

Date: 10/28/2024 12:42:40 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000949403
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	Trailer number: 003167
Address:	14141 Alondra Boulevard	Seal number(s): 44369900
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: USXI
SID#:	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 54447139		8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	12:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Driver Departure Time	12:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
4447052	33	372.57	Y	N	06757163000949281	AZ	
4447052	19	197.09	Y	N	06757163000949298	BA	
4447052	57	616.13	Y	N	06757163000949304	CI	
4447052	51	536.87	Y	N	06757163000949311	CL	
4447052	4	43.16	Y	N	06757163000949328	DV	
4447052	23	225.07	Y	N	06757163000949335	HA	
4447052	49	509.79	Y	N	06757163000949342	JP	
4447052	68	725.36	Y	N	06757163000949359	SC	
4447052	61	643.89	Y	N	06757163000949366	ST	
4447052	36	374.80	Y	N	06757163000949373	SW	
4447052	29	304.99	Y	N	06757163000949380	TM	
4447052	12	125.74	Y	N	06757163000949397	TU	
Grand Total	442	4675.46					

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Antemio</i> 10/28/24	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. <i>[Signature]</i> 10-28-24
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Date: 10/28/2024 12:42:40 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM				Master Bill of Lading Number: 06757163000949403				
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: 003167				
				Seal number(s): 44369900				
City/State/Zip: Santa Fe Spgs, CA 90670				SCAC: USXI				
SID#: _____				Pro Number: _____				
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms:				
Name: _____				Prepaid: <input type="checkbox"/>				
Address: _____				Collect: <input checked="" type="checkbox"/>				
City/State/Zip: _____				3rd Party: <input type="checkbox"/>				
SPECIAL INSTRUCTIONS:				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED				
Load #: 54447139				<input type="checkbox"/> UNDERLYING BILLS OF LANDING				
Appointment Time		Actual Driver Arrival Time		Driver Departure Time				
AM		AM		AM				
PM		PM		PM				
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTl ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
13	Pallet			650.00		Pallet		70
		442	ctns	4675.46		Comforters, Bedspreads	49017	200
13				5325.46		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.

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000949359	
Name: E & E COMPANY LTD		 (402)06757163000949359	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: US Xpress	
SHIP TO		Responsible Acct.No:	
Name: Macys Home Secaucus DC Location #: SC		Trailer number: 003167	
Address: 500 Meadowlands Parkway		Seal number(s): 44369900	
City/State/Zip: Secaucus, NJ 07094		SCAC: USXI	
CID#:		Pro Number:	
Dept: 0609			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time	
Load #: 54447139		Driver Departure Time	
Packing List is Attached		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4447052	68	725.36	Y N	
Grand Total	68	725.36		

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
2	Pallet			100.00		Pallet		
		68	ctns	725.36		Comforters, Bedspreads	49017	200
2		68		825.36		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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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

Ship Date: 10/28/2024

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
4447052	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	8	4	8	4
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	34	17	34	17
4447052	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	36	18	36	18
4447052	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	12	6	12	6
4447052	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	14	7	14	7
4447052	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	12	6	12	6
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	20	10	20	10

Total Weight:	725.36
Total Quantity Ordered:	136
Total Cartons Ordered:	68
Total Quantity Shipped:	136
Total Cartons Shipped:	68

SHIP FROM		Bill of Lading Number: 06757163000949335	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000949335	
SHIP TO		CARRIER NAME: US Xpress	
Name: Macys Home Hayward DC Location #: HA Address: 28701 Hall Road City/State/Zip: Hayward, CA 94545 CID#: _____ Dept: 0609		Responsible Acct.No: _____ Trailer number: 003167 Seal number(s): 44369900	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: USXI	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 54447139 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"/> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4447052	23	225.07	Y N	
Grand Total	23	225.07		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		23	ctns	225.07		Comforters, Bedspreads	49017	200
1		23		275.07		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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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Customer: MACYS HOME HAYWARD DC

