

Date: 6/21/2023 1:38:02 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000805181	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: RXO LOGISTICS	
Name:	Macys /Bloom Consolidation Center	DC#:	
		Div.	
Address:	14141 Alondra Boulevard	Trailer number:	850633
		Seal number(s):	N/A
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	XLTL
SID#:		Pro Number:	624-814364-X

SHIPPER BOL 790 11/10/21

624-814364-X



Carrier tariffs are incorporated herein (copies available upon request). Carrier tariffs limit its liability. This shipment is subject to the terms and conditions of the Uniform Straight Bill of Lading as stated in the NMFC 100 series tariff.



THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input type="checkbox"/>
		3rd Party:	<input checked="" type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/>	MASTER BILL OF LANDING: WITH ATTACHED
		(check box)	UNDERLYING BILLS OF LANDING



SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 53301274		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#
2787723	34	327.14	Y	N	06757163000805051	BA	
2675798	3	25.77	Y	N	06757163000805020	SC	
2787723	6	58.56	Y	N	06757163000805099	JP	
2256874	1	71.81	Y	N	06757163000805174	CF	
2256445	1	74.88	Y	N	06757163000805174	CF	
2675798	1	8.59	Y	N	06757163000805006	CL	
2787723	226	2263.34	Y	N	06757163000805044	AZ	
2787723	8	72.64	Y	N	06757163000805112	SC	
2787723	9	89.16	Y	N	06757163000805129	ST	
2787723	10	86.72	Y	N	06757163000805136	SW	
2787723	8	68.89	Y	N	06757163000805143	TM	
2675798	4	34.36	Y	N	06757163000805037	ST	
2787723	11	99.49	Y	N	06757163000805075	CL	

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.
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. 	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. 
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Date: 6/21/2023 1:38:02 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000805181
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: RXO LOGISTICS
Name:	Macys /Bloom Consolidation Center	DC#:
		Div.
Address:	14141 Alondra Boulevard	Trailer number: 850633
		Seal number(s): N/A
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: XLTL
SID#:	FOB: <input type="checkbox"/>	Pro Number: 624-814364-X

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:		Prepaid: <input type="checkbox"/>	Collect: <input type="checkbox"/>	3rd Party: <input checked="" 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 #: 53301274		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#
2787723	5	47.11	Y	N	06757163000805082	HA	
2787723	2	21.58	Y	N	06757163000805150	TU	
2787723	10	96.65	Y	N	06757163000805167	WJ	
2787723	5	42.25	Y	N	06757163000805068	CI	
2787723	61	563.30	Y	N	06757163000805105	OK	
2675798	1	8.59	Y	N	06757163000805013	JP	
Grand Total	406	4060.83					

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
10	Pallet			1050.00		Pallet		70
		395	ctns	3836.83		Comforters, Bedspreads	49017	200
		2	ctns	146.69		Furniture (Seating, Storage, Outdoor)	79300	150

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.
 _____ 6/21/23

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.
 _____ 6-21-23

Date: 6/21/2023 1:38:02 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000805181	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: RXO LOGISTICS	
Name: Macys /Bloom Consolidation Center DC#: _____ Div. _____ Address: 14141 Alondra Boulevard City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 850633 Seal number(s): N/A SCAC: XLTL Pro Number: 624-814364-X	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 53301274		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM 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
		9	ctns	77.31		Shower curtain	49385	77.5
21				5110.83		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.
 6/21/23

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.
 X

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000805075	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000805075	
SHIP TO		CARRIER NAME: RXO LOGISTICS	
Name: Macys Home Minooka DC Location #: CL Address: 601 Midpoint Rd. City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0609		Responsible Acct.No: _____ Trailer number: 850633 Seal number(s): N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: XLTL	
Name: Macy's c/o RXO Address: PO Box 49069 City/State/Zip: Charlotte, NC 28277		Pro Number: 624-814364-X Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 53301274 Packing List is Attached		Prepaid: Collect: 3rd Party: X <input type="checkbox"/> 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
2787723	11	99.49	Y N	
Grand Total	11	99.49		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	99.49		Comforters, Bedspreads	49017	200
1		11		149.49		Grand Total		

