

Report ID : DRC0075B

## DELIVERY RECEIPT

Date: 06/20/2025 06:38:33

Page: 1 of 2

34

DC: 0587 Target Stores  
Address: 12905 EAST L AVENUE  
GALESBURG, MI 49053

Scac:	RBRL	Appt:	1274956	Num Exp Ctns:	1310
Cons Scac:		Avail Date:	06/20/2025	Load Type:	LIVE
Trailer:	T175	Sched Date:	06/20/2025	Trailerless:	N
Manifest:		Sched Time:	07:06	HV:	N
ART Ranking Score:		Door:	875	Done:	

Date Mailed to  
Consolidator/Carrier:

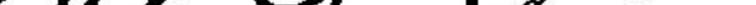
6/20/25

Target  
Signature:

target  
signature: *Dr. Bhagat* Date \_\_\_\_\_  
Unloaded: *le/*

Date  
Unload

ed: 4/20/25

Driver Signature: 

in = 06'25' acet = 11'00

External Damage Form	2025-06-20
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**1274956-1393372 \*\*LIVE\*\***

Grand Total Cost
\$197.28

Appointment	Purchase Order	Building	BOL #	PRO #
1274956	1393372	587	518487417	518487417

Vendor Name	Vendor ID	Dept #	Seal Intact?	Carrier SCAC	Cons/Decons SCAC	UPC Barcode
COMBE INC	1760828	049	Yes	RBRL		011509042507

DPCI	Cartons	VCP	Eaches	Cost/EA:	Total Cost:	Damage Type	Damage Sub-Type	Disposition (Target Only)	ESIM (Target Only)
049-50-0048	1	24	24	\$8.22	\$197.28	Physical damage	Crushed	Destroy	ESIM

Comments

External Damage Form	2025-06-20
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**1274956-1382377 \*\*LIVE\*\***

Grand Total Cost
\$165.00

Appointment	Purchase Order	Building	BOL #	PRO #
1274956	1382377	587	518487417	518487417

Vendor Name	Vendor ID	Dept #	Seal Intact?	Carrier SCAC	Cons/Decons SCAC	UPC Barcode
HASBRO INC	4386885	087	Yes	RBRL		5010996299574

DPCI	Cartons	VCP	Eaches	Cost/EA:	Total Cost:	Damage Type	Damage Sub-Type	Disposition (Target Only)	ESIM (Target Only)
087-26-1016	2	2	4	\$41.25	\$165.00	Physical damage	Crushed	Salvage	NON-ESIM

Comments

External Damage Form	2025-06-20
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**1274956-1368830 \*\*LIVE\*\***

Grand Total Cost
\$50.40

Appointment	Purchase Order	Building	BOL #	PRO #
1274956	1368830	587	518487417	518487417

Vendor Name	Vendor ID	Dept #	Seal Intact?	Carrier SCAC	Cons/Decons SCAC	UPC Barcode
OXO INTERNATIONAL LTD	1145977	064	Yes	RBRL		840097744490

DPCI	Cartons	VCP	Eaches	Cost/EA:	Total Cost:	Damage Type	Damage Sub-Type	Disposition (Target Only)	ESIM (Target Only)
064-20-5002	1	4	4	\$12.60	\$50.40	Physical damage	Crushed	Salvage	NON-ESIM

Comments

2 of

External Damage Form	2025-06-20
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**1274956-1368830 \*\*LIVE\*\***

Grand Total Cost
\$25.65

Appointment	Purchase Order	Building	BOL #	PRO #
1274956	1368830	587	518487417	518487417

Vendor Name	Vendor ID	Dept #	Seal Intact?	Carrier SCAC	Cons/Decons SCAC	UPC Barcode
OXO INTERNATIONAL LTD	1145977	064	Yes	RBRL		840097744605

DPCI	Cartons	VCP	Eaches	Cost/EA:	Total Cost:	Damage Type	Damage Sub-Type	Disposition (Target Only)	ESIM (Target Only)
064-20-2219	1	3	3	\$8.55	\$25.65	Physical damage	Crushed	Donate	NON-ESIM

