

SHIP FROM		Master Bill of Lading Number: 06757163000722075	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Schneider	
Name:	Macys /Bloom Consolidation Center	Trailer number:	TA199749
	DC#: Div.	Seal number(s):	44369130
Address:	14141 Alondra Boulevard	SCAC:	SCNN
		Pro Number:	N/A
City/State/Zip:	Santa Fe Spgs, CA 90670		
SID#:		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
Load #: 52591700		Appointment Time	Actual Driver Arrival Time
		9:00 AM PM	10:00 AM PM
			Driver Departure Time
			10:30 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4359908	1	8.59	Y	N	06757163000721696	AZ	
4360260	52	573.04	Y	N	06757163000721689	AZ	
4360656	5	35.90	Y	N	06757163000721658	CI	
4360656	2	8.80	Y	N	06757163000721665	HA	
4360656	1	4.07	Y	N	06757163000721672	TU	
4360810	1	20.28	Y	N	06757163000721689	AZ	
4360821	5	108.44	Y	N	06757163000721757	CI	
4360821	1	20.28	Y	N	06757163000721771	HA	
4360821	1	20.28	Y	N	06757163000721788	TU	
4361074	14	52.19	Y	N	06757163000721740	AZ	
4361074	317	1208.46	Y	N	06757163000721757	CI	
4361074	16	60.54	Y	N	06757163000721764	DV	
4361074	94	342.43	Y	N	06757163000721771	HA	

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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

Shipper Signature

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: <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.  08/19/22
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SHIP FROM		Master Bill of Lading Number: 06757163000722075
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Schneider
Name:	Macys /Bloom Consolidation Center	Trailer number: TA199749
	DC#: Div.	Seal number(s): 44369130
Address:	14141 Alondra Boulevard	SCAC: SCNN
		Pro Number: N/A
City/State/Zip:	Santa Fe Spgs, CA 90670	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM PM	AM PM	AM PM
Load #: 52591700				

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
4361074	72	272.13	Y	N	06757163000721788	TU	
4361162	659	2985.53	Y	N	06757163000721689	AZ	
4361217	5	69.45	Y	N	06757163000721702	AZ	
4361217	7	91.49	Y	N	06757163000721719	DV	
4361217	30	380.00	Y	N	06757163000721726	HA	
4361217	19	245.85	Y	N	06757163000721733	TU	
9059571	24	123.66	Y	N	06757163000721825	AZ	
9059571	72	370.98	Y	N	06757163000721832	BA	
9059571	220	1133.55	Y	N	06757163000721849	CI	
9059571	16	82.44	Y	N	06757163000721856	DV	
9059571	88	453.42	Y	N	06757163000721863	HA	
9059571	108	556.47	Y	N	06757163000721870	HU	
9059571	68	350.37	Y	N	06757163000721887	JP	

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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. 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, 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.

Date: 8/17/2022 9:57:42 AM

Master Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 06757163000722075

SHIP TO

Name: Macys /Bloom Consolidation Center DC#: _____
 Div. _____
 Address: 14141 Alondra Boulevard
 City/State/Zip: Santa Fe Spgs, CA 90670
 SID#: _____ FOB:

CARRIER NAME: Schneider

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

Load #: 52591700

Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
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CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
9059571	135	695.72	Y	N	06757163000721894	SC	
9059571	152	783.18	Y	N	06757163000721900	ST	
9059571	52	267.93	Y	N	06757163000721917	SW	
9059571	48	247.32	Y	N	06757163000721924	TU	
Grand Total	2285	11572.79					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT LBS	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
50	Pallet			2500.00		Pallet		70
		8	ctns	169.28		Comforters, Bedspreads	49017	200
		566	ctns	3129.05		Mattress Pads	149265	100
		1702	ctns	8217.10		Sheet Set & Pillowcase	49390 Sub 4	175
		9	ctns	57.36		Shower curtain	49385	77.5

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

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

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

Trailer Loaded:

By Shipper
 By Driver

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

SHIP FROM		Master Bill of Lading Number: 06757163000722075	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Schneider	
Name: Macys /Bloom Consolidation Center DC#: _____ Div. _____ Address: 14141 Alondra Boulevard City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA199749 Seal number(s): 44369130 SCAC: SCNN Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 52591700		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
50		14072.79	Grand Total

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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. 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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

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
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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.

