

SHIP FROM

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

Master Bill of Lading Number: 06757163000787913

SHIP TO

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

CARRIER NAME: **Schneider**

Trailer number: TA-147058
 Seal number(s): 8068852
 SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

(check box) MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

Load #: 53139761

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
9:00 ^(AM) _(PM)	8:40 ^(AM) _(PM)	9:49 ^(AM) _(PM)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
1371627	1	5.72	Y	N	06757163000787746	BA	
1371627	1	5.72	Y	N	06757163000787753	CI	
1371627	4	34.36	Y	N	06757163000787760	CL	
1371627	3	25.77	Y	N	06757163000787777	HA	
1371627	3	25.77	Y	N	06757163000787784	HU	
1371627	4	34.36	Y	N	06757163000787791	JP	
1371627	13	103.06	Y	N	06757163000787807	SC	
1371627	2	17.18	Y	N	06757163000787814	ST	
1371627	5	42.95	Y	N	06757163000787821	SW	
1373035	9	77.31	Y	N	06757163000787906	AZ	
1465446	66	679.92	Y	N	06757163000787722	BA	
1465446	83	773.05	Y	N	06757163000787739	OK	
9220461	158	1626.70	Y	N	06757163000787845	AZ	

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.

[Signature] 4/12/23

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.

[Signature] 04-12-23

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

Master Bill of Lading Number: 06757163000787913

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

CARRIER NAME: Schneider
 Trailer number: TA-147058
 Seal number(s): 8068852
 SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 53139761

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
9220461	356	3633.40	Y	N	06757163000787852	CI	
9220461	154	1635.62	Y	N	06757163000787869	DV	
9220461	65	698.05	Y	N	06757163000787876	MF	
9220461	42	457.14	Y	N	06757163000787883	RF	
9220461	438	4575.06	Y	N	06757163000787890	TU	
9220471	70	514.14	Y	N	06757163000787845	AZ	
9220471	23	168.59	Y	N	06757163000787869	DV	
9220471	118	868.06	Y	N	06757163000787890	TU	
Grand Total	1618	16001.93					

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
39	Pallet			1950.00		Pallet		70

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.

Date: 4/12/2023 9:36:32 AM

Master Bill Of Lading

SHIP FROM

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

Master Bill of Lading Number: 06757163000787913

SHIP TO

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

CARRIER NAME: Schneider

Trailer number: TA-147058

Seal number(s): 8068852

SCAC: SCNN

Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

Load #: 53139761

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

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
		1362	ctns	14078.94		Comforters, Bedspreads	49017	200
		45	ctns	372.20		Shower curtain	49385	77.5
		211	ctns	1550.79		Throws,Blankets	49040	150
39				17951.93		Grand Total		

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

_____ per _____

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

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.

Date: 4/12/2023 9:35:25 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000787883



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Raritan Peak DC-RF Location #: RF
 Address: 401 Clearview Road
 City/State/Zip: Edison, NJ 08837
 CID#: _____
 Dept: 0609

Trailer number: TA-147058
 Seal number(s): 8068852
 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: 3rd Party: _____

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

SPECIAL INSTRUCTIONS:
 Load #: 53139761
 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
9220461	42	457.14	Y N	
Grand Total	42	457.14		

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		
		42	ctns	457.14		Comforters, Bedspreads	49017	200
1		42		507.14		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME RARITAN PEAK DC-RF

Ship Date: 04/12/2023

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 RARITAN PEAK DC-RF
401 CLEARVIEW ROAD
EDISON, NJ 08837
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9220461	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	12	6	12	6
9220461	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	12	6	12	6
9220461	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	12	6	12	6
9220461	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	12	6	12	6
9220461	100168398K	MCG10-4331	766390779017	Microfiber Comforter	EA	2	12	6	12	6
9220461	100168398FQ	MCG10-4333	766390778942	Microfiber Comforter	EA	2	12	6	12	6
9220461	100168398K	MCG10-4334	766390779000	Microfiber Comforter	EA	2	12	6	12	6

Total Weight:	457.14
Total Quantity Ordered:	84
Total Cartons Ordered:	42
Total Quantity Shipped:	84
Total Cartons Shipped:	42

Date: 4/12/2023 9:35:30 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000787777



