

SHIP FROM		Master Bill of Lading Number: 06757163001003845	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Performance Team	
Name:	Mega-Merge CA ConsolidationLocation	DC#:	CA
		Div.:	
Address:	12801 Excelsior Drive	Trailer number:	P5078730
		Seal number(s):	63589538
City/State/Zip:	Santa Fe Springs, CA 90670	SCAC:	GLTN
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
Load #: 54730945		Appointment Time	Actual Driver Arrival Time
		9:00 AM	10:10 AM
			11:50 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
6785553	1	23.34	Y	N	06757163001003449	AZ	
6785553	1	20.70	Y	N	06757163001003487	BA	
6785553	7	140.93	Y	N	06757163001003531	CI	
6785553	2	46.68	Y	N	06757163001003579	CL	
6785553	2	56.20	Y	N	06757163001003630	HA	
6785553	3	58.00	Y	N	06757163001003692	SC	
6787368	40	397.28	Y	N	06757163001003425	AZ	
6787368	24	243.34	Y	N	06757163001003463	BA	
6787368	59	577.43	Y	N	06757163001003500	CI	
6787368	30	297.08	Y	N	06757163001003555	CL	
6787368	10	97.78	Y	N	06757163001003593	DV	
6787368	7	67.83	Y	N	06757163001003616	HA	
6787368	19	186.31	Y	N	06757163001003654	JP	

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.
 _____ 3/20/25

Trailer Loaded:	Freight Counted:
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<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.

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

Master Bill of Lading Number: 06757163001003845

SHIP TO
 Name: Mega-Merge CA
 ConsolidationLocation
 Address: 12801 Excelsior Drive
 City/State/Zip: Santa Fe Springs, CA 90670
 SID#: _____ DC#: CA
 Div. _____ FOB:

CARRIER NAME: Performance Team
 Trailer number: P5078730
 Seal number(s): 63589538
 SCAC: GLTN
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 54730945

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING
 Appointment Time AM PM Actual Driver Arrival Time 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#		
6787368	18	174.86	Y	N	06757163001003678	SC	
6787368	90	887.50	Y	N	06757163001003715	ST	
6787368	31	306.11	Y	N	06757163001003746	SW	
6787368	75	736.65	Y	N	06757163001003777	TM	
6790184	2	48.10	Y	N	06757163001003814	AZ	
6834756	30	299.50	Y	N	06757163001003517	CI	
6835306	24	505.44	Y	N	06757163001003517	CI	
6918136	4	40.30	Y	N	06757163001003494	CI	
6918136	2	20.70	Y	N	06757163001003548	CL	
6918136	3	28.63	Y	N	06757163001003609	HA	
6918136	1	11.67	Y	N	06757163001003661	SC	
6918136	2	20.70	Y	N	06757163001003708	ST	
6919027	1	16.60	Y	N	06757163001003432	AZ	

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.
 _____ 3/20/25

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.
 _____ X

SHIP FROM		Master Bill of Lading Number: 06757163001003845	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Performance Team	
Name:	Mega-Merge CA	DC#:	CA
	ConsolidationLocation	Div.:	
Address:	12801 Excelsior Drive		
City/State/Zip:	Santa Fe Springs, CA 90670		
SID#:		FOB:	<input type="checkbox"/>
		Trailer number:	P5078730
		Seal number(s):	63589538
		SCAC:	GLTN
		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 #: 54730945		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6919027	1	20.70	Y	N	06757163001003470	BA	
6919027	6	147.32	Y	N	06757163001003524	CI	
6919027	4	85.44	Y	N	06757163001003562	CL	
6919027	5	115.92	Y	N	06757163001003623	HA	
6919027	1	20.70	Y	N	06757163001003685	SC	
6919027	5	118.43	Y	N	06757163001003722	ST	
6919027	2	51.70	Y	N	06757163001003753	SW	
6919027	1	23.34	Y	N	06757163001003784	TM	
6919027	1	23.34	Y	N	06757163001003807	TU	
6920369	11	123.09	Y	N	06757163001003418	AZ	
6920369	5	46.91	Y	N	06757163001003456	BA	
6920369	53	586.83	Y	N	06757163001003494	CI	
6920369	56	604.24	Y	N	06757163001003548	CL	

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. <i>7007L 3/20/25</i>	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.
	_____ X		

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: 06757163001003845
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SHIP TO		Name: Mega-Merge CA DC#: CA ConsolidationLocation Div. Address: 12801 Excelsior Drive City/State/Zip: Santa Fe Springs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Performance Team Trailer number: P5078730 Seal number(s): 63589538 SCAC: GLTN Pro Number: _____
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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"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING <table style="width:100%; border: none;"> <tr> <td style="border: none;">Appointment Time</td> <td style="border: none;">Actual Driver Arrival Time</td> <td style="border: none;">Driver Departure Time</td> </tr> <tr> <td style="border: none; text-align: center;">AM</td> <td style="border: none; text-align: center;">AM</td> <td style="border: none; text-align: center;">AM</td> </tr> <tr> <td style="border: none; text-align: center;">PM</td> <td style="border: none; text-align: center;">PM</td> <td style="border: none; 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 CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
6920369	2	22.02	Y	N	06757163001003586	DV	
6920369	41	437.33	Y	N	06757163001003609	HA	
6920369	30	325.02	Y	N	06757163001003647	JP	
6920369	54	593.44	Y	N	06757163001003661	SC	
6920369	49	531.79	Y	N	06757163001003708	ST	
6920369	24	258.96	Y	N	06757163001003739	SW	
6920369	13	139.83	Y	N	06757163001003760	TM	
6920369	16	180.12	Y	N	06757163001003791	TU	
6920996	1	24.05	Y	N	06757163001003821	AZ	
6920996	2	48.10	Y	N	06757163001003838	BA	
Grand Total	871	9838.28					

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

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. 3/20/25	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Master Bill of Lading Number: 06757163001003845	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Performance Team	
Name:	Mega-Merge CA	DC#:	CA
	ConsolidationLocation	Div.	
Address:	12801 Excelsior Drive		
City/State/Zip:	Santa Fe Springs, CA 90670		
SID#:		FOB:	<input type="checkbox"/>
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: Load #: 54730945		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or 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
55	Pallet			2750.00		Pallet		70
		799	ctns	8243.25		Comforters, Bedspreads	49017	200
		67	ctns	1474.78		Mattress Pads	149265	100
		5	ctns	120.25		Pillow Sub 3 - 2 but less than 4	49260-3	250
55				12588.28		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.

