

SHIP FROM		Master Bill of Lading Number: 06757163000936823	
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 City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 750434 Seal number(s): 28792988 SCAC: USXI Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 54368623		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time: 8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM Actual Driver Arrival Time: 7:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM Driver Departure Time: 8:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			Y	N	BOL#	DC#	Supplier#
3807930	3	21.78	Y	N	06757163000936298	CI	
3812143	19	146.82	Y	N	06757163000936298	CI	
3812143	1	8.37	Y	N	06757163000936304	AZ	
3812748	4	22.88	Y	N	06757163000936281	OK	
3816103	178	1778.72	Y	N	06757163000936236	AZ	
3816103	292	2988.32	Y	N	06757163000936243	CI	
3816103	597	5690.11	Y	N	06757163000936250	OK	
3816103	282	2819.04	Y	N	06757163000936267	SC	
3816103	150	1521.04	Y	N	06757163000936274	TM	
Grand Total	1526	14997.08					

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. 9/25/24	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. 2558249
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SHIP FROM	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>	Master Bill of Lading Number: 06757163000936823

SHIP TO	
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"/>	CARRIER NAME: US Xpress Trailer number: 750434 Seal number(s): 28792988 SCAC: USXI Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:							
Name: _____ Address: _____ City/State/Zip: _____	Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING <table 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 PM</td> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM PM	AM PM	AM PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time					
AM PM	AM PM	AM PM					
SPECIAL INSTRUCTIONS: Load #: 54368623							

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
28	Pallet			1400.00		Pallet		70
		1499	ctns	14797.23		Comforters, Bedspreads	49017	200
		27	ctns	199.85		Throws, Blankets	49260	175
28				16397.08		Grand Total		

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 9/25/2024 8:37:02 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000936298										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000936298										
SHIP TO		CARRIER NAME: US Xpress										
Name: Macys Home Los Angeles DC Location #: CI Address: 15541 East Gale Ave City/State/Zip: City of Industry, CA 91745 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: 750434 Seal number(s): 28792988 SCAC: USXI Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 54368623 Packing List is Attached		<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
3807930	3	21.78	Y N	
3812143	19	146.82	Y N	
Grand Total	22	168.60		

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	168.60		Throws,Blankets	49260	175
1		22		218.60		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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


Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 9/25/2024 8:37:04 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:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000936281		CARRIER NAME: US Xpress	
		Responsible Acct.No:	
(402)06757163000936281		Trailer number: 750434	
		Seal number(s): 28792988	
		SCAC: USXI	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 54368623		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3812748	4	22.88	Y	N	
Grand Total	4	22.88			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	22.88		Throws,Blankets	49260	175
1		4		72.88		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: 9/25/2024 8:37:04 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000936236										
Name:	E & E COMPANY LTD	 (402)06757163000936236										
Address:	221 Hanson Way											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:												
VENDOR:		CARRIER NAME: US Xpress Responsible Acct.No:										
SHIP TO		Trailer number: 750434										
Name:	Macys Home Goodyear DC Location #: AZ	Seal number(s): 28792988										
Address:	16575 West Commerce Lane	SCAC: USXI Pro Number:										
City/State/Zip:	Goodyear, AZ 85338											
CID#:												
Dept:	0609	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:										
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
Name:		<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										
Address:												
City/State/Zip:												
SPECIAL INSTRUCTIONS: Load #: 54368623 Packing List is Attached												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
3816103	178	1778.72	Y N		
Grand Total	178	1778.72			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		178	ctns	1778.72		Comforters, Bedspreads	49017	200
3		178		1928.72		Grand Total		

