

Date: 3/8/2023 10:31:00 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000780303	
Name: <b>E &amp; E COMPANY LTD</b>	Address: <b>221 Hanson Way</b>	City/State/Zip: <b>Woodland, CA 95776</b>	SID#: _____ FOB: <input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME: Schneider</b>	
Name: <b>Macys /Bloom Consolidation Center</b>	DC#: _____ Div. _____	Trailer number: <b>TA178512</b>	Seal number(s): <b>44369983</b>
Address: <b>14141 Alondra Boulevard</b>	City/State/Zip: <b>Santa Fe Spgs, CA 90670</b>	SCAC: <b>SCNN</b>	Pro Number: <b>N/A</b>
SID#: _____ FOB: <input type="checkbox"/>	<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
Name: _____	Freight Charge Terms:		
Address: _____	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
City/State/Zip: _____	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING		
<b>SPECIAL INSTRUCTIONS:</b>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: <b>53065494</b>	9:00 AM PM	9:30 AM PM	10:45 AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
7041873	145	638.00	Y	N	06757163000779437	AZ
7041873	60	264.00	Y	N	06757163000779444	BA
7041873	97	426.80	Y	N	06757163000779451	OK
7041884	4	17.60	Y	N	06757163000779468	AZ
7041884	10	44.00	Y	N	06757163000779475	BA
7041884	27	118.80	Y	N	06757163000779482	CI
7041884	26	114.40	Y	N	06757163000779499	CL
7041884	3	13.20	Y	N	06757163000779505	DV
7041884	5	22.00	Y	N	06757163000779512	HA
7041884	10	44.00	Y	N	06757163000779529	HU
7041884	22	96.80	Y	N	06757163000779536	JP
7041884	24	105.60	Y	N	06757163000779543	SC
7041884	34	149.60	Y	N	06757163000779550	ST

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.

<b>SHIPPER SIGNATURE / DATE</b> 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. 	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.  <b>3-8-23</b>
	<b>Shipper Signature</b>		

Date: 3/8/2023 10:31:00 AM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000780303
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	Trailer number: TA178512
City/State/Zip:	Santa Fe Spgs, CA 90670	Seal number(s): 44369983
SID#:		SCAC: SCNN
		Pro Number: N/A
		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 UNDERLYING BILLS OF LANDING		
City/State/Zip:				
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 53065494		AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
7041884	20	88.00	Y	N	06757163000779567	SW	
8204067	1	8.59	Y	N	06757163000779383	AZ	
8204067	4	25.75	Y	N	06757163000779390	CI	
8204067	2	11.44	Y	N	06757163000779406	JP	
8204067	2	11.44	Y	N	06757163000779413	SC	
8204067	2	11.44	Y	N	06757163000779420	ST	
8233437	3	28.53	Y	N	06757163000779574	BA	
8233437	1	9.47	Y	N	06757163000779581	CI	
8233437	2	19.06	Y	N	06757163000779598	CL	
8233437	3	28.53	Y	N	06757163000779604	HA	
8233437	1	9.53	Y	N	06757163000779611	JP	
8233437	4	37.94	Y	N	06757163000779628	SC	
8233437	3	28.59	Y	N	06757163000779635	ST	

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 _____"	<b>COD Amount \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>
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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

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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Date: 3/8/2023 10:31:00 AM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000780303
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	Trailer number: TA178512
		Seal number(s): 44369983
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: SCNN
SID#:		Pro Number: N/A
		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 UNDERLYING BILLS OF LANDING		
City/State/Zip:		(check box)		
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 53065494		AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	DC#	Supplier#
8360938	596	5645.50	Y	N	06757163000779376	AZ	
<b>Grand Total</b>	1111	8018.61					

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
35	Pallet			1750.00		Pallet		70
		596	ctns	5645.50		Comforters, Bedspreads	49017	200
		17	ctns	161.65		Mattress Pads	149265	100
		498	ctns	2211.46		Shower curtain	49385	77.5
35				9768.61		<b>Grand Total</b>		

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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.  
Shipper Signature

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779468	
Name: E & E COMPANY LTD		 (402)06757163000779468	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA178512	
Name: Macys Home Store Goodyear DC Location #: AZ		Seal number(s): 44369983	
Address: 16575 West Commerce Drive		SCAC: SCNN	
City/State/Zip: Goodyear, AZ 85338		Pro Number: N/A	
CID#:			
Dept: 0602			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 53065494		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7041884	4	17.60	Y N	
<b>Grand Total</b>	4	17.60		

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		
		4	ctns	17.60		Shower curtain	49385	77.5
1		4		67.60		<b>Grand Total</b>		

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<b>COD Amount:</b> _____
Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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**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.