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000721757	
Name: E & E COMPANY LTD		 (402)06757163000721757	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA199749	
Name: Macys Home Los Angeles DC Location #: CI		Seal number(s): 44369130	
Address: 15541 East Gale Ave		SCAC: SCNN	
City/State/Zip: City of Industry, CA 91745		Pro Number: N/A	
CID#:			
Dept: 0609			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 52591700		Appointment Time	
Packing List is Attached		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4360821	5	108.44	Y N	
4361074	317	1208.46	Y N	
Grand Total	322	1316.90		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		5	ctns	108.44		Comforters, Bedspreads	49017	200
		63	ctns	278.94		Sheet Set & Pillowcase	49390 Sub 4	175
		254	ctns	929.52		Mattress Pads	149265	100
2		322		1416.90		Grand Total		

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 "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. 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.
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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: <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.
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Shipper Signature

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME LOS ANGELES DC
15541 EAST GALE AVE
CITY OF INDUSTRY, CA 91745
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4360821	100105523FQ	MCG10-1850	732999837151	Dual Warmth Comforter	EA	2	6	3	6	3
4360821	100105523KG	MCG10-1851C	732999837168	Dual Warmth Comforter	EA	2	4	2	4	2
4361074	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	110	55	110	55
4361074	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	88	44	88	44
4361074	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	226	113	226	113
4361074	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	84	42	84	42
4361074	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	258	43	258	43
4361074	100058083KG	MCG21-1049	706258616337	Pillow Cover	EA	6	120	20	120	20

Total Weight: 1316.9
 Total Quantity Ordered: 896
 Total Cartons Ordered: 322
 Total Quantity Shipped: 896
 Total Cartons Shipped: 322

Date: 8/17/2022 9:55:58 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: _____

FOB:

Bill of Lading Number: 06757163000721870



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Houston DC Location #: HU
 Address: 2103 Ernestine
 City/State/Zip: Houston, TX 77023
 CID#: _____
 Dept: 0608

FOB:

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

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

Prepaid: Collect: X 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9059571	108	556.47	Y	N	
Grand Total	108	556.47			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		108	ctns	556.47		Sheet Set & Pillowcase	49390 Sub 4	175
3		108		706.47		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

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:

By Shipper
 By Driver

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

Customer: MACYS HOME HOUSTON DC

Ship Date: 08/17/2022

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME HOUSTON DC
2103 ERNESTINE
HOUSTON, TX 77023
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9059571	10015992500	MCG22-3967	766390097784	Ellie Body Pillow	EA	4	108	27	108	27
9059571	10015992300	MCG22-3968	766390097777	Gigi Body Pillow	EA	4	108	27	108	27
9059571	10015992200	MCG22-3969	766390097760	Dino Body Pillow	EA	4	108	27	108	27
9059571	10015992100	MCG22-3970	766390097753	Daisy Body Pillow	EA	4	108	27	108	27

Total Weight: 556.47
 Total Quantity Ordered: 432
 Total Cartons Ordered: 108
 Total Quantity Shipped: 432
 Total Cartons Shipped: 108

Date: 8/17/2022 9:56:02 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757163000721764



CARRIER NAME: Schneider
 Responsible Acct.No:

SHIP TO

Name: Macys Home Denver DC Location #: DV
 Address: 510 East 51st Ave
 City/State/Zip: Devnver, CO 80216
 CID#:
 Dept: 0614

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4361074	16	60.54	Y	N	
Grand Total	16	60.54			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	60.54		Mattress Pads	149265	100
1		16		110.54		Grand Total		

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 *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

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:

By Shipper
 By Driver

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

Customer: MACYS HOME DENVER DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME DENVER DC
510 EAST 51ST AVE
DEVNVER, CO 80216
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4361074	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	2	1	2	1
4361074	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	6	3	6	3
4361074	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	20	10	20	10
4361074	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	4	2	4	2

Total Weight: 60.54
 Total Quantity Ordered: 32
 Total Cartons Ordered: 16
 Total Quantity Shipped: 32
 Total Cartons Shipped: 16

Date: 8/17/2022 9:56:06 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757163000721702



CARRIER NAME: Schneider
 Responsible Acct.No:

SHIP TO

Name: Macys Home Goodyear DC Location #: AZ
 Address: 16575 West Commerce Lane
 City/State/Zip: Goodyear, AZ 85338
 CID#:
 Dept: 0614

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4361217	5	69.45	Y N	
Grand Total	5	69.45		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	69.45		Mattress Pads	149265	100
1		5		119.45		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

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:

By Shipper
 By Driver

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

Customer: MACYS HOME GOODYEAR DC

Ship Date: 08/17/2022

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME GOODYEAR DC
16575 WEST COMMERCE LANE
GOODYEAR, AZ 85338
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4361217	SLPSC1Q04	MCG16-1858	086569373076	Q MS 300TC Quilted Mattress Pa	EA	2	2	1	2	1
4361217	SLPSC2Q09	MCG16-1864	086569373137	Q MS 300TC Waterproof Mattress	EA	2	6	3	6	3
4361217	100069116KG	MCG16-1871	732996252759	K MS 233TC Cool to Touch Mattr	EA	2	2	1	2	1

Total Weight:	69.45
Total Quantity Ordered:	10
Total Cartons Ordered:	5
Total Quantity Shipped:	10
Total Cartons Shipped:	5

