

Date: 8/4/2023 7:56:21 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000815364
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: Schneider
Name:	Macys /Bloom Consolidation Center	Trailer number: TA162084
Address:	14141 Alondra Boulevard	Seal number(s): 8068707
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: SCNN
SID#:		Pro Number: NA

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
City/State/Zip:		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM
SPECIAL INSTRUCTIONS: Load #: 53403085		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	Supplier#
3580031	1	7.70	Y	N	06757163000815326	TM	
3580031	132	1352.55	Y	N	06757163000815241	AZ	
3580031	5	44.68	Y	N	06757163000815302	SC	
3580031	2	20.26	Y	N	06757163000815289	JP	
3580119	2	14.52	Y	N	06757163000815258	BA	
3580119	1	8.37	Y	N	06757163000815357	ST	
3580031	2	21.58	Y	N	06757163000815265	CI	
3580119	2	14.52	Y	N	06757163000815302	SC	
3580031	3	31.71	Y	N	06757163000815319	SW	
3580119	1	8.37	Y	N	06757163000815272	CL	
3580119	1	8.37	Y	N	06757163000815340	HA	
3580031	198	1977.54	Y	N	06757163000815296	OK	
3580119	2	12.98	Y	N	06757163000815289	JP	

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

COD Amount \$ _____
 Fee Terms: Collect: 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.
 _____ 8-4-23

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.
 Belong Edson 8-4-23

Date: 8/4/2023 7:56:21 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: 06757163000815364

SHIP TO
 Name: Macys /Bloom Consolidation Center DC#: _____
 Div. _____
 Address: 14141 Alondra Boulevard

CARRIER NAME: Schneider
 Trailer number: TA162084
 Seal number(s): 8068707
 SCAC: SCNN
 Pro Number: NA

City/State/Zip: Santa Fe Spgs, CA 90670
 SID#: _____ FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 53403085

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

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3580031	1	11.45	Y	N	06757163000815333	TU	
3580031	127	1232.66	Y	N	06757163000815258	BA	
3580031	2	21.58	Y	N	06757163000815272	CL	
Grand Total	482	4788.84					

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
17	Pallet			850.00		Pallet		70
		473	ctns	4721.71		Comforters, Bedspreads	49017	200
		9	ctns	67.13		Throws, Blankets	49040	150
17				5638.84		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 / 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: 8/4/2023 7:56:09 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: 06757163000815258



(402)06757163000815258

CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA162084

Seal number(s): 8068707

SCAC: SCNN

Pro Number: NA

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

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:

Load #: 53403085

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
3580031	127	1232.66	Y N	
3580119	2	14.52	Y N	
Grand Total	129	1247.18		

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
2	Pallet			100.00		Pallet		
		127	ctns	1232.66		Comforters, Bedspreads	49017	200
		2	ctns	14.52		Throws, Blankets	49040	150
2		129		1347.18		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME BAILEY RD DC

Ship Date: 08/04/2023

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
3580031	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	56	28	56	28
3580031	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	30	15	30	15
3580031	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	32	16	32	16
3580031	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	40	20	40	20
3580031	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	30	15	30	15
3580031	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	32	16	32	16
3580031	100168398TW	MCG10-4332	766390779062	Microfiber Comforter	EA	2	22	11	22	11
3580031	100168398FQ	MCG10-4333	766390778942	Microfiber Comforter	EA	2	12	6	12	6
3580119	100168267FQ	MCG51-4297	766390778768	Fleece Blanket	EA	2	4	2	4	2

Total Weight: 1247.18

Total Quantity Ordered: 258


Total Cartons Ordered: 129

Total Quantity Shipped: 258

Total Cartons Shipped: 129

Date: 8/4/2023 7:56:10 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000815296	
Name: E & E COMPANY LTD		 (402)06757163000815296	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA162084	
Name: Macys Home Logistics DC-OK Location #: OK		Seal number(s): 8068707	
Address: 7120 E.76th Street North		SCAC: SCNN	
City/State/Zip: Owasso, OK 74055		Pro Number: NA	
CID#:			
Dept: 0609			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 53403085		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3580031	198	1977.54	Y N	
Grand Total	198	1977.54		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		198	ctns	1977.54		Comforters, Bedspreads	49017	200
3		198		2127.54		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>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).