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

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency 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:** 03/08/2023

**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 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
7041884	N/A	MCH70-3777	022164118568	Blake Shower Curtain	EA	3	12	4	12	4

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**Total Weight:** 17.6  
**Total Quantity Ordered:** 12  
**Total Cartons Ordered:** 4  
**Total Quantity Shipped:** 12  
**Total Cartons Shipped:** 4

# Bill Of Lading

<b>SHIP FROM</b>		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		Bill of Lading Number: 06757163000779604   (402)06757163000779604	
<b>SHIP TO</b>		Name: Macys Home Hayward DC Location #: HA Address: 28701 Hall Road  City/State/Zip: Hayward, CA 94545 CID#: _____ Dept: 0614 FOB: <input type="checkbox"/>		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA178512 Seal number(s): 44369983 SCAC: SCNN Pro Number: N/A	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Name: _____ Address: _____  City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 53065494 Packing List is Attached		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	
8233437	3	28.53	Y N		
<b>Grand Total</b>	3	28.53			

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		
		3	ctns	28.53		Mattress Pads	149265	100
1		3		78.53		<b>Grand Total</b>		

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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.

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 \_\_\_\_\_  
**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.

**Customer:** MACYS HOME HAYWARD DC

**Ship Date:** 03/08/2023

**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
8233437	SLPSC2T07	MCG16-1861	086569373106	T MS 300TC Waterproof Mattress	EA	2	4	2	4	2
8233437	100069116TW	MCG16-1867	732996252728	T MS 233TC Cool to Touch Matr	EA	2	2	1	2	1

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**Total Weight:** 28.53  
**Total Quantity Ordered:** 6  
**Total Cartons Ordered:** 3  
**Total Quantity Shipped:** 6  
**Total Cartons Shipped:** 3

<b>SHIP FROM</b>		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Bill of Lading Number: 06757163000779598   (402)06757163000779598	
<b>SHIP TO</b>		Name: Macys Home Minooka DC      Location #: CL Address: 601 Midpoint Rd.  City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0614		CARRIER NAME: Schneider Responsible Acct.No: _____  Trailer number: TA178512 Seal number(s): 44369983 SCAC: SCNN Pro Number: N/A	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Name: _____ Address: _____  City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 53065494  Packing List is Attached		Appointment Time AM      PM		Actual Driver Arrival Time AM      PM	
		Driver Departure Time AM      PM		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
8233437	2	19.06	Y    N		
<b>Grand Total</b>	2	19.06			

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	19.06		Mattress Pads	149265	100
1		2		69.06		<b>Grand Total</b>		

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

<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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.

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

Customer: MACYS HOME MINOOKA DC

Ship Date: 03/08/2023

**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 MINOOKA DC  
601 MIDPOINT RD.  
MINOOKA, IL 60447  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
8233437	SLPSC2T07	MCG16-1861	086569373106	T MS 300TC Waterproof Mattress	EA	2	4	2	4	2

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Total Weight: 19.06  
 Total Quantity Ordered: 4  
 Total Cartons Ordered: 2  
 Total Quantity Shipped: 4  
 Total Cartons Shipped: 2

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779437	
Name: E & E COMPANY LTD		 (402)06757163000779437	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schneider	
<b>SHIP TO</b>		Responsible Acct.No:	
Name: Macys Home Store Goodyear DC Location #: AZ		Trailer number: TA178512	
Address: 16575 West Commerce Drive		Seal number(s): 44369983	
City/State/Zip: Goodyear, AZ 85338		SCAC: SCNN	
CID#:		Pro Number: N/A	
Dept: 0602			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS: Load #: 53065494 Packing List is Attached		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7041873	145	638.00	Y N	
<b>Grand Total</b>	145	638.00		

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		
		145	ctns	638.00		Shower curtain	49385	77.5
1		145		688.00		<b>Grand Total</b>		

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 \_\_\_\_\_

<b>COD Amount:</b> _____
<b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
<b>Customer check acceptable:</b> <input type="checkbox"/>

**NOTE Liability Limitation for loss or damage in 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**

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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**Customer:** MACYS HOME STORE GOODYEAR DC

**Ship Date:** 03/08/2023

**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
7041873	N/A	MCC70-3785	022164118568	Blake Shower Curtain	EA	3	435	145	435	145

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**Total Weight:** 638  
**Total Quantity Ordered:** 435  
**Total Cartons Ordered:** 145  
**Total Quantity Shipped:** 435  
**Total Cartons Shipped:** 145

