

Date: 4/29/2024 1:33:30 PM

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: 06757163000879106

SHIP TO

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

CARRIER NAME: FedEx Freight Economy

Trailer number: x7179
 Seal number(s): _____
 SCAC: FXNL
 Pro Number: 9193470823

THIRD PARTY FREIGHT CHARGES BILL TO:

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

Freight Charge Terms:



919347082-3



SPECIAL INSTRU
 Load #: 54042455

Prepaid: Collect: 3rd Party:

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

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 (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			- BOL#	DC#	Supplier#		
1070217	15	94.61	Y	N	06757163000878796	AZ	
1070217	26	167.02	Y	N	06757163000878802	BA	
1070217	100	630.41	Y	N	06757163000878819	CI	
1070217	20	127.83	Y	N	06757163000878826	CL	
1070217	1	5.72	Y	N	06757163000878833	DV	
1070217	49	320.39	Y	N	06757163000878840	HA	
1070217	20	124.32	Y	N	06757163000878864	JP	
1070217	49	325.26	Y	N	06757163000878871	SC	
1070217	93	607.63	Y	N	06757163000878895	ST	
1070217	38	248.23	Y	N	06757163000878918	SW	
1070217	32	200.91	Y	N	06757163000878925	TM	
1070217	23	143.02	Y	N	06757163000878949	TU	
1127527	1	7.26	Y	N	06757163000878888	SC	

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 / 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.
 _____ 4/29/24

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.
 4-29-2024 1757786 (8) [Signature]

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

Master Bill of Lading Number: 06757163000879106

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

CARRIER NAME: FedEx Freight Economy
 Trailer number: x7179
 Seal number(s): _____
 SCAC: FXNL
 Pro Number: 9193470823

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 54042455

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
1127527	3	21.78	Y	N	06757163000878901	ST	
1129573	1	7.26	Y	N	06757163000878758	AZ	
1129573	1	8.37	Y	N	06757163000878765	BA	
1129573	3	21.78	Y	N	06757163000878772	CI	
1129573	1	7.26	Y	N	06757163000878789	CL	
1129573	1	7.26	Y	N	06757163000878857	HA	
1129573	3	21.78	Y	N	06757163000878888	SC	
1129573	1	7.26	Y	N	06757163000878901	ST	
1129573	3	21.78	Y	N	06757163000878932	TM	
Grand Total	484	3127.14					

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

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

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

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

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

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

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

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

Date: 4/29/2024 1:33:30 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000879106	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: FedEx Freight Economy	
Name: Macys /Bloom Consolidation Center DC#: _____ Div. _____ Address: 14141 Alondra Boulevard City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: x7179 Seal number(s): _____ SCAC: FXNL Pro Number: 9193470823	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 54042455		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CARRIER INFORMATION							LTL ONLY	
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>		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
228	Pallet			1100.00	(X)	Pallet		70
		484	ctns	3127.14		Throws, Blankets	49260	175
228				4227.14		Grand Total		

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

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

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

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

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

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


Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
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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: 4/29/2024 1:33:20 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Hayward DC Location #: HA
Address:	221 Hanson Way	Address:	28701 Hall Road
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Hayward, CA 94545
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000878857		Trailer number: x7179	
		Seal number(s):	
(402)06757163000878857		SCAC: FXNL	
CARRIER NAME: FedEx Freight Economy		Pro Number: 9193470823	
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"/>	
SPECIAL INSTRUCTIONS: Load #: 54042455 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

THIRD PARTY FREIGHT CHARGES BILL TO:

CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP
1129573	1	7.26	Y N
Grand Total	1	7.26	
CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)
QTY	TYPE	QTY	TYPE
1	Pallet		
		1	ctns
		7.26	
1		1	
		57.26	
Grand Total			

CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP
1129573	1	7.26	Y N
Grand Total	1	7.26	
CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)
QTY	TYPE	QTY	TYPE
1	Pallet		
		1	ctns
		7.26	
1		1	
		57.26	
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: 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: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1129573	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 7.26
Total Quantity Ordered: 2
Total Cartons Ordered: 1
Total Quantity Shipped: 2
Total Cartons Shipped: 1

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000878796	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000878796	
SHIP TO		CARRIER NAME: FedEx Freight Economy	
Name: Macys Home Goodyear DC Location #: AZ Address: 16575 West Commerce Lane City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: x7179 Seal number(s): _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: FXNL	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: 9193470823	
SPECIAL INSTRUCTIONS: Load #: 54042455 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1070217	15	94.61	Y	N	
Grand Total	15	94.61			

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		
		15	ctns	94.61		Throws,Blankets	49260	175
1		15		144.61		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. <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 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 GOODYEAR DC

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4293	766390778874	Fleece Blanket	EA	2	8	4	8	4
1070217	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4296	766390778881	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	8	4	8	4
1070217	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	6	3	6	3
1070217	N/A	MCG51-4304	766390778805	Fleece Blanket	EA	2	2	1	2	1

Total Weight:	94.61
Total Quantity Ordered:	30
Total Cartons Ordered:	15
Total Quantity Shipped:	30
Total Cartons Shipped:	15

Date: 4/29/2024 1:33:21 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000878918	
Name: E & E COMPANY LTD		 (402)06757163000878918	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: FedEx Freight Economy	
		Responsible Acct.No:	

SHIP TO		Trailer number: x7179	
Name: Macys Home South Windsor DC Location #: SW		Seal number(s):	
Address: 301 Governors Hwy		SCAC: FXNL	
City/State/Zip: South Windsor, CT 06074		Pro Number: 9193470823	
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 underlying Bills of Lading (check box)		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS: Load #: 54042455		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1070217	38	248.23	Y N	
Grand Total	38	248.23		

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		
		38	ctns	248.23		Throws,Blankets	49260	175
1		38		298.23		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 / 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 SOUTH WINDSOR DC

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4293	766390778874	Fleece Blanket	EA	2	16	8	16	8
1070217	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4295	766390778812	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4296	766390778881	Fleece Blanket	EA	2	12	6	12	6
1070217	N/A	MCG51-4297	766390778768	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4298	766390778829	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	18	9	18	9
1070217	N/A	MCG51-4300	766390778782	Fleece Blanket	EA	2	6	3	6	3
1070217	N/A	MCG51-4301	766390778843	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4304	766390778805	Fleece Blanket	EA	2	4	2	4	2

Total Weight: 248.23
Total Quantity Ordered: 76
Total Cartons Ordered: 38
Total Quantity Shipped: 76
Total Cartons Shipped: 38

Date: 4/29/2024 1:33:22 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Stone Mountain DC Location #: ST
Address:	221 Hanson Way	Address:	4401 Sarr Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Stone Mountain, GA 30083
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000878901		Trailer number: x7179	
		Seal number(s):	
(402)06757163000878901		SCAC: FXNL	
CARRIER NAME: FedEx Freight Economy		Pro Number: 9193470823	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Trailer number: x7179		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Seal number(s):		<input type="checkbox"/> 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
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 54042455			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1127527	3	21.78	Y N	
1129573	1	7.26	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	49260	175
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 STONE MOUNTAIN DC

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1127527	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	4	2	4	2
1127527	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	2	1	2	1
1129573	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	2	1	2	1

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

Date: 4/29/2024 1:33:22 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Tukwila DC Location #: TU
Address:	221 Hanson Way	Address:	17000 Southcenter Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Tukwila, WA 98188
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000878949		Trailer number: x7179	
		Seal number(s):	
(402)06757163000878949		SCAC: FXNL	
CARRIER NAME: FedEx Freight Economy		Pro Number: 9193470823	
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	

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:		
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS:	Load #: 54042455	
Packing List is Attached		

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1070217	23	143.02	Y N	
Grand Total	23	143.02		

