

DC: 0557 Target Stores
 Address: 1100 E VALLEY RD
 OCONOMOWOC, WI 53066

Scac: RBRL Appt: 956936 Num Exp Ctns: 90
 Cons Scac: Avail Date: 09/27/2025 Load Type: DROP
 Trailer: L307 Sched Date: Trailerless: N
 Manifest: Sched Time: HV: N
 ART Ranking Score: Door: Done:
 Appt Comment: Live

PRO	Src / PO	Vendor Name	EDI	Seq	Sched	Recv	External Dam'g Rcv'd	Returned to Carrier	Prob. Area	Exp #	Comments
528622270	1000/1472639	LOGITECH	Y	7	39	39	_____	_____	_____	_____	
528622270	1000/1472644	LOGITECH	Y	9	38	38	_____	_____	_____	_____	
528622270	1000/1492210	DBTE LLC		16	377	378	_____	_____	_____	_____	
528622270	1000/1509270	HASBRO INC	Y	11	800	783	_____	_____	_____	_____	
528622270	1000/1512848	LOGITECH	Y	1	12	12	_____	_____	_____	_____	
528622270	1000/1512981	BRENTWOOD ORI		14	118	118	_____	_____	_____	_____	
528622270	1000/1513475	LOGITECH	Y	4	164	164	_____	_____	_____	_____	
528622270	1000/1513536	LOGITECH	Y	3	23	23	_____	_____	_____	_____	
528622270	1000/1513637	LOGITECH	Y	6	39	38	_____	_____	_____	_____	
528622270	1000/1520289	COMBE INC	Y	5	66	66	_____	_____	_____	_____	
528622270	1000/1520318	PL DEVELOPMEN	Y	13	112	112	_____	_____	_____	_____	
528622270	1000/1520509	COMBE INC	Y	15	82	76	_____	_____	_____	_____	
528622270	1000/1520996	SKINNY MIXES	Y	10	96	96	_____	_____	_____	_____	
528622270	1000/1522088	IVC	Y	12	179	178	_____	_____	_____	_____	

Report ID : DRC0075B

DELIVERY RECEIPT

Date: 09/27/2025 15:12:57
Page: 2 of 2

DC: 0557 Target Stores
Address: 1100 E VALLEY RD
OCONOMOWOC, WI 53066

Scac: RBRL Appt: 956936 Num Exp Ctns: 90
Cons Scac: Avail Date: 09/27/2025 Load Type: DROP
Trailer: L307 Sched Date: Trailerless: N
Manifest: Sched Time: HV: N
ART Ranking Score: Door:

Appt Comment: Live

PRO	Src / PO	Vendor Name	EDI	Seq	Sched	Re
-----	----------	-------------	-----	-----	-------	----

528622270 1000/1522093 HOOVER CO Y 2 177 11

528622270 0052/7893289 DASHING DIVA Y 8 24 2

Date Mailed to
Consolidator/Carrier: _____

Target
Signature:

Date Unloaded: 09/27/25

Driver Signature: Freddie Reese

End of Report

Order Date: 09/15/2025

BILL OF LADING

Ship Date: 09/15/2025

SHIP FROM

Name: SKINNY MIXES, LLC Care Of FST Logistics, Inc.
 Address: 3357 SOUTHPARK PLACE

GROVE CITY, OH 43123

FOB Origin: **SHIP TO**

Name: TARGET DC 0557
 Address: 1100 E VALLEY RD 0557 0557
 OCONOMOWOC, WI 53066

CID#: JSMTARGE

FOB: **THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:
 Address:

DRIVERS COPY**SPECIAL INSTRUCTIONS:**

DO NOT DOUBLE STACK PALLETS! ** ONLY SHIP WITH FOOD GRADE MATERIALS AND NON-ODOROUS FOOD GRADE MATERIALS! LTL CLASS: 60 NMFC CODE: 72510
 DRIVER MUST VERIFY CASE/PIECE COUNT! DRIVER MUST INITIAL CASE/PIECE QUANTITY ON BOL! DRIVER IS RESPONSIBLE FOR CASE/PIECE COUNT! DRIVER CAN NOT SIGN BOL "SLC" "STC".
 15SEP25 Approved ...

Bill of Lading Number: 003952400633574
 Customer Reference Number: JSM-1475908
 FST BOL ID: 2025-0008151

CARRIER NAME: CH Robinson
 Trailer number: 24402
 Seal number(s): 54452661
 SCAC: RBTW

Customer Reference Number: 10001520996-0557
 Order number: 4335745

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

Prepaid _____ Collect 3rd Party _____

CUSTOMER ORDER INFORMATION

CUSTOMER PO NUMBER		PALLETS	WEIGHT	PALLET/SKID (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
10001520996-0557		1	597.20	Y	N	
GRAND TOTAL		1	597.20			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	LOT	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
48	CS	288	EA	273.60	25161	2252406 - NATURALLY SWEETENED VANILLA BEAN	72510-65	
48	CS	288	EA	273.60	25156	2252407 - NATURALLY SWEETENED SALTED CARAMEL	72510-65	
						CC TOTAL		
96	CS	576		597.20		GRAND TOTAL		

1055712622143
 956936

Where the rate is dependent on value, shippers are required to state especially 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 lost or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

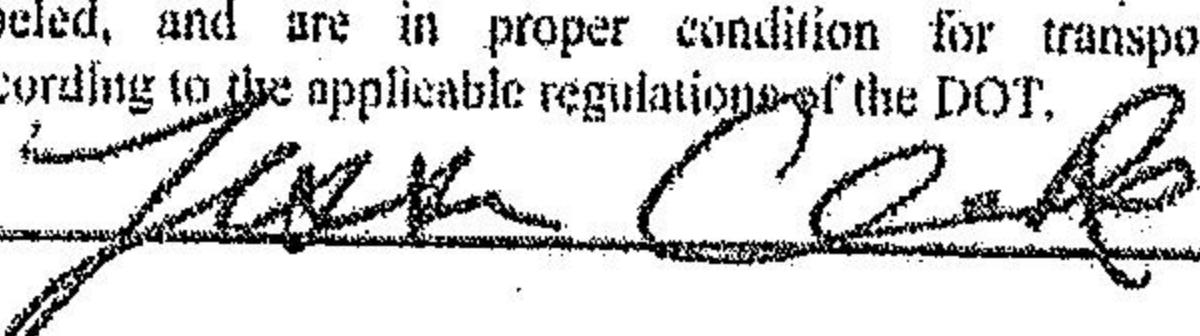
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable 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, described, 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 Driver/pallets said
 to contain
 By Driver/Pieces

CARRIER SIGNATURE/PICKUP DATE

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

Carrier Signature: _____

Date: _____

07/17/2025

BILL OF LADING

Pg 1 of
2

SHIP FROM		BILL OF LADING #: 00416830108372986	
Royal Appliance Mfg. Co. 880 Robinson Road Greer SC 29651		Carrier Name: CH ROBINSON	
SID #: 13841133 Load Number: RTP.528518689 CUSTOMER LOAD#:		Trailer number: _____	
SHIP TO TARGET'S NORTHERN OPR CTR TARGET DIST CENTER #0557 1100 VALLEY RD OCONOMOWOC, WI, 53066		Seal number(s): _____	
LOC# 0557		SCAC: RBTW	
FOR PREPAID SHIPMENTS ONLY TTI Floor Care c/o CHRLTL 14701 Charlson Rd SU 2100 Eden Prairie MN, 55347-5076		Pro number: _____	
CONTACT		Freight Charge Terms (Freight charges are prepaid unless marked otherwise)	
		PREPAY & ADD _____ PREPAID <input checked="" type="checkbox"/> X COLLECT _____ 3rd PARTY _____	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading	

Delivery Window: 25-SEP-25 - 27-SEP-25		Special Instructions	
DELIVERY STAMP MUST INCLUDE DATE AND TIME			
Reach out to Target with any delivery errors/issues: targetscheduling@ryder.com and inbound.scheduling@target.com Must deliver within provided window DELIVERY APPOINTMENT REQUIRED FOR LTL AND TL - Must schedule using RYDER ONLINE DC SCHEDULER LTL CARRIERS MUST SCHEDULE OWN APPOINTMENT Confirmed by CHR - Any issues reach out to Bryan.Reinhart@chrobinson.com			
TARGET DISP _____ REQUIRED ON FOR LTL LOADS			

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET	DELIVER BY	DEST	PO TYPE	DEPT	ROYAL #
10001522093-0557	111	2861	Y	27-SEP-25	0557		329	2648169
Grand Total	111	2861						

Where the rate is dependent on value shippers are required to date 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: <input checked="" type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer Check Acceptable
---	---

NOTE: Liability limitation for loss or damage in the 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.	Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
--	--

Royal Appliance Mfg. Co. Shipper Signature

17-Sep-25 Royal Appliance Mfg. Co. SHIPPER SIGNATURE / DATE his 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/Pallets said to contain <input type="checkbox"/> By Driver/Pieces <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICK UP 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.
--	---	---

