


Date: 11/8/2024 12:26:53 PM

**Bill Of Lading**

Page 1 of 1

<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 0675716600968252	
Name: E & E COMPANY LTD Address: 550 Northport Parkway City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: 000074679      FOB: <input type="checkbox"/>		 (402)0675716600968252	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> SCHNEIDER LOGISTICS INC	
Name: Kohls Dist. Center - #00875      Location #: 00875 Address: 3030 Airport Road East Macon D.C., 00875 City/State/Zip: Macon, GA 31216 CID#: 893833139      FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 227583 Seal number(s): 62096680 <b>SCAC:</b> SLCY Pro Number: 0000	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party:	
Name: _____ Address: _____ City/State/Zip: _____			
SPECIAL INSTRUCTIONS: Load #: 893833139 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
15211241      Dept#: 611	122	2513.76	Y    N	
<b>Grand Total</b>	122	2513.76		

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(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
122	ctns			2513.76		Comforters, Bedspreads	49017	200
122				2513.76		<b>Grand Total</b>		

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

<p><small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</small></p>	<p><small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p><b>SHIPPER SIGNATURE / DATE</b>  <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>  <i>Malyah Liverson</i>                  SHIPPED NOV 08 2024</p>	<p><b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>  <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.                  Property described above is received in good order, except as noted.</small>  <i>Jermaine Israel</i>      11-8-24                  Appt Time: 6:00                  In: 12:09                  Out: 12:43                  Driver Signature: <i>Jermaine Israel</i></p>
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Order No.: 71970113 Order Date: 10/29/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 15211241 #00875

<b>SHIP FROM:</b> E & E COMPANY LTD 550 NORTHPORT PARKWAY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> KOHLS, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00875 3030 AIRPORT ROAD EAST MACON D.C. MACON, GA 31216 US	<b>Shipping Date:</b> 11/08/2024  <b>Shipment No.:</b> 600096825
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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	KL14-3528	022164414707	F/Q Red Lodge(Rotary )	EA	2	104	52	104	52
N/A	KL14-3529	022164414714	K/CK Red Lodge(Rotary )	EA	2	140	70	140	70

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<b>Total Weight:</b>	<b>2513.76</b>
<b>Total Quantity Ordered:</b>	<b>244</b>
<b>Total Cartons Ordered:</b>	<b>122</b>
<b>Total Quantity Shipped:</b>	<b>244</b>
<b>Total Cartons Shipped:</b>	<b>122</b>

Date: 11/8/2024 12:26:12 PM

**Bill Of Lading**

<p align="center"><b>SHIP FROM</b></p> <p>Name: E &amp; E COMPANY LTD          Address: 550 Northport Parkway          City/State/Zip: Port Wentworth, GA 31407          SID#: _____          PHONE: _____          VENDOR: 000074879      FOB: <input type="checkbox"/></p>		<p>Bill of Lading Number: 06757166000968214</p>  <p>(402)06757166000968214</p>
<p align="center"><b>SHIP TO</b></p> <p>Name: Kohls Dist. Center - #00840      Location #: 00840          Address: 2015 NE Jefferson Street          Blue Spring (Grain Valley) D.C.,          City/State/Zip: 00840          Grain Valley, MO 64029          CID#: 893833139      FOB: <input type="checkbox"/></p>		<p><b>CARRIER NAME:</b> SCHNEIDER LOGISTICS INC          Responsible Acct.No: _____          Trailer number: 190126          Seal number(s): 62096679  <b>SCAC:</b> SLCY  <b>Pro Number:</b> _____</p>
<p align="center"><b>THIRD PARTY FREIGHT CHARGES BILL TO:</b></p> <p>Name: _____          Address: _____          City/State/Zip: _____</p>		<p><b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b></p> <p>Prepaid:      Collect: <input checked="" type="checkbox"/>      3rd Party: _____</p>
<p><b>SPECIAL INSTRUCTIONS:</b>          Load #: 893833139          Packing List is Attached</p>		<p><input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading          (check box)</p>

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
15211241      Dept#: 611	38	770.64	Y      N		
<b>Grand Total</b>	38	770.64			

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 350.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
38	ctns			770.64		Comforters, Bedspreads	49017	200
38				770.64		<b>Grand Total</b>		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p align="right">_____ Shipper Signature</p>
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<p><b>SHIPPER SIGNATURE / DATE</b>  <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>            SHIPPED NOV 08 2024</p>	<p><b>Trailer Loaded:</b>      <b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper      <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver      <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p> 	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>  <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>          Property described above is received in good order, except as noted.</p> <p>Appt Time: _____          In: _____          Out: _____          Driver Signature: _____</p>
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Order No.: 71970109 Order Date: 10/29/2024 Customer: KOHLS DIST. CENTER - #00840 Customer PO No.: 15211241