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. <i>KOTL 3/20/25</i>	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. X
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SHIP FROM		Bill of Lading Number: 06757163001003777	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003777	
SHIP TO		CARRIER NAME: Performance Team	
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: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 54730945 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"/> Master Bill of Lading: with attached (check box) 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
6787368	75	736.65	Y N	
Grand Total	75	736.65		

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
3	Pallet			150.00		Pallet		
		75	ctns	736.65		Comforters, Bedspreads	49017	200
3		75		886.65		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: **Freight Counted:**

By Shipper By Shipper

By Driver By Driver/pallets said to contain

By Driver/Pieces

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

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

Bill of Lading Number: 06757163001003456

 (402)06757163001003456

SHIP TO
 Name: Macys Home Bailey Rd DC Location #: BA
 Address: 300 South Bailey Road
 City/State/Zip: North Jackson, OH 44451
 CID#: _____
 Dept: 0609

FOB:
CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: _____ **Collect:** X **3rd Party:** _____
 Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6920369	5	46.91	Y N	
Grand Total	5	46.91		

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		
		5	ctns	46.91		Comforters, Bedspreads	49017	200
1		5		96.91		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: 3/20/2025 11:31:44 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163001003517



(402)06757163001003517

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538

SHIP TO

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

SCAC: GLTN
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: Collect: **X** 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6834756	30	299.50	Y	N	
6835306	24	505.44	Y	N	
Grand Total	54	804.94			

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		
		24	ctns	505.44		Mattress Pads	149265	100
		30	ctns	299.50		Comforters, Bedspreads	49017	200
2		54		904.94		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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


Shipper Signature

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

SHIP FROM		Bill of Lading Number: 06757163001003739	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003739	
SHIP TO		CARRIER NAME: Performance Team	
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: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 54730945 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: X 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		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
6920369	24	258.96	Y N	
Grand Total	24	258.96		

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		
		24	ctns	258.96		Comforters, Bedspreads	49017	200
1		24		308.96		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: <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.
--	--	--	---

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

Bill of Lading Number: 06757163001003784

 (402)06757163001003784

SHIP TO
 Name: Macys Home Tomball DC Location #: TM
 Address: 19201 Hamish Rd
 City/State/Zip: Tomball, TX 77377
 CID#: _____
 Dept: 0614 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
 SCAC: GLTN
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: _____ Collect: 3rd Party: _____
 Master Bill of Lading: with attached
 (check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6919027	1	23.34	Y N	
Grand Total	1	23.34		

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	23.34		Mattress Pads	149265	100
1		1		73.34		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.

SHIP FROM

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

Bill of Lading Number: 06757163001003722



(402)06757163001003722

SHIP TO

Name: Macys Home Stone Mountain DC Location #: ST
 Address: 4401 Sarr Parkway
 City/State/Zip: Stone Mountain, GA 30083
 CID#:
 Dept: 0614 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No:
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

Prepaid: **Collect:** X **3rd Party:**

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6919027	5	118.43	Y N	
Grand Total	5	118.43		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	118.43		Mattress Pads	149265	100
1		5		168.43		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

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

Bill of Lading Number: 06757163001003555

 (402)06757163001003555

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

CARRIER NAME: Performance Team
 Responsible Acct.No:
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** X **3rd Party:**
 Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6787368	30	297.08	Y N	
Grand Total	30	297.08		

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		
		30	ctns	297.08		Comforters, Bedspreads	49017	200
1		30		347.08		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: 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: 3/20/2025 11:31:41 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163001003418	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003418	
SHIP TO		CARRIER NAME: Performance Team	
Name: Macys Home Goodyear DC Location #: AZ Address: 16575 West Commerce Lane City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0609		Responsible Acct.No: _____ Trailer number: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 54730945 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
6920369	11	123.09	Y N	
Grand Total	11	123.09		


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		
		11	ctns	123.09		Comforters, Bedspreads	49017	200
1		11		173.09		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"/>
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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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SHIP FROM		Bill of Lading Number: 06757163001003746	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003746	
SHIP TO		CARRIER NAME: Performance Team	
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: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 54730945 Packing List is Attached		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <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
6787368	31	306.11	Y N	
Grand Total	31	306.11		

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
1	Pallet			50.00	1	Pallet		
		31	ctns	306.11		Comforters, Bedspreads	49017	200
1		31		356.11		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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SHIP FROM		Bill of Lading Number: 06757163001003609	
Name: E & E COMPANY LTD	 (402)06757163001003609		
Address: 221 Hanson Way	CARRIER NAME: Performance Team		
City/State/Zip: Woodland, CA 95776			
SID#:	Responsible Acct.No:		
PHONE:	Trailer number: P5078730		
VENDOR: FOB: <input type="checkbox"/>	Seal number(s): 63589538		

SHIP TO		SCAC: GLTN	
Name: Macys Home Hayward DC	Location #: HA	Pro Number:	
Address: 28701 Hall Road			
City/State/Zip: Hayward, CA 94545			
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: <input type="checkbox"/>	Collect: X	3rd Party:	
Address:	Master Bill of Lading: with attached underlying Bills of Lading			
City/State/Zip:	(check box)			
SPECIAL INSTRUCTIONS: Load #: 54730945	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	
Packing List is Attached	AM PM	AM PM	AM PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
6918136	3	28.63	Y N		
6920369	41	437.33	Y N		
Grand Total	44	465.96			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		44	ctns	465.96		Comforters, Bedspreads	49017	200
2		44		565.96		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 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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SHIP FROM

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

Bill of Lading Number: 06757163001003647



(402)06757163001003647

SHIP TO

Name: Macys Home Joppa DC Location #: JP
 Address: 3300 Fashion Way
 City/State/Zip: Joppa, MD 21085
 CID#: _____
 Dept: 0609

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538

SCAC: GLTN
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: _____ Collect: **X** 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6920369	30	325.02	Y N	
Grand Total	30	325.02		

