

Date: 5/15/2025 11:13:44 AM

Master Bill Of Lading

Page 1 of 4

SHIP FROM		Master Bill of Lading Number: 06757163001021535	
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#:	
	ConsolidationLocation	Div.	
Address:	12801 Excelsior Drive	Trailer number:	lhs218096
		Seal number(s):	63589754
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"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 54840591		Appointment Time	Actual Driver Arrival Time
		11:00 AM	10:00 AM
			Driver Departure Time
			11:25 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	ADDITIONAL SHIPPER INFO			
				BOL#	DC#	Supplier#	
7415776	25	254.79	Y N	06757163001021313	BA		
7415776	50	523.44	Y N	06757163001021337	CI		
7415776	22	211.20	Y N	06757163001021368	CL		
7415776	9	95.79	Y N	06757163001021375	DV		
7415776	16	167.80	Y N	06757163001021382	HA		
7415776	22	230.78	Y N	06757163001021399	JP		
7415776	42	404.56	Y N	06757163001021405	SC		
7415776	37	380.31	Y N	06757163001021436	ST		
7415776	26	261.40	Y N	06757163001021467	SW		
7415776	15	157.23	Y N	06757163001021474	TM		
7415776	14	140.06	Y N	06757163001021481	TU		
7537744	1	24.05	Y N	06757163001021504	AZ		
7537744	1	24.05	Y N	06757163001021528	OK		

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"/>
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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
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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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#:	
	Consolidation/Location	Div.:	
Address:	12801 Excelsior Drive	Trailer number:	lhs218096
		Seal number(s):	63589754
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"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 54840591		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
7755764	3	72.15	Y	N	06757163001021429	SC	
7755764	4	103.87	Y	N	06757163001021450	ST	
7755764	3	72.15	Y	N	06757163001021498	TU	
Grand Total	622	6988.47					

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(e) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
35	Pallet			1750.00		Pallet		70
		579	ctns	5955.03		Comforters, Bedspreads	49017	200
		43	ctns	1033.44		Pillow Sub 3 - 2 but less than 4	49260-3	250
35				8738.47		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 / 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>		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 <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 SECAUCUS DC

Ship Date: 05/15/2025

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
7755764	N/A	MCG30-5777	194137393934	Pillow	EA	4	12	3	12	3

Total Weight: 72.15
Total Quantity Ordered: 12
Total Cartons Ordered: 3
Total Quantity Shipped: 12
Total Cartons Shipped: 3