9/14/2025

BILL OF LADINGPg 2 of
2

SHIP FROM Royal Appliance Mfg. Co. 880 Robinson Road Greer SC 29651		BILL OF LADING #: 00416830108372986 Carrier Name: CH ROBINSON Trailer number: _____ Seal number(s): _____	
SID #: 13841133 Load Number: RTP.528518689 CUSTOMER LOAD#:		SCAC: RBTW Pro number: _____	
SHIP TO TARGET'S NORTHERN OPR CTR TARGET DIST CENTER #0557 1100 VALLEY RD OCONOMOWOC, WI, 53066		LOC# 0557 Freight Charge Terms (Freight charges are prepaid unless marked otherwise)	
FOR PREPAID SHIPMENTS ONLY TTI Floor Care c/o CHRLTL 14701 Charlson Rd SU 2100 Eden Prairie MN, 55347-5076		CONTACT PREPAY & ADD _____ PREPAID <input checked="" type="checkbox"/> X COLLECT _____ 3rd PARTY _____	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	HM	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	QTY		(x)		NMFC#	CLASS
7	PLT	72	ctns	2330		NEW VACUUMS 6 BUT LESS THAN 8 LBS/FT3	121270-2	125
		17	ctns	214		NEW VACUUMS 6 BUT LESS THAN 8 LBS/FT3	121270-3	77.5
		3	ctns	29		NEW VACUUM CLEANERS - SPARE/SERVICE PARTS, TOOLS OR ATTACHMENTS 12 BUT LESS THAN 15 LBS/FT3	132680-8	85
		19	ctns	288		NEW CLEANING SOLUTION COMPOUNDS - NOT HAZMAT	48580	70
7		111		2861		Grand Total		

Where the rate is dependent on value shippers are required to date 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 the 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.

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

Royal Appliance Mfg. Co. Shipper Signature

17-Sep-25	Trailer Loaded:	Freight Counted:
Royal Appliance Mfg. Co.	<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper
SHIPPER SIGNATURE / DATE	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/Pallets said to contain
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.	<input type="checkbox"/>	<input type="checkbox"/> By Driver/Pieces

CARRIER SIGNATURE / PICK UP 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.

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 9/17/2025

DASHING DIVA FRANCHISE CORP
 10665 Sanden Dr
 DALLAS, TX 75238-1712
 Kristopher Larios (516) 808-1375
 Reference Number: 0052-7893289-0557

Carrier:	Daalo Express LLC
Pro#:	
CHR Order#:	
Ship ID#:	0052-7893289-0557

Consignee: Due Date 9/18/2025

Target DC #0557
 1100 Valley Road
 Oconomowoc, WI 53066
 Fax (262) 569-4400
 Reference Number: 0052-7893289-0557

All Freight charges PPD/3rd party bill to:
 CHRLTL
 14701 Charlson Road
 Suite 2100
 Eden Prairie, MN 55347

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 0052-7893289- 0557		Personal Care Products	24 Case	1.00	160	Dry	
			24	1	160		

Shipper Special Instructions:**Consignee Special Instructions:****Comments:**

For any LTL questions/concerns, please email DashingDiva@chrobinson.com.

Shipping Hours: 8:00am-3:00pm, except for 12-12:30pm

PALLET TYPE/MATERIAL: 4-WAY ENTRY/WOOD

DO NOT DOUBLE STACK

For truckload, contact CH Robinson Cleveland at 800-539-7487.

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X Date: 9/17/25 Trailer# _____Consignee Signature X

Date: _____ Seal# _____

Driver Signature X

Date: _____ Seal# _____

Permanent post-office address of shipper.

4340454

Service: Standard All Modes

Bill Of Lading

BOL Number 25043114	Pickup Carrier Name CHROBINSON	SCAC RBTW
------------------------	-----------------------------------	--------------

Delivery on: 09/26/2025 23:59:00

Ship Date:

Prepaid

Shipper Name:	PL Developments DUNCAN DISTRIBUTION CENTER	Bill To Address :
Address:	40 TYGER RIVER DRIVE	PL Developments,200 HICKS STREET,WESTBURY,11590,NY
City:	DUNCAN	Zip: 29334
State:	SC	Country: US
Contact:	+1 (516) 876 8082	Email: Transportation@pldevelopments.com

Destination Name:	TARGET NOC DC #0557 IL	
Address:	TARGET NOC DC #0557 IL OCONOMOWOC DC 1100 VALLEY ROAD	
City:	OCONOMOWOC	Zip: 53066
State:	WI	Country: US
Contact:		

Load Seq.	NMFC	Class	Item Description	HAZMAT	Pallet Count	Case Count	Weight
10	58770	50	Over the Counter Medicines or Vitamins	N	2	112	2682

SPECIAL INSTRUCTIONS:
NA

Temp Control Required: NA

REFERENCE NUMBERS:	Carrier PRO Number
Delivery #: 18859914	
PO #: 10001520318-0557	
SO #: 1744355	



FOR ENQUIRIES OR PROBLEMS WITH THIS SHIPMENT EMAIL: TRANSPORTATION@PLDEVELOPMENTS.COM

ADDITIONAL SERVICES:

Liability limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). Release value of "new" freight is \$15.00 per pound PER PIECE.
Commodities requiring special or additional care or attention must be so marked and packaged as to ensure safe transportation with ordinary care. Shipper certifies that the bill of lading is completed accurately and that the shipment is in proper condition for shipping.

Shipment Loaded By	Date	Trailer Inspected By	
Carrier Signature	Date	Check In Time	Check Out Time

Ready By: 09/18/2025		VICS Bill of Lading								
SHIP FROM				Order Number: 1702084830						
Name: Brentwood Originals - Walls Address: 9759 Church Rd City/ST/Zip: Walls, MS 38680										
SHIP TO				CARRIER NAME: JIT - EX, LLC Trailer Number: 1 Seal Number(s): SCAC: CHRO Pro Number: 0903192 						
SEND FREIGHT BILL TO:				Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> WHSE#: Date: FREIGHT BILL RECEIVED IN FULL <input type="checkbox"/> Please mark an 'X' in box if applies PO# 10001512981-0557						
Name: C.H. Robinson Worldwide, Inc Address: Billing Address 2: P.O. Box 3470 City/ST/Zip: Chicago, IL 60654				TRL# _____ TOT CS REC'D _____ TOT Pallets _____ / _____ D						
Order #: 1702084830 Bill To Ref #: 61591243 Load #: 528458492 SPECIAL INSTRUCTIONS:				REASON _____ TOTAL CASES REJECTED _____ REC# _____ REC'D BY _____ Did Driver Help Unload: Y N						
Must Arrive By 09/25/2025										
CUSTOMER ORDER INFORMATION										
PO NUMBER		# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION					
10001512981-0557		118	826	4	61591243					
GRAND TOTAL		118	826	4						
CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION			LTL ONLY	
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
4	Cartons	118	Cartons	826		10001512981-0557				125
4		118		826		GRAND TOTAL				
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:						COD Amount: \$				
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"						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. B 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 the shipment without payment of freight and all other lawful charges.				
PackList Included: Y <input type="checkbox"/> N <input type="checkbox"/> Drivers initials _____						Agent for Shipper _____				
SHIPPER SIGNATURE/DATE			Trailer Loaded: Freight Counted:			CARRIER SIGNATURE / PICKUP DATE				
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.			<input type="checkbox"/> BY Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver / Pieces			Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Number of Pieces _____ Counted _____ (Signature) _____ (Date) _____				
(Signature) _____ (Date) _____										

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIALBLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date

International Vitamin Corp,4941 Liberty Hwy,SC 29621
Anderson

Carrier:	
Pro#:	
Ship ID#:	4531182
CHR Order#:	
Sales Order#:	1067150

Consignee: Due Date

Target DC 0557,1100 Valley Road,Fedex code
539,Oconomowoc, WI, 53066, US

ALL Freight charges PPD/3rd party bill to:

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
10001522088-0 557		Nutritional Product	179cs	1	904.892		

Shipper Special instructions

Consignee Special instructions

Comments

The shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

Ready By: 09/18/2025		VICS Bill of Lading						
SHIP FROM		Order Number: 1702044187						
Name: Geodis Address: 5540 E Holmes Rd City/ST/Zip: Memphis, TN 38118		CARRIER NAME: Intermodal Cartage Co LLC						
SHIP TO		Trailer Number: Seal Number(s): SCAC: CHRO Pro Number:						
Name: Target DC #0557 Address: 1100 Valley Road City/ST/Zip: Oconomowoc, WI 53066 Contact: Mary (315) 551-1212		Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> WHSE#: Date: FREIGHT BILL RECEIVED IN FULL <input type="checkbox"/> Please mark an 'X' in box if applies PO# (see below)						
Order #: 1702044187 Bill To Ref #: 2011691-20250918 Load #: 528486493 SPECIAL INSTRUCTIONS: Must Arrive By 09/26/2025		TRL# TOT CS REC'D TOT Pallets / REASON _____ TOTAL CASES REJECTED _____ REC# REC'D BY _____ Did Driver Help Unload: Y N						
CUSTOMER ORDER INFORMATION								
PO NUMBER		# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION			
10001520509-0557		82	790		2011691-20250918			
			50	1	2011691-20250918			
GRAND TOTAL		82	840	1				
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
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#
0.0303	Case	7	Case	41.4792		AG LIQUID 550PR, BOTTLE, 2.5oz (74ml), 24/3 10/23 99021167	59420-03	70
0.0251	Case		Case	1		Pallet		70
0.0554		7		42.4792		GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:						COD Amount: \$ _____ Fee Terms: Collect <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Customer check acceptable <input type="checkbox"/>		
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"								
NOTE: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. B 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 the shipment without payment of freight and all other lawful charges.		
PackList Included: Y _____ N _____ Drivers Initials _____						Agent for Shipper _____		
SHIPPER SIGNATURE/DATE This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.			Trailer Loaded: Freight Counted: <input type="checkbox"/> BY Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver / Pieces			CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Number of Pieces _____ Counted _____ (Signature) _____ (Date) _____		
(Signature) _____ (Date) _____								

