

Date: 8/26/2024 12:41:16 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000924721	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: US Xpress	
Name:	Macys Merge Center co Dynamic	DC#:	
		Div.:	
Address:	14141 Alondra Boulevard	Trailer number:	911234
		Seal number(s):	28792824
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	USXI
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 54287679		9:00 AM	11:15 AM
		PM	PM
		Driver Departure Time	12:45 AM
			PM


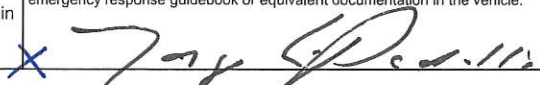
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
3162340	29	309.83	Y	N	06757163000924691	TU	
3162340	110	1209.56	Y	N	06757163000924660	ST	
3162340	9	97.77	Y	N	06757163000924639	DV	
3162340	87	928.39	Y	N	06757163000924653	JP	
3162340	44	463.32	Y	N	06757163000924646	HA	
3162340	1055	11337.47	Y	N	06757163000924608	BA	
3162340	137	1458.43	Y	N	06757163000924615	CI	
3162340	63	685.93	Y	N	06757163000924684	TM	
3162340	56	597.20	Y	N	06757163000924677	SW	
3162340	93	1005.67	Y	N	06757163000924622	CL	
Grand Total	1683	18093.57					

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  8/26/24	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. 
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SHIP FROM		Master Bill of Lading Number: 06757163000924721
Name: E & E COMPANY LTD		
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: US Xpress
Name: Macys Merge Center co Dynamic	DC#: _____	
	Div. _____	
Address: 14141 Alondra Boulevard		Trailer number: 911234
		Seal number(s): 28792824
City/State/Zip: Santa Fe Spgs, CA 90670		SCAC: USXI
SID#: _____	FOB: <input type="checkbox"/>	Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name: _____		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip: _____		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS: Load #: 54287679		AM PM	AM PM	AM PM

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
31	Pallet			1550.00		Pallet		70
		1683	ctns	18093.57		Comforters, Bedspreads	49017	200
31				19643.57		Grand Total		

<p>Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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Ship 8 Detention Waiver

Dear Carrier,

- You have arrived late and missed your scheduled appointment time. Every effort will be made to fit you into our schedule but please be advised that Ship 8 will NOT be responsible for any detention charges. If you wish you can make another appointment and reschedule if this is not acceptable.
- You have arrived early for your scheduled appointment. Please be advised that your loading time begins at your scheduled appointment time and OA Logistics will not be responsible for detention.

Date: 8-26-24

Carrier: US EXPRESS

B/L Number: 54287679

Scheduled Appointment time: 9:00 Am


Arrival Time: 11:15 Am

Driver Signature: Joy L. Padilla

OA Logistics Signature: [Signature]

Date: 8/26/2024 12:41:15 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000924677	
Name: E & E COMPANY LTD		 (402)06757163000924677	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: US Xpress	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 911234	
VENDOR:		Seal number(s): 28792824	
SHIP TO		SCAC: USXI	
Name: Macys Home South Windsor DC Location #: SW		Pro Number:	
Address: 301 Governors Hwy		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: South Windsor, CT 06074		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
CID#:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Dept: 0609		Appointment Time	
FOB: <input type="checkbox"/>		Actual Driver Arrival Time	
		Driver Departure Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		AM	
Name:		PM	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 54287679			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3162340	56	597.20	Y N	
Grand Total	56	597.20		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		56	ctns	597.20		Comforters, Bedspreads	49017	200
1		56		647.20		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

<p>SHIPPER SIGNATURE / DATE</p> <p><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></p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE</p> <p><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></p>
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Date: 8/26/2024 12:41:15 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:

FOB:

Bill of Lading Number: 06757163000924684



(402)06757163000924684

CARRIER NAME: US Xpress

Responsible Acct.No:

Trailer number: 911234

Seal number(s): 28792824

SCAC: USXI

Pro Number:

SHIP TO

Name: Macys Home Tomball DC Location #: TM
 Address: 19201 Hamish Rd

City/State/Zip: Tomball, TX 77377

CID#:

Dept: 0609

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 54287679

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
3162340	63	685.93	Y N	
Grand Total	63	685.93		

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		
		63	ctns	685.93		Comforters, Bedspreads	49017	200
1		63		735.93		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 8/26/2024 12:41:15 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Macys Home Joppa DC	Name:	
Address:	221 Hanson Way	Address:	3300 Fashion Way	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Joppa, MD 21085	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0609	Load #: 54287679	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000924653		Trailer number: 911234		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 28792824		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000924653		SCAC: USXI		Master Bill of Lading: with attached	
CARRIER NAME: US Xpress		Pro Number:		(check box) underlying Bills of Lading	
Responsible Acct.No:		Appointment Time		Actual Driver Arrival Time	
		AM		AM	
		PM		PM	
		Driver Departure Time		AM	
				PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3162340	87	928.39	Y N	
Grand Total	87	928.39		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		87	ctns	928.39		Comforters, Bedspreads	49017	200
2		87		1028.39		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Date: 8/26/2024 12:41:14 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: 06757163000924660



