


SHIP FROM		Master Bill of Lading Number: 06757168001476910
Name: E & E COMPANY LTD	Address: 311 International Trade Pkwy	
City/State/Zip: Port Wentworth, GA 31407	SID#:	
SHIP TO		

Name: Macys Merge Center co Dynamir	Div. A	CARRIER NAME: Schneider
Address: 1124 Elon Place		Trailer number: 61697
City/State/Zip: High Point, NC 27285		Seal number(s): 68293246
SID#:	JOB:	SCAC: SCNN
		Pro Number: 0000

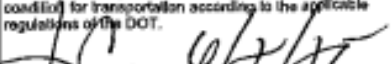

THIRD PARTY FREIGHT CHARGES B/L TO:		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS: Load #: 00052367253M		Appointment Time 12:00 AM	Actual Driver Arrival Time 11:58 PM
		Driver Departure Time 1:10 PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8092342	16	181.44	Y	N	06757168001469981	TM	
8097380	1	11.45	Y	N	06757168001469943	ST	
8091022	7	70.25	Y	N	06757168001469899	JP	
8092342	3	32.37	Y	N	06757168001469776	AZ	
8091022	2	22.58	Y	N	06757168001469943	ST	
8092342	12	130.14	Y	N	06757168001469790	BA	
8095367	3	24.45	Y	N	06757168001476804	BA	
8091022	9	95.18	Y	N	06757168001469981	TM	
8094597	17	91.63	Y	N	06757168001469844	CL	
8094597	2	10.78	Y	N	06757168001469868	DV	
8094597	8	43.12	Y	N	06757168001470017	TU	
8097270	5	54.83	Y	N	06757168001469813	CI	
8097270	1	11.45	Y	N	06757168001469899	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"/>
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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.  6/2/25	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.  6-2-25

SHIP FROM		Master Bill of Lading Number: 06757168001476910	
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 DC#: _____ Div. _____ Address: 1124 Elon Place City/State/Zip: High Point, NC 27260 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 61697 Seal number(s): 68293246 SCAC: SCNN Pro Number: 0000	
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"/>	
SPECIAL INSTRUCTIONS: Load #: 00052387253M		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO		
					DC#	Supplier#	
8091022	3	34.57	Y N	06757168001469837	CL		
8092342	15	166.25	Y N	06757168001469967	SW		
8094597	31	165.11	Y N	06757168001469950	ST		
8097380	1	11.45	Y N	06757168001469929	SC		
8092342	31	343.29	Y N	06757168001469813	CI		
8094597	5	26.95	Y N	06757168001469998	TM		
8097380	2	22.90	Y N	06757168001469981	TM		
8091022	19	203.47	Y N	06757168001469929	SC		
8091099	22	251.90	Y N	06757168001476811	OK		
8092342	13	144.67	Y N	06757168001469899	JP		
8094597	32	172.48	Y N	06757168001469783	AZ		
8094597	8	43.12	Y N	06757168001469882	HA		
8097270	2	22.90	Y N	06757168001469943	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. <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: Freight Counted: <input type="checkbox"/> By Shipper <input 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.	

Customer: MACY'S HOME OWASSO DC

Ship Date: 06/02/2025

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:

MACY'S HOME OWASSO DC
7120 E.76TH STREET NORTH
OWASSO, OK 74055
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
8091099	N/A	MCG51N-4764	194136475563	Egyptian Cotton Blanket	EA	2	8	4	8	4
8091099	N/A	MCG51N-4773	194136475556	Egyptian Cotton Blanket	EA	2	36	18	36	18

Total Weight: 251.9
Total Quantity Ordered: 44
Total Cartons Ordered: 22
Total Quantity Shipped: 44
Total Cartons Shipped: 22