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Store Hayward DC Location #: HA
 Address: 28701 Hall Road
 City/State/Zip: Hayward, CA 94545
 CID#: _____
 Dept: 0602

Trailer number: TA-147058
 Seal number(s): 8068852
 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: 3rd Party: _____
 Master Bill of Lading: with attached underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS:
 Load #: 53139761
 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
1371627	3	25.77	Y N	
Grand Total	3	25.77		

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	25.77		Shower curtain	49385	77.5
1		3		75.77		Grand Total		

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

COD Amount: _____
Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME STORE HAYWARD DC

Ship Date: 04/12/2023


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
1371627	N/A	MCH70-1141	086569170408	Elm Waffle Shower Curtain	EA	3	9	3	9	3

Total Weight: 25.77
 Total Quantity Ordered: 9
 Total Cartons Ordered: 3
 Total Quantity Shipped: 9
 Total Cartons Shipped: 3

SHIP FROM		Bill of Lading Number: 06757163000787807										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000787807										
SHIP TO		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: TA-147058 Seal number(s): 8068852 SCAC: SCNN Pro Number: N/A										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 53139761 Packing List is Attached		<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										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1371627	13	103.06	Y N	
Grand Total	13	103.06		

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		
		13	ctns	103.06		Shower curtain	49385	77.5
1		13		153.06		Grand Total		

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

COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

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

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

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

Ship Date: 04/12/2023

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
1371627	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	18	6	18	6
1371627	N/A	MCH70-1141	086569170408	Elm Waffle Shower Curtain	EA	3	9	3	9	3
1371627	N/A	MCH70-2441	086569504395	Elm waffle Shower Curtain	EA	3	3	1	3	1
1371627	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	9	3	9	3

Total Weight: 103.06
Total Quantity Ordered: 39
Total Cartons Ordered: 13
Total Quantity Shipped: 39
Total Cartons Shipped: 13

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: 06757163000787852

 (402)06757163000787852

SHIP TO
 Name: Macys Home Los Angeles DC Location #: CI
 Address: 15541 East Gale Ave
 City/State/Zip: City of Industry, CA 91745
 CID#: _____
 Dept: 0609 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No: _____
 Trailer number: TA-147058
 Seal number(s): 8068852
 SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 53139761
 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
9220461	356	3633.40	Y N	
Grand Total	356	3633.40		

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
6	Pallet			300.00		Pallet		
		356	ctns	3633.40		Comforters, Bedspreads	49017	200
6		356		3933.40		Grand Total		

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

COD Amount: _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

 Shipper Signature

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

Trailer Loaded: By Shipper By Driver
 Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 04/12/2023

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
9220461	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	28	14	28	14
9220461	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	106	53	106	53
9220461	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	72	36	72	36
9220461	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	28	14	28	14
9220461	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	72	36	72	36
9220461	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	76	38	76	38
9220461	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	32	16	32	16
9220461	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	76	38	76	38
9220461	100168398K	MCG10-4331	766390779017	Microfiber Comforter	EA	2	38	19	38	19
9220461	100168398TW	MCG10-4332	766390779062	Microfiber Comforter	EA	2	32	16	32	16
9220461	100168398FQ	MCG10-4333	766390778942	Microfiber Comforter	EA	2	76	38	76	38
9220461	100168398K	MCG10-4334	766390779000	Microfiber Comforter	EA	2	76	38	76	38

Total Weight: 3633.4
 Total Quantity Ordered: 712
 Total Cartons Ordered: 356
 Total Quantity Shipped: 712
 Total Cartons Shipped: 356

SHIP FROM		Bill of Lading Number: 06757163000787814	
Name: E & E COMPANY LTD	 (402)06757163000787814		
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:	CARRIER NAME: Schneider		
	Responsible Acct.No:		

SHIP TO		Trailer number: TA-147058
Name: Macys Home Store Stone Mountain DC	Location #: ST	Seal number(s): 8068852
Address: 4401 Sarr Parkway		
City/State/Zip: Stone Mountain, GA 30083		
CID#:		
Dept: 0602	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 53139761	Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
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
1371627	2	17.18	Y N	
Grand Total	2	17.18		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00	1	Pallet		
		2	ctns	17.18		Shower curtain	49385	77.5
1		2		67.18		Grand Total		