CARRIER NAME: US Xpress

Responsible Acct.No: _____

Trailer number: 911234

Seal number(s): 28792824

SCAC: USXI

Pro Number: _____

SHIP TO

Name: Macys Home Stone Mountain DC Location #: ST
 Address: 4401 Sarr Parkway
 City/State/Zip: Stone Mountain, GA 30083
 CID#: _____
 Dept: 0609

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 54287679
 Packing List is Attached

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

Prepaid: Collect: 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3162340	110	1209.56	Y N	
Grand Total	110	1209.56		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		110	ctns	1209.56		Comforters, Bedspreads	49017	200
2		110		1309.56		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).

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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: 8/26/2024 12:41:14 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Macys Home Los Angeles DC Location #: CI	Name:	
Address:	221 Hanson Way	Address:	15541 East Gale Ave	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	City of Industry, CA 91745	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0609	Load #: 54287679	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000924615		Trailer number: 911234		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 28792824		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000924615		SCAC: USXI		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: US Xpress		Pro Number:		Appointment Time	
Responsible Acct.No:				Actual Driver Arrival Time	
				Driver Departure Time	
				AM AM AM	
				PM PM PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3162340	137	1458.43	Y N	
Grand Total	137	1458.43		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		137	ctns	1458.43		Comforters, Bedspreads	49017	200
3		137		1608.43		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Date: 8/26/2024 12:41:13 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: 06757163000924622



CARRIER NAME: US Xpress
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Minooka DC Location #: CL
 Address: 601 Midpoint Rd.
 City/State/Zip: Minooka, IL 60447
 CID#: _____
 Dept: 0609

Trailer number: 911234
 Seal number(s): 28792824

SCAC: USXI
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: Collect: 3rd Party: _____

City/State/Zip: _____

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

SPECIAL INSTRUCTIONS:
 Load #: 54287679
 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
3162340	93	1005.67	Y N	
Grand Total	93	1005.67		

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	1005.67		Comforters, Bedspreads	49017	200
2		93		1105.67		Grand Total		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM

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

Bill of Lading Number: 06757163000924691



CARRIER NAME: US Xpress
 Responsible Acct.No: _____

Trailer number: 911234
 Seal number(s): 28792824

SCAC: USXI
 Pro Number: _____

SHIP TO

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

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

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 54287679
 Packing List is Attached

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3162340	29	309.83	Y N	
Grand Total	29	309.83		

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		
		29	ctns	309.83		Comforters, Bedspreads	49017	200
1		29		359.83		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: 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: 8/26/2024 12:41:12 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Macys Home Bailey Rd DC	Name:	
Address:	221 Hanson Way	Address:	300 South Bailey Road	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	North Jackson, OH 44451	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0609	Load #: 54287679	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000924608		Trailer number: 911234		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 28792824		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000924608		SCAC: USXI		Master Bill of Lading: with attached	
CARRIER NAME: US Xpress		Pro Number:		(check box) underlying Bills of Lading	
Responsible Acct.No:		Appointment Time		Actual Driver Arrival Time	
		AM		AM	
		PM		PM	
		Driver Departure Time		AM	
				PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3162340	1055	11337.47	Y N	
Grand Total	1055	11337.47		

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
17	Pallet			850.00		Pallet		
		1055	ctns	11337.47		Comforters, Bedspreads	49017	200
17		1055		12187.47		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 8/26/2024 12:41:12 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000924646	
Name:	E & E COMPANY LTD	 (402)06757163000924646	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: US Xpress	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 911234	
Name:	Macys Home Hayward DC	Seal number(s): 28792824	
Address:	28701 Hall Road	SCAC: USXI	
City/State/Zip:	Hayward, CA 94545	Pro Number:	
CID#:			
Dept:	0609		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 54287679		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3162340	44	463.32	Y N	
Grand Total	44	463.32		

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		
		44	ctns	463.32		Comforters, Bedspreads	49017	200
1		44		513.32		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: 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: 8/26/2024 12:41:12 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Macys Home Denver DC	Name:	
Address:	221 Hanson Way	Address:	510 East 51st Ave	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Denver, CO 80216	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0609	Load #: 54287679	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000924639		Trailer number: 911234		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 28792824		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000924639		SCAC: USXI		Master Bill of Lading: with attached	
CARRIER NAME: US Xpress		Pro Number:		(check box) underlying Bills of Lading	
Responsible Acct.No:		Appointment Time		Actual Driver Arrival Time	
		AM		AM	
		PM		PM	
		Driver Departure Time		AM	
				PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3162340	9	97.77	Y N	
Grand Total	9	97.77		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	97.77		Comforters, Bedspreads	49017	200
1		9		147.77		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME SOUTH WINDSOR DC