<b>SHIP FROM</b>		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000779611										
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000779611										
SID#: _____		PHONE: _____												
VENDOR: _____		FOB: <input type="checkbox"/>		<b>CARRIER NAME:</b> Schneider										
<b>SHIP TO</b>		Name: Macys Home Joppa DC		Trailer number: TA178512										
Address: 3300 Fashion Way		City/State/Zip: Joppa, MD 21085		Seal number(s): 44369983										
CID#: _____		Dept: 0614		<b>SCAC:</b> SCNN										
		FOB: <input type="checkbox"/>		<b>Pro Number:</b> N/A										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>												
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>												
Address: _____		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading												
City/State/Zip: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>				Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time												
AM	AM	AM												
PM	PM	PM												
SPECIAL INSTRUCTIONS: Load #: 53065494		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>				Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time												
AM	AM	AM												
PM	PM	PM												
Packing List is Attached														

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
8233437	1	9.53	Y N		
<b>Grand Total</b>	1	9.53			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	9.53		Mattress Pads	149265	100
1		1		59.53		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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**Customer:** MACYS HOME JOPPA DC

**Ship Date:** 03/08/2023

**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
8233437	SLPSC2T07	MCG16-1861	086569373106	T MS 300TC Waterproof Mattress	EA	2	2	1	2	1


---

<b>Total Weight:</b>	9.53
<b>Total Quantity Ordered:</b>	2
<b>Total Cartons Ordered:</b>	1
<b>Total Quantity Shipped:</b>	2
<b>Total Cartons Shipped:</b>	1

Date: 3/8/2023 10:29:22 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Goodyear DC Location #: AZ
Address:	221 Hanson Way	Address:	16575 West Commerce Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000779383		CARRIER NAME: Schneider	
		Responsible Acct.No:	
(402)06757163000779383		Trailer number: TA178512	
		Seal number(s): 44369983	
		SCAC: SCNN	
		Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 53065494		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	AM
		PM	PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8204067	1	8.59	Y N	
<b>Grand Total</b>	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		<b>Grand Total</b>		

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:** 03/08/2023

**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 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
8204067	N/A	MCH70-2441	086569504395	Elm waffle Shower Curtain	EA	3	3	1	3	1

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

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779512										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000779512										
<b>SHIP TO</b>		CARRIER NAME: Schneider										
Name: Macys Home Store Hayward DC Location #: HA Address: 28701 Hall Road City/State/Zip: Hayward, CA 94545 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA178512 Seal number(s): 44369983 SCAC: SCNN Pro Number: N/A										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 53065494 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Appointment Time</th> <th style="width: 25%;">Actual Driver Arrival Time</th> <th style="width: 25%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
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
7041884	5	22.00	Y N	
<b>Grand Total</b>	5	22.00		

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		
		5	ctns	22.00		Shower curtain	49385	77.5
1		5		72.00		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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.  <p style="text-align: right;"><b>Shipper Signature</b></p>	<b>SHIPPER SIGNATURE / DATE</b> 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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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:** 03/08/2023

**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
7041884	N/A	MCH70-3777	022164118568	Blake Shower Curtain	EA	3	15	5	15	5

---

<b>Total Weight:</b>	22
<b>Total Quantity Ordered:</b>	15
<b>Total Cartons Ordered:</b>	5
<b>Total Quantity Shipped:</b>	15
<b>Total Cartons Shipped:</b>	5

**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: 06757163000779406  
  
 (402)06757163000779406

**SHIP TO**  
 Name: Macys Home Store Joppa DC Location #: JP  
 Address: 3300 Fashion Way  
 City/State/Zip: Joppa, MD 21085  
 CID#: \_\_\_\_\_  
 Dept: 0602 FOB:

**CARRIER NAME:** Schneider  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: TA178512  
 Seal number(s): 44369983  
**SCAC:** SCNN  
**Pro Number:** N/A

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:**  
 Load #: 53065494  
 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
8204067	2	11.44	Y N	
<b>Grand Total</b>	2	11.44		

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		
		2	ctns	11.44		Shower curtain	49385	77.5
1		2		61.44		<b>Grand Total</b>		

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 JOPPA DC

**Ship Date:** 03/08/2023

**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 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
8204067	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	6	2	6	2

---

**Total Weight:** 11.44  
**Total Quantity Ordered:** 6  
**Total Cartons Ordered:** 2  
**Total Quantity Shipped:** 6  
**Total Cartons Shipped:** 2

**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: 06757163000779390  
  
 (402)06757163000779390

**SHIP TO**  
 Name: Macys Home Store Los Angeles Location #: CI DC  
 Address: 15541 East Gale Avenue  
 City/State/Zip: City of Industry, CA 91745  
 CID#: \_\_\_\_\_  
 Dept: 0602 FOB:

**CARRIER NAME:** Schneider  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: TA178512  
 Seal number(s): 44369983

**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 #: 53065494  
 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
8204067	4	25.75	Y N	
<b>Grand Total</b>	4	25.75		