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

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

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

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

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


 Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 6/21/2023 1:37:53 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Tomball DC
Address:	221 Hanson Way	Address:	19201 Hamish Rd
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Tomball, TX 77377
SID#:		CID#:	
PHONE:		Dept:	0609
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000805143		Trailer number: 850633	
		Seal number(s): N/A	
(402)06757163000805143		SCAC: XLTL	
CARRIER NAME: RXO LOGISTICS		Pro Number: 624-814364-X	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect:	
<input type="checkbox"/>		3rd Party: X	
Master Bill of Lading: with attached (check box)		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
2787723	8	68.89	Y N	
Grand Total	8	68.89		

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		
		8	ctns	68.89		Comforters, Bedspreads	49017	200
1		8		118.89		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757163000805167	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000805167	
SHIP TO		CARRIER NAME: RXO LOGISTICS	
Name: Macys Home West Johnson Pool Location #: WJ Stock Address: 181 West Johnson Ave City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0609		Responsible Acct.No: _____ Trailer number: 850633 Seal number(s): N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: XLTL	
Name: Macy's c/o RXO Address: PO Box 49069 City/State/Zip: Charlotte, NC 28277		Pro Number: 624-814364-X	
SPECIAL INSTRUCTIONS: Load #: 53301274 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: _____ 3rd Party: X <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2787723	10	96.65	Y N	
Grand Total	10	96.65		

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	96.65		Comforters, Bedspreads	49017	200
1		10		146.65		Grand Total		

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

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


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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757163000805105	
Name: E & E COMPANY LTD		 (402)06757163000805105	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: RXO LOGISTICS	
SHIP TO		Responsible Acct.No:	
Name: Macys Home Logistics DC-OK Location #: OK		Trailer number: 850633	
Address: 7120 E.76th Street North		Seal number(s): N/A	
City/State/Zip: Owasso, OK 74055		SCAC: XLTL	
CID#:		Pro Number: 624-814364-X	
Dept: 0609			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Macy's c/o RXO		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
Address: PO Box 49069		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip: Charlotte, NC 28277			
SPECIAL INSTRUCTIONS: Load #: 53301274		Appointment Time	
Packing List is Attached		Actual Driver Arrival Time	
		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2787723	61	563.30	Y N	
Grand Total	61	563.30		

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		
		61	ctns	563.30		Comforters, Bedspreads	49017	200
1		61		613.30		Grand Total		

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

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

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


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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000805082	
Name: E & E COMPANY LTD		 (402)06757163000805082	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: RXO LOGISTICS	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 850633	
Name: Macys Home Hayward DC Location #: HA		Seal number(s): N/A	
Address: 28701 Hall Road		SCAC: XLTL	
City/State/Zip: Hayward, CA 94545		Pro Number: 624-814364-X	
CID#:			
Dept: 0609 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Macy's c/o RXO		Prepaid: Collect: 3rd Party: X	
Address: PO Box 49069		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip: Charlotte, NC 28277			
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 53301274		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
2787723	5	47.11	Y N	
Grand Total	5	47.11		

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	47.11		Comforters, Bedspreads	49017	200
1		5		97.11		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
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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).


<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<p>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.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p>
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Date: 6/21/2023 1:37:35 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Minooka DC Location #: CL
Address:	221 Hanson Way	Address:	601 Midpoint Rd.
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Minooka, IL 60447
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000805006		CARRIER NAME: RXO LOGISTICS	
		Responsible Acct.No:	
(402)06757163000805006		Trailer number: 850633	
		Seal number(s): N/A	
		SCAC: XLTL	
		Pro Number: 624-814364-X	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: Macy's c/o RXO		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: PO Box 49069		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: X	
City/State/Zip: Charlotte, NC 28277		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 53301274		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2675798	1	8.59	Y N	
Grand Total	1	8.59		

CARRIER INFORMATION

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

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

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

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable: **NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757163000805013	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____		 (402)06757163000805013	
VENDOR: _____ FOB: <input type="checkbox"/>		CARRIER NAME: RXO LOGISTICS Responsible Acct.No: _____	
SHIP TO		Trailer number: 850633 Seal number(s): N/A	
Name: Macys Home Store Joppa DC Location #: JP Address: 3300 Fashion Way City/State/Zip: Joppa, MD 21085 CID#: _____ Dept: 0602 FOB: <input type="checkbox"/>		SCAC: XLTL Pro Number: 624-814364-X	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Macy's c/o RXO Address: PO Box 49069 City/State/Zip: Charlotte, NC 28277		Prepaid: _____ Collect: _____ 3rd Party: X	
SPECIAL INSTRUCTIONS: Load #: 53301274 Packing List is Attached		<input type="checkbox"/> 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
2675798	1	8.59	Y N	
Grand Total	1	8.59		

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

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded:	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.