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757163000721733



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Tukwila DC Location #: TU
 Address: 17000 Southcenter Parkway
 City/State/Zip: Tukwila, WA 98188
 CID#: _____
 Dept: 0614

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: Collect: X 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4361217	19	245.85	Y N	
Grand Total	19	245.85		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		19	ctns	245.85		Mattress Pads	149265	100
1		19		295.85		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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

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:

By Shipper
 By Driver

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

Customer: MACYS HOME TUKWILA DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4361217	SLPSC1F03	MCG16-1857	086569373069	F MS 300TC Quilted Mattress Pa	EA	2	2	1	2	1
4361217	SLPSC1Q04	MCG16-1858	086569373076	Q MS 300TC Quilted Mattress Pa	EA	2	10	5	10	5
4361217	SLPSC2Q09	MCG16-1864	086569373137	Q MS 300TC Waterproof Mattress	EA	2	24	12	24	12
4361217	100069116KG	MCG16-1871	732996252759	K MS 233TC Cool to Touch Mattr	EA	2	2	1	2	1

Total Weight: 245.85
 Total Quantity Ordered: 38
 Total Cartons Ordered: 19
 Total Quantity Shipped: 38
 Total Cartons Shipped: 19

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757163000721696



CARRIER NAME: Schneider
 Responsible Acct.No:

SHIP TO

Name: Macys Home Store Goodyear DC Location #: AZ
 Address: 16575 West Commerce Drive
 City/State/Zip: Goodyear, AZ 85338
 CID#:
 Dept: 0602 FOB:

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4359908	1	8.59	Y N	
Grand Total	1	8.59		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	8.59		Shower curtain	49385	77.5
1		1		58.59		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

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

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:

By Shipper
 By Driver

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

Customer: MACYS HOME STORE GOODYEAR DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACYS.COM (DC)
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME STORE GOODYEAR DC
16575 WEST COMMERCE DRIVE
GOODYEAR, AZ 85338
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4359908	N/A	MCC70-1128	086569170392	Elm Waffle Shower Curtain	EA	3	3	1	3	1

Total Weight: 8.59
Total Quantity Ordered: 3
Total Cartons Ordered: 1
Total Quantity Shipped: 3
Total Cartons Shipped: 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757163000721825



CARRIER NAME: Schneider
 Responsible Acct.No:

SHIP TO

Name: Macys Home Goodyear DC Location #: AZ
 Address: 16575 West Commerce Lane
 City/State/Zip: Goodyear, AZ 85338
 CID#:
 Dept: 0608

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9059571	24	123.66	Y N	
Grand Total	24	123.66		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		24	ctns	123.66		Sheet Set & Pillowcase	49390 Sub 4	175
1		24		173.66		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

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

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:

By Shipper
 By Driver

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

Customer: MACYS HOME GOODYEAR DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME GOODYEAR DC
16575 WEST COMMERCE LANE
GOODYEAR, AZ 85338
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9059571	10015992500	MCG22-3967	766390097784	Ellie Body Pillow	EA	4	24	6	24	6
9059571	10015992300	MCG22-3968	766390097777	Gigi Body Pillow	EA	4	24	6	24	6
9059571	10015992200	MCG22-3969	766390097760	Dino Body Pillow	EA	4	24	6	24	6
9059571	10015992100	MCG22-3970	766390097753	Daisy Body Pillow	EA	4	24	6	24	6

Total Weight: 123.66
 Total Quantity Ordered: 96
 Total Cartons Ordered: 24
 Total Quantity Shipped: 96
 Total Cartons Shipped: 24

Date: 8/17/2022 9:56:22 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757163000721771



CARRIER NAME: Schneider
 Responsible Acct.No:

SHIP TO

Name: Macys Home Hayward DC Location #: HA
 Address: 28701 Hall Road
 City/State/Zip: Hayward, CA 94545
 CID#:
 Dept: 0609

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4360821	1	20.28	Y	N	
4361074	94	342.43	Y	N	
Grand Total	95	362.71			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	20.28		Comforters, Bedspreads	49017	200
		6	ctns	26.64		Sheet Set & Pillowcase	49390 Sub 4	175
		88	ctns	315.79		Mattress Pads	149265	100
1		95		412.71		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

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

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:

By Shipper
 By Driver

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

Customer: MACYS HOME HAYWARD DC

Ship Date: 08/17/2022

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME HAYWARD DC
28701 HALL ROAD
HAYWARD, CA 94545
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4360821	100105523FQ	MCG10-1850	732999837151	Dual Warmth Comforter	EA	2	2	1	2	1
4361074	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	40	20	40	20
4361074	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	36	18	36	18
4361074	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	82	41	82	41
4361074	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	18	9	18	9
4361074	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	24	4	24	4
4361074	100058083KG	MCG21-1049	706258616337	Pillow Cover	EA	6	12	2	12	2