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		
		23	ctns	143.02		Throws,Blankets	49260	175
1		23		193.02		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: 04/29/2024

SHIP FROM:

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

BILL TO:


MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4293	766390778874	Fleece Blanket	EA	2	12	6	12	6
1070217	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4295	766390778812	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4296	766390778881	Fleece Blanket	EA	2	12	6	12	6
1070217	N/A	MCG51-4297	766390778768	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	10	5	10	5
1070217	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 143.02
Total Quantity Ordered: 46
Total Cartons Ordered: 23
Total Quantity Shipped: 46
Total Cartons Shipped: 23

SHIP FROM	Bill of Lading Number: 06757163000878758
Name: E & E COMPANY LTD	 (402)06757163000878758
Address: 221 Hanson Way	
City/State/Zip: Woodland, CA 95776	
SID#:	
PHONE:	CARRIER NAME: FedEx Freight Economy
VENDOR: FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO	Trailer number: x7179
Name: Macys Home Goodyear DC Location #: AZ	Seal number(s):
Address: 16575 West Commerce Lane	SCAC: FXNL
City/State/Zip: Goodyear, AZ 85338	Pro Number: 9193470823
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:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:	AM	AM	AM
Load #: 54042455	PM	PM	PM
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1129573	1	7.26	Y N	
Grand Total	1	7.26		

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		
		1	ctns	7.26		Throws,Blankets	49260	175
1		1		57.26		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. <p style="text-align: right;">Shipper Signature</p>
--	---

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

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1129573	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 7.26
Total Quantity Ordered: 2
Total Cartons Ordered: 1
Total Quantity Shipped: 2
Total Cartons Shipped: 1

Date: 4/29/2024 1:33:23 PM

Bill Of Lading

Page 1 of 1

SHIP FROM					SHIP TO				
Name: E & E COMPANY LTD					Name: Macys Home Minooka DC Location #: CL				
Address: 221 Hanson Way					Address: 601 Midpoint Rd.				
City/State/Zip: Woodland, CA 95776					City/State/Zip: Minooka, IL 60447				
SID#:					CID#:				
PHONE:					Dept: 0784				
VENDOR:					FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757163000878789					Trailer number: x7179				
					Seal number(s):				
(402)06757163000878789					SCAC: FXNL				
CARRIER NAME: FedEx Freight Economy					Pro Number: 9193470823				
Responsible Acct.No:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Prepaid:					Collect: X				
					3rd Party:				
<input type="checkbox"/>					Master Bill of Lading: with attached				
(check box)					underlying Bills of Lading				
Appointment Time			Actual Driver Arrival Time			Driver Departure Time			
AM			AM			AM			
PM			PM			PM			
THIRD PARTY FREIGHT CHARGES BILL TO:									
Name:					SPECIAL INSTRUCTIONS:				
Address:					Load #: 54042455				
City/State/Zip:					Packing List is Attached				
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
1129573			1	7.26	Y	N			
Grand Total			1	7.26					
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			
		1	ctns	7.26		Throws,Blankets	49260	175	
1		1		57.26		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: 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: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1129573	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 7.26
Total Quantity Ordered: 2
Total Cartons Ordered: 1
Total Quantity Shipped: 2
Total Cartons Shipped: 1

Date: 4/29/2024 1:33:24 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Los Angeles DC Location #: CI
Address:	221 Hanson Way	Address:	15541 East Gale Ave
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	City of Industry, CA 91745
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000878819		Trailer number: x7179	
		Seal number(s):	
(402)06757163000878819		SCAC: FXNL	
CARRIER NAME: FedEx Freight Economy		Pro Number: 9193470823	
Responsible Acct.No:		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	
<input type="checkbox"/>		(check box)	
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 #: 54042455			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1070217	100	630.41	Y	N	
Grand Total	100	630.41			

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		
		100	ctns	630.41		Throws,Blankets	49260	175
2		100		730.41		Grand Total		

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:


MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4293	766390778874	Fleece Blanket	EA	2	42	21	42	21
1070217	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	14	7	14	7
1070217	N/A	MCG51-4295	766390778812	Fleece Blanket	EA	2	8	4	8	4
1070217	N/A	MCG51-4296	766390778881	Fleece Blanket	EA	2	44	22	44	22
1070217	N/A	MCG51-4297	766390778768	Fleece Blanket	EA	2	6	3	6	3
1070217	N/A	MCG51-4298	766390778829	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	54	27	54	27
1070217	N/A	MCG51-4300	766390778782	Fleece Blanket	EA	2	14	7	14	7
1070217	N/A	MCG51-4301	766390778843	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4304	766390778805	Fleece Blanket	EA	2	6	3	6	3

Total Weight: 630.41
Total Quantity Ordered: 200
Total Cartons Ordered: 100
Total Quantity Shipped: 200
Total Cartons Shipped: 100

SHIP FROM	Bill of Lading Number: 06757163000878840
Name: E & E COMPANY LTD	 (402)06757163000878840
Address: 221 Hanson Way	
City/State/Zip: Woodland, CA 95776	
SID#:	
PHONE:	CARRIER NAME: FedEx Freight Economy
VENDOR:	Responsible Acct.No:

SHIP TO	Trailer number: x7179
Name: Macys Home Hayward DC Location #: HA	Seal number(s):
Address: 28701 Hall Road	SCAC: FXNL
City/State/Zip: Hayward, CA 94545	Pro Number: 9193470823
CID#:	
Dept: 0784	FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:									
Name:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)									
Address:										
City/State/Zip:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time								
AM	AM	AM								
PM	PM	PM								
SPECIAL INSTRUCTIONS: Load #: 54042455										
Packing List is Attached										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1070217	49	320.39	Y N	
Grand Total	49	320.39		

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		
		49	ctns	320.39		Throws,Blankets	49260	175
1		49		370.39		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 / DATE <small>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.</small>	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 <small>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.</small>
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Shipper Signature

Customer: MACYS HOME HAYWARD DC

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4293	766390778874	Fleece Blanket	EA	2	34	17	34	17
1070217	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	10	5	10	5
1070217	N/A	MCG51-4295	766390778812	Fleece Blanket	EA	2	8	4	8	4
1070217	N/A	MCG51-4296	766390778881	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4297	766390778768	Fleece Blanket	EA	2	6	3	6	3
1070217	N/A	MCG51-4298	766390778829	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	20	10	20	10
1070217	N/A	MCG51-4300	766390778782	Fleece Blanket	EA	2	10	5	10	5
1070217	N/A	MCG51-4301	766390778843	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 320.39
Total Quantity Ordered: 98
Total Cartons Ordered: 49
Total Quantity Shipped: 98
Total Cartons Shipped: 49

Date: 4/29/2024 1:33:25 PM

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: 06757163000878765



CARRIER NAME: FedEx Freight Economy

Responsible Acct.No: _____

SHIP TO

Name: Macys Home Bailey Rd DC Location #: BA
 Address: 300 South Bailey Road
 City/State/Zip: North Jackson, OH 44451
 CID#: _____
 Dept: 0784

FOB:

Trailer number: x7179

Seal number(s): _____

SCAC: FXNL

Pro Number: 9193470823

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:

Load #: 54042455

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
1129573	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	49260	175
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 BAILEY RD DC

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:


MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1129573	N/A	MCG51-4301	766390778843	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: 06757163000878772										
Name: E & E COMPANY LTD		 (402)06757163000878772										
Address: 221 Hanson Way												
City/State/Zip: Woodland, CA 95776												
SID#:												
PHONE:		CARRIER NAME: FedEx Freight Economy										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: x7179										
Name: Macys Home Los Angeles DC Location #: CI		Seal number(s):										
Address: 15541 East Gale Ave		SCAC: FXNL										
City/State/Zip: City of Industry, CA 91745		Pro Number: 9193470823										
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:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 54042455 Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1129573	3	21.78	Y N	
Grand Total	3	21.78		

