

Report ID: DRC0075B

DELIVERY RECEIPT

Date: 8/8/2025 12:35 AM
Page: 1 of 2DC: 594 Target Stores
Address: 166 CORPORATE DR
LUGOFF, SC 29078Scac: RBRL
Cons Scac: 297207-LIVE
Trailer:
Manifest:
ART Ranking Score:
Appt Comment:Appt: 188691
Avail Date: 8/7/2025
Sched Date:
Sched Time:
Door:Num Exp Ctns: 1672
Load Type: DROP
Trailerless: N
HV: N
Done:

PRO	Src / PO	Vendor Name	EDI	Seq	Sched	Recv	External	Re-	Prob.	Area	Exp #	comments
							Dam'g	turned to				
523374079	0052/6277630	DASHING DIVA FRANCHISE CO	N	1	29	29	—	—	—	—	—	
523374079	1000/1447108	LOGITECH	Y	2	2	2	—	—	—	—	—	
523374079	1000/1446998	LOGITECH	Y	3	122	119	—	—	—	—	—	
523374079	1000/1447458	LOGITECH	Y	4	4	4	—	—	—	—	—	
523374079	1000/1447004	LOGITECH	Y	5	63	63	—	—	—	—	—	
523374079	1000/1447763	LOGITECH	Y	6	279	287	—	—	—	—	—	
523374079	1000/1400580	HASBRO INC	Y	7	7	7	—	—	—	—	—	
523374079	1000/1436864	LOGITECH	Y	8	10	13	—	—	—	—	—	
523374079	1000/1446788	LOGITECH	Y	9	3	3	—	—	—	—	—	
523374079	1000/1457268	IVC	Y	10	192	191	—	—	—	—	—	
523374079	1000/1456324	COMBE INC	Y	11	121	121	—	—	—	—	—	
523374079	1000/1457055	HOOVER CO	N	12	213	79	—	—	—	—	—	
523374079	1000/1455824	PL DEVELOPMENTS	Y	13	50	50	—	—	—	—	—	
523374079	1000/1455939	PL DEVELOPMENTS	Y	14	27	27	—	—	—	—	—	
523374079	1000/1442712	HASBRO INC	N	15	330	328	—	—	—	—	—	
523374079	1000/1456186	COMBE INC	Y	16	103	103	—	—	—	—	—	
523374079	1000/1376383	Seymour Mfg. LLC.	N	17	117	—	—	—	—	—	—	

Date: 07/24/2025

BILL OF LADING

Page 1 of 2

SHIP FROM				Bill of Lading Number: 07693000011372557			
Name: Hasbro Inc.				 (402)07693000011372557			
Address: 100 E Millsdale Rd							
City/State/Zip: Elwood IL 60421							
SID#: 522621076	FOB: <input type="checkbox"/>						
SHIP TO							
Name: TARGET DIST CTR 594	Location #: 0594						
Address: 166 CORPORATE DR							
City/State/Zip: LUGOFF SC 29078							
CID#: FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Name:				Prepaid <input checked="" type="checkbox"/>	Collect <input type="checkbox"/>	3rd Party <input type="checkbox"/>	
Address:							
City/State/Zip:				Master Bill of Lading: with attached underlying Bills of Lading (check box)			

SPECIAL INSTRUCTIONS: SHIPMENT NUMBER: 0002847106 - 001

DELIVER NO EARLIER THAN: 08/06/2025

Master Bill of Lading Number: STOP #: 1 of 1

DELIVER NO LATER THAN: 08/08/2025

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
10001400580-0594	7 ctns	22	3.46	N		0594		087
10001442712-0594	88 ctns	533	47.52	N		0594		087
GRAND TOTAL	95 ctns	555	50.98					

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		
1	PLTS	95		555		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:

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

COD Amount: \$

Fee Terms: Collect: Prepaid:
Customer check acceptable:

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. HASBRO INC. Shipper Signature
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SHIPPER SIGNATURE/DATE	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE/PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good Order, except as noted.
BG 7/24/25			

