

<p align="center">SHIP FROM</p> <p>Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/></p>	<p>Master Bill of Lading Number: 06757168001461008</p>
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<p align="center">SHIP TO</p> <p>Name: Macys Merge Center co Dynamic DC#: _____ Div. _____ Address: 1124 Elon Place City/State/Zip: High Point, NC 27260 SID#: _____ FOB: <input type="checkbox"/></p>	<p>CARRIER NAME: Schneider</p> <p>Trailer number: 220123 Seal number(s): 68293255</p> <p>SCAC: SCNN Pro Number: 0000</p>
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<p align="center">THIRD PARTY FREIGHT CHARGES BILL TO:</p> <p>Name: _____ Address: _____ City/State/Zip: _____</p> <p>SPECIAL INSTRUCTIONS: Load #: 00052357680M</p>	<p>Freight Charge Terms:</p> <p>Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td align="center">11:00 PM</td> <td align="center">9:12 PM</td> <td align="center">10:30 PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	11:00 PM	9:12 PM	10:30 PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time					
11:00 PM	9:12 PM	10:30 PM					

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO		
					DC#	Supplier#	
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		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
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<p>SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p> <p align="center"><i>TC</i> 5/6/25</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <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 <small>Carrier acknowledges receipt of packages and required documents. Carrier certifies emergency response information was made available to the carrier. Has the DOT emergency response guidebook information documented in the vehicle.</small></p> <p align="center"><i>BA</i> 5/6/25</p>
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SHIP FROM		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"/>

SHIP TO		CARRIER NAME: Schneider
Name:	Macys Merge Center co Dynamic	Trailer number: 220123
	DC#: 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"/>

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

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		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	
Grand Total		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 388</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

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <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 dunnaged, 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 type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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Customer: MACYS HOME SECAUCUS DC

Ship Date: 05/06/2025

SHIP FROM:

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

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
7650516	100202727TW	MCG51-5628	194137249644	F/Q Blanket	EA	2	2	1	2	1
7650516	100202727TW	MCG51-5629	194137249682	K Blanket	EA	2	2	1	2	1
7650516	100202727TW	MCG51-5632	194137249675	K Blanket	EA	2	2	1	2	1
7650780	N/A	MCG51N-4764	194136475563	Egyptian Cotton Blanket	EA	2	2	1	2	1
7650780	N/A	MCG51N-4769	194136475587	Egyptian Cotton Blanket	EA	2	2	1	2	1
7651935	100202727TW	MCG51-5628	194137249644	F/Q Blanket	EA	2	2	1	2	1
7651935	100202727TW	MCG51-5629	194137249682	K Blanket	EA	2	2	1	2	1
7651935	100202727TW	MCG51-5632	194137249675	K Blanket	EA	2	2	1	2	1
7651935	100202727TW	MCG51-5633	194137249743	T Blanket	EA	2	2	1	2	1
7651935	100202727TW	MCG51-5637	194137249651	F/Q Blanket	EA	2	2	1	2	1

Total Weight: 108.56
Total Quantity Ordered: 20
Total Cartons Ordered: 10
Total Quantity Shipped: 20
Total Cartons Shipped: 10