Ready By: 09/18/2025	VICS Bill of Lading									
SHIP FROM					Order Number: 1702043981					
Name: Geodis Address: 5540 E Holmes Rd City/ST/Zip: Memphis, TN 38118										
SHIP TO					CARRIER NAME: Intermodal Cartage Co LLC					
Name: Target DC #0557 Address: 1100 Valley Road City/ST/Zip: Oconomowoc, WI 53066 Contact: Mary (315) 551-1212					Trailer Number: Seal Number(s): SCAC: CHRO Pro Number:					
SEND FREIGHT BILL TO:										
Name: CHRLTL Address: 14701 Charlson Road Address 2: Suite 2100 City/ST/Zip: Eden Prairie, MN 55347					Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party WHSE#: Date: FREIGHT BILL RECEIVED IN FULL <input type="checkbox"/> Please mark an 'X' in box if applies PO# (see below)					
Order #: 1702043981 Bill To Ref #: 2011696-20250918 Load #: 528486493 SPECIAL INSTRUCTIONS:					TRL# _____ TOT CS REC'D _____ TOT Pallets _____ / _____ REASON _____ TOTAL CASES REJECTED _____					
Must Arrive By 09/26/2025					REC# _____ REC'D BY _____ Did Driver Help Unload: <input type="checkbox"/> Y <input type="checkbox"/> N					
CUSTOMER ORDER INFORMATION										
PO NUMBER		# PKGS		WEIGHT		PALLETS		ADDITIONAL SHIPPER INFORMATION		
10001520289-0557		66		198		1		2011696-20250918		
				50		1		2011696-20250918		
GRAND TOTAL		66		248		1				
CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION			LTL ONLY	
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
0.0429	Case	6	Case	11.4768		A-V ICE BLUE A/S 7oz 1dz (3's) N/F 5/18 2116114			59420-03	70
0.5645	Case		Case	1		Pallet				70
0.6074		6		12.4768		GRAND TOTAL				
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:							COD Amount: \$ _____ Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid Customer check acceptable <input type="checkbox"/>			
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"										
NOTE: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. B 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 the shipment without payment of freight and all other lawful charges.			
PackList Included: Y _____ N _____ Drivers Initials _____							Agent for Shipper _____			
SHIPPER SIGNATURE/DATE (Signature) _____ (Date) _____		Trailer Loaded: Freight Counted: <input type="checkbox"/> BY Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver / Pieces					CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Number of Pieces _____ Counted _____ (Signature) _____ (Date) _____			

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 9/18/2025

Uniwell Laboratories
4201 Diplomacy Rd
Fort Worth, TX 76155
Jose Bernardi (972) 929-0720
Reference Number: 10001492210-0557

Carrier:	Fitos Trucking Inc
Pro#:	
CHR Order#:	
Ship ID#:	10001492210-0557

Consignee: Due Date 9/19/2025

Target DC #0557
1100 Valley Road
Oconomowoc, WI 53066
Fax (262) 569-4400
Reference Number: 10001492210-0557

All Freight charges PPD/3rd party bill to:
C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 10001492210- 0557	SKU: R487	Protein Smoothie Single-Serve Strawberry Shortcake	75 Case	5.00	1779	Dry	
PO: 10001492210- 0557	SKU: R495	Protein Smoothie-Single-Serve Butter Coffee	75 Case	1		Dry	
PO: 10001492210- 0557	SKU: R496	Protein Smoothie-Single-Serve Chocolate	75 Case	1		Dry	
PO: 10001492210- 0557	SKU: R497	Protein Smoothie-Single-Serve Vanilla Cream	77 Case	1		Dry	
PO: 10001492210- 0557	SKU: R499	Protein Smoothie-Single-Serve Chocolate Peanut Butter	75 Case	1		Dry	
			377	5	1783		

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X CA 08/25

Date: 9-18-25

Trailer# 53251

Consignee Signature X /

Date:

Seal#

Driver Signature X /

Date: 9-18-25

Seal#

Permanent post-office address of shipper.

Date: 09/12/2025

BILL OF LADING

Page 1 / 2

SHIP FROM		Bill of Lading Number: 3781922975	
Name: LOGITECH INC C/O ARVATO	Address: 3540 S. PRESTON HIGHWAY		
City/State/Zip: SHEPHERDSVILLE, KY, 40165	FOB: <input type="checkbox"/>		
SID#: SSO#			
SHIP TO		CARRIER NAME: C.H. ROBINSON WORLDWIDE INC	
Name: TARGET NORTHERN OPS	Address: 1100 VALLEY ROAD	Trailer number: DV59	
City/State/ZIP: OCONOMOWOC, WI 53066	FOB: <input type="checkbox"/>	Seal number(s): 0083-9063	
CID#		Load number: DV59	
THIRD PARTY FREIGHT CHARGES BILL TO		SCAC: RBTW Shipment no: 6000435780	
Name: LOGITECH C/O CHRLTL	Address: 14701 CHARLSON RD STE 2100	Conv. #:	
City/State/Zip: EDEN PRAIRIE, MN 55347	FOB: <input type="checkbox"/>	PRO number: 528136582	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Appointment Required		Prepaid <input type="checkbox"/>	Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>
Load ID #		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CUSTOMER ORDER INFORMATION			
See additional page			
GRAND TOTAL	168	1,157 LBS	
CARRIER INFORMATION			
See Attached Supplement Page(s)			
3	168	1157 LBS	GRAND TOTAL
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."			COD Amount: \$ <input type="text"/> Fee Terms: <input type="checkbox"/> 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. arvato digital services llc is not responsible for any charges above and beyond the rates based on weight or mileage as listed on the tariff agreement between the carrier and arvato digital services llc. Accessorial charges which may include but are not limited to appointment delivery, lift-gate service, beyond delivery, inside delivery fees, etc. must be PRE-AUTHORIZED by calling 1-800-677-6883 and obtaining an authorization number prior to billing.			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		Trailer Loaded <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver <input checked="" type="checkbox"/> By Driver / pallets said * contain	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. <input type="text"/> 09/12/25
tech_003563_us_lui_05_shipping_bol@arvato.com Shipping BOL/er / Pieces E-signed 2025-09-12 03:32PM EDT			

Date: 09/12/2025

SUPPLEMENT TO THE BILL OF LADING

Bill of Lading Number: 3781922975

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT		Pallet/Slip	ADDITIONAL SHIPPER INFO			
10001513536-0557		22	241 LBS		Y	DN #: 56584024 - 3781922975 09/26/2025 52 PC			
10001513637-0557		36	251 LBS		Y	DN #: 56584051 - 3781922975 09/26/2025 128 PC			
10001512848-0557		3	31 LBS		Y	DN #: 56584097 - 3781922975 09/26/2025 12 PC			
10001513475-0557		68	413 LBS		Y	DN #: 56583993 - 3781922975 09/26/2025 328 PC			
10001472639-0557		39	220 LBS		Y	DN #: 56584224 - 3781922975 09/25/2025 156 PC			
GRAND TOTAL		168	1,157						
CARRIER INFORMATION									
HANDLING UNIT	PACKAGE				COMMODITY DESCRIPTION		LTL ONLY		
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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
1	PALLET	1	CARTON	15 LBS				116030S7	92.5
		3	CARTON	31 LBS				116030S7	92.5
		39	CARTON	220 LBS		UN3091, Lithium metal batteries contained in equipment Lithium metal Batteries in compliance with section II of PI969. Must be handled with care. Flammability hazard exists if package is damaged. For emergency response, please contact 1-800-535-5053, International 1-352-323-3500. Not regulated by the USDOT per 173.185 (c)		116030S7	92.5
		89	CARTON	612 LBS		Technology, Computer Hardware		116030S7	92.5
2	PALLET	36	CARTON	278 LBS		Technology, Computer Hardware		116030S7	92.5
3		168		1157 LBS		PAGE SUBTOTAL			

Date: 09/16/2025

BILL OF LADING

Page 1 / 2

SHIP FROM		Bill of Lading Number: 3781922939	
Name: LOGITECH INC C/O ARVATO	Address: 2053 E JAY ST	City/State/Zip: ONTARIO, CA, 91764	
SID#: SSO#	FOB: <input type="checkbox"/>	CHR MEMPHIS	
SHIP TO		CARRIER NAME: C.H. ROBINSON WORLDWIDE INC	
Name: TARGET NORTHERN OPS	Address: 1100 VALLEY ROAD	City/State/Zip: OCONOMOWOC, WI 53066	
CID#	FOB: <input type="checkbox"/>	Trailer number: MM376 Seal number(s): 00824959 Load number: MM376	
THIRD PARTY FREIGHT CHARGES BILL TO		SCAC: RBTW Shipment no: 6000437493 Conv. #: PRO number: 528352278	
Name: LOGITECH C/O CHRLTL	Address: 14701 CHARLSON RD STE 2100	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3 rd Party <input checked="" type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip: EDEN PRAIRIE, MN 55347			
SPECIAL INSTRUCTIONS:			
Appointment Required			
Load ID #			
SHIPPING ORDER INFORMATION			
See additional page			
GRAND TOTAL	147	610 LBS	
CARRIER INFORMATION			
See Attached Supplement Page(s)			
1	147	610 LBS	GRAND TOTAL
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."		COD Amount: \$ <input type="text"/> Fee Terms: <input type="checkbox"/> 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).		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature	
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. arvato digital services llc is not responsible for any charges above and beyond the rates based on weight or mileage as listed on the tariff agreement between the carrier and arvato digital services llc. Accessorial charges which may include but are not limited to appointment delivery, lift-gate service, beyond delivery, inside delivery fees, etc. must be PRE-AUTHORIZED by calling 1-800-677-6883 and obtaining an authorization number prior to billing.			
SHIPPER SIGNATURE / DATE <i>[Signature]</i> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.	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	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.