Date: 07/24/2025

SUPPLEMENT TO THE BILL OF LADING

Page 2 of 2

Bill of Lading Number: 07693000011372557

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(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		32	CTNS	92		GAMES OR TOYS, 84260 S5	084260 S5	125
		42	CTNS	285		GAMES OR TOYS	084260 S7	92.5
		5	CTNS	57		GAMES OR TOYS	084260 S9	70
		8	CTNS	28		GAMES OR TOYS, 84260 S4	084260 S4	175
		8	CTNS	92		GAMES OR TOYS	084260 S8	85
1	PLTS	95		555		GRAND TOTAL		

Date: 07/25/2025

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: Hasbro Inc.
 Address: 16047 Mountain Ave
 City/State/Zip: Chino CA 91708
 SID#: 522621030 FOB:

Bill of Lading Number: 07693000011372519



(402)07693000011372519

SHIP TO

Name: TARGET DIST CTR 594 Location #: 0594
 Address: 166 CORPORATE DR
 City/State/Zip: LUGOFF SC 29078
 CID#: FOB:

CARRIER NAME: CH Robinson LTL MEMPHIS
 Trailer number: T4561
 Seal Number: 4664349

SCAC: RCMT
 Pro number: 522621030



(9012K)RCMT522621030

THIRD PARTY FREIGHT CHARGES BILL TO

Name:
 Address:
 City/State/Zip:

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

Prepaid Collect 3rd Party

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

SPECIAL INSTRUCTIONS: SHIPMENT NUMBER: 0002847102 - 001

DELIVER NO EARLIER THAN: 08/06/2025

Master Bill of Lading Number: STOP #: 1 of 1

DELIVER NO LATER THAN: 08/08/2025

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
10001442712-0594	88 ctns	298	43.68	N		0594		087
GRAND TOTAL	88 ctns	298	43.68					

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(e) of NMFC Item 360	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		33	CTNS	68		GAMES OR TOYS, 84260 S4	084260 S4	175
		13	CTNS	34		GAMES OR TOYS	084260 S7	92.5
		42	CTNS	195		GAMES OR TOYS, 84260 S5	084260 S5	125
2	PLTS	88		298		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: 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.
HASBRO INC.	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 checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <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 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.

SHIP FROM

Name: Hasbro c/o Cartamundi
 Address: 443 shaker rd
 City/State/Zip: East Longmeadow MA 01028
 SID#: 522621045

FOB:

Bill of Lading Number: 07693000011372373

SHIP TO

Name: TARGET DIST CTR 594
 Location #: 0594

Address: 166 CORPORATE DR
 City/State/Zip: LUGOFF, SC 29078

CID#:

FOB: THIRD PARTY FREIGHT CHARGES BILL TO:

Carrier Name: CH ROBINSON LTL MEMPHIS

Trailer number: T9345

Seal number(s): 246653

SCAC: RCMT

Pro Number: 522621045

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

Prepaid: Collect: 3rd Party:

Master Bill of Lading: with attached underlying

Bills of Lading

(check box)

SPECIAL INSTRUCTIONS: Shipment number 0002847085 - 0001 **DELIVER NO EARLIER THAN: 08/06/2025**
DELIVER NO LATER THAN: 08/08/2025

MUST SCHEDULE ALL PURCHASE ORDERS WHEN REQUESTING DELIVERY APPOINTMENT.

PALLET COUNT: 1

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#	WEIGHT (LB)	CUBE (CF)	PALLET/SLIP	ADDITIONAL SHIPPER INFO		
	PKGS				Destination	PO Type	Dept
10001442712-0594	41	463.065	33.050	N	594		87
GRAND TOTAL			463.065	33.050			

CARRIER INFORMATION
COMMODITY DESCRIPTION

HANDLING UNIT	PACKAGE	H.M.	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.	LTL ONLY	NMFC #	CLASS
QTY	TYPE	QTY	WEIGHT (X) See Section 2(e) of NMFC Item 360	See Section 2(e) of NMFC Item 360		
23	UN		266.263	GAMES OR TOYS, 84260 S9	84260 S9	70
13	UN		186.507	GAMES OR TOYS, 84260 S8	84260 S8	85
5	UN		10.295	GAMES OR TOYS, 84260 S4	84260 S4	175

GRAND TOTAL

41 463.065 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."