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

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SHIP FROM		Bill of Lading Number: 06757163000936304										
Name:	E & E COMPANY LTD	 (402)06757163000936304										
Address:	221 Hanson Way											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:		CARRIER NAME: US Xpress										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: 750434										
Name:	Macys Home Goodyear DC Location #: AZ	Seal number(s): 28792988										
Address:	16575 West Commerce Lane	SCAC: USXI										
City/State/Zip:	Goodyear, AZ 85338	Pro Number:										
CID#:												
Dept:	0784											
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:												
SPECIAL INSTRUCTIONS:		<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										
Load #: 54368623												
Packing List is Attached												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
3812143	1	8.37	Y N		
Grand Total	1	8.37			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	8.37		Throws,Blankets	49260	175
1		1		58.37		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 style="text-align: center;">Customer check acceptable: <input type="checkbox"/></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 FROM		Bill of Lading Number: 06757163000936243										
Name: E & E COMPANY LTD		 (402)06757163000936243										
Address: 221 Hanson Way												
City/State/Zip: Woodland, CA 95776												
SID#:												
PHONE:		CARRIER NAME: US Xpress										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: 750434										
Name: Macys Home Los Angeles DC Location #: CI		Seal number(s): 28792988										
Address: 15541 East Gale Ave		SCAC: USXI										
City/State/Zip: City of Industry, CA 91745		Pro Number:										
CID#:												
Dept: 0609 FOB: <input type="checkbox"/>												
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:												
SPECIAL INSTRUCTIONS:		<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										
Load #: 54368623												
Packing List is Attached												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
3816103	292	2988.32	Y N		
Grand Total	292	2988.32			

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
5	Pallet			250.00		Pallet		
		292	ctns	2988.32		Comforters, Bedspreads	49017	200
5		292		3238.32		Grand Total		

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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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Date: 9/25/2024 8:37:03 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 Secaucus DC	Name:	
Address:	221 Hanson Way	Address:	500 Meadowlands Parkway	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Secaucus, NJ 07094	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0609	Load #:	54368623
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000936267		Trailer number: 750434		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 28792988		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
(402)06757163000936267		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
3816103	282	2819.04	Y N	
Grand Total	282	2819.04		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		282	ctns	2819.04		Comforters, Bedspreads	49017	200
5		282		3069.04		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver


Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000936274	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000936274	
SHIP TO		CARRIER NAME: US Xpress	
Name: Macys Home Tomball DC Location #: TM Address: 19201 Hamish Rd City/State/Zip: Tomball, TX 77377 CID#: _____ Dept: 0609		Responsible Acct.No: _____ Trailer number: 750434 Seal number(s): 28792988 SCAC: USXI Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 54368623 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3816103	150	1521.04	Y N	
Grand Total	150	1521.04		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		150	ctns	1521.04		Comforters, Bedspreads	49017	200
3		150		1671.04		Grand Total		

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 9/25/2024 8:37:01 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000936250	
Name:	E & E COMPANY LTD	 (402)06757163000936250	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: US Xpress	
SHIP TO		Responsible Acct.No:	
Name:	Macys Home Logistics DC-OK Location #: OK	Trailer number: 750434	
Address:	7120 E.76th Street North	Seal number(s): 28792988	
City/State/Zip:	Owasso, OK 74055	SCAC: USXI	
CID#:		Pro Number:	
Dept:	0609 FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 54368623		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
3816103	597	5690.11	Y	N	
Grand Total	597	5690.11			

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		
		597	ctns	5690.11		Comforters, Bedspreads	49017	200
9		597		6140.11		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 LOS ANGELES DC

Ship Date: 09/25/2024

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
3807930	N/A	MCG51-4297	766390778768	Fleece Blanket	EA	2	2	1	2	1
3807930	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	4	2	4	2
3812143	N/A	MCG51-4294	766390778751	Fleece Blanket	EA	2	6	3	6	3
3812143	N/A	MCG51-4295	766390778812	Fleece Blanket	EA	2	12	6	12	6
3812143	N/A	MCG51-4297	766390778768	Fleece Blanket	EA	2	2	1	2	1
3812143	N/A	MCG51-4300	766390778782	Fleece Blanket	EA	2	4	2	4	2
3812143	N/A	MCG51-4303	766390778744	Fleece Blanket	EA	2	10	5	10	5
3812143	N/A	MCG51-4304	766390778805	Fleece Blanket	EA	2	4	2	4	2