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		
		30	ctns	325.02		Comforters, Bedspreads	49017	200
1		30		375.02		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: 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: 3/20/2025 11:31:39 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163001003500



(402)06757163001003500

SHIP TO

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

CARRIER NAME: Performance Team
 Responsible Acct.No:
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: 3rd Party:
 (check box) Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6787368	59	577.43	Y N	
Grand Total	59	577.43		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		59	ctns	577.43		Comforters, Bedspreads	49017	200
2		59		677.43		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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


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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

SHIP FROM		Bill of Lading Number: 06757163001003562	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003562	
SHIP TO		CARRIER NAME: Performance Team Responsible Acct.No: _____ Trailer number: P5078730 Seal number(s): 63589538	
Name: Macys Home Minooka DC Location #: CL Address: 601 Midpoint Rd. City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0614		SCAC: GLTN 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"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 54730945 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
6919027	4	85.44	Y N	
Grand Total	4	85.44		

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	85.44		Mattress Pads	149265	100
1		4		135.44		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. <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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SHIP FROM

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

Bill of Lading Number: 06757163001003494



(402)06757163001003494

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number: _____

SHIP TO

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

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: **Collect:** X **3rd Party:** _____

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

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6918136	4	40.30	Y N	
6920369	53	586.83	Y N	
Grand Total	57	627.13		

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		
		57	ctns	627.13		Comforters, Bedspreads	49017	200
2		57		727.13		Grand Total		

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

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

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

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


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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

SHIP FROM		Bill of Lading Number: 06757163001003821	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003821	
SHIP TO		CARRIER NAME: Performance Team	
Name: Macys Home Goodyear DC Location #: AZ Address: 16575 West Commerce Lane City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 54730945 Packing List is Attached		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> 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
6920996	1	24.05	Y N	
Grand Total	1	24.05		

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	24.05		Pillow Sub 3 - 2 but less than 4	49260-3	250
1		1		74.05		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. <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: 3/20/2025 11:31:37 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163001003470



(402)06757163001003470

SHIP TO

Name: Macys Home Bailey Rd DC Location #: BA
 Address: 300 South Bailey Road
 City/State/Zip: North Jackson, OH 44451
 CID#: _____
 Dept: 0614

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
 SCAC: GLTN
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

Prepaid: _____ Collect: 3rd Party: _____

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6919027	1	20.70	Y N	
Grand Total	1	20.70		

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	20.70		Mattress Pads	149265	100
1		1		70.70		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

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

Bill of Lading Number: 06757163001003425

 (402)06757163001003425

SHIP TO
 Name: Macys Home Goodyear DC Location #: AZ
 Address: 16575 West Commerce Lane
 City/State/Zip: Goodyear, AZ 85338
 CID#: _____
 Dept: 0609 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: _____ **Collect:** X **3rd Party:** _____
 Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6787368	40	397.28	Y N	
Grand Total	40	397.28		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		40	ctns	397.28		Comforters, Bedspreads	49017	200
2		40		497.28		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: 06757163001003807	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003807	
SHIP TO		CARRIER NAME: Performance Team	
Name: Macys Home Tukwila DC Location #: TU Address: 17000 Southcenter Parkway City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 54730945 Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <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
6919027	1	23.34	Y N	
Grand Total	1	23.34		

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	23.34		Mattress Pads	149265	100
1		1		73.34		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.
--	--	--	---

Date: 3/20/2025 11:31:36 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163001003586



CARRIER NAME: Performance Team
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Denver DC Location #: DV
 Address: 510 East 51st Ave
 City/State/Zip: Denver, CO 80216
 CID#: _____
 Dept: 0609

Trailer number: P5078730
 Seal number(s): 63589538

SCAC: GLTN
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: Collect: 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6920369	2	22.02	Y	N	
Grand Total	2	22.02			

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		
		2	ctns	22.02		Comforters, Bedspreads	49017	200
1		2		72.02		Grand Total		

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

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

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757163001003692	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003692	
SHIP TO		CARRIER NAME: Performance Team	
Name: Macys Home Secaucus DC Location #: SC Address: 500 Meadowlands Parkway City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 54730945 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: X 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) 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
6785553	3	58.00	Y N	
Grand Total	3	58.00		

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		
		3	ctns	58.00		Mattress Pads	149265	100
1		3		108.00		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.

Date: 3/20/2025 11:31:35 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163001003531	
Name:	E & E COMPANY LTD	 (402)06757163001003531	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Performance Team	
SHIP TO		Responsible Acct.No:	
Name:	Macys Home Los Angeles DC Location #: CI	Trailer number: P5078730	
Address:	15541 East Gale Ave	Seal number(s): 63589538	
City/State/Zip:	City of Industry, CA 91745	SCAC: GLTN	
CID#:		Pro Number:	
Dept:	0614 FOB: <input type="checkbox"/>		
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:			
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 54730945		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
6785553	7	140.93	Y	N	
Grand Total	7	140.93			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	140.93		Mattress Pads	149265	100
1		7		190.93		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE

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

Date: 3/20/2025 11:31:35 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163001003678



(402)06757163001003678

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
 SCAC: GLTN
 Pro Number: _____

SHIP TO

Name: Macys Home Secaucus DC Location #: SC
 Address: 500 Meadowlands Parkway
 City/State/Zip: Secaucus, NJ 07094
 CID#: _____
 Dept: 0609 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

Prepaid: _____ Collect: 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6787368	18	174.86	Y	N	
Grand Total	18	174.86			

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		
		18	ctns	174.86		Comforters, Bedspreads	49017	200
1		18		224.86		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: 3/20/2025 11:31:34 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

FOB:

Bill of Lading Number: 06757163001003685



CARRIER NAME: Performance Team
 Responsible Acct.No: _____

SHIP TO

Name: Macys Home Secaucus DC Location #: SC
 Address: 500 Meadowlands Parkway
 City/State/Zip: Secaucus, NJ 07094
 CID#: _____
 Dept: 0614

FOB:

Trailer number: P5078730
 Seal number(s): 63589538

SCAC: GLTN
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6919027	1	20.70	Y	N	
Grand Total	1	20.70			

