

Report ID: DRC0075B

DELIVERY RECEIPT

Date: 9/25/2025 4:06 PM  
Page: 1 of 1

DC: 3803 Target Stores  
Address: 5400 WENGER ST  
TOPEKA, KS 66609

Scac: OMNG  
Cons Scac: 09242025  
Trailer: OO  
Manifest:  
ART Ranking Score:  
Appt Comment:

Appt: 217992  
Avail Date: 9/24/2025  
Sched Date: 501  
Sched Time:  
Door:

Num Exp Ctns: 538  
Load Type: LIVE  
Trailerless: Y  
HV: N  
Done:

PRO	Src / PO	Vendor Name	EDI	Seq	Sched	Recv	External Dam'g Rcv'd	Re- turned to Carrier	Prob. Area	Exp #	comments
09242025	1000/1472639	LOGITECH	N	1	37	36	_____	_____	_____	_____	
09242025	1000/1515651	AMAZON.COM	N	2	160	159	_____	_____	_____	_____	
09242025	1000/1515621	AMAZON.COM	N	3	341	339	_____	_____	_____	_____	
						_____	_____	_____	_____	_____	
						_____	_____	_____	_____	_____	
						_____	_____	_____	_____	_____	
						_____	_____	_____	_____	_____	
			Totals:		538	534	_____	_____	_____	_____	



Date Mailed to Consolidator/Carrier: 09/25/2025  
Driver Signature: \_\_\_\_\_  
Target Signature: Scottie K.  
Date Unloaded: 09/25/2025

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Date: 09/17/2025		BILL OF LADING		Page 1 / 1			
SHIP FROM			Bill of Lading Number: 3781978513				
Name: LOGITECH INC C/O ARVATO							
Address: 2053 E JAY ST			Omni Logistics				
City/State/Zip: ONTARIO, CA, 91764							
SID#: SSO#			FOB: <input type="checkbox"/>				
SHIP TO			CARRIER NAME: OMNI LOGISTICS				
Name: TARGET NORTHERN OPS			Trailer number: 53114				
Address: 5400 WENGER STREET			Seal number(s): G16536126				
City/State/ZIP: TOPEKA, KS 66609			Load number: 53114				
CID#			SCAC: OMNG Shipment no: 6000437504				
FOB: <input type="checkbox"/>			Conv. #:				
THIRD PARTY FREIGHT CHARGES BILL TO:			PRO number: 0882418				
Name: OMNI LOGISTICS							
Address: 3100 OLYMPUS BLVD							
City/State/Zip: DALLAS, TX 75019							
SPECIAL INSTRUCTIONS:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Appointment Required			Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3 <sup>rd</sup> Party <input checked="" type="checkbox"/>				
Load ID # 8:00-12:00/24			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION							
PO NUMBER		# PKGS	WEIGHT	Pallet/Slip	ADDITIONAL SHIPPER INFO		
10001472639-3803		37	285 LBS	Y	DN #: 56606625 - 3781978513 09/25/2025 148 PC		
Target Date 9/24 Time 11:58 APT#							
# of plts 9 STC ctns Shrinkwrap intact? Y N							
# of loose ctns # of damaged kept # of damaged rtd							
Target Signature Domestic Donthit							
Driver Signature							
GRAND TOTAL po is documented on the Target Delivery receipt							
37 285 LBS							
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC#	CLASS
1	PALLET	37	CARTON	285 LBS		116030S7	92.5
UN3091, Lithium metal batteries contained in equipment Lithium metal Batteries in compliance with section II of P1969. Must be handled with care. Flammability hazard exists if package is damaged. For emergency response, please contact 1-800-636-6063, International 1-352-323-3500. Not regulated by the USDOT per 173.185 (c)							
1		37		285 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: <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.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____ 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. C.G. 09/16/25		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 carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. 9-17-25	



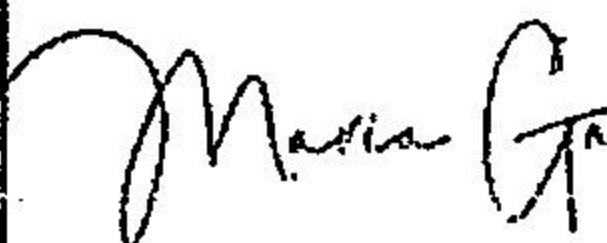
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**BOL**

<b>Date:</b> 09/18/2025		<b>BILL OF LADING</b>		<b>Page 1</b>	
<b>SHIP FROM</b>				<b>Bill of Lading Number:</b> pk-x-02011699	
<b>Name:</b> AMAZON <b>Address:</b> 15716 Wolff Crossing <b>City/State/Zip:</b> Justin/TX/76247  <b>SID #:</b> <b>FOB:</b> <input type="checkbox"/>				<b>CARRIER NAME:</b> OMNI	
<b>SHIP TO</b>				<b>Trailer Number:</b> NA <b>Seal Number (S):</b>	
<b>Name:</b> TARGET CORPORATION Location: <b>Address1:</b> 5400 WENGER ST <b>Address2:</b> <b>City/State/Zip:</b> Topeka/KS/66608				<b>SCAC:</b> OMNG <b>Pro Number:</b> 727363	
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>					
<b>Name:</b> <b>Address:</b> <b>City/State/Zip:</b> //				<b>Freight Charge Terms:</b> (Freight charges are prepaid unless marked otherwise) prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input checked="" type="checkbox"/> Master Bill of Lading with attached Underlying of Bill lading:	
<b>SPECIAL INSTRUCTIONS:</b> BOL:TARGET CORPORATION DELIVERY DATE 09/24/25					
<b>CUSTOMER ORDER INFORMATION</b>					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIP INFO	
10001516651-3B03	160	1133.50	Y		
10001516621-3B03	341	2763.62	Y		
<b>GRAND TOTAL</b>	<b>501.0</b>	<b>3897.02</b>	<b>8</b>		
<b>CARRIER INFORMATION</b>					
HANDLING UNIT	PACKAGE WEIGHT	N.M.(X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY TYPE	QTY TYPE			NNFC #	CLASS
pkgs	501.0 ctns	3897.02	Computer Products	118030	92.5
			<b>GRAND TOTAL</b>		
Where the rate is dependent on value shipper are required to state specifically			<b>GOD Amount:</b> \$ _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in the shipment may be applicable. Sec 49, U.S.C 14706(c)(1)(A) and (B).					
RECEIVED : Subject to individually determined rate or contacts 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 carter and are available to the shipper, on request , and to all applicable state and federal regulations			The carrier shall not make delivery of this shipper without payment of freight and all other lawful charges  _____ Shipper Signature		
<b>SHIPPER SIGNATURE/DATE</b>		<b>Trailer Loaded</b>		<b>CARRIER SIGNATURE/PICKUP DATE</b>	
		<input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By Driver		Carrier acknowledged	
		<input type="checkbox"/> By Driver/Pallet sold to contain <input type="checkbox"/> By Driver/Place			

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