**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		
		4	ctns	25.75		Shower curtain	49385	77.5
1		4		75.75		<b>Grand Total</b>		

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:** 03/08/2023

**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
8204067	N/A	MCH70-2441	086569504395	Elm waffle Shower Curtain	EA	3	3	1	3	1
8204067	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	9	3	9	3

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<b>Total Weight:</b>	25.75
<b>Total Quantity Ordered:</b>	12
<b>Total Cartons Ordered:</b>	4
<b>Total Quantity Shipped:</b>	12
<b>Total Cartons Shipped:</b>	4

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779444	
Name: E & E COMPANY LTD		 (402)06757163000779444	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		<b>CARRIER NAME:</b> Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA178512	
Name: Macys Home Store North Jackson Location #: BA DC		Seal number(s): 44369983	
Address: 300 South Bailey Road		<b>SCAC:</b> SCNN	
City/State/Zip: North Jackson, OH 44451		<b>Pro Number:</b> N/A	
CID#:			
Dept: 0602			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 53065494		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
7041873	60	264.00	Y N	
<b>Grand Total</b>	60	264.00		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		60	ctns	264.00		Shower curtain	49385	77.5
1		60		314.00		<b>Grand Total</b>		

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 \_\_\_\_\_

<b>COD Amount:</b> _____
<b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
<b>Customer check acceptable:</b> <input type="checkbox"/>

**NOTE Liability Limitation for loss or damage in 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.

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

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

**Customer:** MACYS HOME STORE NORTH JACKSON DC

**Ship Date:** 03/08/2023

**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 NORTH JACKSON  
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
7041873	N/A	MCC70-3785	022164118568	Blake Shower Curtain	EA	3	180	60	180	60

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**Total Weight:** 264  
**Total Quantity Ordered:** 180  
**Total Cartons Ordered:** 60  
**Total Quantity Shipped:** 180  
**Total Cartons Shipped:** 60

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779475										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000779475										
VENDOR: _____ FOB: <input type="checkbox"/>		CARRIER NAME: Schneider Responsible Acct.No: _____										
<b>SHIP TO</b>		Trailer number: TA178512 Seal number(s): 44369983										
Name: Macys Home Store Bailey Rd. DC Location #: BA Address: 300 South Bailey Road City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0602 FOB: <input type="checkbox"/>		SCAC: SCNN Pro Number: N/A										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____										
SPECIAL INSTRUCTIONS: Load #: 53065494 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 25%;">Appointment Time</th> <th style="width: 25%;">Actual Driver Arrival Time</th> <th style="width: 25%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
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
7041884	10	44.00	Y N	
<b>Grand Total</b>	10	44.00		

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		
		10	ctns	44.00		Shower curtain	49385	77.5
1		10		94.00		<b>Grand Total</b>		

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 BAILEY RD. DC

**Ship Date:** 03/08/2023

**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 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
7041884	N/A	MCH70-3777	022164118568	Blake Shower Curtain	EA	3	30	10	30	10

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**Total Weight:** 44  
**Total Quantity Ordered:** 30  
**Total Cartons Ordered:** 10  
**Total Quantity Shipped:** 30  
**Total Cartons Shipped:** 10

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779536	
Name: E & E COMPANY LTD		 (402)06757163000779536	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		<b>CARRIER NAME:</b> Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA178512	
Name: Macys Home Store Joppa DC Location #: JP		Seal number(s): 44369983	
Address: 3300 Fashion Way		<b>SCAC:</b> SCNN	
City/State/Zip: Joppa, MD 21085		<b>Pro Number:</b> N/A	
CID#:			
Dept: 0602			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name:		<b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> X <b>3rd Party:</b>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	
Load #: 53065494		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7041884	22	96.80	Y N	
<b>Grand Total</b>	22	96.80		

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		
		22	ctns	96.80		Shower curtain	49385	77.5
1		22		146.80		<b>Grand Total</b>		

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 JOPPA DC

Ship Date: 03/08/2023

**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 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
7041884	N/A	MCH70-3777	022164118568	Blake Shower Curtain	EA	3	66	22	66	22

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**Total Weight:** 96.8  
**Total Quantity Ordered:** 66  
**Total Cartons Ordered:** 22  
**Total Quantity Shipped:** 66  
**Total Cartons Shipped:** 22

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779420	
Name: E & E COMPANY LTD		 (402)06757163000779420	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA178512	
Name: Macys Home Store Stone Mountain DC		Seal number(s): 44369983	
Address: 4401 Sarr Parkway		SCAC: SCNN	
City/State/Zip: Stone Mountain, GA 30083		Pro Number: N/A	
CID#:			
Dept: 0602			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM AM AM	
Load #: 53065494		PM PM PM	
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8204067	2	11.44	Y N	
<b>Grand Total</b>	2	11.44		