Date: 09/16/2025

SUPPLEMENT TO THE BILL OF LADING

Bill of Lading Number: 3781922939

ITEMS SHIPPED						ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT		Pallet/Slip		
10001513637-0557		3	12 LBS	Y		DN #: 56584122 - 3781922939 09/26/2025 12 PC	
10001512848-0557		9	37 LBS	Y		DN #: 56584135 - 3781922939 09/26/2025 36 PC	
10001472644-0557		38	158 LBS	Y		DN #: 56584188 - 3781922939 152 PC	
10001513475-0557		96	398 LBS	Y		DN #: 56584040 - 3781922939 09/26/2025 384 PC	
10001513536-0557		1	4 LBS	Y		DN #: 56584074 - 3781922939 09/26/2025 4 PC	
GRAND TOTAL		147	610				
CHARGES FOR THIS TRANSPORTATION							
HANDLING UNIT	PACKAGE				COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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
		6	CARTON	25 LBS		UN3481, Lithium ion batteries contained in equipment Lithium Ion Batteries packed in compliance with Section II PI 967. Must be handled with care. Flammability hazard exists if package is damaged. For Emergency Response, contact Chemtrec, 1-800-424-9300, International 1-703-527-3887. Not Regulated by the USDOT per 173.185 (c).	116030S7 92.5
1	PALLET	141	CARTON	585 LBS		Technology, Computer Hardware	116030S7 92.5
1		147		610 LBS		PAGE SUBTOTAL	

Date: 09/18/2025

BILL OF LADING

Page 1 of 2

SHIP FROM		Bill of Lading Number: 07693000011427585	
Name:	Hasbro Inc.		
Address:	100 E Millsdale Rd		
City/State/Zip:	Elwood	IL	60421
SID#:	527921715 FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: CH Robinson LTL MEMPHIS Trailer number: PTLZ252620 Seal Number 1016660	
Name:	TARGET DIST CTR 557 Location #: 0557		
Address:	1100 VALLEY ROAD		
City/State/Zip:	OCONOMOWOC	WI	53066
CID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO		SCAC: RCMT Pro number: 527921715	
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:	<input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>		
City/State/Zip:	(check box) Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS: SHIPMENT NUMBER: 0002862949 - 001			
Master Bill of Lading Number: STOP #: 1 of 1		DELIVER NO EARLIER THAN: 09/24/2025 DELIVER NO LATER THAN: 09/26/2025	
MUST SCHEDULE ALL PURCHASE ORDERS WHEN REQUESTING DELIVERY APPOINTMENT			

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	CUBE(CF)	PALLET/ SLIP	ADDITIONAL SHIPPER	DEST	TYPE	DEPT
10001509270-0557		783 ctns	7234	637.43	N		0557		087
GRAND TOTAL		783 ctns	7234	637.43					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360		NMFC #	CLASS
					See Attached Supplement Page(s)				
15	PLTS	783		7234		GRAND TOTAL			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:	COD Amount: \$ <input type="text"/>
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	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. HASBRO INC. Shipper Signature
--	---

SHIPPER SIGNATURE/DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>9/18/25 B4</i>	Trailer Loaded: <input type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE/PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good Order, except as noted.
--	--	---

Date: 09/18/2025

SUPPLEMENT TO THE BILL OF LADING

Page 2 of 2

Bill of Lading Number: 07693000011427585

CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE(CF)	PALLET/ SLIP	ADDITIONAL SHIPPER	DEST	TYPE	DEPT	
PAGE SUBTOTAL									

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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.	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
		49	CTNS	181		GAMES OR TOYS, 84260 S4	084260 S4	175	
		184	CTNS	2065		GAMES OR TOYS	084260 S9	70	
		25	CTNS	191		GAMES OR TOYS	084260 S7	92.5	
		276	CTNS	3190		GAMES OR TOYS	084260 S8	85	
		16	CTNS	100		GAMES OR TOYS, NOI, 84260 S6	084260 S6	100	
		233	CTNS	1506		GAMES OR TOYS, 84260 S5	084260 S5	125	
15	PLTS	783		7234		GRAND TOTAL			

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 9/25/2025

CHR Consol Center - Memphis - Patterson
5570 Airways Blvd
BLDG E
Memphis, TN 38116
canyon (800) 283-2474
Reference Number:
15

Carrier:	Canamex-Carbra Transportation Services Inc.
Pro#:	
Load#:	528622270
Ship ID#:	527921715, 3781922939, 3781922975, 10001492210-0557, 2011696-20250918, 2011691-20250918, 10001522088-0557, 61591243, 25043114, 0052-7893289-0557, 24264073, 10001520996-0557

Consignee: Due Date 9/27/2025

Target DC #0557
1100 Valley Road
Oconomowoc, WI 53066
Fax (262) 569-4400
Reference Number: 10001509270-0557, 10001492210-0557, 10001522088-0557, 25043114, 0052-7893289-0557, 10001522093-0557, 956936; 10001509270-0557; 10001492210-0557; 100015

All Freight charges PPD/3rd party bill to:
C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 10001509270- 0557	SKU: G04715L01	TRA GEN PRIME LDR AST	16 Cartons	15.00	42	Dry	175
PO: 10001509270- 0557	SKU: F85620000	MONOPOLY JUNIOR 2 GAMES IN 1	4 Cartons		39	Dry	70
PO: 10001509270- 0557	SKU: A50640970	TROUBLE	23 Cartons		124	Dry	125
PO: 10001509270- 0557	SKU: 009504820	YAHTZEE	6 Cartons		29	Dry	100
PO: 10001509270- 0557	SKU: F67950000	SCATTERGORIES	12 Cartons		92	Dry	70
PO: 10001509270- 0557	SKU: E94852213	NER ELITE 2.0 COMMANDER RD	11 Cartons		63	Dry	125
PO: 10001509270- 0557	SKU: G07485L00	TRA CYBERWORLD CHOMP BATTLE GRIMLOCK	18 Cartons		64	Dry	175
PO: 10001509270- 0557	SKU: F89532210	NER MINECRAFT FIREBRAND	2 Cartons		15	Dry	100
PO: 10001509270- 0557	SKU: A56404820	CONNECT 4 GRID	176 Cartons		1092	Dry	125
PO: 10001509270- 0557	SKU: A47560793	CHUTES AND LADDERS KIDS CLASSIC	14 Cartons		98	Dry	85
PO: 10001509270- 0557	SKU: G03152210	NER MINECRAFT PILLAGERS CROSSBOW	1 Cartons		7	Dry	125

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 10001509270- 0557	SKU: G0175AS02	BEY BBX STARTER PACK TOP AST	15 Cartons		32	Dry	85
PO: 10001509270- 0557	SKU: G00090000	MONOPOLY CLASSIC REFRESH	162 Cartons		1861	Dry	70
PO: 10001509270- 0557	SKU: F86212210	NER N SERIES PINPOINT	19 Cartons		210	Dry	125
PO: 10001509270- 0557	SKU: 988310790	TWISTER	8 Cartons		56	Dry	100
PO: 10001509270- 0557	SKU: F64200000	CLUE CLUEDO CLASSIC REFRESH	154 Cartons		1899	Dry	85
PO: 10001509270- 0557	SKU: F94220000	MONOPOLY HARRY POTTER	14 Cartons		154	Dry	85
PO: 10001509270- 0557	SKU: G1120AS00	NER MINECRAFT BOW	8 Cartons		61	Dry	175
PO: 10001509270- 0557	SKU: A47550000	HI HO CHERRY O KIDS CLASSIC	7 Cartons		14	Dry	175
PO: 10001509270- 0557	SKU: G04745L02	TRA GEN PRIME DLX AST	3 Cartons		11	Dry	125
PO: 10001509270- 0557	SKU: F52540000	TABOO	10 Cartons		46	Dry	92.5
PO: 10001509270- 0557	SKU: F08000000	GAME OF LIFE CLASSIC	78 Cartons		997	Dry	85
PO: 10001509270- 0557	SKU: C19400000	TRIVIAL PURSUIT	1 Cartons		9	Dry	85
PO: 10001509270- 0557	SKU: F42040000	SCRABBLE CLASSIC REFRESH	15 Cartons		146	Dry	92.5
PO: 10001509270- 0557	SKU: G0716GA02	MONOPOLY POKEMON	6 Cartons		72	Dry	70
PO: 10001513637- 0557	SKU: 3781922939	Technology, Computer Hardware	3 Pieces	1.00	122	Dry	116030-07 92.5
PO: 10001512848- 0557	SKU: 3781922939	Technology, Computer Hardware	9 Pieces		122	Dry	116030-07 92.5
PO: 10001472644- 0557	SKU: 3781922939	Technology, Computer Hardware	38 Pieces		122	Dry	116030-07 92.5
PO: 10001513475- 0557	SKU: 3781922939	Technology, Computer Hardware	96 Pieces		122	Dry	116030-07 92.5