Total Weight: 362.71
 Total Quantity Ordered: 214
 Total Cartons Ordered: 95
 Total Quantity Shipped: 214
 Total Cartons Shipped: 95

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757163000721689



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Goodyear DC Location #: AZ
 Address: 16575 West Commerce Lane
 City/State/Zip: Goodyear, AZ 85338
 CID#: _____
 Dept: 0614

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: _____ Collect: X 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4360260	52	573.04	Y N	
4360810	1	20.28	Y N	
4361162	659	2985.53	Y N	
Grand Total	712	3578.85		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		1	ctns	20.28		Comforters, Bedspreads	49017	200
		71	ctns	757.01		Mattress Pads	149265	100
		640	ctns	2801.56		Sheet Set & Pillowcase	49390 Sub 4	175
4		712		3778.85		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

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

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:

By Shipper
 By Driver

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

Customer: MACYS HOME GOODYEAR DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S CFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME GOODYEAR DC
16575 WEST COMMERCE LANE
GOODYEAR, AZ 85338
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4360260	SLPSC1Q04	MCG16-1858	086569373076	Q MS 300TC Quilted Mattress Pa	EA	2	104	52	104	52
4360810	100105523FQ	MCG10-1850	732999837151	Dual Warmth Comforter	EA	2	2	1	2	1
4361162	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	8	4	8	4
4361162	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	16	8	16	8
4361162	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	6	3	6	3
4361162	100058087TW	MCG16-1060	706258617617	MS Essential Bed Bug Mattress	EA	8	8	1	8	1
4361162	100058087QN	MCG16-1062	706258617600	MS Essential Bed Bug Mattress	EA	8	24	3	24	3
4361162	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	2868	478	2868	478
4361162	100058083KG	MCG21-1049	706258616337	Pillow Cover	EA	6	972	162	972	162

Total Weight:	3578.85
Total Quantity Ordered:	4008
Total Cartons Ordered:	712
Total Quantity Shipped:	4008
Total Cartons Shipped:	712

Date: 8/17/2022 9:56:31 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

FOB:

Bill of Lading Number: 06757163000721719



CARRIER NAME: Schneider
 Responsible Acct.No:

SHIP TO

Name: Macys Home Denver DC Location #: DV
 Address: 510 East 51st Ave
 City/State/Zip: Devnver, CO 80216
 CID#:
 Dept: 0614

FOB:

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4361217	7	91.49	Y	N	
Grand Total	7	91.49			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	91.49		Mattress Pads	149265	100
1		7		141.49		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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

Customer: MACYS HOME DENVER DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME DENVER DC
510 EAST 51ST AVE
DEVNVER, CO 80216
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4361217	SLPSC1Q04	MCG16-1858	086569373076	Q MS 300TC Quilted Mattress Pa	EA	2	6	3	6	3
4361217	SLPSC2Q09	MCG16-1864	086569373137	Q MS 300TC Waterproof Mattress	EA	2	6	3	6	3
4361217	100069116KG	MCG16-1871	732996252759	K MS 233TC Cool to Touch Matr	EA	2	2	1	2	1

Total Weight:	91.49
Total Quantity Ordered:	14
Total Cartons Ordered:	7
Total Quantity Shipped:	14
Total Cartons Shipped:	7

Date: 8/17/2022 9:56:35 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000721672



CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA199749

Seal number(s): 44369130

SCAC: SCNN

Pro Number: N/A

SHIP TO

Name: Macys Home Store Tukwila DC Location #: TU
 Address: 17000 Southcenter Parkway

City/State/Zip: Tukwila, WA 98188

CID#:

Dept: 0602

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 52591700

Packing List is Attached

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

Prepaid:

Collect: X

3rd Party:



(check box)

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time

AM

PM

Actual Driver Arrival Time

AM

PM

Driver Departure Time

AM

PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4360656	1	4.07	Y	N	
Grand Total	1	4.07			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	4.07		Shower curtain	49385	77.5
1		1		54.07		Grand Total		

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

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

per _____

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

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:

 By Shipper By Driver

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

Customer: MACYS HOME STORE TUKWILA DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201
US

SHIP TO:

MACYS HOME STORE TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4360656	MCH70998	MCH70-998	086569111333	Delilah Shower Curtain	EA	3	3	1	3	1

Total Weight:	4.07
Total Quantity Ordered:	3
Total Cartons Ordered:	1
Total Quantity Shipped:	3
Total Cartons Shipped:	1

Date: 8/17/2022 9:56:39 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757163000721832



CARRIER NAME: Schneider
 Responsible Acct.No:

SHIP TO

Name: Macys Home Bailey Rd DC Location #: BA
 Address: 300 South Bailey Road
 City/State/Zip: North Jackson, OH 44451
 CID#:
 Dept: 0608

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9059571	72	370.98	Y	N	
Grand Total	72	370.98			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		72	ctns	370.98		Sheet Set & Pillowcase	49390 Sub 4	175
2		72		470.98		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