Comments

3 of

Ready By: 06/18/2025

**Load Summary VICS Bill of Lading**

<b>SHIP FROM</b>				Load Number: 518487417
Name: CHR Consol Center - Memphis - Patterson	Address: 5570 Airways Blvd	Address 2: BLDG E	City/ST/Zip: Memphis, TN 38116	
<b>SHIP TO</b>				CARRIER NAME: Gazic Trucking Inc Trailer Number: F7044S43 Seal Number(s): F7044S43
Name: Target DC #0587	Address: 12905 E L Ave	Address 2: Galesburg, MI 49053	Contact: shippingW929892 (269) 665-3100	SCAC: RBCL Pro Number:
<b>SEND FREIGHT BILL TO:</b>				Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>
Name: C.H. Robinson Worldwide, Inc Address: Billing Address 2: P.O. Box 3470 City/ST/Zip: Chicago, IL 60654				WHSE#: Date: <b>FREIGHT BILL RECEIVED IN FULL</b> <input type="checkbox"/> Please mark an 'X' in box if applies
Order #: Bill To Ref #: see Additional Shipper Info in Commodity Section Load #: 518487417				PO# TRL# _____ TOT CS REC'D _____ TOT Pallets _____ /
SPECIAL INSTRUCTIONS:  T058712399612 Must Arrive By 06/19/2025 1274956				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
10001382290-0587	42	348	1	517347101
10001382377-0587	53	252	1	517347101
10001379583-0587	62	205	1	517347101
10001382377-0587	253	1,332	6	517347164
10001387144-0587	26	270	2	3779057775
10001387145-0587	5	71		3779057775
10001385209-0587	1	8		3779057775
10001368830-0587	444	3,309	15	56594165
10001394420-0587	387	1,768.805	2	10001394420-0587
10001393372-0587	119	372	1	2004865-20250612
10001393626-0587	98	914	1	2004880-20250612
0052-5387595-0587	29	185	1	0052-5387595-0587
<b>GRAND TOTAL</b>	<b>1519</b>	<b>9034.805</b>	<b>31</b>	

**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		
3	Cartons	27	Cartons	185		PD BARBIE SPARKLES AND GEMS		125
	Cartons	4	Cartons	42		PD BARBIE HEARTS AND HAIR		125
	Cartons	11	Cartons	121		PD BARBIE FASHIONISTA RUFFLES		125
	Cartons	5	Cartons	14		MVL LEGENDS MINI COMICS ULTIMATE MILES		250
	Cartons	12	Cartons	11		SPD 4IN FIGURE AST		125
	Cartons	25	Cartons	186		NER MINECRAFT FIREBRAND		100
	Cartons	11	Cartons	41		SW BL JEDHA PATROL STORMTROOPER		100
	Cartons	62	Cartons	205		PRETTY PRETTY PRINCESS		125
6	Cartons	2	Cartons	3		SW VIN S3 VINTAGES FIGURES AST		125
	Cartons	5	Cartons	12		SPD GLOW FX MASK		175
	Cartons	8	Cartons	14		TRA EARTHSPARK 1 STEP SMASH CHANGERS AST		125
	Cartons	5	Cartons	32		DONT BREAK THE ICE		100
	Cartons	3	Cartons	7		SPD MIGHTY VERSE COLLECTIBLE AST		125
	Cartons	3	Cartons	18		SW EPIC ULT VADER MECH FORCE SUIT		125
	Cartons	3	Cartons	12		BEY BBX DUAL PACK AST		70

