

Date: 3/20/2025 11:31:45 AM

Master Bill Of Lading

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

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO	
					BOL#	DC#
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 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 / 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. Foster 3/20/25		SHIPPER SIGNATURE	
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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Master Bill Of Lading

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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"/>		Trailer number: P5078730 Seal number(s): 63589538 SCAC: GLTN Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: Address: City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 54730945		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	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 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 rules, classifications and rates 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. _____ X
Shipper Signature	

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 NORTH JACKSON 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 NORTH JACKSON 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
6920996	N/A	MCC30-5781	194137393934	Pillow	EA	4	8	2	8	2

Total Weight: 48.1
Total Quantity Ordered: 8
Total Cartons Ordered: 2
Total Quantity Shipped: 8
Total Cartons Shipped: 2