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	21.78		Throws,Blankets	49260	175
1		3		71.78		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.
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Customer: MACYS HOME LOS ANGELES DC

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:


MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1129573	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	6	3	6	3

Total Weight: 21.78
Total Quantity Ordered: 6
Total Cartons Ordered: 3
Total Quantity Shipped: 6
Total Cartons Shipped: 3

SHIP FROM		Bill of Lading Number: 06757163000878826										
Name: E & E COMPANY LTD		 (402)06757163000878826										
Address: 221 Hanson Way												
City/State/Zip: Woodland, CA 95776												
SID#:												
PHONE:		CARRIER NAME: FedEx Freight Economy										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: x7179										
Name: Macys Home Minooka DC Location #: CL		Seal number(s):										
Address: 601 Midpoint Rd.		SCAC: FXNL										
City/State/Zip: Minooka, IL 60447		Pro Number: 9193470823										
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 (check box) underlying Bills of Lading										
City/State/Zip:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 54042455												
Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1070217	20	127.83	Y N	
Grand Total	20	127.83		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		20	ctns	127.83		Throws,Blankets	49260	175
1		20		177.83		Grand Total		

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

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

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

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

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

Shipper Signature

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

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4293	766390778874	Fleece Blanket	EA	2	12	6	12	6
1070217	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	8	4	8	4
1070217	N/A	MCG51-4296	766390778881	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4297	766390778768	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4298	766390778829	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	8	4	8	4
1070217	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	4	2	4	2

Total Weight: 127.83
Total Quantity Ordered: 40
Total Cartons Ordered: 20
Total Quantity Shipped: 40
Total Cartons Shipped: 20

Date: 4/29/2024 1:33:26 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Tomball DC Location #: TM
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: 06757163000878932		Trailer number: x7179	
		Seal number(s):	
(402)06757163000878932		SCAC: FXNL	
CARRIER NAME: FedEx Freight Economy		Pro Number: 9193470823	
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 #: 54042455			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1129573	3	21.78	Y N	
Grand Total	3	21.78		

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	21.78		Throws,Blankets	49260	175
1		3		71.78		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: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1129573	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	2	1	2	1
1129573	N/A	MCG51-4300	766390778782	Fleece Blanket	EA	2	2	1	2	1
1129573	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	2	1	2	1

Total Weight:	21.78
Total Quantity Ordered:	6
Total Cartons Ordered:	3
Total Quantity Shipped:	6
Total Cartons Shipped:	3

Date: 4/29/2024 1:33:27 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000878864	
Name: E & E COMPANY LTD		 (402)06757163000878864	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:		CARRIER NAME: FedEx Freight Economy	
PHONE:		Responsible Acct.No:	
VENDOR:		Trailer number: x7179	
SHIP TO		Seal number(s):	
Name: Macys Home Joppa DC Location #: JP		SCAC: FXNL	
Address: 3300 Fashion Way		Pro Number: 9193470823	
City/State/Zip: Joppa, MD 21085			
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 (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS: Load #: 54042455 Packing List is Attached		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1070217	20	124.32	Y N	
Grand Total	20	124.32		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		20	ctns	124.32		Throws,Blankets	49260	175
1		20		174.32		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 / 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 JOPPA DC

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4293	766390778874	Fleece Blanket	EA	2	16	8	16	8
1070217	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4296	766390778881	Fleece Blanket	EA	2	6	3	6	3
1070217	N/A	MCG51-4297	766390778768	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4298	766390778829	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	8	4	8	4
1070217	N/A	MCG51-4304	766390778805	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 124.32
Total Quantity Ordered: 40
Total Cartons Ordered: 20
Total Quantity Shipped: 40
Total Cartons Shipped: 20

Date: 4/29/2024 1:33:27 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000878925



CARRIER NAME: FedEx Freight Economy
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Tomball DC Location #: TM
 Address: 19201 Hamish Rd
 City/State/Zip: Tomball, TX 77377
 CID#: _____
 Dept: 0784

