

SHIP FROM		Master Bill of Lading Number: 06757163000822560	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: JB Hunt Intermodal	
Name:	Macys /Bloom Consolidation Center	DC#:	
		Div.	
Address:	14141 Alondra Boulevard	Trailer number:	JBHZ 665596
		Seal number(s):	2149231
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	HJBI
SID#:		Pro Number:	NA
		FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 53488041		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4297044	4	30.15	Y	N	06757163000822454	BA	
4297044	9	72.00	Y	N	06757163000822461	CI	
4297044	4	31.26	Y	N	06757163000822478	CL	
4297044	1	8.37	Y	N	06757163000822485	DV	
4297044	1	8.37	Y	N	06757163000822492	HA	
4297044	4	29.04	Y	N	06757163000822508	JP	
4297044	11	83.19	Y	N	06757163000822515	SC	
4297044	2	14.52	Y	N	06757163000822522	ST	
4297044	2	14.52	Y	N	06757163000822539	SW	
4297044	1	8.37	Y	N	06757163000822546	TM	
4297044	1	8.37	Y	N	06757163000822553	TU	
Grand Total	40	308.16					

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 / 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.
 9-7-23

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.
 9-7

SHIP FROM		Master Bill of Lading Number: 06757163000822560	
Name: E & E COMPANY LTD			
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#: _____		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: JB Hunt Intermodal	
Name: Macys /Bloom Consolidation Center		DC#: _____	
		Div. _____	
Address: 14141 Alondra Boulevard		Trailer number: JBHZ 665596	
		Seal number(s): 2149231	
City/State/Zip: Santa Fe Spgs, CA 90670		SCAC: HJBI	
SID#: _____		Pro Number: NA	
		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip: _____		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM	
SPECIAL INSTRUCTIONS:			
Load #: 53488041			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			<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>	NMFC #	CLASS
11	Pallet			550.00		Pallet		70
		40	ctns	308.16		Throws,Blankets	49040	150
11				858.16		Grand Total		

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

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

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

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

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

Shipper Signature

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


Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
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CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 9/7/2023 12:21:21 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Denver DC
Address:	221 Hanson Way	Address:	510 East 51st Ave
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Denver, CO 80216
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000822485		Trailer number: JBHZ 665596	
		Seal number(s): 2149231	
(402)06757163000822485		SCAC: HJBI	
CARRIER NAME: JB Hunt Intermodal		Pro Number: NA	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Trailer number: JBHZ 665596		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Seal number(s): 2149231		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SCAC: HJBI		Appointment Time	
Pro Number: NA		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 53488041		PM	
Packing List is Attached		AM	
		PM	
		AM	
		PM	
		AM	
		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4297044	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 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	8.37		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 DENVER DC

Ship Date: 09/07/2023

SHIP FROM:

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

BILL TO:


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

SHIP TO:

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

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4297044	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
Total Cartons Shipped: 1

SHIP FROM		Bill of Lading Number: 06757163000822478	
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000822478	
City/State/Zip: Woodland, CA 95776	SID#:		
PHONE:	VENDOR:		
SHIP TO		CARRIER NAME: JB Hunt Intermodal	
Name: Macys Home Minooka DC	Location #: CL	Responsible Acct.No:	
Address: 601 Midpoint Rd.	City/State/Zip: Minooka, IL 60447	Trailer number: JBHZ 665596	
CID#:	Dept: 0784	Seal number(s): 2149231	
	FOB: <input type="checkbox"/>	SCAC: HJBI	
		Pro Number: NA	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Address:	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
City/State/Zip:	SPECIAL INSTRUCTIONS: Load #: 53488041	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
			AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4297044	4	31.26	Y N	
Grand Total	4	31.26		

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	31.26		Throws,Blankets	49040	150
1		4		81.26		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.
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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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Customer: MACYS HOME MINOOKA DC

