

SHIP FROM		Master Bill of Lading Number: 06757163000935482	
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:	910713
		Seal number(s):	28792965
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 UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 54349423		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
3675534	113	1167.35	Y	N	06757163000933549	AZ	
3675534	555	5647.45	Y	N	06757163000933556	BA	
3675534	34	343.32	Y	N	06757163000933563	CI	
3675534	18	176.84	Y	N	06757163000933570	CL	
3675534	2	19.16	Y	N	06757163000933587	DV	
3675534	10	95.36	Y	N	06757163000933594	HA	
3675534	27	289.35	Y	N	06757163000933600	JP	
3675534	911	9375.39	Y	N	06757163000933617	OK	
3675534	50	495.94	Y	N	06757163000933624	SC	
3675534	48	496.58	Y	N	06757163000933631	ST	
3675534	20	200.84	Y	N	06757163000933648	SW	
3675534	22	227.26	Y	N	06757163000933655	TM	
3675534	7	71.13	Y	N	06757163000933662	TU	

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 _____	<b>COD Amount \$</b> Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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<b>SHIPPER SIGNATURE / DATE</b> 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. <i>John 9/18/24</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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. <i>Mark Hayward 9/18/24</i>
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Date: 9/18/2024 10:11:46 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000935482	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: US Xpress	
Name: Macys Merge Center co Dynamic DC#: _____ Div. _____ Address: 14141 Alondra Boulevard City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 910713 Seal number(s): 28792965 SCAC: USXI Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 54349423		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

**Grand Total**

1817

18605.97

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
36	Pallet			1800.00		Pallet		70
		1817	ctns	18605.97		Comforters, Bedspreads	49017	200
36				20405.97		<b>Grand Total</b>		

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: 9/18/2024 10:11:45 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Bailey Rd DC Location #: BA
Address:	221 Hanson Way	Address:	300 South Bailey Road
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	North Jackson, OH 44451
SID#:		CID#:	
PHONE:		Dept:	0609
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000933556		Trailer number: 910713	
		Seal number(s): 28792965	
(402)06757163000933556		SCAC: USXI	
CARRIER NAME: US Xpress		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 54349423		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3675534	555	5647.45	Y	N	
<b>Grand Total</b>	555	5647.45			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		555	ctns	5647.45		Comforters, Bedspreads	49017	200
9		555		6097.45		<b>Grand Total</b>		

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: 9/18/2024 10:11:45 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Logistics DC-OK Location #: OK
Address:	221 Hanson Way	Address:	7120 E.76th Street North
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Owasso, OK 74055
SID#:		CID#:	
PHONE:		Dept:	0609
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000933617		Trailer number: 910713	
		Seal number(s): 28792965	
(402)06757163000933617		SCAC: USXI	
CARRIER NAME: US Xpress		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 54349423		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3675534	911	9375.39	Y	N	
<b>Grand Total</b>	911	9375.39			

## 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(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
15	Pallet			750.00		Pallet		
		911	ctns	9375.39		Comforters, Bedspreads	49017	200
15		911		10125.39		<b>Grand Total</b>		

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: 9/18/2024 10:11:44 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Tukwila DC
Address:	221 Hanson Way	Address:	17000 Southcenter Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Tukwila, WA 98188
SID#:		CID#:	
PHONE:		Dept:	0609
VENDOR:		Location #:	TU
FOB:	<input type="checkbox"/>	FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000933662		Trailer number: 910713	
		Seal number(s): 28792965	
(402)06757163000933662		SCAC: USXI	
CARRIER NAME: US Xpress		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 54349423		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
3675534	7	71.13	Y N	
<b>Grand Total</b>	<b>7</b>	<b>71.13</b>		

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		
		7	ctns	71.13		Comforters, Bedspreads	49017	200
1		7		121.13		<b>Grand Total</b>		

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 \_\_\_\_\_

CÓD 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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000933624										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000933624										
Name: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____		CARRIER NAME: US Xpress Responsible Acct.No: _____ Trailer number: 910713 Seal number(s): 28792965 SCAC: USXI Pro Number: _____										
<b>SHIP TO</b>		<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>										
Name: Macys Home Secaucus DC      Location #: SC Address: 500 Meadowlands Parkway City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0609		Name: _____ Address: _____ City/State/Zip: _____										
SPECIAL INSTRUCTIONS: Load #: 54349423 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____      Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box)      Master Bill of Lading: with attached underlying Bills of Lading										
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3675534	50	495.94	Y    N	
<b>Grand Total</b>	50	495.94		