Ship Date: 10/28/2024

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
4447052	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	12	6	12	6
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	18	9	18	9
4447052	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	6	3	6	3
4447052	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	4	2	4	2
4447052	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	2	1	2	1
4447052	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	2	1	2	1
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	2	1	2	1

Total Weight: 225.07
Total Quantity Ordered: 46
Total Cartons Ordered: 23
Total Quantity Shipped: 46
Total Cartons Shipped: 23

SHIP FROM		Bill of Lading Number: 06757163000949304	
Name: E & E COMPANY LTD		 (402)06757163000949304	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: US Xpress	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 003167	
Name: Macys Home Los Angeles DC Location #: CI		Seal number(s): 44369900	
Address: 15541 East Gale Ave		SCAC: USXI	
City/State/Zip: City of Industry, CA 91745		Pro Number:	
CID#:			
Dept: 0609			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time	
Load #: 54447139		Driver Departure Time	
Packing List is Attached		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4447052	57	616.13	Y N	
Grand Total	57	616.13		

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		
		57	ctns	616.13		Comforters, Bedspreads	49017	200
1		57		666.13		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

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

Ship Date: 10/28/2024

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
4447052	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	4	2	4	2
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	18	9	18	9
4447052	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	14	7	14	7
4447052	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	20	10	20	10
4447052	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	28	14	28	14
4447052	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	6	3	6	3
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	24	12	24	12

Total Weight: 616.13
Total Quantity Ordered: 114
Total Cartons Ordered: 57
Total Quantity Shipped: 114
Total Cartons Shipped: 57

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000949281										
Name: E & E COMPANY LTD		 (402)06757163000949281										
Address: 221 Hanson Way												
City/State/Zip: Woodland, CA 95776												
SID#:												
PHONE:		CARRIER NAME: US Xpress										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: 003167										
Name: Macys Home Goodyear DC Location #: AZ		Seal number(s): 44369900										
Address: 16575 West Commerce Lane		SCAC: USXI										
City/State/Zip: Goodyear, AZ 85338		Pro Number:										
CID#:												
Dept: 0609												
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 54447139 Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4447052	33	372.57	Y N	
Grand Total	33	372.57		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360		NMFC #
1	Pallet			50.00		Pallet		
		33	ctns	372.57		Comforters, Bedspreads	49017	200
1		33		422.57		Grand Total		

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

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

Ship Date: 10/28/2024

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
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	2	1	2	1
4447052	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	6	3	6	3
4447052	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	4	2	4	2
4447052	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	2	1	2	1
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	52	26	52	26

Total Weight: 372.57
Total Quantity Ordered: 66
Total Cartons Ordered: 33
Total Quantity Shipped: 66
Total Cartons Shipped: 33

Date: 10/28/2024 12:42:39 PM

Bill Of Lading

SHIP FROM	Bill of Lading Number: 06757163000949380
Name: E & E COMPANY LTD	 (402)06757163000949380
Address: 221 Hanson Way	
City/State/Zip: Woodland, CA 95776	
SID#:	

PHONE:	CARRIER NAME: US Xpress
VENDOR:	Responsible Acct.No:

SHIP TO	Trailer number: 003167
Name: Macys Home Tomball DC Location #: TM	Seal number(s): 44369900
Address: 19201 Hamish Rd	SCAC: USXI Pro Number:
City/State/Zip: Tomball, TX 77377	
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:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:	AM	AM	AM
Load #: 54447139	PM	PM	PM
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4447052	29	304.99	Y	N	
Grand Total	29	304.99			

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		
		29	ctns	304.99		Comforters, Bedspreads	49017	200
1		29		354.99		Grand Total		

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

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

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

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

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

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

Customer: MACYS HOME TOMBALL DC

Ship Date: 10/28/2024

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
4447052	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	6	3	6	3
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	16	8	16	8
4447052	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	10	5	10	5
4447052	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	4	2	4	2
4447052	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	10	5	10	5
4447052	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	4	2	4	2
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	8	4	8	4

Total Weight: 304.99
Total Quantity Ordered: 58
Total Cartons Ordered: 29
Total Quantity Shipped: 58
Total Cartons Shipped: 29