Ship Date: 09/07/2023

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
4297044	100168267K	MCG51-4298	766390778829	Fleece Blanket	EA	2	4	2	4	2
4297044	100168267FQ	MCG51-4300	766390778782	Fleece Blanket	EA	2	2	1	2	1
4297044	100168267FQ	MCG51-4303	766390778744	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 31.26
Total Quantity Ordered: 8
Total Cartons Ordered: 4
Total Quantity Shipped: 8
Total Cartons Shipped: 4

Date: 9/7/2023 12:21:23 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home South Windsor DC Location #: SW
Address:	221 Hanson Way	Address:	301 Governors Hwy
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	South Windsor, CT 06074
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000822539		Trailer number: JBHZ 665596	
		Seal number(s): 2149231	
(402)06757163000822539		SCAC: HJBI	
CARRIER NAME: JB Hunt Intermodal		Pro Number: NA	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party:	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
SPECIAL INSTRUCTIONS:		THIRD PARTY FREIGHT CHARGES BILL TO:	
Load #: 53488041		Name:	
Packing List is Attached		Address:	
		City/State/Zip:	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4297044	2	14.52	Y	N	
Grand Total	2	14.52			

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	14.52		Throws,Blankets	49040	150
1		2		64.52		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 SOUTH WINDSOR DC

Ship Date: 09/07/2023

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
4297044	100168267FQ	MCG51-4297	766390778768	Fleece Blanket	EA	2	2	1	2	1
4297044	100168267FQ	MCG51-4300	766390778782	Fleece Blanket	EA	2	2	1	2	1

Total Weight:	14.52
Total Quantity Ordered:	4
Total Cartons Ordered:	2
Total Quantity Shipped:	4
Total Cartons Shipped:	2

Date: 9/7/2023 12:21:24 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys 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:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000822546		Trailer number: JBHZ 665596	
		Seal number(s): 2149231	
(402)06757163000822546		SCAC: HJBI	
CARRIER NAME: JB Hunt Intermodal		Pro Number: NA	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 53488041			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4297044	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 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	8.37		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 TOMBALL DC

Ship Date: 09/07/2023


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
4297044	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
Total Cartons Shipped:	1

SHIP FROM		Bill of Lading Number: 06757163000822522	
Name: E & E COMPANY LTD		 (402)06757163000822522	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: JB Hunt Intermodal	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: JBHZ 665596	
Name: Macys Home Stone Mountain DC Location #: ST		Seal number(s): 2149231	
Address: 4401 Sarr Parkway		SCAC: HJBI	
City/State/Zip: Stone Mountain, GA 30083		Pro Number: NA	
CID#:			
Dept: 0784			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 53488041		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4297044	2	14.52	Y N	
Grand Total	2	14.52		

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	14.52		Throws,Blankets	49040	150
1		2		64.52		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>
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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.
--	--	--	---

Customer: MACYS HOME STONE MOUNTAIN DC

Ship Date: 09/07/2023

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
4297044	100168267FQ	MCG51-4300	766390778782	Fleece Blanket	EA	2	2	1	2	1
4297044	100168267FQ	MCG51-4303	766390778744	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 14.52
Total Quantity Ordered: 4
Total Cartons Ordered: 2
Total Quantity Shipped: 4
Total Cartons Shipped: 2

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

Bill of Lading Number: 06757163000822461

 (402)06757163000822461

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: 0784 FOB:

CARRIER NAME: JB Hunt Intermodal
 Responsible Acct.No: _____
 Trailer number: JBHZ 665596
 Seal number(s): 2149231

SCAC: HJBI
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
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: 53488041
 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
4297044	9	72.00	Y N	
Grand Total	9	72.00		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	72.00		Throws,Blankets	49040	150
1		9		122.00		Grand Total		