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).**

This shipment is governed by the written contract in effect between shipper and carrier and such contract shall supersede any inconsistent terms and conditions included in this bill of lading. In the absence of a written contract, this shipment shall be subject to the terms of this bill of lading, the rates, rules, and classifications established by carrier, and to applicable federal and state laws and regulations.

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

Hasbro c/o Cartamundi 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.

JUL 25 2025

Trailer Loaded Freight Counted

<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

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

BILL OF LADING

SHIP FROM		Bill of Lading Number: 0769300011372328	
Name: Hasbro, Inc. Address: 1020 SH Morgan Parkway City/State/Zip: Pooler, GA 31322			
SID#: 522621075	FOB:		
SHIP TO			
Name: TARGET DIST CTR 594 Location#: 0594 Address: 166 CORPORATE DR City/State/Zip: LUGOFF, SC 29078		Carrier Name: CH Robinson LTL Memphis Trailer Number: 1990I Seal Number: 49295312	
CID#:	FOB:	SCAC: RCMT	Pro Number:  522621075
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

SPECIAL INSTRUCTIONS: SHIPMENT NUMBER 2847080 - 001

DELIVER NO EARLIER THAN: 08/06/2025

DELIVER NO LATER THAN: 08/08/2025

MUST SCHEDULE ALL PURCHASE ORDERS WHEN REQUESTING DELIVERY APPOINTMENT

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT (LB)	CUBE (FT3)	Pallet / Slip	ADDITIONAL SHIPPER INFO		
						Destination	PO Type	Dept
10001442712-0594		113	484.85	55.11	N	0594		087
GRAND TOTAL		113	484.85	55.11				

CARRIER INFORMATION

Handling Unit	Package	WEIGHT LB	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional 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	
					NMFC #	CLASS
QTY	TYPE	QTY	TYPE			
See Attached						
Supplemental Page(s)						
GRAND TOTAL						

BILL OF LADING

Date: 07/26/2025

BILL OF LADING

Page 1 / 2

SHIP FROM		Bill of Lading Number: 3780522228		
Name: LOGITECH INC C/O ARVATO	Address: 2053 E JAY ST			
City/State/Zip: ONTARIO, CA, 91764	FOB: <input type="checkbox"/>	CHR MEMPHIS		
SID#: SSO#		CARRIER NAME: C.H. ROBINSON WORLDWIDE INC		
SHIP TO		Trailer number: 9015		
Name: TARGET NORTHERN OPS	Address: 166 CORPORATE DRIVE	Seal number(s): 00825998		
City/State/ZIP: LUGOFF, SC 29078	FOB: <input type="checkbox"/>	Load number: 9015		
CID#		SCAC: RBTW Shipment no: 6000406096		
THIRD PARTY PREPAID CHARGES BILL TO		Conv. #:		
Name: LOGITECH C/O CHRLTL	Address: 14701 CHARLSON RD STE 2100	PRO number: 522902900		
City/State/Zip: EDEN PRAIRIE, MN 55347				
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 INFO (837A/B/E)				
See additional page				
GRAND TOTAL		63	168 LBS	
CARRIER INFORMATION				
See Attached Supplement Page(s)				
1		63	168 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="checkbox"/> 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 7/25/25		Trailer Loaded <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> said Freight Counted <input checked="" type="checkbox"/> By Driver / pallets <input type="checkbox"/> 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.	
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.				

Date: 07/26/2025

SUPPLEMENT TO THE BILL OF LADING

Bill of Lading Number: 3780522228

BILL OF LADING INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	Pallet/Slip		ADDITIONAL SHIPPER INFO
10001447763-0594	54	144 LBS	Y		DN #: 56286661 - 3780522228 08/08/2025 216 PC
10001446998-0594	4	11 LBS	Y		DN #: 56286697 - 3780522228 08/08/2025 16 PC
10001447458-0594	1	3 LBS	Y		DN #: 56286715 - 3780522228 08/08/2025 4 PC
10001447108-0594	2	5 LBS	Y		DN #: 56286722 - 3780522228 08/08/2025 8 PC
10001446788-0594	2	5 LBS	Y		DN #: 56286743 - 3780522228 08/09/2025 8 PC
GRAND TOTAL	63	168			

