

SHIP FROM		Master Bill of Lading Number: 06757168001489668
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: Fedex Freight Priority
Name:	Macys Merge Center co Dynamic	Trailer number: 74310
	DC#: Div.	Seal number(s):
Address:	1124 Elon Place	SCAC: FXFE
		Pro Number: 9296703743
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 #: 00052395843S		AM	AM
		PM	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#
8336234	18	214.68	Y	N	06757168001480740	OK
8336234	25	311.77	Y	N	06757168001480757	BA
8336234	12	134.76	Y	N	06757168001480764	CG
8336421	3	36.11	Y	N	06757168001480498	BA
8336421	4	47.56	Y	N	06757168001480511	CI
8336421	3	34.35	Y	N	06757168001480542	CL
8336421	2	22.90	Y	N	06757168001480603	SC
8336421	5	60.11	Y	N	06757168001480634	ST
8336421	6	73.98	Y	N	06757168001480641	HA
8336421	1	13.21	Y	N	06757168001480658	JP
8336421	2	22.90	Y	N	06757168001480665	SW
8336421	3	37.87	Y	N	06757168001480696	TM
8337268	3	14.19	Y	N	06757168001480450	BA

Where the rate is dependent on value, shippers are required to stated 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 <i>[Signature]</i>
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. <i>[Signature]</i> 6/12/25	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 and DOT response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i>

SHIP FROM	Master Bill of Lading Number: 06757168001489668
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: Fedex Freight Priority
Name: Macys Merge Center co Dynamic DC#: _____	Trailer number: 74310
Address: 1124 Elon Place Div. _____	Seal number(s): _____
City/State/Zip: High Point, NC 27260	SCAC: FXFE
SID#: _____ FOB: <input type="checkbox"/>	Pro Number: 9296703743

THIRD PARTY FREIGHT CHARGES BILL TO:	Freight Charge Terms:
Name: _____	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address: _____	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED
City/State/Zip: _____	(check box) UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:	Appointment Time Actual Driver Arrival Time Driver Departure Time
Load #: 00052395843S	AM PM AM PM AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
8337268	15	76.23	Y	N	06757168001480504	CI	
8337268	5	24.31	Y	N	06757168001480528	CL	
8337268	3	14.85	Y	N	06757168001480566	HA	
8337268	4	18.92	Y	N	06757168001480580	JP	
8337268	8	40.48	Y	N	06757168001480597	SC	
8337268	6	29.70	Y	N	06757168001480610	ST	
8337268	4	19.58	Y	N	06757168001480672	SW	
8337268	4	19.58	Y	N	06757168001480689	TU	
8337268	2	10.12	Y	N	06757168001480733	TM	
8337378	2	23.78	Y	N	06757168001480740	OK	
8337378	6	71.34	Y	N	06757168001480757	BA	
8337378	8	76.86	Y	N	06757168001480764	CG	
8337466	2	22.68	Y	N	06757168001480443	AZ	

<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 rules, 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</p> <p>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.</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</p> <p>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: 06/12/2025

SHIP FROM:

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

BILL TO:

MACYS 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
8337268	N/A	MCG21-5354N	194145781563	CC 2 Pack Pillow Protector	EA	6	24	4	24	4
8337268	N/A	MCG21-5355N	194145781556	CC 2 Pack Pillow Protector	EA	6	24	4	24	4

Total Weight:	40.48
Total Quantity Ordered:	48
Total Cartons Ordered:	8
Total Quantity Shipped:	48
Total Cartons Shipped:	8