	Cartons	40	Cartons	313		SAF WEBS AHOY BUBBLE SHIP		175
	Cartons	14	Cartons	98		SW LS FORGE ELECTRONIC BLADESMITH AST		100
	Cartons	9	Cartons	33		SAF DANCE N CRAWL SPIDEY		175
	Cartons	34	Cartons	372		TRA GEN STUDIO SERIES DLX AST		70
	Cartons	1	Cartons	7		CHUTES AND LADDERS KIDS CLASSIC		85
	Cartons	1	Cartons	6		SPD THWIP BLAST SPIDERMAN		175
	Cartons	1	Cartons	4		TRA GEN PRIME DLX AST		125
	Cartons	17	Cartons	40		SW S3 BLACK SERIES 6 IN FIGURES 3 AST		125
	Cartons	77	Cartons	214		TRA GEN PRIME LDR AST		175
	Cartons	1	Cartons	6		SW NON ELECTRONIC LIGHTSABER AST		100
	Cartons	6	Cartons	7		SW 4IN FIGURE AST		100
	Cartons	15	Cartons	117		SW LS FORGE FORCE COLOR MASTER LIGHTSABER		125
	Cartons	8	Cartons	17		BEY BBX STARTER PACK TOP AST		85
2	Pieces	32	Pieces	242.6121		Technology, Computer Hardware	116030-07	92.5
15	Cartons	444	Cartons	3,309		10001368830-0587		
2	Case	387	Case	1,771.476		Nutritional Product	57300 sub 03	70
1	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
1	Case	2	Case	71.04		USA AG WATER GEL GEL INTIMATE LUBRICANT 7 OZ 24 O/S - 3 PACK FILM 99104201 / 7166100	59420-03	70
1	Case	29	Case	185		Personal Care Products		
31		1310		7727.3817		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.

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**

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.

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

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 \_\_\_\_\_

(Signature) \_\_\_\_\_

Counted \_\_\_\_\_

(Date) \_\_\_\_\_

*Adrian* 6/18/25

Ready By: 06/12/2025

## VICS Bill of Lading

SHIP FROM				Order Number: 1689174711			
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 #0587 Address: 12905 E L Ave City/ST/Zip: Galesburg, MI 49053 Contact: Email (903) 881-1000							
SEND FREIGHT BILL TO:							Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)
Name: CHRLTL Address: 14701 Charlson Road Address 2: Suite 2100 City/ST/Zip: Eden Prairie, MN 55347							<input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party
							WHSE#: Date: <input type="checkbox"/> Please mark an 'X' in box if applies
							PO# 10001393372-0587
							TRL# <input type="checkbox"/>
							TOT CS REC'D <input type="checkbox"/>
							TOT Pallets <input type="checkbox"/>
							REASON <input type="checkbox"/> TOTAL CASES <input type="checkbox"/> <input type="checkbox"/> REJECTED
							REC# <input type="checkbox"/> REC'D BY <input type="checkbox"/> Did Driver Help Unload: <input type="checkbox"/> Y <input type="checkbox"/> N
Must Arrive By 06/20/2025							

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFORMATION		
PO NUMBER		# PKGS	WEIGHT	PALLETS			
10001393372-0587		119	372	1	2004865-20250612		
GRAND TOTAL		119	372	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
0.0357	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
0.0357		6		11.2536		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="checkbox"/> Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input 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 <input type="checkbox"/> N <input type="checkbox"/> 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
(Signature) _____ (Date) _____	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) _____ <i>Aden M 6/18/25</i>