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	20.70		Mattress Pads	149265	100
1		1		70.70		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757163001003715	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003715	
SHIP TO		CARRIER NAME: Performance Team	
Name: Macys Home Stone Mountain DC Location #: ST Address: 4401 Sarr Parkway City/State/Zip: Stone Mountain, GA 30083 CID#: _____ Dept: 0609		Responsible Acct.No: _____ Trailer number: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 54730945 Packing List is Attached		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6787368	90	887.50	Y N	
Grand Total	90	887.50		

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		
		90	ctns	887.50		Comforters, Bedspreads	49017	200
3		90		1037.50		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. <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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SHIP FROM

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

Bill of Lading Number: 06757163001003579



(402)06757163001003579

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number: _____

SHIP TO

Name: Macys Home Minooka DC Location #: CL
 Address: 601 Midpoint Rd.
 City/State/Zip: Minooka, IL 60447
 CID#: _____
 Dept: 0614 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

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

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

Prepaid: Collect: 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6785553	2	46.68	Y N	
Grand Total	2	46.68		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	46.68		Mattress Pads	149265	100
1		2		96.68		Grand Total		

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

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

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

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


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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

SHIP FROM		Bill of Lading Number: 06757163001003449	
Name: E & E COMPANY LTD		 (402)06757163001003449	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Performance Team	
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:	

SHIP TO		Trailer number: P5078730
Name: Macys Home Goodyear DC	Location #: AZ	Seal number(s): 63589538
Address: 16575 West Commerce Lane		SCAC: GLTN
City/State/Zip: Goodyear, AZ 85338		Pro Number:
CID#:		
Dept: 0614	FOB: <input type="checkbox"/>	

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: <input type="checkbox"/>
Address:		Master Bill of Lading: with attached underlying Bills of Lading		
City/State/Zip:		(check box)		
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 54730945		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6785553	1	23.34	Y N	
Grand Total	1	23.34		


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		
		1	ctns	23.34		Mattress Pads	149265	100
1		1		73.34		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>
---	---

<p>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.</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>
---	---	---	--

SHIP FROM		Bill of Lading Number: 06757163001003623	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003623	
SHIP TO		CARRIER NAME: Performance Team	
Name: Macys Home Hayward DC Location #: HA Address: 28701 Hall Road City/State/Zip: Hayward, CA 94545 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 54730945 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"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		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
6919027	5	115.92	Y N	
Grand Total	5	115.92		

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	(X)	Pallet		
		5	ctns	115.92		Mattress Pads	149265	100
1		5		165.92		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:	Freight Counted:
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<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.

Date: 3/20/2025 11:31:32 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 06757163001003593



(402)06757163001003593

SHIP TO

Name: Macys Home Denver DC Location #: DV
 Address: 510 East 51st Ave
 City/State/Zip: Denver, CO 80216
 CID#:
 Dept: 0609 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No:
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

Prepaid: **Collect:** X **3rd Party:**

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6787368	10	97.78	Y N	
Grand Total	10	97.78		

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		
		10	ctns	97.78		Comforters, Bedspreads	49017	200
1		10		147.78		Grand Total		

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

COD Amount: _____

Fee Terms: **Collect:** **Prepaid:**

Customer check acceptable:

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

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

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


Shipper Signature

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

SHIP FROM		Bill of Lading Number: 06757163001003487	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003487	
SHIP TO		CARRIER NAME: Performance Team	
Name: Macys Home Bailey Rd DC Location #: BA Address: 300 South Bailey Road City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 54730945 Packing List is Attached		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
			Driver Departure Time
			AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6785553	1	20.70	Y N	
Grand Total	1	20.70		

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	20.70		Mattress Pads	149265	100
1		1		70.70		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. <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: 3/20/2025 11:31:31 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163001003814	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003814	
SHIP TO		CARRIER NAME: Performance Team Responsible Acct.No: _____ Trailer number: P5078730 Seal number(s): 63589538	
Name: Macys Home Goodyear DC Location #: AZ Address: 16575 West Commerce Lane City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0614		SCAC: GLTN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Name: _____ Address: _____ City/State/Zip: _____		Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____ AM PM AM PM AM PM	
SPECIAL INSTRUCTIONS: Load #: 54730945 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6790184	2	48.10	Y N	
Grand Total	2	48.10		

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		
		2	ctns	48.10		Pillow Sub 3 - 2 but less than 4	49260-3	250
1		2		98.10		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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SHIP FROM

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

Bill of Lading Number: 06757163001003661



(402)06757163001003661

SHIP TO

Name: Macys Home Secaucus DC Location #: SC
 Address: 500 Meadowlands Parkway
 City/State/Zip: Secaucus, NJ 07094
 CID#: _____
 Dept: 0609 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

Prepaid: _____ **Collect:** X **3rd Party:** _____

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6918136	1	11.67	Y	N	
6920369	54	593.44	Y	N	
Grand Total	55	605.11			

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		
		55	ctns	605.11		Comforters, Bedspreads	49017	200
2		55		705.11		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

SHIP FROM

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

Bill of Lading Number: 06757163001003630



(402)06757163001003630

SHIP TO

Name: Macys Home Hayward DC Location #: HA
 Address: 28701 Hall Road
 City/State/Zip: Hayward, CA 94545
 CID#: _____
 Dept: 0614 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

Prepaid: _____ Collect: 3rd Party: _____

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6785553	2	56.20	Y N	
Grand Total	2	56.20		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	56.20		Mattress Pads	149265	100
1		2		106.20		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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


Shipper Signature

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

SHIP FROM		Bill of Lading Number: 06757163001003760	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003760	
SHIP TO		CARRIER NAME: Performance Team	
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: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 54730945 Packing List is Attached		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
		<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
6920369	13	139.83	Y N	
Grand Total	13	139.83		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	ctns	139.83		Comforters, Bedspreads	49017	200
1		13		189.83		Grand Total		

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

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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SHIP FROM		Bill of Lading Number: 06757163001003463	
Name: E & E COMPANY LTD	 (402)06757163001003463		
Address: 221 Hanson Way	CARRIER NAME: Performance Team		
City/State/Zip: Woodland, CA 95776			
SID#:	Responsible Acct.No:		
PHONE:	Trailer number: P5078730		
VENDOR: FOB: <input type="checkbox"/>	Seal number(s): 63589538		