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:

By Shipper
 By Driver

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

Customer: MACYS HOME BAILEY RD DC

Ship Date: 08/17/2022

SHIP FROM:
 E & E COMPANY LTD
 221 HANSON WAY
 WOODLAND, CA 95776

BILL TO:
 MACY'S HOME MMG
 2101 EAST KEMPER ROAD
 CINCINNATI, OH 45241
 US

SHIP TO:
 MACYS HOME BAILEY RD DC
 300 SOUTH BAILEY ROAD
 NORTH JACKSON, OH 44451
 US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9059571	10015992500	MCG22-3967	766390097784	Ellie Body Pillow	EA	4	72	18	72	18
9059571	10015992300	MCG22-3968	766390097777	Gigi Body Pillow	EA	4	72	18	72	18
9059571	10015992200	MCG22-3969	766390097760	Dino Body Pillow	EA	4	72	18	72	18
9059571	10015992100	MCG22-3970	766390097753	Daisy Body Pillow	EA	4	72	18	72	18

Total Weight: 370.98
 Total Quantity Ordered: 288
 Total Cartons Ordered: 72
 Total Quantity Shipped: 288
 Total Cartons Shipped: 72

Date: 8/17/2022 9:56:43 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR: FOB:

SHIP TO

Name: Macys Home Store Hayward DC Location #: HA
 Address: 28701 Hall Road

City/State/Zip: Hayward, CA 94545

CID#:

Dept: 0602 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 52591700

Packing List is Attached

Bill of Lading Number: 06757163000721665



(402)06757163000721665

CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA199749

Seal number(s): 44369130

SCAC: SCNN

Pro Number: N/A

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

Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached
 (check box) underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4360656	2	8.80	Y N	
Grand Total	2	8.80		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	8.80		Shower curtain	49385	77.5
1		2		58.80		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

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:

 By Shipper By Driver

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

Customer: MACYS HOME STORE HAYWARD DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201
US

SHIP TO:

MACYS HOME STORE HAYWARD DC
28701 HALL ROAD
HAYWARD, CA 94545
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4360656	MCH70977	MCH70-977	086569111128	Paris Shower Curtain	EA	3	6	2	6	2

Total Weight: 8.8
 Total Quantity Ordered: 6
 Total Cartons Ordered: 2
 Total Quantity Shipped: 6
 Total Cartons Shipped: 2

Date: 8/17/2022 9:56:47 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757163000721788



CARRIER NAME: Schneider
 Responsible Acct.No:

SHIP TO

Name: Macys Home Tukwila DC Location #: TU
 Address: 17000 Southcenter Parkway
 City/State/Zip: Tukwila, WA 98188
 CID#:
 Dept: 0609

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4360821	1	20.28	Y	N	
4361074	72	272.13	Y	N	
Grand Total	73	292.41			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	20.28		Comforters, Bedspreads	49017	200
		10	ctns	44.92		Sheet Set & Pillowcase	49390 Sub 4	175
		62	ctns	227.21		Mattress Pads	149265	100
1		73		342.41		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

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

Customer: MACYS HOME TUKWILA DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4360821	100105523FQ	MCG10-1850	732999837151	Dual Warmth Comforter	EA	2	2	1	2	1
4361074	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	30	15	30	15
4361074	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	22	11	22	11
4361074	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	46	23	46	23
4361074	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	26	13	26	13
4361074	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	36	6	36	6
4361074	100058083KG	MCG21-1049	706258616337	Pillow Cover	EA	6	24	4	24	4

Total Weight: 292.41
 Total Quantity Ordered: 186
 Total Cartons Ordered: 73
 Total Quantity Shipped: 186
 Total Cartons Shipped: 73

Date: 8/17/2022 9:56:52 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000721863



CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA199749

Seal number(s): 44369130

SCAC: SCNN

Pro Number: N/A

SHIP TO

Name: Macys Home Hayward DC Location #: HA
 Address: 28701 Hall Road

City/State/Zip: Hayward, CA 94545

CID#:

Dept: 0608

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 52591700

Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9059571	88	453.42	Y N	
Grand Total	88	453.42		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		88	ctns	453.42		Sheet Set & Pillowcase	49390 Sub 4	175
3		88		603.42		Grand Total		

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

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

per _____

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

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:

 By Shipper By Driver

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

Customer: MACYS HOME HAYWARD DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME HAYWARD DC
28701 HALL ROAD
HAYWARD, CA 94545
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9059571	10015992500	MCG22-3967	766390097784	Ellie Body Pillow	EA	4	88	22	88	22
9059571	10015992300	MCG22-3968	766390097777	Gigi Body Pillow	EA	4	88	22	88	22
9059571	10015992200	MCG22-3969	766390097760	Dino Body Pillow	EA	4	88	22	88	22
9059571	10015992100	MCG22-3970	766390097753	Daisy Body Pillow	EA	4	88	22	88	22

