

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____ FOB:

Master Bill of Lading Number: 06757168001489668

SHIP TO
 Name: Macys Merge Center co Dynamic DC#: _____
 Div. _____
 Address: 1124 Elon Place
 City/State/Zip: High Point, NC 27260
 SID#: _____ FOB:

CARRIER NAME: Fedex Freight Priority
 Trailer number: 74310
 Seal number(s): _____
 SCAC: FXFE
 Pro Number: 9296703743

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 00052395843S

MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM 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 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: Prepaid:
 Customer check acceptable:

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.
 _____ 6/12/25

Trailer Loaded: By Shipper By Driver
 Freight Counted: By Shipper By Driver/pallets said to contain 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/or response guidebook or equivalent documentation in the vehicle.
 _____ 6/12/25

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
Address:	1124 Elon Place	Seal number(s):
City/State/Zip:	High Point, NC 27260	SCAC: FXFE
SID#:		Pro Number: 9296703743
		DC#: Div.
		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 UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 000523958435		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#
8337818	3	31.93	Y	N	06757168001480603	SC	
8337818	1	11.45	Y	N	06757168001480627	DV	
8337818	12	145.54	Y	N	06757168001480634	ST	
8337818	2	22.24	Y	N	06757168001480641	HA	
8337818	7	85.43	Y	N	06757168001480658	JP	
8337818	2	24.66	Y	N	06757168001480696	TM	
8337818	4	52.84	Y	N	06757168001480719	TU	
8338016	3	35.67	Y	N	06757168001480498	BA	
8338016	1	10.79	Y	N	06757168001480542	CL	
8338016	1	10.79	Y	N	06757168001480603	SC	
8338016	2	23.78	Y	N	06757168001480634	ST	
8338016	1	11.89	Y	N	06757168001480641	HA	
8340381	13	70.07	Y	N	06757168001480702	BA	

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 defined 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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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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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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:

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
8336421	N/A	MCG51N-4767	194136475570	Egyptian Cotton Blanket	EA	2	2	1	2	1
8336421	N/A	MCG51N-4773	194136475556	Egyptian Cotton Blanket	EA	2	2	1	2	1
8337466	100202727TW	MCG51-5628	194137249644	F/Q Blanket	EA	2	2	1	2	1
8337466	100202727TW	MCG51-5629	194137249682	K Blanket	EA	2	10	5	10	5
8337818	N/A	MCG51N-4764	194136475563	Egyptian Cotton Blanket	EA	2	2	1	2	1
8337818	N/A	MCG51N-4766	194136475617	Egyptian Cotton Blanket	EA	2	2	1	2	1
8337818	N/A	MCG51N-4773	194136475556	Egyptian Cotton Blanket	EA	2	2	1	2	1
8338016	100202727TW	MCG51-5628	194137249644	F/Q Blanket	EA	2	2	1	2	1

Total Weight: 135.86
Total Quantity Ordered: 24
Total Cartons Ordered: 12
Total Quantity Shipped: 24
Total Cartons Shipped: 12