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163000805044



(402)06757163000805044

SHIP TO

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

CARRIER NAME: RXO LOGISTICS
 Responsible Acct.No: _____
 Trailer number: 850633
 Seal number(s): N/A
SCAC: XLTL
Pro Number: 624-814364-X

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Macy's c/o RXO
 Address: PO Box 49069
 City/State/Zip: Charlotte, NC 28277

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

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

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 53301274
 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
2787723	226	2263.34	Y	N	
Grand Total	226	2263.34			

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		
		226	ctns	2263.34		Comforters, Bedspreads	49017	200
4		226		2463.34		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: 6/21/2023 1:37:22 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000805150	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000805150	
SHIP TO		CARRIER NAME: RXO LOGISTICS	
Name: Macys Home Tukwila DC Location #: TU Address: 17000 Southcenter Parkway City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0609		Responsible Acct.No: _____ Trailer number: 850633 Seal number(s): N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: XLTL	
Name: Macy's c/o RXO Address: PO Box 49069 City/State/Zip: Charlotte, NC 28277		Pro Number: 624-814364-X	
SPECIAL INSTRUCTIONS: Load #: 53301274 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: _____ 3rd Party: X	
		<input type="checkbox"/> 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
2787723	2	21.58	Y	N	
Grand Total	2	21.58			

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	21.58		Comforters, Bedspreads	49017	200
1		2		71.58		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver


Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000805099	
Name: E & E COMPANY LTD		 (402)06757163000805099	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: RXO LOGISTICS	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 850633	
Name: Macys Home Joppa DC Location #: JP		Seal number(s): N/A	
Address: 3300 Fashion Way		SCAC: XLTL	
City/State/Zip: Joppa, MD 21085		Pro Number: 624-814364-X	
CID#:			
Dept: 0609			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Macy's c/o RXO		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
Address: PO Box 49069		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip: Charlotte, NC 28277			
SPECIAL INSTRUCTIONS: Load #: 53301274 Packing List is Attached		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
2787723	6	58.56	Y N	
Grand Total	6	58.56		


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		
		6	ctns	58.56		Comforters, Bedspreads	49017	200
1		6		108.56		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<p>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.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p>
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SHIP FROM		Bill of Lading Number: 06757163000805020	
Name: E & E COMPANY LTD		 (402)06757163000805020	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: RXO LOGISTICS	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 850633	
Name: Macys Home Store Secaucus DC Location #: SC		Seal number(s): N/A	
Address: 500 Meadowlands Parkway		SCAC: XLTL	
City/State/Zip: Secaucus, NJ 07094		Pro Number: 624-814364-X	
CID#:			
Dept: 0602			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Macy's c/o RXO		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
Address: PO Box 49069		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip: Charlotte, NC 28277			
SPECIAL INSTRUCTIONS: Load #: 53301274		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2675798	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: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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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: 06757163000805174

 (402)06757163000805174

SHIP TO
 Name: Macys Home Store Los Angeles Location #: CF
 DC
 Address: 15541 East Gale Ave
 City/State/Zip: City of Industry, CA 91745
 CID#: _____
 Dept: 0652 FOB:

CARRIER NAME: RXO LOGISTICS
 Responsible Acct.No: _____
 Trailer number: 850633
 Seal number(s): N/A

SCAC: XLTL
Pro Number: 624-814364-X

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: **X**

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

SPECIAL INSTRUCTIONS:
 Load #: 53301274
 Packing List is Attached

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
2256445	1	74.88	Y	N	
2256874	1	71.81	Y	N	
Grand Total	2	146.69			

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	146.69		Furniture (Seating, Storage, Outdoor)	79300	150
1		2		196.69		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.