**SHIP FROM:**  
E & E COMPANY LTD  
550 NORTHPORT PARKWAY  
PORT WENTWORTH, GA 31407

**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:**  
11/08/2024

**Shipment No.:**  
600096821

CusL SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL14-3528	022164414707	F/Q Red Lodge(Rotary )	EA	2	38	19	38	19
N/A	KL14-3529	022164414714	K/CK Red Lodge(Rotary )	EA	2	38	19	38	19


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**Total Weight:** 770.64  
**Total Quantity Ordered:** 76  
**Total Cartons Ordered:** 38  
**Total Quantity Shipped:** 76  
**Total Cartons Shipped:** 38

Date: 11/8/2024 12:11:29 PM

**Bill Of Lading**

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<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757166000968276	
Name: E & E COMPANY LTD Address: 550 Northport Parkway City/State/Zip: Port Wentworth, GA 31407 SID#: PHONE: VENDOR: 000074879		 (402)06757166000968276 <b>CARRIER NAME:</b> SCHNEIDER LOGISTICS INC Responsible Acct.No: Trailer number: 190126 Seal number(s): 62096679 <b>SCAC:</b> SLCY <b>Pro Number:</b> 0000	
<b>SHIP TO</b>			
Name: Kohls Dist. Center - #00890 Location #: 00890 Address: 4300 MBL Drive Ottawa D.C., 00890 City/State/Zip: Ottawa, IL 61350 CID#: 893833139		FOB: <input type="checkbox"/> Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 893833139 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

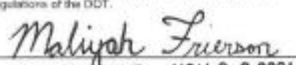
CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
15211241 Dept#: 611	20	449.60	Y N	
<b>Grand Total</b>	20	449.60		

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)(c) of NMFC Item 345</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
20	ctns			449.60		Comforters, Bedspreads	49017	200
20				449.60		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  SHIPPED NOV 0 8 2024	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.  Appt Time: In: Out: Driver Signature:
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Order No.: 71970115    Order Date: 10/29/2024    Customer: KOHLS DIST. CENTER - Customer PO No.: 15211241  
 #00890

<b>SHIP FROM:</b> E & E COMPANY LTD 550 NORTHPORT PARKWAY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHLS DIST. CENTER - #00890 4300 MBL DRIVE OTTAWA D.C. OTTAWA, IL 61350 US	<b>Shipping Date:</b> 11/08/2024  <b>Shipment No.:</b> 600096827
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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	KL14-3529	022164414714	K/CK Red Lodge(Rotary)	EA	2	40	20	40	20


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<b>Total Weight:</b>	<b>449.6</b>
<b>Total Quantity Ordered:</b>	<b>40</b>
<b>Total Cartons Ordered:</b>	<b>20</b>
<b>Total Quantity Shipped:</b>	<b>40</b>
<b>Total Cartons Shipped:</b>	<b>20</b>

Date: 11/8/2024 12:09:47 PM

# Bill Of Lading

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<b>SHIP FROM</b>		Bill of Lading Number: 06757166000968269	
Name: E & E COMPANY LTD Address: 550 Northport Parkway City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: 000074879      FOB: <input type="checkbox"/>		 (402)06757166000968269	
<b>SHIP TO</b>		CARRIER NAME: SCHNEIDER LOGISTICS INC	
Name: Kohls Dist. Center - #00885      Location #: 00885 Address: 2065 Keystone Pacific Parkway Patterson D.C., 00885 City/State/Zip: Patterson, CA 95363 CID#: 893833139      FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 190126 Seal number(s): 62096679 SCAC: SLCY Pro Number: 0000	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid:      Collect: X      3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 893833139 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
15211241      Dept#: 611	25	522.40	Y	N	
<b>Grand Total</b>	25	522.40			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 362.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
25	ctns			522.40		Comforters, Bedspreads	49017	200
25				522.40		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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

<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>  SHIPPED NOV 08 2024	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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\*\*\*PACKING LIST\*\*\*

PAGE 1 OF 1

Order No.: 71970114 Order Date: 10/29/2024 Customer: KOHLS DIST. CENTER - #00885 Customer PO No.: 15211241