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		
		2	ctns	11.44		Shower curtain	49385	77.5
1		2		61.44		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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**Customer:** MACYS HOME STORE STONE MOUNTAIN DC

**Ship Date:** 03/08/2023

**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 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
8204067	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	6	2	6	2

<b>Total Weight:</b>	11.44
<b>Total Quantity Ordered:</b>	6
<b>Total Cartons Ordered:</b>	2
<b>Total Quantity Shipped:</b>	6
<b>Total Cartons Shipped:</b>	2

Date: 3/8/2023 10:29:57 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779413	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000779413	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home Store Secaucus DC Location #: SC Address: 500 Meadowlands Parkway City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA178512 Seal number(s): 44369983	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN Pro Number: N/A	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 53065494 Packing List is Attached		Prepaid: <input type="checkbox"/> Collect: <b>X</b> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> (check box)      Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8204067	2	11.44	Y N	
<b>Grand Total</b>	2	11.44		

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		
		2	ctns	11.44		Shower curtain	49385	77.5
1		2		61.44		<b>Grand Total</b>		

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 STORE SECAUCUS DC

**Ship Date:** 03/08/2023

**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 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
8204067	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	6	2	6	2

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<b>Total Weight:</b>	11.44
<b>Total Quantity Ordered:</b>	6
<b>Total Cartons Ordered:</b>	2
<b>Total Quantity Shipped:</b>	6
<b>Total Cartons Shipped:</b>	2

Date: 3/8/2023 10:30:01 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779635	
Name: E & E COMPANY LTD		 (402)06757163000779635	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		<b>CARRIER NAME:</b> Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA178512	
Name: Macys Home Stone Mountain DC Location #: ST		Seal number(s): 44369983	
Address: 4401 Sarr Parkway		<b>SCAC:</b> SCNN	
City/State/Zip: Stone Mountain, GA 30083		<b>Pro Number:</b> N/A	
CID#:			
Dept: 0614			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name:		<b>Prepaid:</b>	
Address:		<b>Collect: X</b>	
City/State/Zip:		<b>3rd Party:</b>	
SPECIAL INSTRUCTIONS: Load #: 53065494  Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		<input type="checkbox"/> (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8233437	3	28.59	Y N	
<b>Grand Total</b>	3	28.59		

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		
		3	ctns	28.59		Mattress Pads	149265	100
1		3		78.59		<b>Grand Total</b>		

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 \_\_\_\_\_

<b>COD Amount:</b> _____
<b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
<b>Customer check acceptable:</b> <input type="checkbox"/>

**NOTE Liability Limitation for loss or damage in 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.

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

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

**Customer:** MACYS HOME STONE MOUNTAIN DC

**Ship Date:** 03/08/2023

**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
8233437	SLPSC2T07	MCG16-1861	086569373106	T MS 300TC Waterproof Mattress	EA	2	6	3	6	3

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**Total Weight:** 28.59  
**Total Quantity Ordered:** 6  
**Total Cartons Ordered:** 3  
**Total Quantity Shipped:** 6  
**Total Cartons Shipped:** 3

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779529	
Name: E & E COMPANY LTD		 (402)06757163000779529	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schneider	
<b>SHIP TO</b>		Responsible Acct.No:	
Name: Macys Home Store Houston DC Location #: HU		Trailer number: TA178512	
Address: 2103 Ernestine		Seal number(s): 44369983	
City/State/Zip: Houston, TX 77023		SCAC: SCNN	
CID#:		Pro Number: N/A	
Dept: 0602			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 53065494		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
7041884	10	44.00	Y N	
<b>Grand Total</b>	10	44.00		

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		
		10	ctns	44.00		Shower curtain	49385	77.5
1		10		94.00		<b>Grand Total</b>		

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 \_\_\_\_\_

<b>COD Amount:</b> _____
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.

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

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

**Customer:** MACYS HOME STORE HOUSTON DC

**Ship Date:** 03/08/2023

**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 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
7041884	N/A	MCH70-3777	022164118568	Blake Shower Curtain	EA	3	30	10	30	10


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**Total Weight:** 44  
**Total Quantity Ordered:** 30  
**Total Cartons Ordered:** 10  
**Total Quantity Shipped:** 30  
**Total Cartons Shipped:** 10

Date: 3/8/2023 10:30:10 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Los Angeles Location #: CI DC
Address:	221 Hanson Way	Address:	15541 East Gale Avenue
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	City of Industry, CA 91745
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000779482		CARRIER NAME: Schneider	
		Responsible Acct.No:	
(402)06757163000779482		Trailer number: TA178512	
		Seal number(s): 44369983	
		SCAC: SCNN	
		Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time Driver Departure Time
Load #: 53065494		AM	AM AM
Packing List is Attached		PM	PM PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7041884	27	118.80	Y N	
<b>Grand Total</b>	27	118.80		