SHIP TO		SCAC: GLTN	
Name: Macys Home Bailey Rd DC	Location #: BA	Pro Number:	
Address: 300 South Bailey Road			
City/State/Zip: North Jackson, OH 44451			
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: <input type="checkbox"/>	Collect: X	3rd Party:	
Address:	Master Bill of Lading: with attached underlying Bills of Lading			
City/State/Zip:	(check box)			
SPECIAL INSTRUCTIONS: Load #: 54730945	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	
Packing List is Attached	AM PM	AM PM	AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6787368	24	243.34	Y N	
Grand Total	24	243.34		


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		
		24	ctns	243.34		Comforters, Bedspreads	49017	200
1		24		293.34		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. <div style="text-align: right;">Shipper Signature</div>
--	---

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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SHIP FROM		Bill of Lading Number: 06757163001003616	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003616	
SHIP TO		CARRIER NAME: Performance Team	
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: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 54730945 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		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
6787368	7	67.83	Y N	
Grand Total	7	67.83		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	67.83		Comforters, Bedspreads	49017	200
1		7		117.83		Grand Total		

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


COD Amount: _____ Fee Terms: Collect: <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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SHIP FROM		Bill of Lading Number: 06757163001003654	
Name: E & E COMPANY LTD		 (402)06757163001003654	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Performance Team	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: P5078730	
Name: Macys Home Joppa DC Location #: JP		Seal number(s): 63589538	
Address: 3300 Fashion Way		SCAC: GLTN	
City/State/Zip: Joppa, MD 21085		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 #: 54730945		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6787368	19	186.31	Y N	
Grand Total	19	186.31		

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		
		19	ctns	186.31		Comforters, Bedspreads	49017	200
1		19		236.31		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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SHIP FROM

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

Bill of Lading Number: 06757163001003524



(402)06757163001003524

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number: _____

SHIP TO

Name: Macys Home Los Angeles DC Location #: CI
 Address: 15541 East Gale Ave
 City/State/Zip: City of Industry, CA 91745
 CID#: _____
 Dept: 0614 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

Prepaid: _____ **Collect:** X **3rd Party:** _____

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

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6919027	6	147.32	Y	N	
Grand Total	6	147.32			

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		
		6	ctns	147.32		Mattress Pads	149265	100
1		6		197.32		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

SHIP FROM

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

Bill of Lading Number: 06757163001003838



(402)06757163001003838

SHIP TO

Name: Macys Home North Jackson DC Location #: BA
 Address: 300 South Bailey Road
 City/State/Zip: North Jackson, OH 44451
 CID#:
 Dept: 0614 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No:
 Trailer number: P5078730
 Seal number(s): 63589538
 SCAC: GLTN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6920996	2	48.10	Y N	
Grand Total	2	48.10		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	48.10		Pillow Sub 3 - 2 but less than 4	49260-3	250
1		2		98.10		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: Freight Counted:

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

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

SHIP FROM

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

Bill of Lading Number: 06757163001003753



(402)06757163001003753

SHIP TO

Name: Macys Home South Windsor DC Location #: SW
 Address: 301 Governors Hwy
 City/State/Zip: South Windsor, CT 06074
 CID#: _____
 Dept: 0614 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

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

SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

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

Prepaid: _____ Collect: 3rd Party: _____

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6919027	2	51.70	Y N	
Grand Total	2	51.70		

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		
		2	ctns	51.70		Mattress Pads	149265	100
1		2		101.70		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

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

Bill of Lading Number: 06757163001003548

 (402)06757163001003548

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

FOB:
CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: _____ Collect: **X** 3rd Party: _____
 Master Bill of Lading: with attached
 (check box) underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6918136	2	20.70	Y N	
6920369	56	604.24	Y N	
Grand Total	58	624.94		

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		
		58	ctns	624.94		Comforters, Bedspreads	49017	200
2		58		724.94		Grand Total		

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

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

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

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

Bill of Lading Number: 06757163001003432

 (402)06757163001003432

SHIP TO
 Name: Macys Home Goodyear DC Location #: AZ
 Address: 16575 West Commerce Lane
 City/State/Zip: Goodyear, AZ 85338
 CID#: _____
 Dept: 0614 FOB:

CARRIER NAME: Performance Team
 Responsible Acct.No: _____
 Trailer number: P5078730
 Seal number(s): 63589538
SCAC: GLTN
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 54730945
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: _____ Collect: **X** 3rd Party: _____
 Master Bill of Lading: with attached
 (check box) underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6919027	1	16.60	Y N	
Grand Total	1	16.60		

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		
		1	ctns	16.60		Mattress Pads	149265	100
1		1		66.60		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: 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: 3/20/2025 11:31:25 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163001003708
Name: E & E COMPANY LTD		 (402)06757163001003708
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Performance Team

SHIP TO		Trailer number: P5078730
Name: Macys Home Stone Mountain DC Location #: ST		Seal number(s): 63589538
Address: 4401 Sarr Parkway		SCAC: GLTN
City/State/Zip: Stone Mountain, GA 30083		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:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 54730945		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6918136	2	20.70	Y N	
6920369	49	531.79	Y N	
Grand Total	51	552.49		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		51	ctns	552.49		Comforters, Bedspreads	49017	200
2		51		652.49		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: 3/20/2025 11:31:25 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163001003791	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163001003791	
SHIP TO		CARRIER NAME: Performance Team	
Name: Macys Home Tukwila DC Location #: TU Address: 17000 Southcenter Parkway City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0609		Responsible Acct.No: _____ Trailer number: P5078730 Seal number(s): 63589538	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: GLTN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 54730945 Packing List is Attached		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <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
6920369	16	180.12	Y N	
Grand Total	16	180.12		

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		
		16	ctns	180.12		Comforters, Bedspreads	49017	200
1		16		230.12		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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Customer: MACYS HOME TOMBALL DC