COMMODITY INFORMATION						LTL ONLY		
HANDLING UNIT	PACKAGE				COMMODITY DESCRIPTION	NMFC#	CLASS	
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 NMPC Item 360.		
		1	CARTON	3 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	58	CARTON	155 LBS		Technology, Computer Hardware	116030S7	92.5
		4	CARTON	11 LBS		Technology, Computer Hardware	116030S7	92.5
1		63		168 LBS		PAGE SUBTOTAL		

Date: 07/29/2025

BILL OF LADING

Page 1 / 2

SHIP FROM

Name: LOGITECH INC C/O ARVATO
 Address: 3540 S. PRESTON HIGHWAY
 City/State/Zip: SHEPHERDSVILLE, KY, 40165
 SID#: SSO#

FOB:

SHIP TO

Name: TARGET NORTHERN OPS
 Address: 166 CORPORATE DRIVE
 City/State/ZIP: LUGOFF, SC 29078
 CID#

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: LOGITECH C/O CHRLTL
 Address: 14701 CHARLSON RD STE 2100
 City/State/Zip: EDEN PRAIRIE, MN 55347

SPECIAL INSTRUCTIONS:

Appointment Required

Load ID #

Bill of Lading Number: 3780522297



CHR MEMPHIS

CARRIER NAME: C.H. ROBINSON
WORLDWIDE INC

Trailer number: 4293

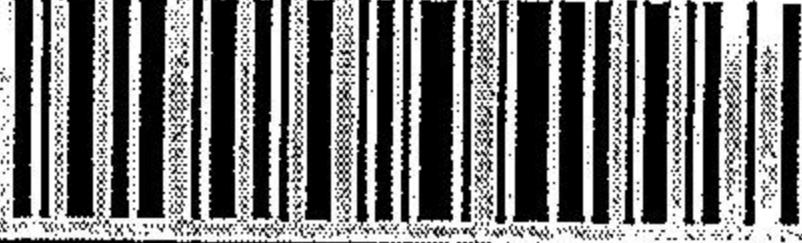
Seal number(s): 0082-9700

Load number: 4293

SCAC: RBTW Shipment no: 6000411472

Conv. #:

PRO number: 522856953



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

Prepaid Collect 3rd Party Master Bill of Lading; with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

See additional page

GRAND TOTAL 420 2,019 LBS

CARRIER INFORMATION

See Attached Supplement Page(s)

5

420

2019 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: \$

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. 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.

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 Department of Transportation.

Trailer Loaded Freight Counted

<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver / pallets said

* contain

CARRIER SIGNATURE / PICKUP DATE

07/29/25

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. Wing G.

tech_003563_us_lui_05_shipping_bol@arvato.com Shipping_BOL/er / Pieces

E-signed 2025-07-29 04:54PM EDT

Date: 07/29/2025

SUPPLEMENT TO THE BILL OF LADING

Bill of Lading Number: 3780522297

PO NUMBER				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	Pallet/Slip	ADDITIONAL SHIPPER INFO
10001447004-0594	63	648 LBS	Y	DN #: 56285539 - 3780522297 08/08/2025 135 PC
10001446998-0594	118	507 LBS	Y	DN #: 56285504 - 3780522297 08/08/2025 464 PC
10001447763-0594	225	802 LBS	Y	DN #: 56285516 - 3780522297 08/08/2025 960 PC
10001446788-0594	1	4 LBS	Y	DN #: 56285579 - 3780522297 08/09/2025 12 PC
10001436864-0594	10	43 LBS	Y	DN #: 56285605 - 3780522297 08/01/2025 40 PC
10001447458-0594	3	15 LBS	Y	DN #: 56285564 - 3780522297 08/08/2025 12 PC
GRAND TOTAL	420	2,019		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE			COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC#	CLASS
		9	CARTON	44 LBS			
1	PALLET	1	CARTON	3 LBS		116030S7	92.5
4	PALLET	146	CARTON	1023 LBS		116030S7	92.5
		264	CARTON	949 LBS		Technology, Computer Hardware	116030S7 92.5
5		420		2019 LBS		Technology, Computer Hardware	116030S7 92.5
						PAGE SUBTOTAL	