## 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		
		27	ctns	118.80		Shower curtain	49385	77.5
1		27		168.80		<b>Grand Total</b>		

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

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

per \_\_\_\_\_

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:** 03/08/2023

**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
7041884	N/A	MCH70-3777	022164118568	Blake Shower Curtain	EA	3	81	27	81	27

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**Total Weight:** 118.8  
**Total Quantity Ordered:** 81  
**Total Cartons Ordered:** 27  
**Total Quantity Shipped:** 81  
**Total Cartons Shipped:** 27

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779451	
Name: E & E COMPANY LTD		 (402)06757163000779451	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		<b>CARRIER NAME:</b> Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA178512	
Name: Macys Home Store Tulsa DC Location #: OK		Seal number(s): 44369983	
Address: 7120 E 76th St North		<b>SCAC:</b> SCNN	
City/State/Zip: Owasso, OK 74055		<b>Pro Number:</b> N/A	
CID#:			
Dept: 0602			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name:		<b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> X <b>3rd Party:</b>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	
Load #: 53065494		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7041873	97	426.80	Y N	
<b>Grand Total</b>	97	426.80		

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		
		97	ctns	426.80		Shower curtain	49385	77.5
1		97		476.80		<b>Grand Total</b>		

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 \_\_\_\_\_"

<b>COD Amount:</b> _____
<b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
<b>Customer check acceptable:</b> <input type="checkbox"/>

**NOTE Liability Limitation for loss or damage in 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**

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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Customer: MACYS HOME STORE TULSA DC

Ship Date: 03/08/2023

**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 TULSA DC  
7120 E 76TH ST NORTH  
OWASSO, OK 74055  
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7041873	N/A	MCC70-3785	022164118568	Blake Shower Curtain	EA	3	291	97	291	97

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**Total Weight:** 426.8  
**Total Quantity Ordered:** 291  
**Total Cartons Ordered:** 97  
**Total Quantity Shipped:** 291  
**Total Cartons Shipped:** 97

Date: 3/8/2023 10:30:19 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779628	
Name: E & E COMPANY LTD		 (402)06757163000779628	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA178512	
Name: Macys Home Secaucus DC Location #: SC		Seal number(s): 44369983	
Address: 500 Meadowlands Parkway		SCAC: SCNN	
City/State/Zip: Secaucus, NJ 07094		Pro Number: N/A	
CID#:			
Dept: 0614			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 53065494		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8233437	4	37.94	Y N	
<b>Grand Total</b>	4	37.94		

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		
		4	ctns	37.94		Mattress Pads	149265	100
1		4		87.94		<b>Grand Total</b>		

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

<b>COD Amount:</b> _____
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**

<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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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Customer: MACYS HOME SECAUCUS DC

Ship Date: 03/08/2023

**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
8233437	SLPSC2T07	MCG16-1861	086569373106	T MS 300TC Waterproof Mattress	EA	2	2	1	2	1
8233437	100069116TW	MCG16-1867	732996252728	T MS 233TC Cool to Touch Mattr	EA	2	6	3	6	3

---

**Total Weight:** 37.94  
**Total Quantity Ordered:** 8  
**Total Cartons Ordered:** 4  
**Total Quantity Shipped:** 8  
**Total Cartons Shipped:** 4

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779550	
Name: E & E COMPANY LTD		 (402)06757163000779550	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schneider	
FOB: <input type="checkbox"/>		Responsible Acct.No:	
<b>SHIP TO</b>			
Name: Macys Home Store Stone Mountain DC		Trailer number: TA178512	
Address: 4401 Sarr Parkway		Seal number(s): 44369983	
City/State/Zip: Stone Mountain, GA 30083		SCAC: SCNN	
CID#:		Pro Number: N/A	
Dept: 0602		FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 53065494		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
7041884	34	149.60	Y N	
<b>Grand Total</b>	34	149.60		

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		
		34	ctns	149.60		Shower curtain	49385	77.5
1		34		199.60		<b>Grand Total</b>		

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 \_\_\_\_\_

<b>COD Amount:</b> _____
<b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
<b>Customer check acceptable:</b> <input type="checkbox"/>

**NOTE Liability Limitation for loss or damage in 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.

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

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

**Customer:** MACYS HOME STORE STONE MOUNTAIN DC

**Ship Date:** 03/08/2023

**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 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
7041884	N/A	MCH70-3777	022164118568	Blake Shower Curtain	EA	3	102	34	102	34


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**Total Weight:** 149.6  
**Total Quantity Ordered:** 102  
**Total Cartons Ordered:** 34  
**Total Quantity Shipped:** 102  
**Total Cartons Shipped:** 34