Ship Date: 03/20/2025

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
6787368	100202727TW	MCG10-5691	194137245028	T Comforter	EA	2	12	6	12	6
6787368	100202727TW	MCG10-5692	194137244922	F/Q Comforter	EA	2	14	7	14	7
6787368	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	14	7	14	7
6787368	100202727TW	MCG10-5694	194137245035	T Comforter	EA	2	16	8	16	8
6787368	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	8	4	8	4
6787368	100202727TW	MCG10-5697	194137245066	T Comforter	EA	2	16	8	16	8
6787368	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	8	4	8	4
6787368	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	16	8	16	8
6787368	100202727TW	MCG10-5703	194137245042	T Comforter	EA	2	16	8	16	8
6787368	100202727TW	MCG10-5704	194137244946	F/Q Comforter	EA	2	12	6	12	6
6787368	100202727TW	MCG10-5705	194137244991	K Comforter	EA	2	12	6	12	6

Total Weight:	736.65
Total Quantity Ordered:	150
Total Cartons Ordered:	75
Total Quantity Shipped:	150
Total Cartons Shipped:	75

Customer: MACYS HOME BAILEY RD DC

Ship Date: 03/20/2025

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
6920369	100202727TW	MCG10-5694	194137245035	T Comforter	EA	2	4	2	4	2
6920369	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	4	2	4	2
6920369	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	2	1	2	1

Total Weight:	46.91
Total Quantity Ordered:	10
Total Cartons Ordered:	5
Total Quantity Shipped:	10
Total Cartons Shipped:	5

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 03/20/2025

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
6834756	100202727TW	MCG10-5691	194137245028	T Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5692	194137244922	F/Q Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5694	194137245035	T Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5697	194137245066	T Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5700	194137245059	T Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5701	194137244953	F/Q Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5702	194137245004	K Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5703	194137245042	T Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5704	194137244946	F/Q Comforter	EA	2	4	2	4	2
6834756	100202727TW	MCG10-5705	194137244991	K Comforter	EA	2	4	2	4	2
6835306	100202727TW	MCG16-5679	194137248463	T Waterproof Mattress Pad	EA	6	12	2	12	2
6835306	100202727TW	MCG16-5680	194137248470	TXL Waterproof Mattress Pad	EA	6	12	2	12	2
6835306	100202727TW	MCG16-5681	194137248432	F Waterproof Mattress Pad	EA	6	12	2	12	2
6835306	100202727TW	MCG16-5682	194137248456	Q Waterproof Mattress Pad	EA	6	12	2	12	2
6835306	100202727TW	MCG16-5683	194137248449	K Waterproof Mattress Pad	EA	6	12	2	12	2
6835306	100202727TW	MCG16-5684	194137248425	CK Waterproof Mattress Pad	EA	6	12	2	12	2
6835306	100202727TW	MCG16-5685	194137247664	T Classic Mattress Pad	EA	6	12	2	12	2
6835306	100202727TW	MCG16-5686	194137247671	TXL Classic Mattress Pad	EA	6	12	2	12	2
6835306	100202727TW	MCG16-5687	194137247633	F Classic Mattress Pad	EA	6	12	2	12	2
6835306	100202727TW	MCG16-5688	194137247657	Q Classic Mattress Pad	EA	6	12	2	12	2

Total Weight: 804.94
Total Quantity Ordered: 204
Total Cartons Ordered: 54
Total Quantity Shipped: 204
Total Cartons Shipped: 54

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 03/20/2025

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
6835306	100202727TW	MCG16-5689	194137247640	K Classic Mattress Pad	EA	6	12	2	12	2
6835306	100202727TW	MCG16-5690	194137247626	CK Classic Mattress Pad	EA	6	12	2	12	2

Total Weight:	804.94
Total Quantity Ordered:	204
Total Cartons Ordered:	54
Total Quantity Shipped:	204
Total Cartons Shipped:	54

Customer: MACYS HOME SOUTH WINDSOR DC

Ship Date: 03/20/2025

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
6920369	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	6	3	6	3
6920369	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	26	13	26	13
6920369	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	8	4	8	4
6920369	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	4	2	4	2
6920369	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	2	1	2	1
6920369	100202727TW	MCG10-5704	194137244946	F/Q Comforter	EA	2	2	1	2	1

Total Weight:	258.96
Total Quantity Ordered:	48
Total Cartons Ordered:	24
Total Quantity Shipped:	48
Total Cartons Shipped:	24

Customer: MACYS HOME TOMBALL DC

Ship Date: 03/20/2025

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
6919027	100202727TW	MCG16-5688	194137247657	Q Classic Mattress Pad	EA	6	6	1	6	1

Total Weight: 23.34
Total Quantity Ordered: 6
Total Cartons Ordered: 1
Total Quantity Shipped: 6
Total Cartons Shipped: 1

Customer: MACYS HOME STONE MOUNTAIN DC

Ship Date: 03/20/2025

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
6919027	100202727TW	MCG16-5683	194137248449	K Waterproof Mattress Pad	EA	6	6	1	6	1
6919027	100202727TW	MCG16-5687	194137247633	F Classic Mattress Pad	EA	6	12	2	12	2
6919027	100202727TW	MCG16-5688	194137247657	Q Classic Mattress Pad	EA	6	6	1	6	1
6919027	100202727TW	MCG16-5689	194137247640	K Classic Mattress Pad	EA	6	6	1	6	1

Total Weight: 118.43
Total Quantity Ordered: 30
Total Cartons Ordered: 5
Total Quantity Shipped: 30
Total Cartons Shipped: 5

Customer: MACYS HOME MINOOKA DC

Ship Date: 03/20/2025

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
6787368	100202727TW	MCG10-5691	194137245028	T Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5692	194137244922	F/Q Comforter	EA	2	2	1	2	1
6787368	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5694	194137245035	T Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5697	194137245066	T Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5703	194137245042	T Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5704	194137244946	F/Q Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5705	194137244991	K Comforter	EA	2	6	3	6	3

Total Weight:	297.08
Total Quantity Ordered:	60
Total Cartons Ordered:	30
Total Quantity Shipped:	60
Total Cartons Shipped:	30

Customer: MACYS HOME GOODYEAR DC

Ship Date: 03/20/2025

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
6920369	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	10	5	10	5
6920369	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	6	3	6	3
6920369	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	4	2	4	2
6920369	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	2	1	2	1

Total Weight: 123.09
 Total Quantity Ordered: 22
 Total Cartons Ordered: 11
 Total Quantity Shipped: 22
 Total Cartons Shipped: 11