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

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

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

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

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

Shipper Signature _____

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

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

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

Customer: MACYS HOME STORE STONE MOUNTAIN DC

Ship Date: 04/12/2023

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
1371627	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	3	1	3	1
1371627	N/A	MCH70-2441	086569504395	Elm waffle Shower Curtain	EA	3	3	1	3	1

Total Weight: 17.18
 Total Quantity Ordered: 6
 Total Cartons Ordered: 2
 Total Quantity Shipped: 6
 Total Cartons Shipped: 2

Date: 4/12/2023 9:35:46 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000787722	
Name:	E & E COMPANY LTD	 (402)06757163000787722	
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 North Jackson DC Location #: BA	Trailer number: TA-147058	
Address:	300 South Bailey Road	Seal number(s): 8068852	
City/State/Zip:	North Jackson, OH 44451	SCAC: SCNN	
CID#:		Pro Number: N/A	
Dept:	0609 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:			Driver Departure Time
Load #: 53139761		AM	AM
Packing List is Attached		PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1465446	66	679.92	Y	N	
Grand Total	66	679.92			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		66	ctns	679.92		Comforters, Bedspreads	49017	200
2		66		779.92		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME NORTH JACKSON DC

Ship Date: 04/12/2023

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 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
1465446	N/A	MCG10-4327	766390778928	Microfiber Comforter	EA	2	34	17	34	17
1465446	N/A	MCG10-4328	766390778980	Microfiber Comforter	EA	2	28	14	28	14
1465446	N/A	MCG10-4329	766390779079	Microfiber Comforter	EA	2	20	10	20	10
1465446	N/A	MCG10-4330	766390778959	Microfiber Comforter	EA	2	12	6	12	6
1465446	N/A	MCG10-4331	766390779017	Microfiber Comforter	EA	2	4	2	4	2
1465446	N/A	MCG10-4333	766390778942	Microfiber Comforter	EA	2	12	6	12	6
1465446	N/A	MCG10-4334	766390779000	Microfiber Comforter	EA	2	22	11	22	11

Total Weight: 679.92
 Total Quantity Ordered: 132
 Total Cartons Ordered: 66
 Total Quantity Shipped: 132
 Total Cartons Shipped: 66

Date: 4/12/2023 9:35:49 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

FOB:

Bill of Lading Number: 06757163000787784



CARRIER NAME: Schneider
 Responsible Acct.No:

SHIP TO

Name: Macys Home Store Houston DC Location #: HU
 Address: 2103 Ernestine
 City/State/Zip: Houston, TX 77023
 CID#:
 Dept: 0602

FOB:

Trailer number: TA-147058
 Seal number(s): 8068852
 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:

SPECIAL INSTRUCTIONS:
 Load #: 53139761
 Packing List is Attached

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1371627	3	25.77	Y N	
Grand Total	3	25.77		

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	25.77		Shower curtain	49385	77.5
1		3		75.77		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME STORE HOUSTON DC

Ship Date: 04/12/2023

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
1371627	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	3	1	3	1
1371627	N/A	MCH70-1141	086569170408	Elm Waffle Shower Curtain	EA	3	6	2	6	2

Total Weight: 25.77
Total Quantity Ordered: 9
Total Cartons Ordered: 3
Total Quantity Shipped: 9
Total Cartons Shipped: 3

Date: 4/12/2023 9:35:53 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Bailey Rd. DC Location #: BA	Name:	
Address:	221 Hanson Way	Address:	300 South Bailey Road	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	North Jackson, OH 44451	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0602	Load #: 53139761	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000787746		Trailer number: TA-147058		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 8068852		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
(402)06757163000787746		SCAC: SCNN		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: Schneider		Pro Number: N/A		Appointment Time	
Responsible Acct.No:				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
1371627	1	5.72	Y	N	
Grand Total	1	5.72			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	5.72		Shower curtain	49385	77.5
1		1		55.72		Grand Total		

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

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are 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: 04/12/2023

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
1371627	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1

Total Weight: 5.72
 Total Quantity Ordered: 3
 Total Cartons Ordered: 1
 Total Quantity Shipped: 3
 Total Cartons Shipped: 1

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000787739



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macy's Home Owasso DC Location #: OK
 Address: 7120 E.76th Street North
 City/State/Zip: Owasso, OK 74055
 CID#: _____
 Dept: 0609