Ship Date: 08/26/2024

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
3162340	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	6	3	6	3
3162340	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	6	3	6	3
3162340	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	18	9	18	9
3162340	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	2	1	2	1
3162340	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	28	14	28	14
3162340	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	32	16	32	16
3162340	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	10	5	10	5
3162340	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	10	5	10	5

Total Weight: 597.2
Total Quantity Ordered: 112
Total Cartons Ordered: 56
Total Quantity Shipped: 112
Total Cartons Shipped: 56

Customer: MACYS HOME TOMBALL DC

Ship Date: 08/26/2024

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
3162340	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	2	1	2	1
3162340	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	4	2	4	2
3162340	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	26	13	26	13
3162340	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	38	19	38	19
3162340	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	34	17	34	17
3162340	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	6	3	6	3
3162340	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	16	8	16	8

Total Weight: 685.93
Total Quantity Ordered: 126
Total Cartons Ordered: 63
Total Quantity Shipped: 126
Total Cartons Shipped: 63

Customer: MACYS HOME JOPPA DC

Ship Date: 08/26/2024

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
3162340	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	6	3	6	3
3162340	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	8	4	8	4
3162340	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	28	14	28	14
3162340	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	2	1	2	1
3162340	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	52	26	52	26
3162340	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	46	23	46	23
3162340	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	20	10	20	10
3162340	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	12	6	12	6

Total Weight: 928.39
Total Quantity Ordered: 174
Total Cartons Ordered: 87
Total Quantity Shipped: 174
Total Cartons Shipped: 87

Customer: MACYS HOME STONE MOUNTAIN DC

Ship Date: 08/26/2024

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
3162340	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	8	4	8	4
3162340	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	84	42	84	42
3162340	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	2	1	2	1
3162340	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	52	26	52	26
3162340	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	54	27	54	27
3162340	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	10	5	10	5
3162340	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	10	5	10	5

Total Weight: 1209.56
Total Quantity Ordered: 220
Total Cartons Ordered: 110
Total Quantity Shipped: 220
Total Cartons Shipped: 110

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 08/26/2024

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
3162340	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	2	1	2	1
3162340	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	24	12	24	12
3162340	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	46	23	46	23
3162340	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	4	2	4	2
3162340	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	80	40	80	40
3162340	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	66	33	66	33
3162340	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	46	23	46	23
3162340	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	6	3	6	3

Total Weight: 1458.43
Total Quantity Ordered: 274
Total Cartons Ordered: 137
Total Quantity Shipped: 274
Total Cartons Shipped: 137

Customer: MACYS HOME MINOOKA DC

Ship Date: 08/26/2024

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
3162340	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	2	1	2	1
3162340	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	4	2	4	2
3162340	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	24	12	24	12
3162340	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	60	30	60	30
3162340	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	62	31	62	31
3162340	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	20	10	20	10
3162340	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	14	7	14	7

Total Weight: 1005.67
Total Quantity Ordered: 186
Total Cartons Ordered: 93
Total Quantity Shipped: 186
Total Cartons Shipped: 93

Customer: MACYS HOME TUKWILA DC

Ship Date: 08/26/2024

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
3162340	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	4	2	4	2
3162340	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	2	1	2	1
3162340	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	2	1	2	1
3162340	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	20	10	20	10
3162340	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	26	13	26	13
3162340	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	4	2	4	2

Total Weight: 309.83
Total Quantity Ordered: 58
Total Cartons Ordered: 29
Total Quantity Shipped: 58
Total Cartons Shipped: 29

Customer: MACYS HOME BAILEY RD DC

Ship Date: 08/26/2024

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
3162340	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	2	1	2	1
3162340	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	52	26	52	26
3162340	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	328	164	328	164
3162340	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	18	9	18	9
3162340	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	812	406	812	406
3162340	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	494	247	494	247
3162340	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	204	102	204	102
3162340	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	200	100	200	100

Total Weight: 11337.4
2110

Total Quantity Ordered: 1055

Total Cartons Ordered: 1055

Total Quantity Shipped: 2110

Total Cartons Shipped: 1055

Customer: MACYS HOME HAYWARD DC

Ship Date: 08/26/2024

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
3162340	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	4	2	4	2
3162340	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	2	1	2	1
3162340	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	6	3	6	3
3162340	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	42	21	42	21
3162340	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	28	14	28	14
3162340	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	6	3	6	3

Total Weight: 463.32
Total Quantity Ordered: 88
Total Cartons Ordered: 44
Total Quantity Shipped: 88
Total Cartons Shipped: 44

Customer: MACYS HOME DENVER DC

Ship Date: 08/26/2024

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
3162340	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	2	1	2	1
3162340	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	6	3	6	3
3162340	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	8	4	8	4
3162340	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	2	1	2	1

Total Weight: 97.77
Total Quantity Ordered: 18
Total Cartons Ordered: 9
Total Quantity Shipped: 18
Total Cartons Shipped: 9