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

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

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

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

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

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

Trailer Loaded:
 By Shipper
 By Driver

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

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

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 09/07/2023

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
4297044	100168267K	MCG51-4295	766390778812	Fleece Blanket	EA	2	2	1	2	1
4297044	100168267K	MCG51-4298	766390778829	Fleece Blanket	EA	2	6	3	6	3
4297044	100168267FQ	MCG51-4300	766390778782	Fleece Blanket	EA	2	4	2	4	2
4297044	100168267K	MCG51-4301	766390778843	Fleece Blanket	EA	2	4	2	4	2
4297044	100168267FQ	MCG51-4303	766390778744	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 72
Total Quantity Ordered: 18
Total Cartons Ordered: 9
Total Quantity Shipped: 18
Total Cartons Shipped: 9

Date: 9/7/2023 12:21:28 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Secaucus DC Location #: SC
Address:	221 Hanson Way	Address:	500 Meadowlands Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000822515		Trailer number: JBHZ 665596	
		Seal number(s): 2149231	
(402)06757163000822515		SCAC: HJBI	
CARRIER NAME: JB Hunt Intermodal		Pro Number: NA	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 53488041			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4297044	11	83.19	Y N	
Grand Total	11	83.19		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	83.19		Throws,Blankets	49040	150
1		11		133.19		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: 09/07/2023

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
4297044	100168267FQ	MCG51-4294	766390778751	Fleece Blanket	EA	2	2	1	2	1
4297044	100168267K	MCG51-4295	766390778812	Fleece Blanket	EA	2	2	1	2	1
4297044	100168267FQ	MCG51-4297	766390778768	Fleece Blanket	EA	2	4	2	4	2
4297044	100168267FQ	MCG51-4300	766390778782	Fleece Blanket	EA	2	4	2	4	2
4297044	100168267K	MCG51-4301	766390778843	Fleece Blanket	EA	2	4	2	4	2
4297044	100168267FQ	MCG51-4303	766390778744	Fleece Blanket	EA	2	6	3	6	3

Total Weight: 83.19
Total Quantity Ordered: 22
Total Cartons Ordered: 11
Total Quantity Shipped: 22
Total Cartons Shipped: 11

SHIP FROM		Bill of Lading Number: 06757163000822553	
Name: E & E COMPANY LTD		 (402)06757163000822553	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: JB Hunt Intermodal	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: JBHZ 665596	
VENDOR:		Seal number(s): 2149231	
SHIP TO		SCAC: HJBI	
Name: Macys Home Tukwila DC Location #: TU		Pro Number: NA	
Address: 17000 Southcenter Parkway			
City/State/Zip: Tukwila, WA 98188			
CID#:			
Dept: 0784			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 53488041		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
4297044	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 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	8.37		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:	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 TUKWILA DC

Ship Date: 09/07/2023

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
4297044	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
Total Cartons Shipped: 1

SHIP FROM		Bill of Lading Number: 06757163000822492	
Name: E & E COMPANY LTD		 (402)06757163000822492	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: JB Hunt Intermodal	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: JBHZ 665596	
VENDOR:		Seal number(s): 2149231	
SHIP TO		SCAC: HJBI	
Name: Macys Home Hayward DC Location #: HA		Pro Number: NA	
Address: 28701 Hall Road			
City/State/Zip: Hayward, CA 94545			
CID#:			
Dept: 0784			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 53488041		Appointment Time Actual Driver Arrival Time Driver Departure Time	
Packing List is Attached		AM AM AM PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4297044	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 stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</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. <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.
--	---	---	---

Customer: MACYS HOME HAYWARD DC

Ship Date: 09/07/2023

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
4297044	100168267K	MCG51-4298	766390778829	Fleece Blanket	EA	2	2	1	2	1

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

Date: 9/7/2023 12:21:31 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Bailey Rd DC Location #: BA
Address:	221 Hanson Way	Address:	300 South Bailey Road
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	North Jackson, OH 44451
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000822454		Trailer number: JBHZ 665596	
		Seal number(s): 2149231	
(402)06757163000822454		SCAC: HJBI	
CARRIER NAME: JB Hunt Intermodal		Pro Number: NA	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party: <input type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 53488041		PM	
Packing List is Attached		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4297044	4	30.15	Y N	
Grand Total	4	30.15		