Ready By: 06/12/2025

## VICS Bill of Lading

SHIP FROM				Order Number: 1689175186				
Name: Geodis Address: 5540 E Holmes Rd City/ST/Zip: Memphis, TN 38118				 CARRIER NAME: Intermodal Cartage Co LLC Trailer Number: Seal Number(s):				
SHIP TO  Name: Target DC #0587 Address: 12905 E L Ave City/ST/Zip: Galesburg, MI 49053 Contact: Email (903) 881-1000				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# 10001393626-0587 TRL# _____ TOT CS REC'D _____ TOT Pallets _____ / _____ REASON _____ TOTAL CASES _____ REJECTED _____				
Order #: 1689175186 Bill To Ref #: 2004880-20250612 Load #: 517938732 SPECIAL INSTRUCTIONS:  Must Arrive By 06/20/2025				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			
10001393626-0587		98	914	1	2004880-20250612			
GRAND TOTAL		98	914	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#
0.037	Case	2	Case	71.04		USA AG WATER GEL GEL INTIMATE LUBRICANT 7 OZ 24 O/S - 3 PACK FILM 99104201 / 7166100	59420-03	70
0.037	<input type="checkbox"/>	2	<input type="checkbox"/>	71.04	<input type="checkbox"/>	GRAND TOTAL	<input type="checkbox"/>	
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 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: <input type="checkbox"/> Y <input type="checkbox"/> N 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.  (Signature) _____ (Date) _____				<input type="checkbox"/> BY Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / pallets <input type="checkbox"/> 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) _____	

**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#:	4461127
CHR Order#:	
Sales Order#:	1063717

**Consignee: Due Date**

Target DC 0587, 12905 East L Ave., FedEx Code  
529, Galesburg, MI, 49053, US

**ALL Freight charges PPD/3rd party bill to:**

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
10001394420-0 587		Nutritional Product	387cs	2	1768.805		

**Shipper Special instructions**

D:255

**Consignee Special instructions**

T: 20258

**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.

**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** 6/11/2025

DASHING DIVA FRANCHISE CORP  
10665 Sanden Dr  
DALLAS, TX 75238-1712  
Kristopher Larios (516) 808-1375  
Reference Number: 0052-5387595-0587

Carrier:	MINNESOTA LOGISTIC LLC
Pro#:	
CHR Order#:	
Ship ID#:	0052-5387595-0587

**Consignee: Due Date** 6/12/2025

Target DC #0587  
12905 E L Ave  
Galesburg, MI 49053  
shippingW929892 (269) 665-3100  
Reference Number:

**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: 0052-5387595- 0587		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.

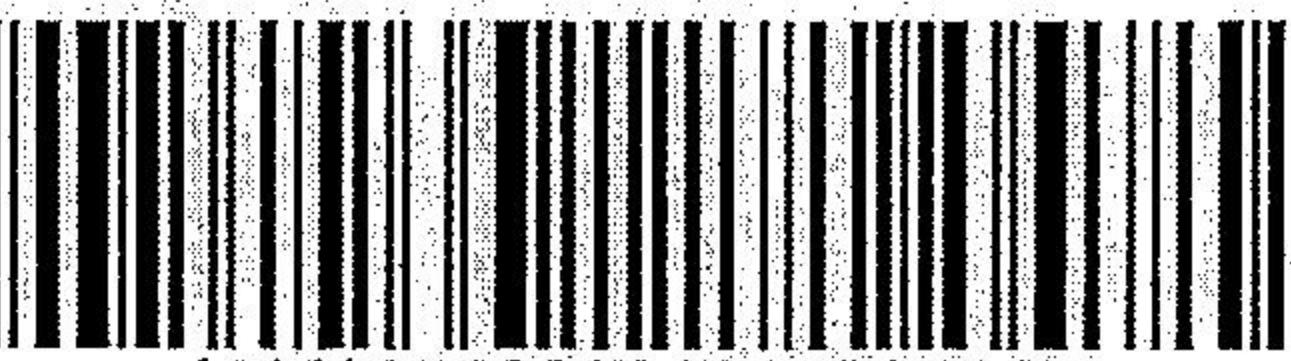
Shipper Signature X Kelli Date: 6/11 Trailer# \_\_\_\_\_  
Consignee Signature X \_\_\_\_\_ Date: \_\_\_\_\_ Seal# \_\_\_\_\_  
Driver Signature X \_\_\_\_\_ Date: \_\_\_\_\_ Seal# \_\_\_\_\_

Permanent post-office address of shipper.