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 10001513536- 0557	SKU: 3781922939	Technology, Computer Hardware	1 Pieces		122	Dry	116030-07 92.5
PO: 10001513475- 0557	SKU: 3781922975	Technology, Computer Hardware	68 Pieces	3.00	199	Dry	116030-07 92.5
PO: 10001513536- 0557	SKU: 3781922975	Technology, Computer Hardware	22 Pieces		199	Dry	116030-07 92.5
PO: 10001513637- 0557	SKU: 3781922975	Technology, Computer Hardware	36 Pieces		199	Dry	116030-07 92.5
PO: 10001512848- 0557	SKU: 3781922975	Technology, Computer Hardware	3 Pieces		199	Dry	116030-07 92.5
PO: 10001472639- 0557	SKU: 3781922975	Technology, Computer Hardware	39 Pieces		199	Dry	116030-07 92.5
PO: 10001492210- 0557	SKU: R487	Protein Smoothie Single-Serve Strawberry Shortcake	75 Case	5.00	1779	Dry	
PO: 10001492210- 0557	SKU: R495	Protein Smoothie-Single-Serve Butter Coffee	75 Case		1	Dry	
PO: 10001492210- 0557	SKU: R496	Protein Smoothie-Single-Serve Chocolate	75 Case		1	Dry	
PO: 10001492210- 0557	SKU: R497	Protein Smoothie-Single-Serve Vanilla Cream	77 Case		1	Dry	
PO: 10001492210- 0557	SKU: R499	Protein Smoothie-Single-Serve Chocolate Peanut Butter	75 Case		1	Dry	
PO: 10001520289- 0557	SKU: FG101349 A-V ICE BLUE A/S 7oz 1dz (3's) N/F 5/18 2116114		6 Case	1.00	11	Dry	59420-03 70
	Pallet		Case		1	Dry	70
PO: 10001520509- 0557	SKU: FG102173 AG LIQUID 550PR, BOTTLE, 2.5oz (74ml), 24/3 10/23 99021167		7 Case	1.00	41	Dry	59420-03 70
	Pallet		Case		1	Dry	70
PO: 10001522088- 0557	Nutritional Product		179 Case	1.00	970	Dry	57300 sub 03 70
PO: 10001512981- 0557	10001512981-0557		118 Cartons	4.00	826	Dry	125
PO: 10001520318- 0557	Miscellaneous		112 Case	2.00	2652	Dry	50
PO: 0052-7893289- 0557	Personal Care Products		24 Case	1.00	160	Dry	

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
SKU #: 10001522093- 0557	SKU: AH31714 UPC: AH31714	OXY PET PORTABLE 32OZ	28 Eaches	7.00	424	Dry 70	48580
		Dimensions: L 4.5in x W 2.5in x H 9.5625in					
SKU #: 10001522093- 0557	SKU: AH31925 UPC: AH31925	PAWS & CLAWS 64 OZ	48 Eaches		424	Dry 70	48580
		Dimensions: L 6.375in x W 3.25in x H 11.5in					
SKU #: 10001522093- 0557	SKU: BD30100V UPC: BD30100V	GRAB & GO+ 8V CORDLESS HAND VACUUM	12 Eaches		424	Dry 85	132680-8
		Dimensions: L 13.0in x W 5.75in x H 3.625in					
SKU #: 10001522093- 0557	SKU: FH14000V UPC: FH14000V	CLEANSULATE PET GEN LINE VN	17 Eaches		424	Dry 77.5	121270-3
		Dimensions: L 13.62in x W 9.96in x H 14.92in					
SKU #: 10001522093- 0557	SKU: FH52000V UPC: FH52000V	SMARTWASH+ CARPET CLEANER 52			424	Dry 125	121270-2
		Dimensions: L 19.375in x W 13.875in x H 23.625in					
SKU #: 10001522093- 0557	SKU: FH68030V UPC: FH68030V	POWERSCRUB XL TGT	20 Eaches		424	Dry 125	121270-2
		Dimensions: L 22.0in x W 12.875in x H 22.625in					
PO: 10001520996- 0557	SKU: General Merchandise	General Merchandise	96 Case	1.00	557	Dry	
				2194	42	18386	

Shipper Special Instructions:

Consignee Special Instructions:

ALL TL AND LTL SHIPMENTS REQUIRE ASN PALLET LABELS FOR SINGLE SKU PALLETS AND ASN CARTON LABELS FOR MIX SKU PALLETS. PARCEL SHIPMENTS REQUIRE CARTON LABELS. CONSOLIDATIONS CARTON WITH 1 SKU REQUIRE ASN PALLET LABEL. LABEL PLACEMENT 16-32 INCHES FROM THE GROUND ON RIGHT HAND SIDE OF THE PALLET ON THE SHRINK WRAP. 2" FROM THE SIDE/CORNER. SHIP ON GOOD QUALITY PALLETS NO BROKEN BOARDS. NO OVERHANG. DELIVERY STAMP MUST INCLUDE DATE AND TIME. Reach out to Target with any delivery errors/issues targetscheduling@ryder.com and inbound.scheduling@target.com Must deliver within provided window. DELIVERY APPOINTMENT REQUIRED FOR LTL AND TL - Must schedule using RYDER ONLINE DC SCHEDULER. LTL CARRIERS MUST SCHEDULE OWN APPOINTMENT Confirmed by CHR - Any issues reach out to Bryan.Reinhart@chrobinson.com TARGET DISP _____ REQUIRED ON FOR LTL LOADS, Appointment Notification: Destination requires an appointment or notification 2025-09-27 06:30:00. Your Ryder Appointment Confirmation Number is T055712622143 and approximate unload hours are 6.

Comments:

Please contact 27-LTL@chrobinson.com with any issues on this load.

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# DL307

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# F805 8362

Permanent post-office address of shipper.

Order Date: 09/15/2025

BILL OF LADING

Ship Date: 09/15/2025

SHIP FROM

Name: SKINNY MIXES, LLC Care Of FST Logistics, Inc.
 Address: 3357 SOUTHPARK PLACE

GROVE CITY, OH 43123

FOB Origin: **SHIP TO**

Name: TARGET DC 0557
 Address: 1100 E VALLEY RD 0557 0557
 OCONOMOWOC, WI 53066

CID#: JSMTARGE

FOB: **THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:
 Address:

Bill of Lading Number: 003952400633574
Customer Reference Number: JSM-1475908
FST BOL ID: 2025-0008151

CARRIER NAME: CH Robinson
 Trailer number: 24402
 Seal number(s): 54452661
SCAC: RBTW

Customer Reference Number: 10001520996-0557
Order number: 4335745

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

Prepaid _____ Collect 3rd Party _____

SPECIAL INSTRUCTIONS: DO NOT DOUBLE STACK PALLETS!!** ONLY SHIP WITH FOOD GRADE MATERIALS AND NON-ODOROUS FOOD GRADE MATERIALS! LTL CLASS: 60 NMFC CODE: 72510
 DRIVER MUST VERIFY CASE/PIECE COUNT! DRIVER MUST INITIAL CASE/PIECE QUANTITY ON BOL!! DRIVER IS RESPONSIBLE FOR CASE/PIECE COUNT!! DRIVER CAN NOT SIGN BOL "SLC" "STC".
 15SEP25 Approved ...

CUSTOMER ORDER INFORMATION

CUSTOMER PO NUMBER		PALLETS	WEIGHT	PALLET/SKID (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
10001520996-0557		1	597.20	Y	N	
GRAND TOTAL		1	597.20			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	LOT	COMMODITY DESCRIPTION	LTL ONLY	
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		
48	CS	288	EA	273.60	25161	2252406 - NATURALLY SWEETENED VANILLA BEAN		72510-65
48	CS	288	EA	273.60	25156	2252407 - NATURALLY SWEETENED SALTED CARAMEL		72510-65
				CC TOTAL				
96	CS	576		597.20		GRAND TOTAL		

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

9/17/2025

BILL OF LADINGPg 1 of
2

SHIP FROM Royal Appliance Mfg. Co. 880 Robinson Road Greer SC 29651		BILL OF LADING #: 00416830108372986	
SID #: 13841133 Load Number: RTP.528518689 CUSTOMER LOAD#:		Carrier Name: CH ROBINSON	
SHIP TO TARGET'S NORTHERN OPR CTR TARGET DIST CENTER #0557 1100 VALLEY RD OCONOMOWOC, WI,53066		Trailer number: _____ Seal number(s): _____	
FOR PREPAID SHIPMENTS ONLY TTI Floor Care c/o CHRLTL 14701 Charlson Rd SU 2100 Eden Prairie MN, 55347-5076		SCAC: RBTW Pro number: _____	
		LOC# 0557	Freight Charge Terms (Freight charges are prepaid unless marked otherwise) PREPAY & ADD _____ PREPAID <input checked="" type="checkbox"/> X COLLECT _____ 3rd PARTY _____
		CONTACT	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading

Special Instructions

Delivery Window: 25-SEP-25 - 27-SEP-25

DELIVERY STAMP MUST INCLUDE DATE AND TIME

Reach out to Target with any delivery errors/issues: targetscheduling@ryder.com and inbound.scheduling@target.com
Must deliver within provided window

DELIVERY APPOINTMENT REQUIRED FOR LTL AND TL - Must schedule using RYDER ONLINE DC SCHEDULER
LTL CARRIERS MUST SCHEDULE OWN APPOINTMENT

Confirmed by CHR - Any issues reach out to Bryan.Reinhart@chrobinson.com

TARGET DISP _____
REQUIRED ON FOR LTL LOADS

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET	DELIVER BY	DEST	PO TYPE	DEPT	ROYAL #
10001522093-0557	111	2861	Y	27-SEP-25	0557		329	2648169
Grand Total	111	2861						

Where the rate is dependent on value shippers are required to date 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 the 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.