Trailer number: TA-147058
 Seal number(s): 8068852

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 #: 53139761
 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
1465446	83	773.05	Y N	
Grand Total	83	773.05		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		83	ctns	773.05		Comforters, Bedspreads	49017	200
2		83		873.05		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACY'S HOME OWASSO DC

Ship Date: 04/12/2023

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:

MACY'S HOME OWASSO DC
7120 E.76TH STREET 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
1465446	N/A	MCG10-4326	766390779048	Microfiber Comforter	EA	2	18	9	18	9
1465446	N/A	MCG10-4327	766390778928	Microfiber Comforter	EA	2	18	9	18	9
1465446	N/A	MCG10-4328	766390778980	Microfiber Comforter	EA	2	22	11	22	11
1465446	N/A	MCG10-4329	766390779079	Microfiber Comforter	EA	2	48	24	48	24
1465446	N/A	MCG10-4331	766390779017	Microfiber Comforter	EA	2	4	2	4	2
1465446	N/A	MCG10-4332	766390779062	Microfiber Comforter	EA	2	18	9	18	9
1465446	N/A	MCG10-4333	766390778942	Microfiber Comforter	EA	2	12	6	12	6
1465446	N/A	MCG10-4334	766390779000	Microfiber Comforter	EA	2	26	13	26	13

Total Weight: 773.05
 Total Quantity Ordered: 166
 Total Cartons Ordered: 83
 Total Quantity Shipped: 166
 Total Cartons Shipped: 83

Date: 4/12/2023 9:36:01 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000787760



CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA-147058

Seal number(s): 8068852

SCAC: SCNN

Pro Number: N/A

SHIP TO

Name: Macys Home Store Minooka DC Location #: CL
 Address: 601 Midpoint Rd.
 City/State/Zip: Minooka, IL 60447
 CID#:

CID#:

Dept: 0602

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 53139761

Packing List is Attached

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

Prepaid:

Collect: X

3rd Party:

 (check box)

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time

AM

PM

Actual Driver Arrival Time

AM

PM

Driver Departure Time

AM

PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1371627	4	34.36	Y	N	
Grand Total	4	34.36			

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	34.36		Shower curtain	49385	77.5
1		4		84.36		Grand Total		

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

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME STORE MINOOKA DC

Ship Date: 04/12/2023

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
1371627	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	6	2	6	2
1371627	N/A	MCH70-1141	086569170408	Elm Waffle Shower Curtain	EA	3	6	2	6	2

Total Weight: 34.36
 Total Quantity Ordered: 12
 Total Cartons Ordered: 4
 Total Quantity Shipped: 12
 Total Cartons Shipped: 4

Date: 4/12/2023 9:36:05 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Joppa DC	Name:	
Address:	221 Hanson Way	Address:	3300 Fashion Way	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Joppa, MD 21085	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0602	Load #: 53139761	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000787791		Trailer number: TA-147058		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 8068852		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000787791		SCAC: SCNN		<input type="checkbox"/> Master Bill of Lading: with attached	
CARRIER NAME: Schneider		Pro Number: N/A		(check box) underlying Bills of Lading	
Responsible Acct.No:		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
1371627	4	34.36	Y N	
Grand Total	4	34.36		

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	34.36		Shower curtain	49385	77.5
1		4		84.36		Grand Total		

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

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME STORE JOPPA DC

Ship Date: 04/12/2023

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
1371627	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	6	2	6	2
1371627	N/A	MCH70-1141	086569170408	Elm Waffle Shower Curtain	EA	3	3	1	3	1
1371627	N/A	MCH70-2441	086569504395	Elm waffle Shower Curtain	EA	3	3	1	3	1

Total Weight: 34.36
Total Quantity Ordered: 12
Total Cartons Ordered: 4
Total Quantity Shipped: 12
Total Cartons Shipped: 4

Date: 4/12/2023 9:36:09 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000787753



CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA-147058

Seal number(s): 8068852

SCAC: SCNN

Pro Number: N/A

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:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 53139761

Packing List is Attached

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

Prepaid: Collect: X 3rd Party:



(check box)

Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1371627	1	5.72	Y	N	
Grand Total	1	5.72			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	5.72		Shower curtain	49385	77.5
1		1		55.72		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are 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: 04/12/2023