Date: 3/8/2023 10:30:27 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779574	
Name:	E & E COMPANY LTD	 (402)06757163000779574	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	<b>CARRIER NAME:</b> Schneider
<b>SHIP TO</b>		Responsible Acct.No:	Trailer number: TA178512
Name:	Macys Home Bailey Rd DC	Location #: BA	Seal number(s): 44369983
Address:	300 South Bailey Road		<b>SCAC:</b> SCNN
City/State/Zip:	North Jackson, OH 44451		<b>Pro Number:</b> N/A
CID#:			
Dept:	0614	FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name:			<b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> X <b>3rd Party:</b>
Address:			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:			(check box)
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 53065494		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
8233437	3	28.53	Y	N	
<b>Grand Total</b>	3	28.53			

## 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		
		3	ctns	28.53		Mattress Pads	149265	100
1		3		78.53		<b>Grand Total</b>		

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 BAILEY RD DC

**Ship Date:** 03/08/2023

**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
8233437	SLPSC2T07	MCG16-1861	086569373106	T MS 300TC Waterproof Mattress	EA	2	4	2	4	2
8233437	100069116TW	MCG16-1867	732996252728	T MS 233TC Cool to Touch Matt	EA	2	2	1	2	1


---

**Total Weight:** 28.53  
**Total Quantity Ordered:** 6  
**Total Cartons Ordered:** 3  
**Total Quantity Shipped:** 6  
**Total Cartons Shipped:** 3

Date: 3/8/2023 10:30:32 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000779505	
Name:	E & E COMPANY LTD	 (402)06757163000779505	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schneider	
SHIP TO		Responsible Acct.No:	
Name:	Macys Home Store Denver DC Location #: DV	Trailer number: TA178512	
Address:	510 East 51st Avenue	Seal number(s): 44369983	
City/State/Zip:	Denver, CO 80216	SCAC: SCNN	
CID#:		Pro Number: N/A	
Dept:	0602 FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Address:		(check box)	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 53065494		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
7041884	3	13.20	Y	N	
<b>Grand Total</b>	<b>3</b>	<b>13.20</b>			

## 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		
		3	ctns	13.20		Shower curtain	49385	77.5
1		3		63.20		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

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 DENVER DC

Ship Date: 03/08/2023

**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 DENVER DC  
510 EAST 51ST AVENUE  
DENVER, 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
7041884	N/A	MCH70-3777	022164118568	Blake Shower Curtain	EA	3	9	3	9	3

---

**Total Weight:** 13.2  
**Total Quantity Ordered:** 9  
**Total Cartons Ordered:** 3  
**Total Quantity Shipped:** 9  
**Total Cartons Shipped:** 3

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779581	
Name: E & E COMPANY LTD		 (402)06757163000779581	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schneider	
<b>SHIP TO</b>		Responsible Acct.No:	
Name: Macys Home Los Angeles DC Location #: CI		Trailer number: TA178512	
Address: 15541 East Gale Ave		Seal number(s): 44369983	
City/State/Zip: City of Industry, CA 91745		SCAC: SCNN	
CID#:		Pro Number: N/A	
Dept: 0614			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 53065494		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
8233437	1	9.47	Y N	
<b>Grand Total</b>	1	9.47		

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
1	Pallet			50.00		Pallet		
		1	ctns	9.47		Mattress Pads	149265	100
1		1		59.47		<b>Grand Total</b>		

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 \_\_\_\_\_

<b>COD Amount:</b> _____
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.

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

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

**Customer:** MACYS HOME LOS ANGELES DC

**Ship Date:** 03/08/2023

**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
8233437	100069116TW	MCG16-1867	732996252728	T MS 233TC Cool to Touch Mattr	EA	2	2	1	2	1


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**Total Weight:** 9.47  
**Total Quantity Ordered:** 2  
**Total Cartons Ordered:** 1  
**Total Quantity Shipped:** 2  
**Total Cartons Shipped:** 1

Date: 3/8/2023 10:30:41 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Goodyear DC Location #: AZ
Address:	221 Hanson Way	Address:	16575 West Commerce Lane
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0609
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000779376		Trailer number: TA178512	
		Seal number(s): 44369983	
(402)06757163000779376		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:	
Address:	
City/State/Zip:	
SPECIAL INSTRUCTIONS:	
Load #: 53065494	
Packing List is Attached	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8360938	596	5645.50	Y N	
<b>Grand Total</b>	596	5645.50		

## CARRIER INFORMATION

HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE
QTY	TYPE	QTY	TYPE	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #
9	Pallet			Pallet	
		596	ctns	Comforters, Bedspreads	49017
9		596		<b>Grand Total</b>	200