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

*Royal Appliance Mfg. Co. Shipper Signature***17-Sep-25****Royal Appliance Mfg. Co.**
SHIPPER SIGNATURE / DATE

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

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

CARRIER SIGNATURE / PICK UP 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.

9/17/2025

BILL OF LADINGPg 2 of
2

SHIP FROM Royal Appliance Mfg. Co. 880 Robinson Road Greer SC 29651		SID #: 13841133 Load Number: RTP.528518689 CUSTOMER LOAD#:		BILL OF LADING #: 00416830108372986 Carrier Name: CH ROBINSON Trailer number: _____ Seal number(s): _____	
SHIP TO TARGET'S NORTHERN OPR CTR TARGET DIST CENTER #0557 1100 VALLEY RD OCONOMOWOC, WI,53066		LOC# 0557		SCAC: RBTW Pro number: _____ Freight Charge Terms (Freight charges are prepaid unless marked otherwise) PREPAY & ADD _____ PREPAID <input checked="" type="checkbox"/> X COLLECT _____ 3rd PARTY _____	
FOR PREPAID SHIPMENTS ONLY TTI Floor Care c/o CHRLTL 14701 Charlson Rd SU 2100 Eden Prairie MN, 55347-5076		CONTACT		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	HM	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	QTY		(x)	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 items 360.	NMFC#	CLASS
7	PLT	72	ctns	2330		NEW VACUUMS 6 BUT LESS THAN 8 LBS/FT3	121270-2	125
		17	ctns	214		NEW VACUUMS 6 BUT LESS THAN 8 LBS/FT3	121270-3	77.5
		3	ctns	29		NEW VACUUM CLEANERS - SPARE/SERVICE PARTS, TOOLS OR ATTACHMENTS 12 BUT LESS THAN 15 LBS/FT3	132680-8	85
		19	ctns	288		NEW CLEANING SOLUTION COMPOUNDS - NOT HAZMAT	48580	70
7		111		2861		Grand Total		

Where the rate is dependent on value shippers are required to date 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: <input checked="" type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer Check Acceptable
---	---

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.	Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
Royal Appliance Mfg. Co. Shipper Signature	

17-Sep-25 Royal Appliance Mfg. Co. SHIPPER SIGNATURE / DATE		Trailer Loaded: <input type="checkbox"/> Freight Counted: <input type="checkbox"/> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICK UP 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.	
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.				

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: **Ship Date** 9/17/2025

DASHING DIVA FRANCHISE CORP
10665 Sanden Dr
DALLAS, TX 75238-1712
Kristopher Larios (516) 808-1375
Reference Number: 0052-7893289-0557

Carrier:	Daalo Express LLC
Pro#:	
CHR Order#:	
Ship ID#:	0052-7893289-0557

Consignee: **Due Date** 9/18/2025

Target DC #0557
1100 Valley Road
Oconomowoc, WI 53066
Fax (262) 569-4400
Reference Number: 0052-7893289-0557

All Freight charges PPD/3rd party bill to:
CHRLTL
14701 Charlson Road
Suite 2100
Eden Prairie, MN 55347

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 0052-7893289- 0557		Personal Care Products	24 Case	1.00	160	Dry	
			24	1	160		

Shipper Special Instructions:**Consignee Special Instructions:****Comments:**

For any LTL questions/concerns, please email DashingDiva@chrobinson.com.

Shipping Hours: 8:00am-3:00pm, except for 12-12:30pm

PALLET TYPE/MATERIAL: 4-WAY ENTRY/WOOD

DO NOT DOUBLE STACK

For truckload, contact CH Robinson Cleveland at 800-539-7487.

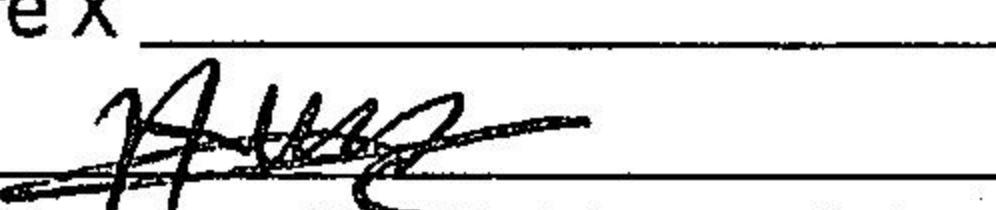
The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X 

Date: 9/17/25 Trailer# _____

Consignee Signature X _____

Date: _____ Seal# _____

Driver Signature X 

Date: _____ Seal# _____

Permanent post-office address of shipper.

9340454

Service: Standard All Modes

Bill Of Lading

BOL Number 25043114	Pickup Carrier Name CHROBINSON	SCAC RBTW
------------------------	-----------------------------------	--------------

Delivery on: 09/26/2025 23:59:00

Ship Date:

Prepaid

Shipper Name:	PL Developments DUNCAN DISTRIBUTION CENTER	Bill To Address :
Address:	40 TYGER RIVER DRIVE	PL Developments,200 HICKS STREET,WESTBURY,11590,NY
City:	DUNCAN	Zip: 29334
State:	SC	Country: US
Contact:	+1 (516) 876 8082	Email: Transportation@pldevelopments.com

Destination Name:	TARGET NOC DC #0557 IL	Bill To Address :
Address:	TARGET NOC DC #0557 IL OCONOMOWOC DC 1100 VALLEY ROAD	PL Developments,200 HICKS STREET,WESTBURY,11590,NY
City:	OCONOMOWOC	Zip: 53066
State:	WI	Country: US
Contact:		

Load Seq.	NMFC	Class	Item Description	HAZMAT	Pallet Count	Case Count	Weight
10	58770	50	Over the Counter Medicines or Vitamins	N	2	112	2682

SPECIAL INSTRUCTIONS: NA	Temp Control Required: NA
-----------------------------	---------------------------

REFERENCE NUMBERS: Delivery #: 18859914 PO #: 10001520318-0557 SO #: 1744355	Carrier PRO Number 
---	---

FOR ENQUIRIES OR PROBLEMS WITH THIS SHIPMENT EMAIL: TRANSPORTATION@PLDEVELOPMENTS.COM

ADDITIONAL SERVICES: Liability limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). Release value of "new" freight is \$15.00 per pound PER PIECE.
--

Commodities requiring special or additional care or attention must be so marked and packaged as to ensure safe transportation with ordinary care. Shipper certifies that the bill of lading is completed accurately and that the shipment is in proper condition for shipping.
--

Shipment Loaded By -Wilson	Date 9-10-25	Trailer Inspected By 123012
-------------------------------	-----------------	--------------------------------

Carrier Signature	Date	Check In Time	Check Out Time
-------------------	------	---------------	----------------

Ready By: 09/18/2025

VICS Bill of Lading

SHIP FROM				Order Number: 1702084830			
Name: Brentwood Originals - Walls Address: 9759 Church Rd City/ST/Zip: Walls, MS 38680							
SHIP TO				CARRIER NAME: JIT - EX, LLC Trailer Number: 1 Seal Number(s): SCAC: CHRO Pro Number: 0903192 			
Name: Target DC #0557 Address: 1100 Valley Road City/ST/Zip: Oconomowoc, WI 53066 Contact: Bill Powers (518) 226-6300				Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> WHSE#: Date: FREIGHT BILL RECEIVED IN FULL <input type="checkbox"/> Please mark an 'X' in box if applies PO# 10001512981-0557 TRL# _____ TOT CS REC'D _____ TOT Pallets _____ / _____ REASON _____ TOTAL CASES REJECTED _____			
Order #: 1702084830 Bill To Ref #: 61591243 Load #: 528458492 SPECIAL INSTRUCTIONS: Must Arrive By 09/25/2025				REC# _____ REC'D BY _____ Did Driver Help Unload: Y N			
CUSTOMER ORDER INFORMATION							
PO NUMBER		# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION		
10001512981-0557		118	826	4	61591243		
GRAND TOTAL		118	826	4			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE	H.M. (X)	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
4	Cartons	118	Cartons	826	10001512981-0557		125
4		118		826	GRAND TOTAL		
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____					COD Amount: \$ _____ Fee Terms: Collect <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. B 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. PackList Included: Y _____ N _____ Drivers initials _____					The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges. Agent for Shipper _____		
SHIPPER SIGNATURE/DATE		Trailer Loaded: Freight Counted: <input type="checkbox"/> BY Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver / Pieces			CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Number of Pieces _____ Counted _____ (Signature) _____ (Date) _____		

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIALBLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date

International Vitamin Corp,4941 Liberty Hwy,SC 29621
Anderson

Carrier:	
Pro#:	
Ship ID#:	4531182
CHR Order#:	
Sales Order#:	1067150

Consignee: Due Date

Target DC 0557,1100 Valley Road,Fedex code
539,Oconomowoc, WI, 53066, US

ALL Freight charges PPD/3rd party bill to:

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
10001522088-0 557		Nutritional Product	179cs	1	904.892		

Shipper Special instructions

Consignee Special instructions

Comments

The shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.