SHIP FROM		Bill of Lading Number: 06757163000805129										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		 (402)06757163000805129										
SHIP TO		CARRIER NAME: RXO LOGISTICS										
Name: Macys Home Stone Mountain DC Location #: ST Address: 4401 Sarr Parkway City/State/Zip: Stone Mountain, GA 30083 CID#: Dept: 0609		Responsible Acct.No: Trailer number: 850633 Seal number(s): N/A SCAC: XLTL Pro Number: 624-814364-X										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: Macy's c/o RXO Address: PO Box 49069 City/State/Zip: Charlotte, NC 28277		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>										
SPECIAL INSTRUCTIONS: Load #: 53301274 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;"> <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
2787723	9	89.16	Y N	
Grand Total	9	89.16		

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		
		9	ctns	89.16		Comforters, Bedspreads	49017	200
1		9		139.16		Grand Total		

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

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


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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Bill of Lading Number: 06757163000805051  (402)06757163000805051										
SHIP TO		Name: Macys Home Bailey Rd DC Location #: BA Address: 300 South Bailey Road City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0609		CARRIER NAME: RXO LOGISTICS Responsible Acct.No: _____ Trailer number: 850633 Seal number(s): N/A SCAC: XLTL Pro Number: 624-814364-X										
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: Macy's c/o RXO Address: PO Box 49069 City/State/Zip: Charlotte, NC 28277		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: 3rd Party: X <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS:		Load #: 53301274 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	
2787723	34	327.14	Y N		
Grand Total	34	327.14			

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		
		34	ctns	327.14		Comforters, Bedspreads	49017	200
1		34		377.14		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 _____ per _____"

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

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


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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000805112	
Name: E & E COMPANY LTD		 (402)06757163000805112	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: RXO LOGISTICS	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 850633	
Name: Macys Home Secaucus DC Location #: SC		Seal number(s): N/A	
Address: 500 Meadowlands Parkway		SCAC: XLTL	
City/State/Zip: Secaucus, NJ 07094		Pro Number: 624-814364-X	
CID#:			
Dept: 0609			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Macy's c/o RXO		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: X	
Address: PO Box 49069		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip: Charlotte, NC 28277			
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 53301274		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
2787723	8	72.64	Y N	
Grand Total	8	72.64		

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		
		8	ctns	72.64		Comforters, Bedspreads	49017	200
1		8		122.64		Grand Total		

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

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

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


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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000805068	
Name: E & E COMPANY LTD		 (402)06757163000805068	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: RXO LOGISTICS	
FOB: <input type="checkbox"/>		Responsible Acct.No:	
SHIP TO		Trailer number: 850633	
Name: Macys Home Los Angeles DC Location #: CI		Seal number(s): N/A	
Address: 15541 East Gale Ave		SCAC: XLTL	
City/State/Zip: City of Industry, CA 91745		Pro Number: 624-814364-X	
CID#:			
Dept: 0609		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Macy's c/o RXO		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
Address: PO Box 49069		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip: Charlotte, NC 28277			
SPECIAL INSTRUCTIONS: Load #: 53301274		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2787723	5	42.25	Y N	
Grand Total	5	42.25		

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	42.25		Comforters, Bedspreads	49017	200
1		5		92.25		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. <div style="text-align: right;">_____ Shipper Signature</div>
--	--

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 6/21/2023 1:36:49 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Stone Mountain DC
Address:	221 Hanson Way	Address:	4401 Sarr Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Stone Mountain, GA 30083
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000805037		Trailer number: 850633	
		Seal number(s): N/A	
(402)06757163000805037		SCAC: XLTL	
CARRIER NAME: RXO LOGISTICS		Pro Number: 624-814364-X	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: <input type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: X	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
SPECIAL INSTRUCTIONS:			
Load #: 53301274			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2675798	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 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.