CARRIER INFORMATION							
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE		Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
1	Pallet			50.00	Pallet		
		4	ctns	30.15	Throws,Blankets	49040	150
1		4		80.15	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 BAILEY RD DC

Ship Date: 09/07/2023

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
4297044	100168267FQ	MCG51-4294	766390778751	Fleece Blanket	EA	2	2	1	2	1
4297044	100168267K	MCG51-4295	766390778812	Fleece Blanket	EA	2	2	1	2	1
4297044	100168267FQ	MCG51-4303	766390778744	Fleece Blanket	EA	2	4	2	4	2

Total Weight: 30.15
Total Quantity Ordered: 8
Total Cartons Ordered: 4
Total Quantity Shipped: 8
Total Cartons Shipped: 4

Date: 9/7/2023 12:21:32 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Joppa DC Location #: JP
Address:	221 Hanson Way	Address:	3300 Fashion Way
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Joppa, MD 21085
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000822508		Trailer number: JBHZ 665596	
		Seal number(s): 2149231	
(402)06757163000822508		SCAC: HJBI	
CARRIER NAME: JB Hunt Intermodal		Pro Number: NA	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party:	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 53488041		PM	
Packing List is Attached		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4297044	4	29.04	Y N	
Grand Total	4	29.04		

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 #
1	Pallet			50.00	Pallet		
		4	ctns	29.04	Throws,Blankets	49040	150
1		4		79.04	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: 09/07/2023

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
4297044	100168267FQ	MCG51-4297	766390778768	Fleece Blanket	EA	2	8	4	8	4

Total Weight: 29.04
Total Quantity Ordered: 8
Total Cartons Ordered: 4
Total Quantity Shipped: 8
Total Cartons Shipped: 4

Customer: MACYS HOME HAYWARD DC

Ship Date: 09/07/2023

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
4297044	100168267K	MCG51-4298	766390778829	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: 9/7/2023 12:21:31 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000822454	
Name: E & E COMPANY LTD		 (402)06757163000822454	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: JB Hunt Intermodal	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: JBHZ 665596	
VENDOR: FOB: <input type="checkbox"/>		Seal number(s): 2149231	
SHIP TO		SCAC: HJBI	
Name: Macys Home Bailey Rd DC Location #: BA		Pro Number: NA	
Address: 300 South Bailey Road			
City/State/Zip: North Jackson, OH 44451			
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	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 53488041		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4297044	4	30.15	Y N	
Grand Total	4	30.15		

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	30.15		Throws,Blankets	49040	150
1		4		80.15		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>
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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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Customer: MACYS HOME BAILEY RD DC

Ship Date: 09/07/2023

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
4297044	100168267FQ	MCG51-4294	766390778751	Fleece Blanket	EA	2	2	1	2	1
4297044	100168267K	MCG51-4295	766390778812	Fleece Blanket	EA	2	2	1	2	1
4297044	100168267FQ	MCG51-4303	766390778744	Fleece Blanket	EA	2	4	2	4	2

Total Weight: 30.15
 Total Quantity Ordered: 8
 Total Cartons Ordered: 4
 Total Quantity Shipped: 8
 Total Cartons Shipped: 4

Date: 9/7/2023 12:21:32 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000822508	
Name: E & E COMPANY LTD		 (402)06757163000822508	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: JB Hunt Intermodal	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: JBHZ 665596	
Name: Macys Home Joppa DC Location #: JP		Seal number(s): 2149231	
Address: 3300 Fashion Way		SCAC: HJBI	
City/State/Zip: Joppa, MD 21085		Pro Number: NA	
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: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 53488041 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4297044	4	29.04	Y N	
Grand Total	4	29.04		

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	29.04		Throws,Blankets	49040	150
1		4		79.04		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. <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: 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 JOPPA DC

Ship Date: 09/07/2023

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
4297044	100168267FQ	MCG51-4297	766390778768	Fleece Blanket	EA	2	8	4	8	4

Total Weight: 29.04
Total Quantity Ordered: 8
Total Cartons Ordered: 4
Total Quantity Shipped: 8