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 7/30/2025

DASHING DIVA FRANCHISE CORP

10665 Sanden Dr

DALLAS, TX 75238-1712

Kristopher Larios (516) 808-1375

Reference Number: 0052-6277630-0594

Carrier:	JNJ Express, Inc.
Pro#:	
CHR Order#:	
Ship ID#:	0052-6277630-0594

Consignee: Due Date 7/31/2025

Target DC #0594

166 Corporate Dr

Lugoff, SC 29078

receiving x. 7 (803) 713-3500

Reference Number: 0052-6277630-0594

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: 0052-6277630- 0594		Personal Care Products	29 Case	1.00	185	Dry	
			29	1	185		

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

For any LTL Questions/Concerns please email ClevelandLTL@chrobinson.com or call 877-566-0260.

Shipping Hours: 8:00am-3:30pm, except for 12-1pm

PALLET TYPE/MATERIAL: 4-WAY ENTRY/WOOD

DO NOT DOUBLE STACK

For truckload contact CH Robinson Cleveland @ 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: 7/30

Trailer# _____

Consignee Signature X

Date: _____

Seal# _____

Driver Signature X

Date: _____

Seal# _____

Permanent post-office address of shipper.

Service: Standard All Modes

Bill Of Lading

BOL Number 25035042	Pickup Carrier Name CHROBINSON Titan	SCAC RBTW
------------------------	--	--------------

Delivery on: 08/08/2025 23:59:00

Prepaid

Ship Date:

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

Destination Name: TARGET NOC DC #0594 GA	Address: TARGET NOC DC #0594 GA CAMDEN SC 166 CORPORATE DR
City: LUGOFF	Zip: 29078
State: SC	Country: US
Contact:	

523211908
4343
000091032

Load Seq.	NMFC	Class	Item Description	HAZMAT	Pallet Count	Case Count	Weight
10	58770	50	Over the Counter Medicines or Vitamins	N	1	50	258

SPECIAL INSTRUCTIONS:

Temp Control Required: NA

NA

REFERENCE NUMBERS:

Carrier PRO Number



Delivery #: 18476955
PO #: 10001455824-0594
SO #: 1737164

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

*John 7/28/25**4343*

Carrier Signature

Date

Check In Time

Check Out Time

Run Time: 7/28/2025 1:31:56 PM Request Id: 140680379 User: COSMITH

*7:30pm**7:55pm*

Service: Standard All Modes

Bill Of Lading

BOL Number
25035003Pickup Carrier Name
CHROBINSONSCAC
RBTW

Delivery on: 08/08/2025 23:59:00

Ship Date:

Prepaid

Shipper Name: PL Developments
DUNCAN DISTRIBUTION CENTER
40 TYGER RIVER DRIVE

Address:

City: DUNCAN **Zip:** 29334

State: SC **Country:** US

Contact: +1 (516) 876 8082 **Email:** Transportation@pldevelopments.com

Bill To Address :
PL Developments, 200 HICKS
STREET, WESTBURY, 11590, NY

Destination Name: TARGET NOC DC #0594 GA
Address: TARGET NOC DC #0594 GA CAMDEN SC 166 CORPORATE DR

City: LUGOFF **Zip:** 29078

State: SC **Country:** US

Contact:

523266129
00069735
16 888

Load Seq.	NMFC	Class	Item Description	HAZMAT	Pallet Count	Case Count	Weight
10	58770	50	Over the Counter Medicines or Vitamins	N	1	27	208

SPECIAL INSTRUCTIONS:

NA

Temp Control Required: NA

D:270

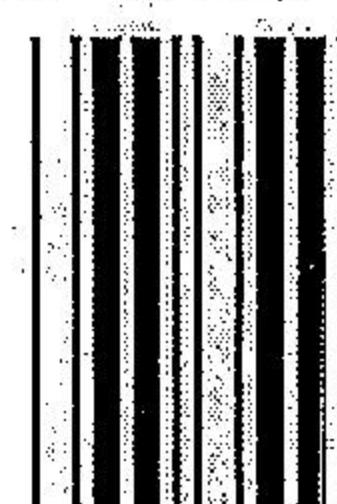
REFERENCE NUMBERS: Carrier PRO Number

Delivery #: 18476942

We Deliver

PO #: 10001455939-0594

SO #: 1737177



254583

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.