Trailer number: x7179
 Seal number(s): _____

SCAC: FXNL
 Pro Number: 9193470823

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

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

City/State/Zip: _____

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 54042455
 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
1070217	32	200.91	Y N	
Grand Total	32	200.91		

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		
		32	ctns	200.91		Throws,Blankets	49260	175
1		32		250.91		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: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4293	766390778874	Fleece Blanket	EA	2	14	7	14	7
1070217	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4295	766390778812	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4296	766390778881	Fleece Blanket	EA	2	16	8	16	8
1070217	N/A	MCG51-4298	766390778829	Fleece Blanket	EA	2	6	3	6	3
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	18	9	18	9
1070217	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	4	2	4	2

Total Weight: 200.91
Total Quantity Ordered: 64
Total Cartons Ordered: 32
Total Quantity Shipped: 64
Total Cartons Shipped: 32

Date: 4/29/2024 1:33:28 PM

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: 06757163000878895



CARRIER NAME: FedEx Freight Economy

Responsible Acct.No: _____

SHIP TO

Name: Macys Home Stone Mountain DC Location #: ST
 Address: 4401 Sarr Parkway
 City/State/Zip: Stone Mountain, GA 30083
 CID#: _____
 Dept: 0784

Trailer number: x7179

Seal number(s): _____

SCAC: FXNL

Pro Number: 9193470823

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

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

City/State/Zip: _____

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

SPECIAL INSTRUCTIONS:

Load #: 54042455
 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
1070217	93	607.63	Y N	
Grand Total	93	607.63		

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		
		93	ctns	607.63		Throws,Blankets	49260	175
2		93		707.63		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 STONE MOUNTAIN DC

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4293	766390778874	Fleece Blanket	EA	2	56	28	56	28
1070217	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	8	4	8	4
1070217	N/A	MCG51-4295	766390778812	Fleece Blanket	EA	2	8	4	8	4
1070217	N/A	MCG51-4296	766390778881	Fleece Blanket	EA	2	30	15	30	15
1070217	N/A	MCG51-4297	766390778768	Fleece Blanket	EA	2	6	3	6	3
1070217	N/A	MCG51-4298	766390778829	Fleece Blanket	EA	2	10	5	10	5
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	32	16	32	16
1070217	N/A	MCG51-4300	766390778782	Fleece Blanket	EA	2	6	3	6	3
1070217	N/A	MCG51-4301	766390778843	Fleece Blanket	EA	2	12	6	12	6
1070217	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	6	3	6	3
1070217	N/A	MCG51-4304	766390778805	Fleece Blanket	EA	2	12	6	12	6

Total Weight: 607.63
Total Quantity Ordered: 186
Total Cartons Ordered: 93
Total Quantity Shipped: 186
Total Cartons Shipped: 93

Date: 4/29/2024 1:33:28 PM

Bill Of Lading

SHIP FROM	
Name:	E & E COMPANY LTD
Address:	221 Hanson Way
City/State/Zip:	Woodland, CA 95776
SID#:	
PHONE:	
VENDOR:	FOB: <input type="checkbox"/>

Bill of Lading Number: 06757163000878802



(402)06757163000878802

CARRIER NAME: FedEx Freight Economy

Responsible Acct.No:

Trailer number: x7179

Seal number(s):

SHIP TO	
Name:	Macys Home Bailey Rd DC Location #: BA
Address:	300 South Bailey Road
City/State/Zip:	North Jackson, OH 44451
CID#:	
Dept:	0784 FOB: <input type="checkbox"/>