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		
		50	ctns	495.94		Comforters, Bedspreads	49017	200
1		50		545.94		<b>Grand Total</b>		

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

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

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000933648



CARRIER NAME: US Xpress

Responsible Acct.No:

Trailer number: 910713

Seal number(s): 28792965

SCAC: USXI

Pro Number:

**SHIP TO**

Name: Macys Home South Windsor DC Location #: SW  
 Address: 301 Governors Hwy

City/State/Zip: South Windsor, CT 06074

CID#:

Dept: 0609

FOB:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 54349423

Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

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

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3675534	20	200.84	Y	N	
<b>Grand Total</b>	20	200.84			

**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		
		20	ctns	200.84		Comforters, Bedspreads	49017	200
1		20		250.84		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

**Shipper Signature**

**SHIPPER SIGNATURE / DATE**

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

Trailer Loaded:

By Shipper  
 By Driver

Freight Counted:

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


**CARRIER SIGNATURE / PICKUP DATE**

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

Date: 9/18/2024 10:11:43 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Goodyear DC Location #: AZ
Address:	221 Hanson Way	Address:	16575 West Commerce Lane
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0609
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000933549		Trailer number: 910713	
		Seal number(s): 28792965	
(402)06757163000933549		SCAC: USXI	
CARRIER NAME: US Xpress		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 54349423		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

## THIRD PARTY FREIGHT CHARGES BILL TO:

CUSTOMER ORDER INFORMATION		
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT
3675534	113	1167.35
<b>Grand Total</b>	<b>113</b>	<b>1167.35</b>

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
3675534		113	1167.35	Y	N	
<b>Grand Total</b>		<b>113</b>	<b>1167.35</b>			

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
2	Pallet			100.00		Pallet		
		113	ctns	1167.35		Comforters, Bedspreads	49017	200
2		113		1267.35		<b>Grand Total</b>		

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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000933655	
Name: E & E COMPANY LTD		 (402)06757163000933655	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: US Xpress	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 910713	
Name: Macys Home Tomball DC Location #: TM		Seal number(s): 28792965	
Address: 19201 Hamish Rd		SCAC: USXI	
City/State/Zip: Tomball, TX 77377		Pro Number:	
CID#:			
Dept: 0609 FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 54349423		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3675534	22	227.26	Y N	
<b>Grand Total</b>	22	227.26		

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		
		22	ctns	227.26		Comforters, Bedspreads	49017	200
1		22		277.26		<b>Grand Total</b>		

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: 9/18/2024 10:11:42 AM

# Bill Of Lading

**SHIP FROM**

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

Bill of Lading Number: 06757163000933563



CARRIER NAME: US Xpress  
 Responsible Acct.No: \_\_\_\_\_

**SHIP TO**

Name: Macys Home Los Angeles DC Location #: CI  
 Address: 15541 East Gale Ave  
 City/State/Zip: City of Industry, CA 91745  
 CID#: \_\_\_\_\_  
 Dept: 0609

Trailer number: 910713  
 Seal number(s): 28792965

SCAC: USXI  
 Pro Number: \_\_\_\_\_

**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 #: 54349423  
 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
3675534	34	343.32	Y	N	
<b>Grand Total</b>	<b>34</b>	<b>343.32</b>			

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		34	ctns	343.32		Comforters, Bedspreads	49017	200
1		34		393.32		<b>Grand Total</b>		

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: 9/18/2024 10:11:42 AM

## 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 Hayward DC	Name:	
Address:	221 Hanson Way	Address:	28701 Hall Road	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Hayward, CA 94545	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0609	Load #: 54349423	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000933594		Trailer number: 910713		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 28792965		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000933594		SCAC: USXI		<input type="checkbox"/> 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
3675534	10	95.36	Y N	
<b>Grand Total</b>	10	95.36		

## 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		
		10	ctns	95.36		Comforters, Bedspreads	49017	200
1		10		145.36		<b>Grand Total</b>		

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: 9/18/2024 10:11:41 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Denver DC Location #: DV
Address:	221 Hanson Way	Address:	510 East 51st Ave
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Denver, CO 80216
SID#:		CID#:	
PHONE:		Dept:	0609
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000933587		Trailer number: 910713	
		Seal number(s): 28792965	
(402)06757163000933587		SCAC: USXI	
CARRIER NAME: US Xpress		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(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	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 54349423			
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3675534	2	19.16	Y	N	
<b>Grand Total</b>	<b>2</b>	<b>19.16</b>			