JUL 30/25

FG 888

Shipment Loaded By

Date

Trailer Inspected By

11:12

1220

Carrier Signature

Date

Check In Time

Check Out Time

Run Time: 7/29/2025 12:54:59 PM Request_Id: 140718080 User: BDECKER

BILL OF LADING

SHIP FROM		BILL OF LADING #: 00416830108085640	
Royal Appliance Mfg. Co. 880 Robinson Road Greer SC 29651		Carrier Name: CH ROBINSON	
SID #: 13808714 Load Number: RTP.523253705 CUSTOMER LOAD#:		Trailer number: _____	
SHIP TO		Seal number(s): _____	
TARGET'S NORTHERN OPR CTR TARGET DIST CENTER #0594 166 CORPORATE DR LUGOFF, SC,29078		SCAC: RBTW Pro number: _____	
FOR PREPAID SHIPMENTS ONLY		Freight Charge Terms (<i>Freight charges are prepaid unless marked otherwise</i>)	
		PREPAY & ADD _____ PREPAID <input checked="" type="checkbox"/> X COLLECT _____ 3rd PARTY _____	
TTI Floor Care c/o CHRLTL 14701 Charlson Rd SU 2100 Eden Prairie MN, 55347-5076		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading	

Special Instructions

Delivery Window: 07-AUG-25 - 09-AUG-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 #
10001457055-0594	78	1280	Y	09-AUG-25	0594		329	2648169
Grand Total	78	1280						

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

30-Jul-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:	CARRIER SIGNATURE / PICK UP DATE	
	<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper	Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>	
	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/Pallets said to contain		
		<input type="checkbox"/> By Driver/Pieces		

BILL OF LADING**SHIP FROM**

Royal Appliance Mfg. Co.
880 Robinson Road
Greer SC 29651

SID #: 13808714 Load Number: RTP.523253705

CUSTOMER LOAD#:

SHIP TO

TARGET'S NORTHERN OPR CTR
TARGET DIST CENTER #0594
166 CORPORATE DR
LUGOFF, SC, 29078

LOC# 0594

FOR PREPAID SHIPMENTS ONLY**CONTACT**

TTI Floor Care c/o CHRLTL
14701 Charlson Rd SU 2100
Eden Prairie MN, 55347-5076

BILL OF LADING #: 00416830108085640**Carrier Name:** CH ROBINSON**Trailer number:** _____**Seal number(s):** _____**SCAC:** RBTW**Pro number:** _____**Freight Charge Terms**

(Freight charges are prepaid unless marked otherwise)

PREPAY & ADD _____**PREPAID** X _____**COLLECT** _____**3rd PARTY** _____

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
2	PLT	6	ctns	261		NEW VACUUMS 6 BUT LESS THAN 8 LBS/FT3	121270-2	125
		27	ctns	375		NEW VACUUMS 6 BUT LESS THAN 8 LBS/FT3	121270-3	77.5
		21	ctns	202		NEW VACUUM CLEANERS - SPARE/SERVICE PARTS, TOOLS OR ATTACHMENTS 12 BUT LESS THAN 15 LBS/FT3	132680-8	85
		24	ctns	442		NEW CLEANING SOLUTION COMPOUNDS - NOT HAZMAT	48580	70
2		78		1280		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