Customer: MACYS HOME SOUTH WINDSOR DC

Ship Date: 03/20/2025

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
6787368	100202727TW	MCG10-5691	194137245028	T Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5692	194137244922	F/Q Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	2	1	2	1
6787368	100202727TW	MCG10-5694	194137245035	T Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5697	194137245066	T Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5703	194137245042	T Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5704	194137244946	F/Q Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5705	194137244991	K Comforter	EA	2	6	3	6	3

Total Weight: 306.11
Total Quantity Ordered: 62
Total Cartons Ordered: 31
Total Quantity Shipped: 62
Total Cartons Shipped: 31

Customer: MACYS HOME HAYWARD DC

Ship Date: 03/20/2025

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
6918136	100202727TW	MCG10-5691	194137245028	T Comforter	EA	2	2	1	2	1
6918136	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	4	2	4	2
6920369	100202727TW	MCG10-5691	194137245028	T Comforter	EA	2	10	5	10	5
6920369	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	12	6	12	6
6920369	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	20	10	20	10
6920369	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	12	6	12	6
6920369	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	12	6	12	6
6920369	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	6	3	6	3
6920369	100202727TW	MCG10-5704	194137244946	F/Q Comforter	EA	2	2	1	2	1
6920369	100202727TW	MCG10-5705	194137244991	K Comforter	EA	2	8	4	8	4

Total Weight: 465.96
Total Quantity Ordered: 88
Total Cartons Ordered: 44
Total Quantity Shipped: 88
Total Cartons Shipped: 44

Customer: MACYS HOME JOPPA DC

Ship Date: 03/20/2025

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
6920369	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	8	4	8	4
6920369	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	28	14	28	14
6920369	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	10	5	10	5
6920369	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	10	5	10	5
6920369	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	4	2	4	2

Total Weight:	325.02
Total Quantity Ordered:	60
Total Cartons Ordered:	30
Total Quantity Shipped:	60
Total Cartons Shipped:	30

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 03/20/2025

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
6787368	100202727TW	MCG10-5691	194137245028	T Comforter	EA	2	8	4	8	4
6787368	100202727TW	MCG10-5692	194137244922	F/Q Comforter	EA	2	12	6	12	6
6787368	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5694	194137245035	T Comforter	EA	2	12	6	12	6
6787368	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	10	5	10	5
6787368	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	10	5	10	5
6787368	100202727TW	MCG10-5697	194137245066	T Comforter	EA	2	14	7	14	7
6787368	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	10	5	10	5
6787368	100202727TW	MCG10-5703	194137245042	T Comforter	EA	2	12	6	12	6
6787368	100202727TW	MCG10-5704	194137244946	F/Q Comforter	EA	2	10	5	10	5
6787368	100202727TW	MCG10-5705	194137244991	K Comforter	EA	2	8	4	8	4

Total Weight:	577.43
Total Quantity Ordered:	118
Total Cartons Ordered:	59
Total Quantity Shipped:	118
Total Cartons Shipped:	59

Customer: MACYS HOME MINOOKA DC

Ship Date: 03/20/2025

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
6919027	100202727TW	MCG16-5682	194137248456	Q Waterproof Mattress Pad	EA	6	6	1	6	1
6919027	100202727TW	MCG16-5687	194137247633	F Classic Mattress Pad	EA	6	12	2	12	2
6919027	100202727TW	MCG16-5688	194137247657	Q Classic Mattress Pad	EA	6	6	1	6	1

Total Weight:	85.44
Total Quantity Ordered:	24
Total Cartons Ordered:	4
Total Quantity Shipped:	24
Total Cartons Shipped:	4

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 03/20/2025

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
6918136	100202727TW	MCG10-5691	194137245028	T Comforter	EA	2	2	1	2	1
6918136	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	4	2	4	2
6918136	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	2	1	2	1
6920369	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	16	8	16	8
6920369	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	26	13	26	13
6920369	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	24	12	24	12
6920369	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	16	8	16	8
6920369	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	10	5	10	5
6920369	100202727TW	MCG10-5704	194137244946	F/Q Comforter	EA	2	6	3	6	3
6920369	100202727TW	MCG10-5705	194137244991	K Comforter	EA	2	8	4	8	4

Total Weight: 627.13
Total Quantity Ordered: 114
Total Cartons Ordered: 57
Total Quantity Shipped: 114
Total Cartons Shipped: 57

Customer: MACYS HOME GOODYEAR DC

Ship Date: 03/20/2025

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S CFC 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
6920996	N/A	MCC30-5781	194137393934	Pillow	EA	4	4	1	4	1

Total Weight:	24.05
Total Quantity Ordered:	4
Total Cartons Ordered:	1
Total Quantity Shipped:	4
Total Cartons Shipped:	1

Customer: MACYS HOME BAILEY RD DC

Ship Date: 03/20/2025

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
6919027	100202727TW	MCG16-5687	194137247633	F Classic Mattress Pad	EA	6	6	1	6	1

Total Weight:	20.7
Total Quantity Ordered:	6
Total Cartons Ordered:	1
Total Quantity Shipped:	6
Total Cartons Shipped:	1

Customer: MACYS HOME GOODYEAR DC

Ship Date: 03/20/2025

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
6787368	100202727TW	MCG10-5691	194137245028	T Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5692	194137244922	F/Q Comforter	EA	2	8	4	8	4
6787368	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5694	194137245035	T Comforter	EA	2	8	4	8	4
6787368	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5697	194137245066	T Comforter	EA	2	8	4	8	4
6787368	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	8	4	8	4
6787368	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	10	5	10	5
6787368	100202727TW	MCG10-5703	194137245042	T Comforter	EA	2	8	4	8	4
6787368	100202727TW	MCG10-5704	194137244946	F/Q Comforter	EA	2	6	3	6	3
6787368	100202727TW	MCG10-5705	194137244991	K Comforter	EA	2	6	3	6	3

Total Weight:	397.28
Total Quantity Ordered:	80
Total Cartons Ordered:	40
Total Quantity Shipped:	80
Total Cartons Shipped:	40

Customer: MACYS HOME TUKWILA DC

Ship Date: 03/20/2025

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
6919027	100202727TW	MCG16-5688	194137247657	Q Classic Mattress Pad	EA	6	6	1	6	1

