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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	KL70-3551	022164418521	Waffle Stripe	EA	12	228	19	228	19
N/A	KL70-3552	022164418538	Waffle Stripe	EA	12	216	18	216	18

Total Weight:	627.15
Total Quantity Ordered:	444
Total Cartons Ordered:	37
Total Quantity Shipped:	444
Total Cartons Shipped:	37

Order No.: 71048229 Order Date: 07/16/2024 Customer: KOHLS ECOM DC-#00806 Customer PO No.: 15093681

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: 08/05/2024 Shipment No.: 300091685
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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	KL73-3549EFC	022164418484	Mountain Mist	EA	24	24	1	24	1
N/A	KL73-3550EFC	022164418491	Floral	EA	24	24	1	24	1

Total Weight:	26.44
Total Quantity Ordered:	48
Total Cartons Ordered:	2
Total Quantity Shipped:	48
Total Cartons Shipped:	2

Order No.: 71048649 Order Date: 07/17/2024 Customer: KOHLS ECOM DC-#00813 Customer PO No.: 15093195

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: 08/05/2024 Shipment No.: 300091687
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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	KL70-3551EFC	022164418521	Waffle Stripe	EA	12	48	4	48	4
N/A	KL70-3552EFC	022164418538	Waffle Stripe	EA	12	48	4	48	4

Total Weight:	135.6
Total Quantity Ordered:	96
Total Cartons Ordered:	8
Total Quantity Shipped:	96
Total Cartons Shipped:	8

Order No.: 71100156 Order Date: 07/21/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 15093668
 #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: 08/05/2024 Shipment No.: 300091668
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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	KL73-3549	022164418484	Mountain Mist	EA	24	456	19	456	19
N/A	KL73-3550	022164418491	Floral	EA	24	456	19	456	19

Total Weight:	502.36
Total Quantity Ordered:	912
Total Cartons Ordered:	38
Total Quantity Shipped:	912
Total Cartons Shipped:	38