**SHIP FROM:**  
E & E COMPANY LTD  
550 NORTHPORT PARKWAY  
PORT WENTWORTH, GA 31407

**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:**  
11/08/2024

**Shipment No.:**  
600096826

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL14-3528	022164414707	F/Q Red Lodge(Rotary)	EA	2	18	9	18	9
N/A	KL14-3529	022164414714	K/CK Red Lodge(Rotary)	EA	2	32	16	32	16


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Total Weight: 522.4  
Total Quantity Ordered: 50  
Total Cartons Ordered: 25  
Total Quantity Shipped: 50  
Total Cartons Shipped: 25

Date: 11/8/2024 12:08:01 PM

# Bill Of Lading

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<b>SHIP FROM</b>		Bill of Lading Number: 06757166000968207	
Name: E & E COMPANY LTD Address: 550 Northport Parkway City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: 000074879      FOB: <input type="checkbox"/>		 (402)06757166000968207	
<b>SHIP TO</b>		CARRIER NAME: SCHNEIDER LOGISTICS INC	
Name: Kohls Dist. Center - #00830      Location #: 00830 Address: 300 Admiral Byrd Drive Winchester D. C., 00830 City/State/Zip: Winchester, VA 22602 CID#: 893833139      FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: 190126 Seal number(s): 62096679 SCAC: SLCY Pro Number: 0000	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____      Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 893833139 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION				
1 CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
15211241      Dept#: 611	59	1220.72	Y      N	
<b>Grand Total</b>	59	1220.72		

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 3(e) of NMFC Item 365</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
59	ctns			1220.72		Comforters, Bedspreads	49017	200
59				1220.72		<b>Grand Total</b>		

<p><small>When the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</small></p>	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

<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>  SHIPPED NOV 08 2024	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> Property described above is received in good order, except as noted. Appt Time: In: Out: Driver Signature:
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\*\*\*PACKING LIST\*\*\*

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Order No.: 71970108 Order Date: 10/29/2024 Customer: KOHLS DIST. CENTER - Customer PO No.: 15211241  
#00830

**SHIP FROM:**  
E & E COMPANY LTD  
550 NORTHPORT PARKWAY  
PORT WENTWORTH, GA 31407

**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:**  
11/08/2024

**Shipment No.:**  
600096820

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL14-3528	022164414707	F/Q Red Lodge(Rotary )	EA	2	48	24	48	24
N/A	KL14-3529	022164414714	K/CK Red Lodge(Rotary )	EA	2	70	35	70	35

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**Total Weight:** 1220.72  
**Total Quantity Ordered:** 118  
**Total Cartons Ordered:** 59  
**Total Quantity Shipped:** 118  
**Total Cartons Shipped:** 59



\*\*\*PACKING LIST\*\*\*

PAGE 1 OF 1

Order No.: 71970112 Order Date: 10/29/2024 Customer: KOHL'S DIST. CENTER - #00865 Customer PO No.: 15211241

<b>SHIP FROM:</b> E & E COMPANY LTD 550 NORTHPORT PARKWAY PORT WENTWORTH, GA 31407	<b>BILL TO:</b> KOHL'S, INC. N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051 US	<b>SHIP TO:</b> KOHL'S DIST. CENTER - #00865 MAMAKATING (WURTSBORO) D.C. 3440 STATE ROUTE 209 WURTSBORO, NY 12790 US	<b>Shipping Date:</b> 11/08/2024  <b>Shipment No.:</b> 600096824
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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	KL14-3528	022164414707	F/Q Red Lodge(Rotary )	EA	2	34	17	34	17
N/A	KL14-3529	022164414714	K/CK Red Lodge(Rotary )	EA	2	50	25	50	25


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Total Weight:	869.36
Total Quantity Ordered:	84
Total Cartons Ordered:	42
Total Quantity Shipped:	84
Total Cartons Shipped:	42

Date: 11/8/2024 12:00:35 PM

## Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757166000968221	
Name:	E & E COMPANY LTD	 (402)06757166000968221	<b>CARRIER NAME:</b> SCHNEIDER LOGISTICS INC Responsible Acct.No:
Address:	550 Northport Parkway		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:		Trailer number: 190126	
VENDOR:	000074879	Seal number(s): 62096679	<b>SCAC:</b> SLCY
		<b>Pro Number:</b> 0000	
SHIP TO		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Kohls Dist. Center - #00855 Location #: 00855	Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:
Address:	890 East Mill Street		
	San Bernardino D.C., 00855		
City/State/Zip:	San Bernardino, CA 92408-1614		
CID#:	893833139	<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 #: 893833139			
Packing List is Attached			