## 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		
		2	ctns	19.16		Comforters, Bedspreads	49017	200
1		2		69.16		<b>Grand Total</b>		

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: 9/18/2024 10:11:41 AM

## 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 Minooka DC	Name:	
Address:	221 Hanson Way	Address:	601 Midpoint Rd.	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Minooka, IL 60447	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0609	Load #: 54349423	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000933570		Trailer number: 910713		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 28792965		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
(402)06757163000933570		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
3675534	18	176.84	Y	N	
<b>Grand Total</b>	18	176.84			

## 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		
		18	ctns	176.84		Comforters, Bedspreads	49017	200
1		18		226.84		<b>Grand Total</b>		

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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000933600	
Name: E & E COMPANY LTD		 (402)06757163000933600	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:		CARRIER NAME: US Xpress	
PHONE:		Responsible Acct.No:	
VENDOR:		Trailer number: 910713	
<b>SHIP TO</b>		Seal number(s): 28792965	
Name: Macys Home Joppa DC Location #: JP		SCAC: USXI	
Address: 3300 Fashion Way		Pro Number:	
City/State/Zip: Joppa, MD 21085		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
CID#:		Prepaid: Collect: X 3rd Party:	
Dept: 0609 FOB: <input type="checkbox"/>		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Appointment Time Actual Driver Arrival Time Driver Departure Time	
Name:		AM AM AM	
Address:		PM PM PM	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 54349423			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3675534	27	289.35	Y N	
<b>Grand Total</b>	27	289.35		

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		
		27	ctns	289.35		Comforters, Bedspreads	49017	200
1		27		339.35		<b>Grand Total</b>		

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**

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 9/18/2024 10:11:40 AM

## 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:	0609									
VENDOR:		FOB:	<input type="checkbox"/>									
Bill of Lading Number: 06757163000933631  (402)06757163000933631		CARRIER NAME: US Xpress Responsible Acct.No: Trailer number: 910713 Seal number(s): 28792965 SCAC: USXI Pro Number:										
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid:                      Collect: X                      3rd Party:										
SPECIAL INSTRUCTIONS: Load #: 54349423 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3675534	48	496.58	Y N	
<b>Grand Total</b>	48	496.58		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		48	ctns	496.58		Comforters, Bedspreads	49017	200
1		48		546.58		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

**Customer:** MACYS HOME BAILEY RD DC

**Ship Date:** 09/18/2024

**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
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	56	28	56	28
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	204	102	204	102
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	324	162	324	162
3675534	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	198	99	198	99
3675534	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	22	11	22	11
3675534	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	10	5	10	5
3675534	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	126	63	126	63
3675534	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	170	85	170	85

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**Total Weight:** 5647.45  
**Total Quantity Ordered:** 1110  
**Total Cartons Ordered:** 555  
**Total Quantity Shipped:** 1110  
**Total Cartons Shipped:** 555

**Customer:** MACYS HOME LOGISTICS DC-OK

**Ship Date:** 09/18/2024

**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 LOGISTICS DC-OK  
7120 E.76TH STREET NORTH  
OWASSO, OK 74055  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	112	56	112	56
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	366	183	366	183
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	556	278	556	278
3675534	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	228	114	228	114
3675534	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	266	133	266	133
3675534	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	288	144	288	144

**Total Weight:** 9375.39  
**Total Quantity Ordered:** 1822  
**Total Cartons Ordered:** 911  
**Total Quantity Shipped:** 1822  
**Total Cartons Shipped:** 911

**Customer:** MACYS HOME TUKWILA DC

**Ship Date:** 09/18/2024

**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
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	8	4	8	4
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	4	2	4	2

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**Total Weight:** 71.13  
**Total Quantity Ordered:** 14  
**Total Cartons Ordered:** 7  
**Total Quantity Shipped:** 14  
**Total Cartons Shipped:** 7

**Customer:** MACYS HOME SECAUCUS DC

**Ship Date:** 09/18/2024

**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
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	18	9	18	9
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	20	10	20	10
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	10	5	10	5
3675534	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	6	3	6	3
3675534	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	12	6	12	6
3675534	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	6	3	6	3
3675534	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	16	8	16	8
3675534	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	12	6	12	6