Ready By: 09/18/2025

VICS Bill of Lading

SHIP FROM				Order Number: 1702044187																																																																							
Name: Geodis Address: 5540 E Holmes Rd City/ST/Zip: Memphis, TN 38118																																																																											
SHIP TO				CARRIER NAME: Intermodal Cartage Co LLC Trailer Number: Seal Number(s): SCAC: CHRO Pro Number:																																																																							
Name: Target DC #0557 Address: 1100 Valley Road City/ST/Zip: Oconomowoc, WI 53066 Contact: Mary (315) 551-1212				Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> WHSE#: Date: FREIGHT BILL RECEIVED IN: FULL <input type="checkbox"/> Please mark an 'X' in box if applies PO# (see below)																																																																							
				TRL# _____ TOT CS REC'D _____ TOT Pallets _____ / _____ REASON _____ TOTAL CASES REJECTED _____																																																																							
				REC# _____ REC'D BY _____ Did Driver Help Unload: Y N																																																																							
<p>Must Arrive By 09/26/2025</p> CUSTOMER ORDER INFORMATION <table border="1"> <thead> <tr> <th colspan="2">PO NUMBER</th> <th># PKGS</th> <th>WEIGHT</th> <th>PALLETS</th> <th colspan="2">ADDITIONAL SHIPPER INFORMATION</th> </tr> </thead> <tbody> <tr> <td colspan="2">10001520509-0557</td> <td>82</td> <td>790</td> <td></td> <td colspan="2">2011691-20250918</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>50</td> <td>1</td> <td colspan="2">2011691-20250918</td> </tr> <tr> <td colspan="2">GRAND TOTAL</td> <td>82</td> <td>840</td> <td>1</td> <td colspan="2"></td> </tr> </tbody> </table> CARRIER INFORMATION <table border="1"> <thead> <tr> <th colspan="2">HANDLING UNIT</th> <th colspan="2">PACKAGE</th> <th rowspan="2">WEIGHT</th> <th rowspan="2">H.M. (X)</th> <th>COMMODITY DESCRIPTION</th> <th>LTL ONLY</th> </tr> <tr> <th>QTY</th> <th>TYPE</th> <th>QTY</th> <th>TYPE</th> <th colspan="2">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</th> <th>NMFC#</th> <th>CLASS</th> </tr> </thead> <tbody> <tr> <td>0.0303</td> <td>Case</td> <td>7</td> <td>Case</td> <td>41.4792</td> <td></td> <td>AG LIQUID 550PR, BOTTLE, 2.5oz (74ml), 24/3 10/23 99021167</td> <td>59420-03</td> <td>70</td> </tr> <tr> <td>0.0251</td> <td>Case</td> <td></td> <td>Case</td> <td>1</td> <td></td> <td>Pallet</td> <td></td> <td>70</td> </tr> <tr> <td>0.0554</td> <td>Case</td> <td>7</td> <td>Case</td> <td>42.4792</td> <td></td> <td>GRAND TOTAL</td> <td></td> <td></td> </tr> </tbody> </table> <p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:</p> <p>"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p> <p>NOTE: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. B 14706(c)(1)(A) and (B)</p> <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>PackList Included: Y _____ N _____ Drivers initials _____</p> <p>SHIPPER SIGNATURE/DATE This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</p> <p>(Signature) _____ (Date) _____</p> <p>Trailer Loaded: Freight Counted: <input type="checkbox"/> BY Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver / pallets <input type="checkbox"/> said to contain <input type="checkbox"/> By Driver / Pieces</p> <p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p> <p>Number of Pieces _____ Counted _____</p> <p>(Signature) _____ (Date) _____</p>					PO NUMBER		# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION		10001520509-0557		82	790		2011691-20250918					50	1	2011691-20250918		GRAND TOTAL		82	840	1			HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	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	0.0303	Case	7	Case	41.4792		AG LIQUID 550PR, BOTTLE, 2.5oz (74ml), 24/3 10/23 99021167	59420-03	70	0.0251	Case		Case	1		Pallet		70	0.0554	Case	7	Case	42.4792		GRAND TOTAL		
PO NUMBER		# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION																																																																						
10001520509-0557		82	790		2011691-20250918																																																																						
			50	1	2011691-20250918																																																																						
GRAND TOTAL		82	840	1																																																																							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY																																																																				
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																																																																		
0.0303	Case	7	Case	41.4792		AG LIQUID 550PR, BOTTLE, 2.5oz (74ml), 24/3 10/23 99021167	59420-03	70																																																																			
0.0251	Case		Case	1		Pallet		70																																																																			
0.0554	Case	7	Case	42.4792		GRAND TOTAL																																																																					

Ready By: 09/18/2025

VICS Bill of Lading

SHIP FROM

Name: Geodis
 Address: 5540 E Holmes Rd
 City/ST/Zip: Memphis, TN 38118

Order Number: 1702043981



SHIP TO

Name: Target DC #0557
 Address: 1100 Valley Road
 City/ST/Zip: Oconomowoc, WI 53066
 Contact: Mary
 (315) 551-1212

CARRIER NAME: Intermodal Cartage Co LLC

Trailer Number:

Seal Number(s):

SCAC: CHRO
Pro Number:

SEND FREIGHT BILL TO:

Name: CHRLTL
 Address: 14701 Charlson Road
 Address 2: Suite 2100
 City/ST/Zip: Eden Prairie, MN 55347

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

Prepaid Collect 3rd Party

WHSE#: Date:

FREIGHT BILL RECEIVED IN FULL

Please mark an 'X' in box if applies

PO# (see below)

TRL#

TOT CS REC'D

TOT Pallets

O

S

D

REASON _____ TOTAL CASES
REJECTED _____

REC# _____

REC'D BY _____

Did Driver Help Unload: _____ Y N

Must Arrive By 09/26/2025

CUSTOMER ORDER INFORMATION

PO NUMBER		# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION	
10001520289-0557		66	198		2011696-20250918	
			50	1	2011696-20250918	
GRAND TOTAL		66	248	1		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
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		
0.0429	Case	6	Case	11.4768		A-V ICE BLUE A/S 7oz 1dz (3's) N/F 5/18 2116114	59420-03	70
0.5645	Case		Case	1		Pallet		70
0.6074		6		12.4768		GRAND TOTAL		

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

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

per _____"

COD Amount: \$ _____

Fee Terms: Collect Prepaid Customer check acceptable

NOTE: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. B 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 the shipment without payment of freight and all other lawful charges.

PackList Included: Y _____ N _____ Drivers Initials _____

Agent for Shipper _____

SHIPPER SIGNATURE/DATE

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

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 information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Number of Pieces _____ Counted _____

(Signature) _____ (Date) _____

(Signature) _____ (Date) _____

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 9/18/2025

Uniwell Laboratories
4201 Diplomacy Rd
Fort Worth, TX 76155
Jose Bernardi (972) 929-0720
Reference Number: 10001492210-0557

Carrier:	Fitos Trucking Inc
Pro#:	
CHR Order#:	
Ship ID#:	10001492210-0557

Consignee: Due Date 9/19/2025

Target DC #0557
1100 Valley Road
Oconomowoc, WI 53066
Fax (262) 569-4400
Reference Number: 10001492210-0557

All Freight charges PPD/3rd party bill to:
C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ NMFC/ Temp Class
PO: 10001492210- 0557	SKU: R487	Protein Smoothie Single-Serve Strawberry Shortcake	75 Case	5.00	1779	Dry
PO: 10001492210- 0557	SKU: R495	Protein Smoothie-Single-Serve Butter Coffee	75 Case		1	Dry
PO: 10001492210- 0557	SKU: R496	Protein Smoothie-Single-Serve Chocolate	75 Case		1	Dry
PO: 10001492210- 0557	SKU: R497	Protein Smoothie-Single-Serve Vanilla Cream	77 Case		1	Dry
PO: 10001492210- 0557	SKU: R499	Protein Smoothie-Single-Serve Chocolate Peanut Butter	75 Case		1	Dry
			377	5	1783	

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X CA (858-25)

Date: 9-18-25

Trailer# 53849

Consignee Signature X

Date:

Seal#

Driver Signature X

Date: 9-18-25

Seal#

Permanent post-office address of shipper.