Total Weight: 453.42
 Total Quantity Ordered: 352
 Total Cartons Ordered: 88
 Total Quantity Shipped: 352
 Total Cartons Shipped: 88

Date: 8/17/2022 9:56:56 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757163000721887



CARRIER NAME: Schneider

Responsible Acct.No:

SHIP TO

Name: Macys Home Joppa DC Location #: JP
 Address: 3300 Fashion Way
 City/State/Zip: Joppa, MD 21085
 CID#:
 Dept: 0608

Trailer number: TA199749

Seal number(s): 44369130

SCAC: SCNN

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9059571	68	350.37	Y N	
Grand Total	68	350.37		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		68	ctns	350.37		Sheet Set & Pillowcase	49390 Sub 4	175
2		68		450.37		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

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:

 By Shipper
 By Driver

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

Customer: MACYS HOME JOPPA DC

Ship Date: 08/17/2022

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME JOPPA DC
3300 FASHION WAY
JOPPA, MD 21085
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9059571	10015992500	MCG22-3967	766390097784	Ellie Body Pillow	EA	4	68	17	68	17
9059571	10015992300	MCG22-3968	766390097777	Gigi Body Pillow	EA	4	68	17	68	17
9059571	10015992200	MCG22-3969	766390097760	Dino Body Pillow	EA	4	68	17	68	17
9059571	10015992100	MCG22-3970	766390097753	Daisy Body Pillow	EA	4	68	17	68	17

Total Weight:	350.37
Total Quantity Ordered:	272
Total Cartons Ordered:	68
Total Quantity Shipped:	272
Total Cartons Shipped:	68

Date: 8/17/2022 9:57:00 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000721856



CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA199749

Seal number(s): 44369130

SCAC: SCNN

Pro Number: N/A

SHIP TO

Name: Macys Home Denver DC Location #: DV
 Address: 510 East 51st Ave

City/State/Zip: Devnver, CO 80216

CID#:

Dept: 0608

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 52591700

Packing List is Attached

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

Prepaid: Collect: X 3rd Party:



(check box)

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9059571	16	82.44	Y	N	
Grand Total	16	82.44			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	82.44		Sheet Set & Pillowcase	49390 Sub 4	175
1		16		132.44		Grand Total		

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

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

per _____

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

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:

 By Shipper By Driver

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

Customer: MACYS HOME DENVER DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME DENVER DC
510 EAST 51ST AVE
DEVNVER, CO 80216
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9059571	10015992500	MCG22-3967	766390097784	Ellie Body Pillow	EA	4	16	4	16	4
9059571	10015992300	MCG22-3968	766390097777	Gigi Body Pillow	EA	4	16	4	16	4
9059571	10015992200	MCG22-3969	766390097760	Dino Body Pillow	EA	4	16	4	16	4
9059571	10015992100	MCG22-3970	766390097753	Daisy Body Pillow	EA	4	16	4	16	4

Total Weight:	82.44
Total Quantity Ordered:	64
Total Cartons Ordered:	16
Total Quantity Shipped:	64
Total Cartons Shipped:	16

Date: 8/17/2022 9:57:04 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000721740



CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA199749

Seal number(s): 44369130

SCAC: SCNN

Pro Number: N/A

SHIP TO

Name: Macys Home Goodyear DC Location #: AZ
 Address: 16575 West Commerce Lane

City/State/Zip: Goodyear, AZ 85338

CID#:

Dept: 0614

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 52591700

Packing List is Attached

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

Prepaid:

Collect: X

3rd Party:



(check box)

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time

AM

PM

Actual Driver Arrival Time

AM

PM

Driver Departure Time

AM

PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4361074	14	52.19	Y N	
Grand Total	14	52.19		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	52.19		Mattress Pads	149265	100
1		14		102.19		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

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:

 By Shipper By Driver

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

Customer: MACYS HOME GOODYEAR DC

Ship Date: 08/17/2022

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME GOODYEAR DC
16575 WEST COMMERCE LANE
GOODYEAR, AZ 85338
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4361074	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	4	2	4	2
4361074	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	8	4	8	4
4361074	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	10	5	10	5
4361074	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	6	3	6	3

Total Weight: 52.19
 Total Quantity Ordered: 28
 Total Cartons Ordered: 14
 Total Quantity Shipped: 28
 Total Cartons Shipped: 14

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757163000721917



CARRIER NAME: Schneider
 Responsible Acct.No:

SHIP TO

Name: Macys Home South Windsor DC Location #: SW
 Address: 301 Governors Hwy

City/State/Zip: South Windsor, CT 06074
 CID#:
 Dept: 0608 FOB:

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9059571	52	267.93	Y N	
Grand Total	52	267.93		

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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		52	ctns	267.93		Sheet Set & Pillowcase	49390 Sub 4	175
2		52		367.93		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