**Total Weight:** 495.94  
**Total Quantity Ordered:** 100  
**Total Cartons Ordered:** 50  
**Total Quantity Shipped:** 100  
**Total Cartons Shipped:** 50

**Customer:** MACYS HOME SOUTH WINDSOR DC

**Ship Date:** 09/18/2024

**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
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	12	6	12	6
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	6	3	6	3
3675534	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	4	2	4	2

**Total Weight:** 200.84  
**Total Quantity Ordered:** 40  
**Total Cartons Ordered:** 20  
**Total Quantity Shipped:** 40  
**Total Cartons Shipped:** 20

**Customer:** MACYS HOME GOODYEAR DC

**Ship Date:** 09/18/2024

**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
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	16	8	16	8
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	100	50	100	50
3675534	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	60	30	60	30
3675534	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	48	24	48	24

**Total Weight:** 1167.35  
**Total Quantity Ordered:** 226  
**Total Cartons Ordered:** 113  
**Total Quantity Shipped:** 226  
**Total Cartons Shipped:** 113

**Customer:** MACYS HOME TOMBALL DC

**Ship Date:** 09/18/2024

**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
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	18	9	18	9
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	6	3	6	3
3675534	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	6	3	6	3

**Total Weight:** 227.26  
**Total Quantity Ordered:** 44  
**Total Cartons Ordered:** 22  
**Total Quantity Shipped:** 44  
**Total Cartons Shipped:** 22

**Customer:** MACYS HOME LOS ANGELES DC

**Ship Date:** 09/18/2024

**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
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	8	4	8	4
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	18	9	18	9
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	16	8	16	8
3675534	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	6	3	6	3
3675534	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	8	4	8	4
3675534	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	4	2	4	2

**Total Weight:** 343.32  
**Total Quantity Ordered:** 68  
**Total Cartons Ordered:** 34  
**Total Quantity Shipped:** 68  
**Total Cartons Shipped:** 34

**Customer:** MACYS HOME HAYWARD DC

**Ship Date:** 09/18/2024

**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
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	10	5	10	5
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	2	1	2	1

**Total Weight:** 95.36  
**Total Quantity Ordered:** 20  
**Total Cartons Ordered:** 10  
**Total Quantity Shipped:** 20  
**Total Cartons Shipped:** 10

**Customer:** MACYS HOME DENVER DC

**Ship Date:** 09/18/2024

**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
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	2	1	2	1

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<b>Total Weight:</b>	<b>19.16</b>
<b>Total Quantity Ordered:</b>	<b>4</b>
<b>Total Cartons Ordered:</b>	<b>2</b>
<b>Total Quantity Shipped:</b>	<b>4</b>
<b>Total Cartons Shipped:</b>	<b>2</b>

Customer: MACYS HOME MINOOKA DC

Ship Date: 09/18/2024

**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
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	10	5	10	5
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	6	3	6	3
3675534	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	6	3	6	3
3675534	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	4	2	4	2

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**Total Weight:** 176.84  
**Total Quantity Ordered:** 36  
**Total Cartons Ordered:** 18  
**Total Quantity Shipped:** 36  
**Total Cartons Shipped:** 18

**Customer:** MACYS HOME JOPPA DC

**Ship Date:** 09/18/2024

**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
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	20	10	20	10
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	14	7	14	7
3675534	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	4	2	4	2
3675534	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	8	4	8	4
3675534	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	6	3	6	3
3675534	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	2	1	2	1

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<b>Total Weight:</b>	<b>289.35</b>
<b>Total Quantity Ordered:</b>	<b>54</b>
<b>Total Cartons Ordered:</b>	<b>27</b>
<b>Total Quantity Shipped:</b>	<b>54</b>
<b>Total Cartons Shipped:</b>	<b>27</b>

**Customer:** MACYS HOME STONE MOUNTAIN DC

**Ship Date:** 09/18/2024

**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
3675534	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	10	5	10	5
3675534	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	38	19	38	19
3675534	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	24	12	24	12
3675534	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	8	4	8	4
3675534	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	2	1	2	1
3675534	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	6	3	6	3
3675534	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	8	4	8	4

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<b>Total Weight:</b>	<b>496.58</b>
<b>Total Quantity Ordered:</b>	<b>96</b>
<b>Total Cartons Ordered:</b>	<b>48</b>
<b>Total Quantity Shipped:</b>	<b>96</b>
<b>Total Cartons Shipped:</b>	<b>48</b>