Date: 09/12/2025

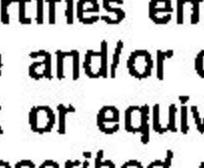
BILL OF LADING

Page 1 / 2

SHIP FROM		Bill of Lading Number: 3781922975
Name: LOGITECH INC C/O ARVATO Address: 3540 S. PRESTON HIGHWAY City/State/Zip: SHEPHERDSVILLE, KY, 40165 SID#: SSO#	FOB: <input type="checkbox"/>	 CHR MEMPHIS
SHIP TO		CARRIER NAME: C.H. ROBINSON WORLDWIDE INC
Name: TARGET NORTHERN OPS Address: 1100 VALLEY ROAD City/State/Zip: OCONOMOWOC, WI 53066 CID#	FOB: <input type="checkbox"/>	Trailer number: DV59 Seal number(s): 0083-9063 Load number: DV59
THIRD PARTY FREIGHT CHARGES BILL TO		SCAC: RBTW Shipment no: 6000435780 Conv. #: PRO number: 528136582 
SPECIAL INSTRUCTIONS: Appointment Required		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3 rd Party <input checked="" type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
CUSTOMER ORDER INFORMATION See additional page		
GRAND TOTAL	168	1,157 LBS

CARRIER INFORMATION

See Attached Supplement Page(s)

3	168	1157 LBS	GRAND TOTAL
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."			COD Amount: \$ <input type="text"/> Fee Terms: <input type="checkbox"/> 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).			The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature
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. arvato digital services llc is not responsible for any charges above and beyond the rates based on weight or mileage as listed on the tariff agreement between the carrier and arvato digital services llc. Accessorial charges which may include but are not limited to appointment delivery, lift-gate service, beyond delivery, inside delivery fees, etc. must be PRE-AUTHORIZED by calling 1-800-677-6883 and obtaining an authorization number prior to billing.			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		Trailer Loaded <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input checked="" type="checkbox"/> Freight Counted <input type="checkbox"/> By Driver / pallets said * contain	CARRIER SIGNATURE / PICKUP DATE 09/12/25 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. 
tech_003563_us_lui_05_shipping_bol@arvato.com Shipping_BOL/er / Pieces F-signed 2025-09-12 03:32PM EDT			

Date: 09/12/2025

SUPPLEMENT TO THE BILL OF LADING

Bill of Lading Number: 3781922975

PO NUMBER						ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	Pallet/Slip			
10001513536-0557		22	241 LBS	Y		DN #: 56584024 - 3781922975 09/26/2025 52 PC	
10001513637-0557		36	251 LBS	Y		DN #: 56584051 - 3781922975 09/26/2025 128 PC	
10001512848-0557		3	31 LBS	Y		DN #: 56584097 - 3781922975 09/26/2025 12 PC	
10001513475-0557		68	413 LBS	Y		DN #: 56583993 - 3781922975 09/26/2025 328 PC	
10001472639-0557		39	220 LBS	Y		DN #: 56584224 - 3781922975 09/25/2025 156 PC	
GRAND TOTAL		168	1,157				

CARRIER INFORMATION							
HANDLING UNIT		PACKAGE			COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC#	CLASS
1	PALLET	1	CARTON	15 LBS		116030S7	92.5
		3	CARTON	31 LBS		116030S7	92.5
		39	CARTON	220 LBS	UN3091, Lithium metal batteries contained in equipment Lithium metal Batteries in compliance with section II of PI969. Must be handled with care. Flammability hazard exists if package is damaged. For emergency response, please contact 1-800-535-5053, International 1-352-323-3500. Not regulated by the USDOT per 173.185 (c)	116030S7	92.5
		89	CARTON	612 LBS	Technology, Computer Hardware	116030S7	92.5
2	PALLET	36	CARTON	278 LBS	Technology, Computer Hardware	116030S7	92.5
3		168		1157 LBS	PAGE SUBTOTAL		

Date: 09/16/2025

BILL OF LADING

Page 1 / 2

SHIP FROM		Bill of Lading Number: 3781922939
Name: LOGITECH INC C/O ARVATO	Address: 2053 E JAY ST	 CHR MEMPHIS
City/State/Zip: ONTARIO, CA, 91764	SID#: SSO# FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: C.H. ROBINSON WORLDWIDE INC
Name: TARGET NORTHERN OPS	Address: 1100 VALLEY ROAD	Trailer number: MM376
City/State/Zip: OCONOMOWOC, WI 53066	CID# FOB: <input type="checkbox"/>	Seal number(s): 00824959
THIRD PARTY FREIGHT CHARGES BILL TO		Load number: MM376
Name: LOGITECH C/O CHRLTL	Address: 14701 CHARLSON RD STE 2100	SCAC: RBTW Shipment no: 6000437493
City/State/Zip: EDEN PRAIRIE, MN 55347	Conv. #: PRO number: 528352278	
SPECIAL INSTRUCTIONS: Appointment Required Load ID #		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3 rd Party <input checked="" type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
CARRIER INFORMATION		
See additional page		

GRAND TOTAL	147	610 LBS
--------------------	------------	----------------

CARRIER INFORMATION

See Attached Supplement Page(s)

1	147	610 LBS	GRAND TOTAL	
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."			COD Amount: \$ <input type="text"/> Fee Terms: <input type="checkbox"/> 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).			The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature	
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. arvato digital services llc is not responsible for any charges above and beyond the rates based on weight or mileage as listed on the tariff agreement between the carrier and arvato digital services llc. Accessorial charges which may include but are not limited to appointment delivery, lift-gate service, beyond delivery, inside delivery fees, etc. must be PRE-AUTHORIZED by calling 1-800-677-6883 and obtaining an authorization number prior to billing.			Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature	
SHIPPER SIGNATURE / DATE <i>9/15/05</i>		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	CARRIER SIGNATURE / PICKUP DATE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		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.		

Date: 09/16/2025

SUPPLEMENT TO THE BILL OF LADING

Bill of Lading Number: 3781922939

PO NUMBER						ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT		Pallet/Slip		
10001513637-0557		3	12 LBS		Y	DN #: 56584122 - 3781922939 09/26/2025 12 PC	
10001512848-0557		9	37 LBS		Y	DN #: 56584135 - 3781922939 09/26/2025 36 PC	
10001472644-0557		38	158 LBS		Y	DN #: 56584188 - 3781922939 152 PC	
10001513475-0557		96	398 LBS		Y	DN #: 56584040 - 3781922939 09/26/2025 384 PC	
10001513536-0557		1	4 LBS		Y	DN #: 56584074 - 3781922939 09/26/2025 4 PC	
GRAND TOTAL		147	610				
COMMODITY DESCRIPTION							
HANDLING UNIT	PACKAGE				COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	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
		6	CARTON	25 LBS		UN3481, Lithium ion batteries contained in equipment Lithium Ion Batteries packed in compliance with Section II PI 967. Must be handled with care. Flammability hazard exists if package is damaged. For Emergency Response, contact Chemtrec 1-800-424-9300, International 1-703-527-3887. Not Regulated by the USDOT per 173.185 (c).	116030S7 92.5
1	PALLET	141	CARTON	585 LBS		Technology, Computer Hardware	116030S7 92.5
1		147		610 LBS		PAGE SUBTOTAL	

Date: 09/18/2025

BILL OF LADING

Page 1 of 2

SHIP FROM				Bill of Lading Number: 07693000011427585	
Name:	Hasbro Inc.			 (402)07693000011427585	
Address:	100 E Millsdale Rd				
City/State/Zip:	Elwood	IL	60421		
SID#:	527921715		FOB: <input type="checkbox"/>		
SHIP TO				 (9012K)RCMT527921715	
Name:	TARGET DIST CTR 557				Location #: 0557
Address:	1100 VALLEY ROAD				
City/State/Zip:	OCONOMOWOC	WI	53066		
CID#:			FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO					
Freight Charge Terms: (<i>freight charges are prepaid unless marked otherwise</i>)					
Name:		Prepaid <input checked="" type="checkbox"/>	Collect <input type="checkbox"/>	3rd Party <input type="checkbox"/>	
Address:					
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>			
SPECIAL INSTRUCTIONS: SHIPMENT NUMBER: 0002862949 - 001					
DELIVER NO EARLIER THAN: 09/24/2025					
Master Bill of Lading Number: STOP #: 1 of 1					
DELIVER NO LATER THAN: 09/26/2025					
MUST SCHEDULE ALL PURCHASE ORDERS WHEN REQUESTING DELIVERY APPOINTMENT					

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE(CF)	PALLET/ SLIP	ADDITIONAL SHIPPER	DEST	TYPE	DEPT
10001509270-0557	783 ctns	7234	637.43	N		0557		087
GRAND TOTAL	783 ctns	7234	637.43					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY					
QTY	TYPE	QTY	TYPE			NMFC #	CLASS						
						<i>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.</i>							
15	PLTS	783		7234		See Attached Supplement Page(s)							
GRAND TOTAL													

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

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/DATE

This is to certify that the above named materials are properly classified, described, 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 Driver

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.

9/18/25 B4

Date: 09/18/2025

SUPPLEMENT TO THE BILL OF LADING

Page 2 of 2

Bill of Lading Number: 07693000011427585

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	CUBE(CF)	PALLET/ SLIP	ADDITIONAL SHIPPER	DEST	TYPE	DEPT
PAGE SUBTOTAL								

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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		49	CTNS	181		GAMES OR TOYS, 84260 S4	084260 S4	175
		184	CTNS	2065		GAMES OR TOYS	084260 S9	70
		25	CTNS	191		GAMES OR TOYS	084260 S7	92.5
		276	CTNS	3190		GAMES OR TOYS	084260 S8	85
		16	CTNS	100		GAMES OR TOYS, NOI, 84260 S6	084260 S6	100
		233	CTNS	1506		GAMES OR TOYS, 84260 S5	084260 S5	125
15	PLTS	783		7234		GRAND TOTAL		