SCAC: FXNL

Pro Number: 9193470823

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 #: 54042455

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
1070217	26	167.02	Y N	
Grand Total	26	167.02		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		26	ctns	167.02		Throws,Blankets	49260	175
1		26		217.02		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: <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: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4293	766390778874	Fleece Blanket	EA	2	12	6	12	6
1070217	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	6	3	6	3
1070217	N/A	MCG51-4295	766390778812	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4296	766390778881	Fleece Blanket	EA	2	8	4	8	4
1070217	N/A	MCG51-4297	766390778768	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4298	766390778829	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	14	7	14	7
1070217	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4304	766390778805	Fleece Blanket	EA	2	2	1	2	1

Total Weight:	167.02
Total Quantity Ordered:	52
Total Cartons Ordered:	26
Total Quantity Shipped:	52
Total Cartons Shipped:	26

Date: 4/29/2024 1:33:29 PM

Bill of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000878833



CARRIER NAME: FedEx Freight Economy

Responsible Acct.No: _____

Trailer number: x7179

Seal number(s): _____

SCAC: FXNL

Pro Number: 9193470823

SHIP TO

Name: Macys Home Denver DC Location #: DV
 Address: 510 East 51st Ave
 City/State/Zip: Denver, CO 80216
 CID#: _____
 Dept: 0784

FOB:

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:

Load #: 54042455

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
1070217	1	5.72	Y N	
Grand Total	1	5.72		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	5.72		Throws,Blankets	49260	175
1		1		55.72		Grand Total		

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

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

 Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME DENVER DC

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 5.72
Total Quantity Ordered: 2
Total Cartons Ordered: 1
Total Quantity Shipped: 2
Total Cartons Shipped: 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: 06757163000878871



(402)06757163000878871

SHIP TO

Name: Macys Home Secaucus DC Location #: SC
 Address: 500 Meadowlands Parkway
 City/State/Zip: Secaucus, NJ 07094
 CID#: _____
 Dept: 0784 FOB:

CARRIER NAME: FedEx Freight Economy
 Responsible Acct.No: _____
 Trailer number: x7179
 Seal number(s): _____

SCAC: FXNL
Pro Number: 9193470823

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 #: 54042455
 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
1070217	49	325.26	Y N	
Grand Total	49	325.26		

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		
		49	ctns	325.26		Throws,Blankets	49260	175
1		49		375.26		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: 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: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1070217	N/A	MCG51-4293	766390778874	Fleece Blanket	EA	2	22	11	22	11
1070217	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	8	4	8	4
1070217	N/A	MCG51-4295	766390778812	Fleece Blanket	EA	2	2	1	2	1
1070217	N/A	MCG51-4296	766390778881	Fleece Blanket	EA	2	14	7	14	7
1070217	N/A	MCG51-4298	766390778829	Fleece Blanket	EA	2	10	5	10	5
1070217	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	18	9	18	9
1070217	N/A	MCG51-4300	766390778782	Fleece Blanket	EA	2	12	6	12	6
1070217	N/A	MCG51-4301	766390778843	Fleece Blanket	EA	2	6	3	6	3
1070217	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	4	2	4	2
1070217	N/A	MCG51-4304	766390778805	Fleece Blanket	EA	2	2	1	2	1

Total Weight:	325.26
Total Quantity Ordered:	98
Total Cartons Ordered:	49
Total Quantity Shipped:	98
Total Cartons Shipped:	49

Date: 4/29/2024 1:33:30 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: 06757163000878888		Trailer number: x7179	
		Seal number(s):	
(402)06757163000878888		SCAC: FXNL	
CARRIER NAME: FedEx Freight Economy		Pro Number: 9193470823	
Responsible Acct.No:		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	
<input type="checkbox"/>		(check box)	
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 #: 54042455			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1127527	1	7.26	Y N	
1129573	3	21.78	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 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		
		4	ctns	29.04		Throws,Blankets	49260	175
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 SECAUCUS DC

Ship Date: 04/29/2024

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG 111 WHS
7 W 7TH ST,
CINCINNATI, OH 45202
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
1127527	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	2	1	2	1
1129573	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	2	1	2	1
1129573	N/A	MCG51-4300	766390778782	Fleece Blanket	EA	2	4	2	4	2

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