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: 03/08/2023

**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
8360938	N/A	MCG10-4323	766390779055	Microfiber Comforter	EA	2	90	45	90	45
8360938	N/A	MCG10-4326	766390779048	Microfiber Comforter	EA	2	142	71	142	71
8360938	N/A	MCG10-4327	766390778928	Microfiber Comforter	EA	2	116	58	116	58
8360938	N/A	MCG10-4328	766390778980	Microfiber Comforter	EA	2	128	64	128	64
8360938	N/A	MCG10-4329	766390779079	Microfiber Comforter	EA	2	142	71	142	71
8360938	N/A	MCG10-4330	766390778959	Microfiber Comforter	EA	2	88	44	88	44
8360938	N/A	MCG10-4331	766390779017	Microfiber Comforter	EA	2	102	51	102	51
8360938	N/A	MCG10-4332	766390779062	Microfiber Comforter	EA	2	142	71	142	71
8360938	N/A	MCG10-4333	766390778942	Microfiber Comforter	EA	2	116	58	116	58
8360938	N/A	MCG10-4334	766390779000	Microfiber Comforter	EA	2	126	63	126	63

**Total Weight:** 5645.5  
**Total Quantity Ordered:** 1192  
**Total Cartons Ordered:** 596  
**Total Quantity Shipped:** 1192  
**Total Cartons Shipped:** 596

Date: 3/8/2023 10:30:45 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000779499	
Name:	E & E COMPANY LTD	 (402)06757163000779499	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		<b>CARRIER NAME:</b> Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA178512	
Name:	Macys Home Store Minooka DC Location #: CL	Seal number(s): 44369983	
Address:	601 Midpoint Rd.	<b>SCAC:</b> SCNN	
City/State/Zip:	Minooka, IL 60447	<b>Pro Number:</b> N/A	
CID#:			
Dept:	0602		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 53065494		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
7041884	26	114.40	Y	N	
<b>Grand Total</b>	26	114.40			

## 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		
		26	ctns	114.40		Shower curtain	49385	77.5
1		26		164.40		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

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 MINOOKA DC

**Ship Date:** 03/08/2023

**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 MINOOKA DC  
601 MIDPOINT RD.  
MINOOKA, IL 60447  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7041884	N/A	MCH70-3777	022164118568	Blake Shower Curtain	EA	3	78	26	78	26


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<b>Total Weight:</b>	114.4
<b>Total Quantity Ordered:</b>	78
<b>Total Cartons Ordered:</b>	26
<b>Total Quantity Shipped:</b>	78
<b>Total Cartons Shipped:</b>	26

Date: 3/8/2023 10:30:50 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000779567	
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000779567	
SID#:		PHONE:		<b>CARRIER NAME:</b> Schneider	
VENDOR:		FOB: <input type="checkbox"/>		Responsible Acct.No:	
<b>SHIP TO</b>		Name: Macys Home Store South Windsor Location #: SW DC		Trailer number: TA178512	
Address: 301 Governors Hwy		City/State/Zip: South Windsor, CT 06074		Seal number(s): 44369983	
CID#:		Dept: 0602		<b>SCAC:</b> SCNN	
		FOB: <input type="checkbox"/>		<b>Pro Number:</b> N/A	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>  <input type="checkbox"/> (check box)      Master Bill of Lading: with attached underlying Bills of Lading			
Name:		Address:		Appointment Time	
City/State/Zip:		SPECIAL INSTRUCTIONS: Load #: 53065494		Actual Driver Arrival Time	
Packing List is Attached				Driver Departure Time	
				AM	
				PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
7041884	20	88.00	Y N		
<b>Grand Total</b>	20	88.00			

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		
		20	ctns	88.00		Shower curtain	49385	77.5
1		20		138.00		<b>Grand Total</b>		

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 \_\_\_\_\_

<b>COD Amount:</b> _____
<b>Fee Terms:</b> 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.

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

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

Customer: MACYS HOME STORE SOUTH WINDSOR DC

Ship Date: 03/08/2023

**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 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
7041884	N/A	MCH70-3777	022164118568	Blake Shower Curtain	EA	3	60	20	60	20

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**Total Weight:** 88  
**Total Quantity Ordered:** 60  
**Total Cartons Ordered:** 20  
**Total Quantity Shipped:** 60  
**Total Cartons Shipped:** 20



**Customer:** MACYS HOME STORE SECAUCUS DC

**Ship Date:** 03/08/2023

**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 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
7041884	N/A	MCH70-3777	022164118568	Blake Shower Curtain	EA	3	72	24	72	24

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**Total Weight:** 105.6  
**Total Quantity Ordered:** 72  
**Total Cartons Ordered:** 24  
**Total Quantity Shipped:** 72  
**Total Cartons Shipped:** 24