Date: 06/05/2025

## BILL OF LADING

Page 1 of 2

<b>SHIP FROM</b>				Bill of Lading Number: 0769300011324280	
Name: Hasbro Inc.			 (402)0769300011324280		
Address: 100 E Millsdale Rd					
City/State/Zip: Elwood IL 60421					
SID#: 517347164	FOB: <input type="checkbox"/>				
<b>SHIP TO</b>					
Name: TARGET DIST CTR 587	Location #: 0587				
Address: 12905 EAST L AVENUE MICHIGAN DC					
City/State/Zip: GALESBURG MI 49053					
CID#: FOB: <input type="checkbox"/>					
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>					
Name:			CARRIER NAME: CH Robinson LTL MEMPHIS		
Address:			Trailer number: 2436888PLA		
City/State/Zip:			Seal Number: 1017551 D: 266		
			SCAC: RCMT		
			Pro number: 517347164		
			 (9012K)RCMT517347164		
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
Prepaid <input checked="" type="checkbox"/>			Collect <input type="checkbox"/>		
			3rd Party <input type="checkbox"/>		
			<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading <small>(check box)</small>		

SPECIAL INSTRUCTIONS: SHIPMENT NUMBER: 0002832408 - 001

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

DELIVER NO EARLIER THAN: 06/18/2025

DELIVER NO LATER THAN: 06/20/2025

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
10001382377-0587		253 ctns	1330	178.18	N		0587		087
GRAND TOTAL		253 ctns	1330	178.18					

CARRIER INFORMATION						LTL ONLY	
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION			
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	<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>	
						See Attached Supplement Page(s)	
6	PLTS	253		1330		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

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.	<i>B. G. G.</i> 6/11/25	<input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<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.	

Date: 06/05/2025

## SUPPLEMENT TO THE BILL OF LADING

Page 2 of 2

Bill of Lading Number: 07693000011324280

## 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
		9	CTNS	24		GAMES OR TOYS	084260 S8	85
		26	CTNS	143		GAMES OR TOYS, NOI, 84260 S6	084260 S6	100
		49	CTNS	202		GAMES OR TOYS, 84260 S5	084260 S5	125
		37	CTNS	383		GAMES OR TOYS	084260 S9	70
		132	CTNS	577		GAMES OR TOYS, 84260 S4	084260 S4	175
6	PLTS	253		1330		GRAND TOTAL		



Date: 06/06/2025

## SUPPLEMENT TO THE BILL OF LADING

Page 2 of 2

Bill of Lading Number: 07693000011324006

## CUSTOMER ORDER INFORMATION

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

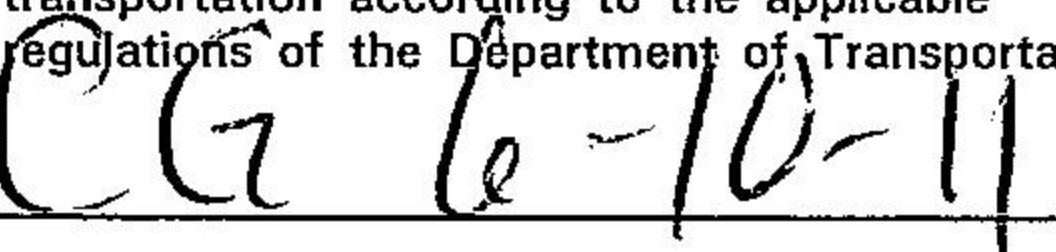
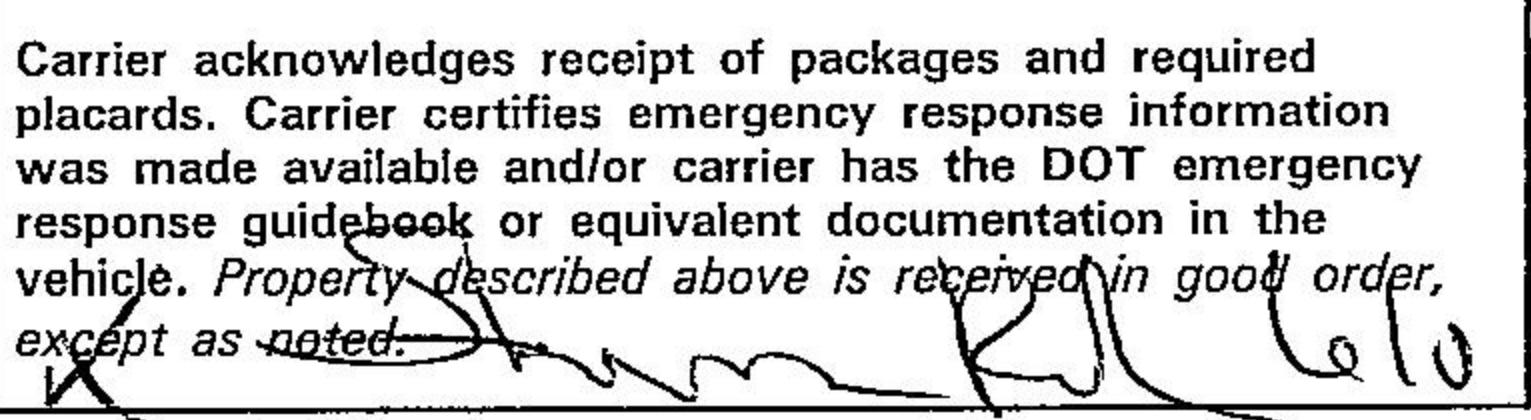
## CARRIER INFORMATION