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

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

<p>SHIPPER SIGNATURE / DATE</p> <p>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</p> <p>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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Customer: MACYS HOME LOGISTICS DC-OK

Ship Date: 08/04/2023

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
3580031	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	74	37	74	37
3580031	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	54	27	54	27
3580031	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	44	22	44	22
3580031	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	48	24	48	24
3580031	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	52	26	52	26
3580031	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	44	22	44	22
3580031	100168398K	MCG10-4331	766390779017	Microfiber Comforter	EA	2	22	11	22	11
3580031	100168398TW	MCG10-4332	766390779062	Microfiber Comforter	EA	2	22	11	22	11
3580031	100168398FQ	MCG10-4333	766390778942	Microfiber Comforter	EA	2	20	10	20	10
3580031	100168398K	MCG10-4334	766390779000	Microfiber Comforter	EA	2	16	8	16	8

Total Weight: 1977.54
 Total Quantity Ordered: 396
 Total Cartons Ordered: 198
 Total Quantity Shipped: 396
 Total Cartons Shipped: 198

Date: 8/4/2023 7:56:11 AM

Bill Of Lading

SHIP FROM

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

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000815319



(402)06757163000815319

SHIP TO

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

Dept: 0609

FOB:

CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA162084

Seal number(s): 8068707

SCAC: SCNN

Pro Number: NA

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 53403085

Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3580031	3	31.71	Y N	
Grand Total	3	31.71		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	31.71		Comforters, Bedspreads	49017	200
1		3		81.71		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME SOUTH WINDSOR DC

Ship Date: 08/04/2023

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
3580031	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	2	1	2	1
3580031	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	4	2	4	2

Total Weight: 31.71

Total Quantity Ordered: 6

Total Cartons Ordered: 3

Total Quantity Shipped: 6

Total Cartons Shipped: 3

Date: 8/4/2023 7:56:12 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: 06757163000815333



CARRIER NAME: Schneider

Responsible Acct.No: _____

Trailer number: TA162084

Seal number(s): 8068707

SCAC: SCNN

Pro Number: NA

SHIP TO

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

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____

Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:

Load #: 53403085

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	PALETT/SLIP	ADDITIONAL SHIPPER INFO
3580031	1	11.45	Y N	
Grand Total	1	11.45		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	11.45		Comforters, Bedspreads	49017	200
1		1		61.45		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME TUKWILA DC

Ship Date: 08/04/2023

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
3580031	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	2	1	2	1

Total Weight: 11.45
 Total Quantity Ordered: 2
 Total Cartons Ordered: 1
 Total Quantity Shipped: 2
 Total Cartons Shipped: 1

Date: 8/4/2023 7:56:13 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: 06757163000815340



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Hayward DC Location #: HA
 Address: 28701 Hall Road
 City/State/Zip: Hayward, CA 94545
 CID#: _____
 Dept: 0784

Trailer number: TA162084
 Seal number(s): 8068707

SCAC: SCNN
 Pro Number: NA

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 53403085
 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
3580119	1	8.37	Y	N	
Grand Total	1	8.37			

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		
		1	ctns	8.37		Throws,Blankets	49040	150
1		1		58.37		Grand Total		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME HAYWARD DC

Ship Date: 08/04/2023

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
3580119	100168267K	MCG51-4304	766390778805	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 8.37

Total Quantity Ordered: 2

Total Cartons Ordered: 1

Total Quantity Shipped: 2

Date: 8/4/2023 7:56:14 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: 06757163000815289



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Joppa DC Location #: JP
 Address: 3300 Fashion Way
 City/State/Zip: Joppa, MD 21085
 CID#: _____
 Dept: 0609

