


<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001324426	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> FedEx Freight Economy	
Name:	Macy's Merge Center co Dynamic	Trailer number:	14099
	DC#: Div.	Seal number(s):	
Address:	1124 Elon Place	SCAC: FXNL	
		Pro Number:	<b>817474415-2</b>
City/State/Zip:	High Point, NC 27260		
SID#:		FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 00052201291S		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
4780847	4	47.56	Y	N	06757168001322323	CL	
4781397	1	13.21	Y	N	06757168001322293	BA	
4781397	3	36.11	Y	N	06757168001322323	CL	
4673014	5	60.77	Y	N	06757168001320695	JP	
4675071	5	62.53	Y	N	06757168001320749	TM	
4673014	3	37.87	Y	N	06757168001320640	BA	
4673014	5	62.53	Y	N	06757168001320756	TU	
4675071	4	45.80	Y	N	06757168001320640	BA	
4675071	1	11.45	Y	N	06757168001320718	SC	
4675071	4	49.32	Y	N	06757168001320664	CL	
4780847	5	61.87	Y	N	06757168001322330	HA	
4781397	1	11.45	Y	N	06757168001322279	AZ	
4675071	1	13.21	Y	N	06757168001320695	JP	


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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
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<p><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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DE 11/18/24

 11/18/24  
 11505 X14099

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001324426	
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>311 International Trade Pkwy</b> City/State/Zip: <b>Port Wentworth, GA 31407</b> SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: <b>FedEx Freight Economy</b>	
Name: <b>Macys Merge Center co Dynamic</b> DC#: _____ Div. _____ Address: <b>1124 Elon Place</b> City/State/Zip: <b>High Point, NC 27260</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>14099</b> Seal number(s): _____ SCAC: <b>FXNL</b> Pro Number: <b>8174744152</b>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 00052201291S		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
		Appointment Time: _____ AM _____ PM _____	Actual Driver Arrival Time: _____ AM _____ PM _____

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
4674587	8	91.60	Y	N	06757168001320701	OK	
4780847	3	37.87	Y	N	06757168001322309	CI	
4781397	13	158.09	Y	N	06757168001322309	CI	
4673014	2	24.66	Y	N	06757168001320732	SW	
4673014	2	26.42	Y	N	06757168001320749	TM	
4675071	3	39.63	Y	N	06757168001320732	SW	/
4781397	1	9.03	Y	N	06757168001322385	TU	
4781485	7	83.67	Y	N	06757168001322347	OK	
4673014	21	263.33	Y	N	06757168001320725	ST	
4675071	22	262.90	Y	N	06757168001320725	ST	
4781397	11	135.85	Y	N	06757168001322361	ST	
<b>Grand Total</b>	<b>264</b>	<b>3220.80</b>					

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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February 12, 2025

Dear Customer,

The following is the proof-of-delivery for tracking number: 8174744152

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**Delivery Information:**

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<b>Status:</b>	Delivered	<b>Delivery date:</b>	Nov 22, 2024 09:36
<b>Signed for by:</b>	** DRIVER SPOTTED **		
<b>Service type:</b>	FedEx Freight Economy		
<b>Special Handling:</b>			

Please see following page for Signature

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**Shipping Information:**

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<b>Tracking number:</b>	8174744152	<b>Ship Date:</b>	Nov 18, 2024
		<b>Weight:</b>	2000.0 LB/908.00 KG
<b>Recipient:</b>		<b>Shipper:</b>	
HIGH POINT, NC, US,		PORT WENTWORTH, GA, US,	

**Purchase Order** 06757168001320732,4673014@0002#00025,4675071@0003#00040,4673014@0002#00027