SHIP FROM		Bill of Lading Number: 06757163000805136	
Name: E & E COMPANY LTD		 (402)06757163000805136	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: RXO LOGISTICS	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 850633	
Name: Macys Home South Windsor DC Location #: SW		Seal number(s): N/A	
Address: 301 Governors Hwy		SCAC: XLTL	
City/State/Zip: South Windsor, CT 06074		Pro Number: 624-814364-X	
CID#:			
Dept: 0609			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Macy's c/o RXO		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>	
Address: PO Box 49069		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip: Charlotte, NC 28277			
SPECIAL INSTRUCTIONS: Load #: 53301274		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
2787723	10	86.72	Y N	
Grand Total	10	86.72		

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		
		10	ctns	86.72		Comforters, Bedspreads	49017	200
1		10		136.72		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: <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 MINOOKA DC

Ship Date: 06/21/2023

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
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	6	3	6	3
2787723	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	2	1	2	1

Total Weight: 99.49
Total Quantity Ordered: 22
Total Cartons Ordered: 11
Total Quantity Shipped: 22
Total Cartons Shipped: 11

Customer: MACYS HOME TOMBALL DC

Ship Date: 06/21/2023

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 TOMBALL DC
19201 HAMISH RD
TOMBALL, TX 77377
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	6	3	6	3
2787723	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	2	1	2	1

Total Weight: 68.89
Total Quantity Ordered: 16
Total Cartons Ordered: 8
Total Quantity Shipped: 16
Total Cartons Shipped: 8

Customer: MACYS HOME WEST JOHNSON POOL STOCK

Ship Date: 06/21/2023

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 WEST JOHNSON POOL
STOCK
181 WEST JOHNSON AVE
CHESHIRE, CT 06410
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4332	766390779062	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4333	766390778942	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398K	MCG10-4334	766390779000	Microfiber Comforter	EA	2	2	1	2	1

Total Weight: 96.65
Total Quantity Ordered: 20
Total Cartons Ordered: 10
Total Quantity Shipped: 20
Total Cartons Shipped: 10

Customer: MACYS HOME LOGISTICS DC-OK

Ship Date: 06/21/2023

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 LOGISTICS DC-OK
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
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	14	7	14	7
2787723	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	26	13	26	13
2787723	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	6	3	6	3
2787723	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	8	4	8	4
2787723	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398K	MCG10-4331	766390779017	Microfiber Comforter	EA	2	6	3	6	3
2787723	100168398TW	MCG10-4332	766390779062	Microfiber Comforter	EA	2	32	16	32	16
2787723	100168398FQ	MCG10-4333	766390778942	Microfiber Comforter	EA	2	10	5	10	5
2787723	100168398K	MCG10-4334	766390779000	Microfiber Comforter	EA	2	8	4	8	4

Total Weight:	563.3
Total Quantity Ordered:	122
Total Cartons Ordered:	61
Total Quantity Shipped:	122
Total Cartons Shipped:	61

Customer: MACYS HOME HAYWARD DC

Ship Date: 06/21/2023

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
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	2	1	2	1

Total Weight: 47.11
Total Quantity Ordered: 10
Total Cartons Ordered: 5
Total Quantity Shipped: 10
Total Cartons Shipped: 5

Customer: MACYS HOME STORE MINOOKA DC

Ship Date: 06/21/2023

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
2675798	N/A	MCH70-2441	086569504395	Elm waffle Shower Curtain	EA	3	3	1	3	1

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

Customer: MACYS HOME STORE JOPPA DC

Ship Date: 06/21/2023

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
2675798	N/A	MCH70-2441	086569504395	Elm waffle Shower Curtain	EA	3	3	1	3	1

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

Customer: MACYS HOME GOODYEAR DC

Ship Date: 06/21/2023

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
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	32	16	32	16
2787723	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	78	39	78	39
2787723	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	50	25	50	25
2787723	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	38	19	38	19
2787723	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	40	20	40	20
2787723	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	36	18	36	18
2787723	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	34	17	34	17
2787723	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	42	21	42	21
2787723	100168398K	MCG10-4331	766390779017	Microfiber Comforter	EA	2	30	15	30	15
2787723	100168398FQ	MCG10-4333	766390778942	Microfiber Comforter	EA	2	36	18	36	18
2787723	100168398K	MCG10-4334	766390779000	Microfiber Comforter	EA	2	36	18	36	18