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
		5	CTNS	14		GAMES OR TOYS, 84260 S3	084260 S3	250
		116	CTNS	599		GAMES OR TOYS, 84260 S5	084260 S5	125
		36	CTNS	227		GAMES OR TOYS, NOI, 84260 S6	084260 S6	100
4	PLTS	157		804		GRAND TOTAL		

Date: 06/10/2025

## BILL OF LADING

Page 1 / 2

<b>SHIP FROM</b>		Bill of Lading Number: 3779057775		
Name: LOGITECH INC C/O ARVATO				
Address: 3540 S. PRESTON HIGHWAY				
City/State/Zip: SHEPHERDSVILLE, KY, 40165				CHR MEMPHIS
SID#: SSO#	FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		<b>CARRIER NAME:</b> C.H. ROBINSON WORLDWIDE INC Trailer number: 530022 Seal number(s): 0084-9446 Load number: 530022		
Name: TARGET NORTHERN OPS				SCAC: RBTW Shipment no: 6000384273
Address: 12905 EAST L AVENUE				Conv. #:
City/State/ZIP: GALESBURG, MI 49053				PRO number: 517584172
CID#	FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3 <sup>rd</sup> Party <input checked="" type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
Name: LOGITECH C/O CHRLTL				
Address: 14701 CHARLSON RD STE 2100				
City/State/Zip: EDEN PRAIRIE, MN 55347				
<b>SPECIAL INSTRUCTIONS:</b>				
Appointment Required				
<b>Load ID #</b>				
<b>CUSTOMER FREIGHT CHARGE INFORMATION</b>				
PO NUMBER	# PKGS	WEIGHT	Pallet/Slip	ADDITIONAL SHIPPER INFO
10001387144-0587	26	270 LBS	Y	DN #: 56009259 - 3779057775 06/20/2025 68 PC
10001387145-0587	5	71 LBS	Y	DN #: 56009295 - 3779057775 06/20/2025 20 PC
10001385209-0587	1	8 LBS	Y	DN #: 56009318 - 3779057775 06/21/2025 4 PC
<b>GRAND TOTAL</b>	32	349 LBS		
<b>CARRIER INFORMATION</b>				
See Attached Supplement Page(s)				
2	32	349 LBS	<b>GRAND TOTAL</b>	
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."			<b>COD Amount:</b> \$ <input type="text"/> Fee Terms: <input type="checkbox"/> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).</b> <small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations. 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.</small>				
<b>SHIPPER SIGNATURE / DATE</b> <small>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.</small> 		<b>Trailer Loaded</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <b>Freight Counted</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver / Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small> 