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

Ready By: 07/31/2025

VICS Bill of Lading

SHIP FROM		Order Number: 1695600999
Name: Geodis	Address: 5540 E Holmes Rd	
City/ST/Zip: Memphis, TN 38118		CARRIER NAME:
SHIP TO		Trailer Number:
Name: Target DC #0594	Address: 166 Corporate Dr	Seal Number(s):
City/ST/Zip: Lugoff, SC 29078	Contact: receiving x. 7 (803) 713-3500	SCAC:
SEND FREIGHT BILL TO:		Pro Number:
Name: C.H. Robinson Worldwide, Inc		Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)
Address: Billing		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>
Address 2: P.O. Box 3470		WHSE#: Date:
City/ST/Zip: Chicago, IL 60654		FREIGHT BILL RECEIVED IN FULL <input type="checkbox"/> Please mark an 'X' in box if applies
Order #: 1695600999		PO# 10001456186-0594
Bill To Ref #: 2008583-20250731		TRL#
Load #:		TOT CS REC'D
SPECIAL INSTRUCTIONS:		TOT Pallets /
Must Arrive By 08/08/2025		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		
10001456186-0594				103	995.856	1	2008583-20250731		
GRAND TOTAL				103	995.856	1			

CARRIER INFORMATION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
	QTY	TYPE				NMFC#	CLASS
					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		
0.0889	Case	4	Case	56.064	VAG POWDER ODOR BLOCK 8oz 2dz (3's) (DAVION) 3/23 0039234	59420-03	70
0.0556	Case	3	Case	106.56	USA AG WATER GEL GEL INTIMATE LUBRICANT 7 OZ 24 O/S - 3 PACK FILM 99104201 / 7166100	59420-03	70
0.0583	Case	7	Case	77.28	ASTROGLIDE LIQUID 550PR, BOTTLE 5oz (148ml), 24/3, SC 9/24 7160012	59420-03	70
0.1478	Case	17	Case	184.8852	VAG WASH ODOR BLOCK 12oz 1dz (3's) (PROBIOTIC) 4/24 0602220	59420-03	70
0.0167	Case	2	Case	24	AG, LIQUID 550PR, 12oz(355ml), 12/2. 12/2024 7161801	59420-03	70
0.0643	Case	9	Case	62.64	USA AG WATER GEL GEL INTIMATE LUBRICANT 4 OZ. 24 O/S - 3 PACK FILM 7165007	59420-03	70
0.0087	Case	1	Case	10.8756	VAG WASH SCENTS PEACH BLOSSOM 12oz 1dz (3's) (PROBIOTIC) 6/24 0603411	59420-03	70
0.2609	Case	30	Case	326.268	VAG WASH pH BALANCE 12oz 1dz (3's) (PROBIOTIC) 4/24 0602717	59420-03	70
0.0043	Case	1	Case	7.2	AG, LUBE PLUS LIBIDO, 2.5oz (74ml), 24/3 10/23 99451101	59420-03	70
0.0372	Case	11	Case	26.4792	VAG MS CRM 1oz 2dz (COPY) 6's 10/13 0037246	59420-03	70
0.0167	Case	2	Case	19.68	AG, AGX, 5 oz. S, 24/3 10/23 99171001	59420-03	70
0.0083	Case	1	Case	5.04	USA VAG MS ANTI-ITCH WIPES POUCH WIPES 20 CT 24 O/S FILM 8/23 0600309	59420-03	70
0.2323	Case	15	Case	88.884	AG LIQUID 550PR, BOTTLE, 2.5oz (74ml), 24/3 10/23 99021167	59420-03	70
1	103		995.856	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.