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
1371627	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1

Total Weight: 5.72
 Total Quantity Ordered: 3
 Total Cartons Ordered: 1
 Total Quantity Shipped: 3
 Total Cartons Shipped: 1

Date: 4/12/2023 9:36:13 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

FOB:

Bill of Lading Number: 06757163000787906



(402)06757163000787906

CARRIER NAME: Schneider

Responsible Acct.No: _____

Trailer number: TA-147058

Seal number(s): 8068852

SCAC: SCNN

Pro Number: N/A

SHIP TO

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

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 53139761
 Packing List is Attached

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

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



(check box)

Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1373035	9	77.31	Y N	
Grand Total	9	77.31		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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		
		9	ctns	77.31		Shower curtain	49385	77.5
1		9		127.31		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME STORE GOODYEAR DC

Ship Date: 04/12/2023

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
1373035	N/A	MCC70-1128	086569170392	Elm Waffle Shower Curtain	EA	3	9	3	9	3
1373035	N/A	MCC70-1129	086569170408	Elm Waffle Shower Curtain	EA	3	18	6	18	6

Total Weight: 77.31
Total Quantity Ordered: 27
Total Cartons Ordered: 9
Total Quantity Shipped: 27
Total Cartons Shipped: 9

SHIP FROM

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

Bill of Lading Number: 06757163000787845



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Goodyear DC Location #: AZ
 Address: 16575 West Commerce Lane
 City/State/Zip: Goodyear, AZ 85338
 CID#: _____
 Dept: 0609

Trailer number: TA-147058
 Seal number(s): 8068852

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: Collect: 3rd Party:

City/State/Zip: _____

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

SPECIAL INSTRUCTIONS:
 Load #: 53139761
 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
9220461	158	1626.70	Y N	
9220471	70	514.14	Y N	
Grand Total	228	2140.84		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		70	ctns	514.14		Throws,Blankets	49040	150
		158	ctns	1626.70		Comforters, Bedspreads	49017	200
4		228		2340.84		Grand Total		

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

COD Amount: _____
Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME GOODYEAR DC

Ship Date: 04/12/2023

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 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
9220461	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	12	6	12	6
9220461	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	44	22	44	22
9220461	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	32	16	32	16
9220461	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	12	6	12	6
9220461	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	32	16	32	16
9220461	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	32	16	32	16
9220461	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	12	6	12	6
9220461	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	32	16	32	16
9220461	100168398K	MCG10-4331	766390779017	Microfiber Comforter	EA	2	32	16	32	16
9220461	100168398TW	MCG10-4332	766390779062	Microfiber Comforter	EA	2	12	6	12	6
9220461	100168398FQ	MCG10-4333	766390778942	Microfiber Comforter	EA	2	32	16	32	16
9220461	100168398K	MCG10-4334	766390779000	Microfiber Comforter	EA	2	32	16	32	16
9220471	100168267TW	MCG51-4293	766390778874	Fleece Blanket	EA	2	6	3	6	3
9220471	100168267FQ	MCG51-4294	766390778751	Fleece Blanket	EA	2	18	9	18	9
9220471	100168267K	MCG51-4295	766390778812	Fleece Blanket	EA	2	12	6	12	6
9220471	100168267TW	MCG51-4296	766390778881	Fleece Blanket	EA	2	6	3	6	3
9220471	100168267FQ	MCG51-4297	766390778768	Fleece Blanket	EA	2	12	6	12	6
9220471	100168267K	MCG51-4298	766390778829	Fleece Blanket	EA	2	6	3	6	3
9220471	100168267TW	MCG51-4299	766390778904	Fleece Blanket	EA	2	6	3	6	3
9220471	100168267FQ	MCG51-4300	766390778782	Fleece Blanket	EA	2	18	9	18	9
9220471	100168267K	MCG51-4301	766390778843	Fleece Blanket	EA	2	12	6	12	6
9220471	100168267TW	MCG51-4302	766390778867	Fleece Blanket	EA	2	6	3	6	3
9220471	100168267FQ	MCG51-4303	766390778744	Fleece Blanket	EA	2	24	12	24	12
9220471	100168267K	MCG51-4304	766390778805	Fleece Blanket	EA	2	14	7	14	7