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000949311	
Name: E & E COMPANY LTD		 (402)06757163000949311	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: US Xpress	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 003167	
Name: Macys Home Minooka DC Location #: CL		Seal number(s): 44369900	
Address: 601 Midpoint Rd.		SCAC: USXI	
City/State/Zip: Minooka, IL 60447		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 underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 54447139 Packing List is Attached		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
4447052	51	536.87	Y N	
Grand Total	51	536.87		

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		
		51	ctns	536.87		Comforters, Bedspreads	49017	200
1		51		586.87		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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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

Ship Date: 10/28/2024

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
4447052	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	4	2	4	2
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	34	17	34	17
4447052	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	30	15	30	15
4447052	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	14	7	14	7
4447052	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	4	2	4	2
4447052	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	12	6	12	6
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	4	2	4	2

Total Weight: 536.87
Total Quantity Ordered: 102
Total Cartons Ordered: 51
Total Quantity Shipped: 102
Total Cartons Shipped: 51

SHIP FROM		Bill of Lading Number: 06757163000949342	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000949342	
SHIP TO		CARRIER NAME: US Xpress	
Name: Macys Home Joppa DC Location #: JP Address: 3300 Fashion Way City/State/Zip: Joppa, MD 21085 CID#: _____ Dept: 0609		Responsible Acct.No: _____ Trailer number: 003167 Seal number(s): 44369900	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: USXI	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 54447139 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"/> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4447052	49	509.79	Y N	
Grand Total	49	509.79		

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		
		49	ctns	509.79		Comforters, Bedspreads	49017	200
1		49		559.79		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>
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Customer: MACYS HOME JOPPA DC

Ship Date: 10/28/2024

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
4447052	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	2	1	2	1
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	48	24	48	24
4447052	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	16	8	16	8
4447052	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	12	6	12	6
4447052	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	4	2	4	2
4447052	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	12	6	12	6
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	4	2	4	2

Total Weight: 509.79
Total Quantity Ordered: 98
Total Cartons Ordered: 49
Total Quantity Shipped: 98
Total Cartons Shipped: 49

SHIP FROM		Bill of Lading Number: 06757163000949373	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000949373	
SHIP TO		CARRIER NAME: US Xpress	
Name: Macys Home South Windsor DC Location #: SW Address: 301 Governors Hwy City/State/Zip: South Windsor, CT 06074 CID#: _____ Dept: 0609		Responsible Acct.No: _____ Trailer number: 003167 Seal number(s): 44369900	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: USXI	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 54447139 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4447052	36	374.80	Y N	
Grand Total	36	374.80		

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		
		36	ctns	374.80		Comforters, Bedspreads	49017	200
1		36		424.80		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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Customer: MACYS HOME SOUTH WINDSOR DC

Ship Date: 10/28/2024

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
4447052	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	8	4	8	4
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	20	10	20	10
4447052	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	8	4	8	4
4447052	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	2	1	2	1
4447052	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	10	5	10	5
4447052	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	12	6	12	6
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	12	6	12	6

Total Weight: 374.8
Total Quantity Ordered: 72
Total Cartons Ordered: 36
Total Quantity Shipped: 72
Total Cartons Shipped: 36

SHIP FROM		Bill of Lading Number: 06757163000949298
Name: E & E COMPANY LTD		 (402)06757163000949298
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		CARRIER NAME: US Xpress
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: 003167
Name: Macys Home Bailey Rd DC	Location #: BA	Seal number(s): 44369900
Address: 300 South Bailey Road		SCAC: USXI
City/State/Zip: North Jackson, OH 44451		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 underlying Bills of Lading	
City/State/Zip:		(check box)		
SPECIAL INSTRUCTIONS: Load #: 54447139		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Packing List is Attached		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4447052	19	197.09	Y N	
Grand Total	19	197.09		

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		
		19	ctns	197.09		Comforters, Bedspreads	49017	200
1		19		247.09		Grand Total		

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

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

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

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

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

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

Ship Date: 10/28/2024

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
4447052	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	6	3	6	3
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	8	4	8	4
4447052	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	8	4	8	4
4447052	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	4	2	4	2
4447052	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	6	3	6	3
4447052	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	2	1	2	1
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	4	2	4	2