Total Weight:	2263.34
Total Quantity Ordered:	452
Total Cartons Ordered:	226
Total Quantity Shipped:	452
Total Cartons Shipped:	226

Customer: MACYS HOME TUKWILA DC

Ship Date: 06/21/2023

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 TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
2787723	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	2	1	2	1

Total Weight: 21.58
Total Quantity Ordered: 4
Total Cartons Ordered: 2
Total Quantity Shipped: 4
Total Cartons Shipped: 2

Customer: MACYS HOME JOPPA DC

Ship Date: 06/21/2023

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
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	2	1	2	1

Total Weight: 58.56
 Total Quantity Ordered: 12
 Total Cartons Ordered: 6
 Total Quantity Shipped: 12
 Total Cartons Shipped: 6

Customer: MACYS HOME STORE SECAUCUS DC

Ship Date: 06/21/2023

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
2675798	N/A	MCH70-2441	086569504395	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

Customer: MACYS HOME STORE LOS ANGELES DC

Ship Date: 06/21/2023

SHIP FROM:

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

BILL TO:

MACY'S BIG TICKET WHS FUR
7 W 7TH ST.
CINCINNATI, OH 45202
US

SHIP TO:

MACYS HOME STORE 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
2256445	12419419	IIF18-0016	675716689742	Newport Loveseat	EA	1	1	1	1	1
2256874	7917845	MP103-0702	086569082176	Harris Swivel Chair	EA	1	1	1	1	1

Total Weight:	146.69
Total Quantity Ordered:	2
Total Cartons Ordered:	2
Total Quantity Shipped:	2
Total Cartons Shipped:	2

Customer: MACYS HOME STONE MOUNTAIN DC

Ship Date: 06/21/2023

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
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398K	MCG10-4334	766390779000	Microfiber Comforter	EA	2	2	1	2	1

Total Weight:	89.16
Total Quantity Ordered:	18
Total Cartons Ordered:	9
Total Quantity Shipped:	18
Total Cartons Shipped:	9

Customer: MACYS HOME BAILEY RD DC

Ship Date: 06/21/2023

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
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	10	5	10	5
2787723	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	14	7	14	7
2787723	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	8	4	8	4
2787723	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398K	MCG10-4331	766390779017	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398TW	MCG10-4332	766390779062	Microfiber Comforter	EA	2	8	4	8	4
2787723	100168398FQ	MCG10-4333	766390778942	Microfiber Comforter	EA	2	6	3	6	3
2787723	100168398K	MCG10-4334	766390779000	Microfiber Comforter	EA	2	4	2	4	2

Total Weight:	327.14
Total Quantity Ordered:	68
Total Cartons Ordered:	34
Total Quantity Shipped:	68
Total Cartons Shipped:	34

Customer: MACYS HOME SECAUCUS DC

Ship Date: 06/21/2023

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
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4332	766390779062	Microfiber Comforter	EA	2	2	1	2	1

Total Weight:	72.64
Total Quantity Ordered:	16
Total Cartons Ordered:	8
Total Quantity Shipped:	16
Total Cartons Shipped:	8

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 06/21/2023

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
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398K	MCG10-4334	766390779000	Microfiber Comforter	EA	2	2	1	2	1

Total Weight:	42.25
Total Quantity Ordered:	10
Total Cartons Ordered:	5
Total Quantity Shipped:	10
Total Cartons Shipped:	5

Customer: MACYS HOME STORE STONE MOUNTAIN DC

Ship Date: 06/21/2023

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
2675798	N/A	MCH70-2441	086569504395	Elm waffle Shower Curtain	EA	3	12	4	12	4

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

Customer: MACYS HOME SOUTH WINDSOR DC

Ship Date: 06/21/2023

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 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
2787723	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	4	2	4	2
2787723	100168398TW	MCG10-4326	766390779048	Microfiber Comforter	EA	2	6	3	6	3
2787723	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4329	766390779079	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	2	1	2	1
2787723	100168398TW	MCG10-4332	766390779062	Microfiber Comforter	EA	2	2	1	2	1

Total Weight: 86.72
Total Quantity Ordered: 20
Total Cartons Ordered: 10
Total Quantity Shipped: 20
Total Cartons Shipped: 10