

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001461008	
Name: E & E COMPANY LTD			
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#: _____	FOB: <input type="checkbox"/>		

<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Merge Center co Dynamic	DC#: _____	Trailer number: 220123	
	Div. _____	Seal number(s): 68293255	
Address: 1124 Elon Place		SCAC: SCNN	
		Pro Number: 0000	
City/State/Zip: High Point, NC 27260			
SID#: _____	FOB: <input type="checkbox"/>		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address: _____		3rd Party: <input type="checkbox"/>	
City/State/Zip: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 00052357680M		11:00 AM	9:12 PM
			Driver Departure Time
			10:30 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	Supplier#
						DC#	
7409077	8	85.44	Y	N	06757168001451542	BA	
7409077	3	33.47	Y	N	06757168001451597	JP	
7409077	6	59.02	Y	N	06757168001451610	SC	
7409077	10	102.18	Y	N	06757168001451627	ST	
7411013	132	651.42	Y	N	06757168001451542	BA	
7411013	5	23.65	Y	N	06757168001451597	JP	
7411013	8	37.84	Y	N	06757168001451610	SC	
7411013	26	128.26	Y	N	06757168001451627	ST	
7414918	26	299.46	Y	N	06757168001451672	BA	
7415325	2	22.90	Y	N	06757168001451542	BA	
7415325	1	11.45	Y	N	06757168001451597	JP	
7415325	2	22.90	Y	N	06757168001451610	SC	
7415325	4	40.96	Y	N	06757168001451627	ST	

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.
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. 5/4/25	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available for carrier from the DOT emergency response guidebook or equivalent document in the vehicle. 5/6/25
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Date: 5/6/2025 10:17:26 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001461008
Name:	E & E COMPANY LTD	
Address:	311 International Trade Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		CARRIER NAME: Schneider
Name:	Macys Merge Center co Dynamic	DC#: Div.
Address:	1124 Elon Place	Trailer number: 220123
City/State/Zip:	High Point, NC 27260	Seal number(s): 68293255
SID#:	FOB: <input type="checkbox"/>	SCAC: SCNN
		Pro Number: 0000

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
City/State/Zip:		3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
Load #: 00052357680M		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 (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
7650516	1	10.79	Y	N	06757168001453669	JP	
7650516	3	34.57	Y	N	06757168001453676	SC	
7650780	2	20.48	Y	N	06757168001453676	SC	
7651000	3	34.35	Y	N	06757168001453720	BA	
7651935	13	145.77	Y	N	06757168001453669	JP	
7651935	5	53.51	Y	N	06757168001453676	SC	
<b>Grand Total</b>	2145	21376.15					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2)(c) of NMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
28	Pallet			1400.00		Pallet		70
		301	ctns	1484.45		Sheet Set & Pillowcase	49260-3	250
		1844	ctns	19891.70		Throws,Blankets	49260	175

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

Customer: MACYS HOME NORTH JACKSON DC

Ship Date: 05/06/2025

**SHIP FROM:**

E & E COMPANY LTD  
311 INTERNATIONAL TRADE PKWY  
PORT WENTWORTH, GA 31407

**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
7651000	N/A	MCG51N-4773	194136475556	Egyptian Cotton Blanket	EA	2	6	3	6	3

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**Total Weight:** 34.35  
**Total Quantity Ordered:** 6  
**Total Cartons Ordered:** 3  
**Total Quantity Shipped:** 6  
**Total Cartons Shipped:** 3