Ready By: 07/31/2025

VICS Bill of Lading

SHIP FROM					Order Number: 1695601639			
Name: Geodis Address: 5540 E Holmes Rd City/ST/Zip: Memphis, TN 38118								
SHIP TO					CARRIER NAME:			
Name: Target DC #0594 Address: 166 Corporate Dr City/ST/Zip: Lugoff, SC 29078 Contact: receiving x. 7 (803) 713-3500					Trailer Number: Seal Number(s): SCAC: Pro Number:			
SEND FREIGHT BILL TO					Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)			
Name: C.H. Robinson Worldwide, Inc Address: Billing Address 2: P.O. Box 3470 City/ST/Zip: Chicago, IL 60654					<input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party	WHSE#: Date:		
Order #: 1695601639 Bill To Ref #: 2008561-20250731 Load #:					FREIGHT BILL RECEIVED IN FULL PO# 10001456324-0594 TRL# _____ TOT CS REC'D _____ TOT Pallets / _____ REASON _____			
					Please mark an 'X' in box if applies <input type="checkbox"/> O <input type="checkbox"/> S <input type="checkbox"/> D TOTAL CASES REJECTED _____			
					REC# _____ REC'D BY _____ Did Driver Help Unload: <input type="checkbox"/> Y <input type="checkbox"/> N			
Must Arrive By 08/08/2025								
CUSTOMER ORDER INFORMATION								
PO NUMBER		# PKGS	WEIGHT	PALLETS	ADDITIONAL SHIPPER INFORMATION			
10001456324-0594		121	388.35	1	2008561-20250731			
GRAND TOTAL		121	388.35	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 storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360		NMFC#
0.0238	Case	4	Case	7.824		JFM ECIC DARK BROWN 1dz (PPD to PTD) 6/24 0431207	59420-03	70
0.0336	Case	4	Case	17.664		CGX BEARD WASH 4oz 1dz (KERATIN) 4/24 0450502	59420-03	70
0.042	Case	5	Case	22.08		CONTROL GX 2-in-1 4oz 1dz (KERATIN) 4/24 0453005	59420-03	70
0.0208	Case	2	Case	3.36		JFM BEARD & BROW BLACK 2dz 1/22 0425000	59420-03	70
0.1071	Case	18	Case	33.7608		JFM MB DK BRN 1dz (KERATIN) 4/24 0490408	59420-03	70
0.0238	Case	4	Case	12.2304		JFM SIC JET BLK 1dz (N/F RD005547, RD005531 DEV) 2/23 0493611	59420-03	70
0.0774	Case	13	Case	24.3828		JFM MB MED BRN 1dz (KERATIN) 4/24 0490307	59420-03	70
0.0476	Case	8	Case	24.4608		JFM SIC RL BLK 1dz (N/F RD005547, RD005531 DEV) 2/23 0493510	59420-03	70
0.0786	Case	11	Case	21.0408		A-V ICE BLUE A/S 7oz 1dz (3's) N/F 5/18 2116114	59420-03	70
0.0336	Case	4	Case	17.664		CONTROL GX SHAMPOO 4oz 1dz (KERATIN) 4/24 0452005	59420-03	70
0.0104	Case	1	Case	1.68		JFM BEARD & BROW DKST BRN/BLK 2dz 1/22 0425400	59420-03	70
0.0357	Case	6	Case	11.2536		USA JFM MBS GRAY CARE LIGHT MEDIUM BROWN 12 O/S - 3 PACK FILM KERATIN 4/24 0491007	59420-03	70
0.0714	Case	12	Case	22.5072		JFM MB RL BLK 1dz (KERATIN) 4/24 0490509	59420-03	70
0.0357	Case	6	Case	11.2536		JFM MB LT BRN 1dz (KERATIN) 4/24 0490207	59420-03	70
0.0119	Case	2	Case	3.912		JFM ECIC MEDIUM BROWN 1dz (PPD to PTD) 6/24 0431107	59420-03	70
0.0104	Case	1	Case	1.68		JFM BEARD & BROW LT BRN 2dz 1/22 0425100	59420-03	70
0.0298	Case	5	Case	15.268		JFM SIC MED BRN 1dz (N/F RD005541, RD005531 DEV) 2/23 0493310	59420-03	70
0.0238	Case	4	Case	12.2304		JFM SIC DK BRN 1dz (N/F RD005549, RD005531 DEV) 2/23 0493410	59420-03	70
0.0179	Case	3	Case	5.868		JFM ECIC REAL BLACK 1dz (PPD to PTD) 6/24 0431309	59420-03	70
0.2647	Case	8	Case	118.2096		JFM MB JET BLK 1dz (KERATIN) 4/24 0490608	59420-03	70
1		121		388.35	GRAND TOTAL			

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#:	4507226
CHR Order#:	
Sales Order#:	1065587

Consignee: Due Date

166 Corporate Drive, FedEx Code 535, Lugoff, SC, 29078,
US

ALL Freight charges PPD/3rd party bill to:

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
10001457268-0 594		Nutritional Product	192cs	1	889.613		

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# 22382

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.