Date: 06/10/2025

## SUPPLEMENT TO THE BILL OF LADING

Bill of Lading Number: 3779057775

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 NMFC Item 360.	
1	PALLET	1	CARTON	24 LBS			116030S7 92.5
		9	CARTON	103 LBS			116030S7 92.5
		19	CARTON	198 LBS		Technology, Computer Hardware	116030S7 92.5
1	PALLET	3	CARTON	24 LBS		Technology, Computer Hardware	116030S7 92.5
2		32		349 LBS		PAGE SUBTOTAL	

## BILL OF LADING

Page: 1

<b>SHIP FROM</b>			
Name: OXO International Ltd.	TN	38002	FOB: <input type="checkbox"/>
Address: 225 Hickory Withe Rd			
City/State/Zip: Arlington			
SID#: 56594165			
22974415			
<b>SHIP TO</b>			
Name: TARGET KALAMAZOO DC #0587			
Address: 12905 EAST L AVE			
City/State/Zip: GALESBURG	MI	49053	
CID#: 56594165			FOB: <input type="checkbox"/>
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>			
N Third Party			
A Target Corp			
A C/O CHR LTL			
34800 Charlson Rd, Ste 2100			00468650094219408
Eden Prairie, MN 55347			
LOAD#: 56594165			

Bill of Lading Number: 00468650094219408



(402)00468650094219408

CARRIER NAME: C.H. ROBINSON

Trailer number: 826001

Seal Number: 16755328

D:271

SCAC: RBRL

Pro number: RBRL TRL 826001 SL 16755328



9012KRBRL TRL 826001 SL 16755328

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)

CUSTOMER ORDER INFORMATION				Additional Shipper Info			
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	Dest Store	PO Type	Dept
10001368830-0587		444 ctns	2392.760 Lbs	Y N	Pure Pallet		Must Arrive By Date
				Y N			

CARRIER INFORMATION				LTL ONLY			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
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(a) of NMFC Item 380	
	Pallets		ctns	277.770 Lbs		Pure Pallet	179569 85
	Pallets		ctns	1163.080 Lbs		Pure Pallet	101425-7 92.5
	Pallets		ctns	44.380 Lbs		Pure Pallet	89620 150
15	SKIDS	15	SKIDS	570 Lbs		SKIDS@38 Lbs	
1		1				PACKING SLIP	
15		444		2962.760		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.

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.	OXO International Ltd. 06/12/2025	<input checked="" type="checkbox"/> By Shipper	<input checked="" 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.	
		<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain		
			<input type="checkbox"/> By Driver/Pieces	Property described above is received in good order, except as noted.	

\* EMERGENCY TELEPHONE NUMBER: 800-255-3924 OR 813-979-0626 CHEMTEL  
CHEMTEL CONTRACT# MIS0002655

Date: 06/12/2025

## SUPPLEMENT TO THE BILL OF LADING

Page: 1

## SPECIAL INSTRUCTIONS:

Bill of Lading Number: 00468650094219408

CUSTOMER ORDER INFORMATION						Additional Shipper Info		
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	Dest Store	PO Type	Dept	Must Arrive By Date	
				Y	N			
<b>GRAND TOTAL</b>	144	ctns 2392.760 Lbs						
<b>CARRIER INFORMATION</b>								
HANDLING UNIT	PACKAGE				COMMODITY DESCRIPTION	LTL ONLY		
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #		
	Pallets		ctns	197.820 Lbs		Pure Pallet	137380	100
	Pallets		ctns	107.160 Lbs		Pure Pallet	178100	100
	Pallets		ctns	403.980 Lbs		Pure Pallet	157320	70
	Pallets		ctns	158.970 Lbs		Pure Pallet	95145-3	85
	Pallets		ctns	39.600 Lbs		Pure Pallet	174740-1	85
0		0		907.530				