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

Customer: MACYS HOME SOUTH WINDSOR DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME SOUTH WINDSOR DC
301 GOVERNORS HWY
SOUTH WINDSOR, CT 06074
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9059571	10015992500	MCG22-3967	766390097784	Ellie Body Pillow	EA	4	52	13	52	13
9059571	10015992300	MCG22-3968	766390097777	Gigi Body Pillow	EA	4	52	13	52	13
9059571	10015992200	MCG22-3969	766390097760	Dino Body Pillow	EA	4	52	13	52	13
9059571	10015992100	MCG22-3970	766390097753	Daisy Body Pillow	EA	4	52	13	52	13

Total Weight:	267.93
Total Quantity Ordered:	208
Total Cartons Ordered:	52
Total Quantity Shipped:	208
Total Cartons Shipped:	52

Date: 8/17/2022 9:57:13 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

FOB:

Bill of Lading Number: 06757163000721900



CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA199749

Seal number(s): 44369130

SCAC: SCNN

Pro Number: N/A

SHIP TO

Name: Macys Home Stone Mountain DC Location #: ST
 Address: 4401 Sarr Parkway
 City/State/Zip: Stone Mountain, GA 30083
 CID#:
 Dept: 0608

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9059571	152	783.18	Y N	
Grand Total	152	783.18		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		152	ctns	783.18		Sheet Set & Pillowcase	49390 Sub 4	175
5		152		1033.18		Grand Total		

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

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

per _____

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

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:

 By Shipper
 By Driver

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

Customer: MACYS HOME STONE MOUNTAIN DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME STONE MOUNTAIN DC
4401 SARR PARKWAY
STONE MOUNTAIN, GA 30083
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9059571	10015992500	MCG22-3967	766390097784	Ellie Body Pillow	EA	4	152	38	152	38
9059571	10015992300	MCG22-3968	766390097777	Gigi Body Pillow	EA	4	152	38	152	38
9059571	10015992200	MCG22-3969	766390097760	Dino Body Pillow	EA	4	152	38	152	38
9059571	10015992100	MCG22-3970	766390097753	Daisy Body Pillow	EA	4	152	38	152	38

Total Weight: 783.18
 Total Quantity Ordered: 608
 Total Cartons Ordered: 152
 Total Quantity Shipped: 608
 Total Cartons Shipped: 152

Date: 8/17/2022 9:57:18 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000721658



CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA199749

Seal number(s): 44369130

SCAC: SCNN

Pro Number: N/A

SHIP TO

Name: Macys Home Store Los Angeles Location #: Cl
 DC

Address: 15541 East Gale Avenue

City/State/Zip: City of Industry, CA 91745

CID#:

Dept: 0602

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 52591700

Packing List is Attached

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

Prepaid:

Collect: X

3rd Party:

(check box)

Master Bill of Lading: with attached
 underlying Bills of Lading

Appointment Time

AM

PM

Actual Driver Arrival Time

AM

PM

Driver Departure Time

AM

PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4360656	5	35.90	Y	N	
Grand Total	5	35.90			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	35.90		Shower curtain	49385	77.5
1		5		85.90		Grand Total		

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

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

per _____

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

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:

 By Shipper By Driver

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

Customer: MACYS HOME STORE LOS ANGELES DC

Ship Date: 08/17/2022

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201
US

SHIP TO:
MACYS HOME STORE LOS ANGELES DC
15541 EAST GALE AVENUE
CITY OF INDUSTRY, CA 91745
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4360656	N/A	MCH70-1141	086569170408	Elm Waffle Shower Curtain	EA	3	3	1	3	1
4360656	N/A	MCH70-2441	086569504395	Elm waffle Shower Curtain	EA	3	6	2	6	2
4360656	MCH70977	MCH70-977	086569111128	Paris Shower Curtain	EA	3	3	1	3	1
4360656	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1

Total Weight: 35.9
 Total Quantity Ordered: 15
 Total Cartons Ordered: 5
 Total Quantity Shipped: 15
 Total Cartons Shipped: 5

Date: 8/17/2022 9:57:22 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757163000721849



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Los Angeles DC Location #: CI
 Address: 15541 East Gale Ave
 City/State/Zip: City of Industry, CA 91745
 CID#: _____
 Dept: 0608

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: _____ Collect: **X** 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9059571	220	1133.55	Y N	
Grand Total	220	1133.55		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		220	ctns	1133.55		Sheet Set & Pillowcase	49390 Sub 4	175
6		220		1433.55		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

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

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:

By Shipper
 By Driver

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

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 08/17/2022

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME LOS ANGELES DC
15541 EAST GALE AVE
CITY OF INDUSTRY, CA 91745
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9059571	10015992500	MCG22-3967	766390097784	Ellie Body Pillow	EA	4	220	55	220	55
9059571	10015992300	MCG22-3968	766390097777	Gigi Body Pillow	EA	4	220	55	220	55
9059571	10015992200	MCG22-3969	766390097760	Dino Body Pillow	EA	4	220	55	220	55
9059571	10015992100	MCG22-3970	766390097753	Daisy Body Pillow	EA	4	220	55	220	55

Total Weight:	1133.55
Total Quantity Ordered:	880
Total Cartons Ordered:	220
Total Quantity Shipped:	880
Total Cartons Shipped:	220

Date: 8/17/2022 9:57:27 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: _____

FOB:

Bill of Lading Number: 06757163000721894



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Secaucus DC Location #: SC
 Address: 500 Meadowlands Parkway
 City/State/Zip: Secaucus, NJ 07094
 CID#: _____
 Dept: 0608

FOB:

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9059571	135	695.72	Y	N	
Grand Total	135	695.72			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		135	ctns	695.72		Sheet Set & Pillowcase	49390 Sub 4	175
5		135		945.72		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

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

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

Trailer Loaded:

By Shipper
 By Driver

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

Customer: MACYS HOME SECAUCUS DC

Ship Date: 08/17/2022

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME SECAUCUS DC
500 MEADOWLANDS PARKWAY
SECAUCUS, NJ 07094
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9059571	10015992500	MCG22-3967	766390097784	Ellie Body Pillow	EA	4	132	33	132	33
9059571	10015992300	MCG22-3968	766390097777	Gigi Body Pillow	EA	4	136	34	136	34
9059571	10015992200	MCG22-3969	766390097760	Dino Body Pillow	EA	4	136	34	136	34
9059571	10015992100	MCG22-3970	766390097753	Daisy Body Pillow	EA	4	136	34	136	34

Total Weight:	695.72
Total Quantity Ordered:	540
Total Cartons Ordered:	135
Total Quantity Shipped:	540
Total Cartons Shipped:	135

Date: 8/17/2022 9:57:31 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757163000721726



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Hayward DC Location #: HA
 Address: 28701 Hall Road
 City/State/Zip: Hayward, CA 94545
 CID#: _____
 Dept: 0614

Trailer number: TA199749
 Seal number(s): 44369130

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 52591700
 Packing List is Attached

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

Prepaid: Collect: X 3rd Party: _____

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

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4361217	30	380.00	Y	N	
Grand Total	30	380.00			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		30	ctns	380.00		Mattress Pads	149265	100
1		30		430.00		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

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

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:

By Shipper
 By Driver

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

Customer: MACYS HOME HAYWARD DC

Ship Date: 08/17/2022

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME HAYWARD DC
28701 HALL ROAD
HAYWARD, CA 94545
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4361217	SLPSC1F03	MCG16-1857	086569373069	F MS 300TC Quilted Mattress Pa	EA	2	4	2	4	2
4361217	SLPSC1Q04	MCG16-1858	086569373076	Q MS 300TC Quilted Mattress Pa	EA	2	16	8	16	8
4361217	SLPSC2Q09	MCG16-1864	086569373137	Q MS 300TC Waterproof Mattress	EA	2	40	20	40	20

Total Weight: 380
 Total Quantity Ordered: 60
 Total Cartons Ordered: 30
 Total Quantity Shipped: 60
 Total Cartons Shipped: 30

Date: 8/17/2022 9:57:36 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#:

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000721924



CARRIER NAME: Schneider

Responsible Acct.No:

SHIP TO

Name: Macys Home Tukwila DC Location #: TU
 Address: 17000 Southcenter Parkway

City/State/Zip: Tukwila, WA 98188

CID#:

Dept: 0608

FOB:

Trailer number: TA199749

Seal number(s): 44369130

SCAC: SCNN

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 52591700

Packing List is Attached

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

Prepaid:

Collect: X

3rd Party:

 (check box)

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time

AM

PM

Actual Driver Arrival Time

AM

PM

Driver Departure Time

AM

PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9059571	48	247.32	Y	N	
Grand Total	48	247.32			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		48	ctns	247.32		Sheet Set & Pillowcase	49390 Sub 4	175
2		48		347.32		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

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:

 By Shipper By Driver

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

Customer: MACYS HOME TUKWILA DC

Ship Date: 08/17/2022

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9059571	10015992500	MCG22-3967	766390097784	Ellie Body Pillow	EA	4	48	12	48	12
9059571	10015992300	MCG22-3968	766390097777	Gigi Body Pillow	EA	4	48	12	48	12
9059571	10015992200	MCG22-3969	766390097760	Dino Body Pillow	EA	4	48	12	48	12
9059571	10015992100	MCG22-3970	766390097753	Daisy Body Pillow	EA	4	48	12	48	12

Total Weight:	247.32
Total Quantity Ordered:	192
Total Cartons Ordered:	48
Total Quantity Shipped:	192
Total Cartons Shipped:	48