Total Weight:	23.34
Total Quantity Ordered:	6
Total Cartons Ordered:	1
Total Quantity Shipped:	6
Total Cartons Shipped:	1

Customer: MACYS HOME DENVER DC

Ship Date: 03/20/2025

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
6920369	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	2	1	2	1
6920369	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	2	1	2	1

Total Weight:	22.02
Total Quantity Ordered:	4
Total Cartons Ordered:	2
Total Quantity Shipped:	4
Total Cartons Shipped:	2

Customer: MACYS HOME SECAUCUS DC

Ship Date: 03/20/2025

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
6785553	100202727TW	MCG16-5682	194137248456	Q Waterproof Mattress Pad	EA	6	6	1	6	1
6785553	100202727TW	MCG16-5685	194137247664	T Classic Mattress Pad	EA	6	6	1	6	1
6785553	100202727TW	MCG16-5687	194137247633	F Classic Mattress Pad	EA	6	6	1	6	1

Total Weight:	58
Total Quantity Ordered:	18
Total Cartons Ordered:	3
Total Quantity Shipped:	18
Total Cartons Shipped:	3

Customer: MACYS HOME LOS ANGELES DC

Ship Date: 03/20/2025

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
6785553	100202727TW	MCG16-5679	194137248463	T Waterproof Mattress Pad	EA	6	6	1	6	1
6785553	100202727TW	MCG16-5681	194137248432	F Waterproof Mattress Pad	EA	6	6	1	6	1
6785553	100202727TW	MCG16-5682	194137248456	Q Waterproof Mattress Pad	EA	6	12	2	12	2
6785553	100202727TW	MCG16-5687	194137247633	F Classic Mattress Pad	EA	6	6	1	6	1
6785553	100202727TW	MCG16-5688	194137247657	Q Classic Mattress Pad	EA	6	12	2	12	2

Total Weight: 140.93
Total Quantity Ordered: 42
Total Cartons Ordered: 7
Total Quantity Shipped: 42
Total Cartons Shipped: 7

Customer: MACYS HOME SECAUCUS DC

Ship Date: 03/20/2025

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
6787368	100202727TW	MCG10-5691	194137245028	T Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5692	194137244922	F/Q Comforter	EA	2	2	1	2	1
6787368	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	2	1	2	1
6787368	100202727TW	MCG10-5694	194137245035	T Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	2	1	2	1
6787368	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5697	194137245066	T Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	2	1	2	1
6787368	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5703	194137245042	T Comforter	EA	2	4	2	4	2
6787368	100202727TW	MCG10-5704	194137244946	F/Q Comforter	EA	2	2	1	2	1
6787368	100202727TW	MCG10-5705	194137244991	K Comforter	EA	2	2	1	2	1

Total Weight:	174.86
Total Quantity Ordered:	36
Total Cartons Ordered:	18
Total Quantity Shipped:	36
Total Cartons Shipped:	18

Customer: MACYS HOME SECAUCUS DC

Ship Date: 03/20/2025

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
6919027	100202727TW	MCG16-5682	194137248456	Q Waterproof Mattress Pad	EA	6	6	1	6	1

Total Weight:	20.7
Total Quantity Ordered:	6
Total Cartons Ordered:	1
Total Quantity Shipped:	6
Total Cartons Shipped:	1

Customer: MACYS HOME STONE MOUNTAIN DC

Ship Date: 03/20/2025

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
6787368	100202727TW	MCG10-5691	194137245028	T Comforter	EA	2	14	7	14	7
6787368	100202727TW	MCG10-5692	194137244922	F/Q Comforter	EA	2	12	6	12	6
6787368	100202727TW	MCG10-5693	194137244977	K Comforter	EA	2	16	8	16	8
6787368	100202727TW	MCG10-5694	194137245035	T Comforter	EA	2	18	9	18	9
6787368	100202727TW	MCG10-5695	194137244939	F/Q Comforter	EA	2	16	8	16	8
6787368	100202727TW	MCG10-5696	194137244984	K Comforter	EA	2	14	7	14	7
6787368	100202727TW	MCG10-5697	194137245066	T Comforter	EA	2	18	9	18	9
6787368	100202727TW	MCG10-5698	194137244960	F/Q Comforter	EA	2	14	7	14	7
6787368	100202727TW	MCG10-5699	194137245011	K Comforter	EA	2	12	6	12	6
6787368	100202727TW	MCG10-5703	194137245042	T Comforter	EA	2	18	9	18	9
6787368	100202727TW	MCG10-5704	194137244946	F/Q Comforter	EA	2	12	6	12	6
6787368	100202727TW	MCG10-5705	194137244991	K Comforter	EA	2	16	8	16	8

Total Weight: 887.5
Total Quantity Ordered: 180
Total Cartons Ordered: 90
Total Quantity Shipped: 180
Total Cartons Shipped: 90

Customer: MACYS HOME MINOOKA DC

Ship Date: 03/20/2025

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
6785553	100202727TW	MCG16-5688	194137247657	Q Classic Mattress Pad	EA	6	12	2	12	2

Total Weight:	46.68
Total Quantity Ordered:	12
Total Cartons Ordered:	2
Total Quantity Shipped:	12
Total Cartons Shipped:	2

Customer: MACYS HOME GOODYEAR DC

Ship Date: 03/20/2025

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
6785553	100202727TW	MCG16-5688	194137247657	Q Classic Mattress Pad	EA	6	6	1	6	1

Total Weight:	23.34
Total Quantity Ordered:	6
Total Cartons Ordered:	1
Total Quantity Shipped:	6
Total Cartons Shipped:	1

Customer: MACYS HOME HAYWARD DC

Ship Date: 03/20/2025

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
6919027	100202727TW	MCG16-5682	194137248456	Q Waterproof Mattress Pad	EA	6	12	2	12	2
6919027	100202727TW	MCG16-5688	194137247657	Q Classic Mattress Pad	EA	6	12	2	12	2
6919027	100202727TW	MCG16-5690	194137247626	CK Classic Mattress Pad	EA	6	6	1	6	1

Total Weight:	115.92
Total Quantity Ordered:	30
Total Cartons Ordered:	5
Total Quantity Shipped:	30
Total Cartons Shipped:	5