Trailer number: TA162084
 Seal number(s): 8068707

SCAC: SCNN
 Pro Number: NA

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: Collect: 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

City/State/Zip: _____

SPECIAL INSTRUCTIONS:

Load #: 53403085

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
3580031	2	20.26	Y N	
3580119	2	12.98	Y N	
Grand Total	4	33.24		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	20.26		Comforters, Bedspreads	49017	200
		2	ctns	12.98		Throws, Blankets	49040	150
1		4		83.24		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 JOPPA DC

Ship Date: 08/04/2023

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
3580031	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	2	1	2	1
3580031	100168398FQ	MCG10-4333	766390778942	Microfiber Comforter	EA	2	2	1	2	1
3580119	100168267FQ	MCG51-4294	766390778751	Fleece Blanket	EA	2	2	1	2	1
3580119	100168267TW	MCG51-4302	766390778867	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 33.24
 Total Quantity Ordered: 8
 Total Cartons Ordered: 4
 Total Quantity Shipped: 8
 Total Cartons Shipped: 4

Date: 8/4/2023 7:56:15 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000815357	
Name: E & E COMPANY LTD	 (402)06757163000815357		
Address: 221 Hanson Way	CARRIER NAME: Schneider		
City/State/Zip: Woodland, CA 95776			
SID#:	Responsible Acct.No:		
PHONE:	Trailer number: TA162084		
VENDOR: FOB: <input type="checkbox"/>	Seal number(s): 8068707		

SHIP TO		SCAC: SCNN	
Name: Macys Home Stone Mountain DC Location #: ST	Pro Number: NA		
Address: 4401 Sarr Parkway			
City/State/Zip: Stone Mountain, GA 30083			
CID#:			
Dept: 0784 FOB: <input type="checkbox"/>			

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:	
Address:	<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading		
City/State/Zip:	(check box)			
SPECIAL INSTRUCTIONS: Load #: 53403085 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
3580119	1	8.37	Y	N	
Grand Total	1	8.37			

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		
		1	ctns	8.37		Throws,Blankets	49040	150
1		1		58.37		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. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <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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Customer: MACYS HOME STONE MOUNTAIN DC

Ship Date: 08/04/2023

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
3580119	100168267K	MCG51-4295	766390778812	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 8.37
Total Quantity Ordered: 2
Total Cartons Ordered: 1
Total Quantity Shipped: 2

Date: 8/4/2023 7:56:16 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: 06757163000815241



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 FOB:

Trailer number: TA162084

Seal number(s): 8068707

SCAC: SCNN

Pro Number: NA

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 #: 53403085
 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
3580031	132	1352.55	Y N	
Grand Total	132	1352.55		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		132	ctns	1352.55		Comforters, Bedspreads	49017	200
3		132		1502.55		Grand Total		

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

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

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

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

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

Shipper Signature

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

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

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

Customer: MACYS HOME GOODYEAR DC

Ship Date: 08/04/2023

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
3580031	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	46	23	46	23
3580031	100168398FQ	MCG10-4324	766390778935	Microfiber Comforter	EA	2	36	18	36	18
3580031	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	66	33	66	33
3580031	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	40	20	40	20
3580031	100168398K	MCG10-4328	766390778980	Microfiber Comforter	EA	2	42	21	42	21
3580031	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	34	17	34	17

Total Weight: 1352.55

Total Quantity Ordered: 264

Total Cartons Ordered: 132

Total Quantity Shipped: 264

Total Cartons Shipped: 132

Date: 8/4/2023 7:56:17 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: 06757163000815326



(402)06757163000815326

FOB:

CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Tomball DC Location #: TM
 Address: 19201 Hamish Rd
 City/State/Zip: Tomball, TX 77377
 CID#: _____
 Dept: 0609 FOB:

Trailer number: TA162084
 Seal number(s): 8068707

SCAC: SCNN
 Pro Number: NA

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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)

City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 53403085
 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
3580031	1	7.70	Y N	
Grand Total	1	7.70		

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	7.70		Comforters, Bedspreads	49017	200
1		1		57.70		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 TOMBALL DC