Total Weight: 168.6
Total Quantity Ordered: 44
Total Cartons Ordered: 22
Total Quantity Shipped: 44
Total Cartons Shipped: 22

Customer: MACYS HOME LOGISTICS DC-OK

Ship Date: 09/25/2024

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
3812748	N/A	MCG51-4299	766390778904	Fleece Blanket	EA	2	8	4	8	4

Total Weight:	22.88
Total Quantity Ordered:	8
Total Cartons Ordered:	4
Total Quantity Shipped:	8
Total Cartons Shipped:	4

Customer: MACYS HOME GOODYEAR DC

Ship Date: 09/25/2024

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
3816103	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	8	4	8	4
3816103	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	32	16	32	16
3816103	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	84	42	84	42
3816103	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	58	29	58	29
3816103	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	2	1	2	1
3816103	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	2	1	2	1
3816103	N/A	MCG10-4329	194145786698	Microfiber Comforter	EA	2	24	12	24	12
3816103	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	104	52	104	52
3816103	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	42	21	42	21

Total Weight: 1778.72
Total Quantity Ordered: 356
Total Cartons Ordered: 178
Total Quantity Shipped: 356
Total Cartons Shipped: 178

Customer: MACYS HOME GOODYEAR DC

Ship Date: 09/25/2024

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
3812143	N/A	MCG51-4304	766390778805	Fleece Blanket	EA	2	2	1	2	1

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

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 09/25/2024

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
3816103	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	50	25	50	25
3816103	N/A	MCG10-4324	194145786675	Microfiber Comforter	EA	2	192	96	192	96
3816103	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	126	63	126	63
3816103	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	34	17	34	17
3816103	N/A	MCG10-4327	194145786668	Microfiber Comforter	EA	2	36	18	36	18
3816103	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	24	12	24	12
3816103	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	72	36	72	36
3816103	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	50	25	50	25

Total Weight:	2988.32
Total Quantity Ordered:	584
Total Cartons Ordered:	292
Total Quantity Shipped:	584
Total Cartons Shipped:	292

Customer: MACYS HOME SECAUCUS DC

Ship Date: 09/25/2024

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
3816103	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	90	45	90	45
3816103	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	172	86	172	86
3816103	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	108	54	108	54
3816103	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	36	18	36	18
3816103	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	8	4	8	4
3816103	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	16	8	16	8
3816103	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	84	42	84	42
3816103	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	50	25	50	25

Total Weight: 2819.04
Total Quantity Ordered: 564
Total Cartons Ordered: 282
Total Quantity Shipped: 564
Total Cartons Shipped: 282

Customer: MACYS HOME TOMBALL DC

Ship Date: 09/25/2024

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
3816103	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	32	16	32	16
3816103	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	110	55	110	55
3816103	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	64	32	64	32
3816103	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	18	9	18	9
3816103	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	10	5	10	5
3816103	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	10	5	10	5
3816103	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	36	18	36	18
3816103	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	20	10	20	10

Total Weight:	1521.04
Total Quantity Ordered:	300
Total Cartons Ordered:	150
Total Quantity Shipped:	300
Total Cartons Shipped:	150

Customer: MACYS HOME LOGISTICS DC-OK

Ship Date: 09/25/2024

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
3816103	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	100	50	100	50
3816103	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	150	75	150	75
3816103	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	260	130	260	130
3816103	N/A	MCG10-4326	194145786667	Microfiber Comforter	EA	2	314	157	314	157
3816103	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	4	2	4	2
3816103	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	4	2	4	2
3816103	N/A	MCG10-4329	194145786698	Microfiber Comforter	EA	2	116	58	116	58
3816103	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	80	40	80	40
3816103	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	166	83	166	83

Total Weight:	5690.11
Total Quantity Ordered:	1194
Total Cartons Ordered:	597
Total Quantity Shipped:	1194
Total Cartons Shipped:	597