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO				
15211241	54	1112.72	Y N					
<b>Grand Total</b>		54	1112.72					
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
54	ctns			1112.72		Comforters, Bedspreads	49017	200
54				1112.72		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		<b>COD Amount:</b> _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  _____ Shipper Signature	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  <i>Maliyah Liverson</i> SHIPPED NOV 08 2024	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.  Appt Time: In: Out: Driver Signature:

Order No.: 71970110    Order Date: 10/29/2024    Customer: KOHLS DIST. CENTER - #00855    Customer PO No.: 15211241

**SHIP FROM:**  
 E & E COMPANY LTD  
 550 NORTHPORT PARKWAY  
 PORT WENTWORTH, GA 31407

**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:**  
 11/08/2024

**Shipment No.:**  
 600096822

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL14-3528	022164414707	F/Q Red Lodge(Rotary )	EA	2	46	23	46	23
N/A	KL14-3529	022164414714	K/CK Red Lodge(Rotary )	EA	2	62	31	62	31

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**Total Weight:** 1112.72  
**Total Quantity Ordered:** 108  
**Total Cartons Ordered:** 54  
**Total Quantity Shipped:** 108  
**Total Cartons Shipped:** 54

Date: 11/8/2024 11:57:23 AM

## Bill of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO			
Name:	E & E COMPANY LTD	Name:	Kohls Dist. Center - #00810	Name:			
Address:	550 Northport Parkway	Address:	7855 County Road 140	Address:			
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	Findlay D.C., 00810	City/State/Zip:			
SID#:		CID#:	893833139	City/State/Zip:			
PHONE:							
VENDOR:	000074879						
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757166000968191			 (402)06757166000968191				
CARRIER NAME: SCHNEIDER LOGISTICS INC			Responsible Acct.No:				
Trailer number: 190126			Seal number(s): 62096679				
SCAC: SLCY			Pro Number: 0000				
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			Prepaid: Collect: X 3rd Party:				
SPECIAL INSTRUCTIONS: Load #: 893833139 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			
15211241 Dept#: 611	80	1644.40	Y N				
<b>Grand Total</b>	<b>80</b>	<b>1644.40</b>					
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(x) of NMFC Item 360.	NMFC #	CLASS
80	ctns			1644.40	Comforters, Bedspreads	49017	200
80				1644.40	<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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. <i>Malyah Liverson</i> SHIPPED NOV 08 2024	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 paid 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:

Order No.: 71970107 Order Date: 10/29/2024 Customer: KOHLS DIST. CENTER - #00810 Customer PO No.: 15211241

**SHIP FROM:**  
E & E COMPANY LTD  
550 NORTHPORT PARKWAY  
PORT WENTWORTH, GA 31407

**BILL TO:**  
KOHLS, INC.  
N56 W17000 RIDGEWOOD DRIVE  
MENOMONEE FALLS, WI 53051  
US

**SHIP TO:**  
KOHLS DIST. CENTER - #00810  
7855 COUNTY ROAD 140  
FINDLAY D.C.  
FINDLAY, OH 45840  
US

**Shipping Date:**  
11/08/2024

**Shipment No.:**  
600096819

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL14-3528	022164414707	F/O Red Lodge(Rotary )	EA	2	70	35	70	35
N/A	KL14-3529	022164414714	K/CK Red Lodge(Rotary )	EA	2	90	45	90	45

**Total Weight:** 1644.4  
**Total Quantity Ordered:** 160  
**Total Cartons Ordered:** 80  
**Total Quantity Shipped:** 160  
**Total Cartons Shipped:** 80



Order No.: 71970111 Order Date: 10/29/2024 Customer: KOHLS DIST, CENTER - #00860 Customer PO No.: 15211241

**SHIP FROM:**  
E & E COMPANY LTD  
550 NORTHPORT PARKWAY  
PORT WENTWORTH, GA 31407

**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:**  
11/08/2024

**Shipment No.:**  
600096823

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
N/A	KL14-3528	022164414707	F/Q Red Lodge(Rotary )	EA	2	42	21	42	21
N/A	KL14-3529	022164414714	K/CK Red Lodge(Rotary )	EA	2	62	31	62	31

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**Total Weight:** 1076.56  
**Total Quantity Ordered:** 104  
**Total Cartons Ordered:** 52  
**Total Quantity Shipped:** 104  
**Total Cartons Shipped:** 52