Total Weight: 197.09
Total Quantity Ordered: 38
Total Cartons Ordered: 19
Total Quantity Shipped: 38
Total Cartons Shipped: 19

Date: 10/28/2024 12:42:37 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000949397	
Name: E & E COMPANY LTD		 (402)06757163000949397	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: US Xpress	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 003167	
Name: Macys Home Tukwila DC Location #: TU		Seal number(s): 44369900	
Address: 17000 Southcenter Parkway		SCAC: USXI	
City/State/Zip: Tukwila, WA 98188		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 underlying Bills of Lading	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM AM AM	
Load #: 54447139		PM PM PM	
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4447052	12	125.74	Y N	
Grand Total	12	125.74		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	125.74		Comforters, Bedspreads	49017	200
1		12		175.74		Grand Total		

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

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

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

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

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

Shipper Signature

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

Ship Date: 10/28/2024


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
4447052	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	2	1	2	1
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	10	5	10	5
4447052	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	4	2	4	2
4447052	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	2	1	2	1
4447052	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	2	1	2	1
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	4	2	4	2

Total Weight: 125.74
Total Quantity Ordered: 24
Total Cartons Ordered: 12
Total Quantity Shipped: 24
Total Cartons Shipped: 12

SHIP FROM		Bill of Lading Number: 06757163000949366
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000949366
FOB: <input type="checkbox"/>		CARRIER NAME: US Xpress Responsible Acct.No: _____

SHIP TO		Trailer number: 003167
Name: Macys Home Stone Mountain DC Location #: ST Address: 4401 Sarr Parkway City/State/Zip: Stone Mountain, GA 30083 CID#: _____ Dept: 0609		Seal number(s): 44369900 SCAC: USXI Pro Number: _____
FOB: <input type="checkbox"/>		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/>	Collect: X	3rd Party: _____
SPECIAL INSTRUCTIONS: Load #: 54447139 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
		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
4447052	61	643.89	Y N	
Grand Total	61	643.89		

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		
		61	ctns	643.89		Comforters, Bedspreads	49017	200
1		61		693.89		Grand Total		

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

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

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

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

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

Shipper Signature

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

Ship Date: 10/28/2024

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
4447052	N/A	MCG10-4323	194145786674	Microfiber Comforter	EA	2	8	4	8	4
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	32	16	32	16
4447052	N/A	MCG10-4325	194145786629	Microfiber Comforter	EA	2	44	22	44	22
4447052	N/A	MCG10-4327	194145786568	Microfiber Comforter	EA	2	16	8	16	8
4447052	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	6	3	6	3
4447052	N/A	MCG10-4330	194145786599	Microfiber Comforter	EA	2	12	6	12	6
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	4	2	4	2

Total Weight: 643.89
Total Quantity Ordered: 122
Total Cartons Ordered: 61
Total Quantity Shipped: 122
Total Cartons Shipped: 61

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000949328	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000949328	
SHIP TO		CARRIER NAME: US Xpress	
Name: Macys Home Denver DC Location #: DV Address: 510 East 51st Ave City/State/Zip: Denver, CO 80216 CID#: _____ Dept: 0609		Responsible Acct.No: _____ Trailer number: 003167 Seal number(s): 44369900	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: USXI	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 54447139 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"/> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4447052	4	43.16	Y N	
Grand Total	4	43.16		

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	43.16		Comforters, Bedspreads	49017	200
1		4		93.16		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Ship Date: 10/28/2024

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
4447052	N/A	MCG10-4324	194145786575	Microfiber Comforter	EA	2	4	2	4	2
4447052	N/A	MCG10-4328	194145786612	Microfiber Comforter	EA	2	2	1	2	1
4447052	N/A	MCG10-4331	194145786643	Microfiber Comforter	EA	2	2	1	2	1

Total Weight:	43.16
Total Quantity Ordered:	8
Total Cartons Ordered:	4
Total Quantity Shipped:	8
Total Cartons Shipped:	4