Ship Date: 08/04/2023

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
3580031	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	2	1	2	1

Total Weight: 7.7
Total Quantity Ordered: 2
Total Cartons Ordered: 1
Total Quantity Shipped: 2

Date: 8/4/2023 7:56:18 AM

Bill Of Lading

SHIP FROM

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

FOB:

Bill of Lading Number: 06757163000815265



(402)06757163000815265

CARRIER NAME: Schneider

Responsible Acct.No: _____

Trailer number: TA162084

Seal number(s): 8068707

SCAC: SCNN

Pro Number: NA

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:

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

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

SPECIAL INSTRUCTIONS:

Load #: 53403085
 Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALETT/SLIP	ADDITIONAL SHIPPER INFO
3580031	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 stated specifically in writing the agreed or declared value of the property as follows:

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 08/04/2023

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
3580031	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	2	1	2	1
3580031	100168398K	MCG10-4328	766390778980	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

Date: 8/4/2023 7:56:19 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000815272	
Name: E & E COMPANY LTD	 (402)06757163000815272		
Address: 221 Hanson Way	CARRIER NAME: Schneider		
City/State/Zip: Woodland, CA 95776			
SID#:	Responsible Acct.No:		
PHONE:	Trailer number: TA162084		
VENDOR: FOB: <input type="checkbox"/>	Seal number(s): 8068707		

SHIP TO		SCAC: SCNN	
Name: Macys Home Minooka DC	Location #: CL	Pro Number: NA	
Address: 601 Midpoint Rd.			
City/State/Zip: Minooka, IL 60447			
CID#:			
Dept: 0609 FOB: <input type="checkbox"/>			

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:
Address:		Master Bill of Lading: with attached underlying Bills of Lading		
City/State/Zip:		<input type="checkbox"/> (check box)		
SPECIAL INSTRUCTIONS: Load #: 53403085		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Packing List is Attached		AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3580031	2	21.58	Y N	
3580119	1	8.37	Y N	
Grand Total	3	29.95		

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		
		2	ctns	21.58		Comforters, Bedspreads	49017	200
		1	ctns	8.37		Throws, Blankets	49040	150
1		3		79.95		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 MINOOKA DC

Ship Date: 08/04/2023

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
3580031	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	2	1	2	1
3580031	100168398FQ	MCG10-4330	766390778959	Microfiber Comforter	EA	2	2	1	2	1
3580119	100168267K	MCG51-4298	766390778829	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 29.95
 Total Quantity Ordered: 6
 Total Cartons Ordered: 3
 Total Quantity Shipped: 6

Date: 8/4/2023 7:56:20 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: 06757163000815302



CARRIER NAME: Schneider
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Secaucus DC Location #: SC
 Address: 500 Meadowlands Parkway
 City/State/Zip: Secaucus, NJ 07094
 CID#: _____
 Dept: 0609

Trailer number: TA162084
 Seal number(s): 8068707
 SCAC: SCNN
 Pro Number: NA

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

SPECIAL INSTRUCTIONS:
 Load #: 53403085
 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
3580031	5	44.68	Y	N	
3580119	2	14.52	Y	N	
Grand Total	7	59.20			

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	44.68		Comforters, Bedspreads	49017	200
		2	ctns	14.52		Throws, Blankets	49040	150
1		7		109.20		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 SECAUCUS DC

Ship Date: 08/04/2023

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
3580031	100168398TW	MCG10-4323	766390779055	Microfiber Comforter	EA	2	6	3	6	3
3580031	100168398K	MCG10-4325	766390778997	Microfiber Comforter	EA	2	2	1	2	1
3580031	100168398FQ	MCG10-4327	766390778928	Microfiber Comforter	EA	2	2	1	2	1
3580119	100168267FQ	MCG51-4303	766390778744	Fleece Blanket	EA	2	4	2	4	2

Total Weight: 59.2
Total Quantity Ordered: 14
Total Cartons Ordered: 7
Total Quantity Shipped: 14