Total Weight: 2140.84
 Total Quantity Ordered: 456
 Total Cartons Ordered: 228
 Total Quantity Shipped: 456
 Total Cartons Shipped: 228

Date: 4/12/2023 9:36:22 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000787869



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Denver DC Location #: DV
 Address: 510 East 51st Ave
 City/State/Zip: Devnver, CO 80216
 CID#: _____
 Dept: 0609

Trailer number: TA-147058
 Seal number(s): 8068852
 SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: _____ Collect: 3rd Party: _____

City/State/Zip: _____

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:

Load #: 53139761
 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
9220461	154	1635.62	Y	N	
9220471	23	168.59	Y	N	
Grand Total	177	1804.21			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		23	ctns	168.59		Throws,Blankets	49040	150
		154	ctns	1635.62		Comforters, Bedspreads	49017	200
3		177		1954.21		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME DENVER DC

Ship Date: 04/12/2023

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

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9220461	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	4	2	4	2
9220461	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	40	20	40	20
9220461	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	36	18	36	18
9220461	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	4	2	4	2
9220461	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	36	18	36	18
9220461	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	36	18	36	18
9220461	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	4	2	4	2
9220461	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	36	18	36	18
9220461	100168398K	MCG10-4331	766390779017	Microfiber Comforter	EA	2	36	18	36	18
9220461	100168398TW	MCG10-4332	766390779062	Microfiber Comforter	EA	2	4	2	4	2
9220461	100168398FQ	MCG10-4333	766390778942	Microfiber Comforter	EA	2	36	18	36	18
9220461	100168398K	MCG10-4334	766390779000	Microfiber Comforter	EA	2	36	18	36	18
9220471	100168267TW	MCG51-4293	766390778874	Fleece Blanket	EA	2	2	1	2	1
9220471	100168267FQ	MCG51-4294	766390778751	Fleece Blanket	EA	2	6	3	6	3
9220471	100168267K	MCG51-4295	766390778812	Fleece Blanket	EA	2	4	2	4	2
9220471	100168267TW	MCG51-4296	766390778881	Fleece Blanket	EA	2	2	1	2	1
9220471	100168267FQ	MCG51-4297	766390778768	Fleece Blanket	EA	2	4	2	4	2
9220471	100168267K	MCG51-4298	766390778829	Fleece Blanket	EA	2	2	1	2	1
9220471	100168267TW	MCG51-4299	766390778904	Fleece Blanket	EA	2	2	1	2	1
9220471	100168267FQ	MCG51-4300	766390778782	Fleece Blanket	EA	2	6	3	6	3
9220471	100168267K	MCG51-4301	766390778843	Fleece Blanket	EA	2	4	2	4	2
9220471	100168267TW	MCG51-4302	766390778867	Fleece Blanket	EA	2	2	1	2	1
9220471	100168267FQ	MCG51-4303	766390778744	Fleece Blanket	EA	2	8	4	8	4
9220471	100168267K	MCG51-4304	766390778805	Fleece Blanket	EA	2	4	2	4	2

Total Weight: 1804.21
Total Quantity Ordered: 354
Total Cartons Ordered: 177
Total Quantity Shipped: 354
Total Cartons Shipped: 177

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000787821



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Store South Windsor Location #: SW DC
 Address: 301 Governors Hwy
 City/State/Zip: South Windsor, CT 06074
 CID#: _____
 Dept: 0602

Trailer number: TA-147058
 Seal number(s): 8068852

SCAC: SCNN
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: Collect: X 3rd Party: _____

City/State/Zip: _____

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

SPECIAL INSTRUCTIONS:
 Load #: 53139761

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
1371627	5	42.95	Y	N	
Grand Total	5	42.95			

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	42.95		Shower curtain	49385	77.5
1		5		92.95		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME STORE SOUTH WINDSOR DC

Ship Date: 04/12/2023

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
1371627	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	9	3	9	3
1371627	N/A	MCH70-1141	086569170408	Elm Waffle Shower Curtain	EA	3	3	1	3	1
1371627	N/A	MCH70-2441	086569504395	Elm waffle Shower Curtain	EA	3	3	1	3	1

Total Weight: 42.95
 Total Quantity Ordered: 15
 Total Cartons Ordered: 5
 Total Quantity Shipped: 15
 Total Cartons Shipped: 5