

Date: 7/25/2025 7:55:25 AM

# Master Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163001053123	
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>221 Hanson Way</b> City/State/Zip: <b>Woodland, CA 95776</b> SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		<b>CARRIER NAME: STG INTERMODAL SOLUTIONS INC</b>	
Customer Code: <b>TJMAXXWHS</b> Name: <b>GILBERT WEST - POMONA</b> Address: <b>2849 FICUS STREET</b> City/State/Zip: <b>POMONA, CA 91766</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>411185</b> Seal number(s): <b>63589978</b> SCAC: <b>XPOG</b> Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
Load #: 7251192		Appointment Time: <b>7:00 AM</b> Actual Driver Arrival Time: <b>7:00 AM</b> Driver Departure Time: <b>8:00 AM</b>	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO BOL#	DC#
90-571756DEPT#13	132	500.54	Y	N	06757163001053116	890
30-570092DEPT#13	356	2126.10	Y	N	06757163001053062	883
40-570092DEPT#13	683	4493.66	Y	N	06757163001053079	884
70-571756DEPT#13	330	1557.77	Y	N	06757163001053109	887
40-571756DEPT#13	226	710.28	Y	N	06757163001053086	884
60-571756DEPT#13	136	768.98	Y	N	06757163001053093	886
<b>Grand Total</b>	<b>1863</b>	<b>10157.33</b>				

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 New 380.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	Pallet			550.00		Pallet		70
		1863	ctns	10157.33		Sheet Set & Pillowcase	49260-3	250
11				10707.33		<b>Grand Total</b>		

<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><b>COD Amount \$</b> _____</p> <p><b>Fee Terms:</b> 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).**

RECEIVED, as to the individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise in 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.

<p><b>SHIPPER SIGNATURE / DATE</b>                  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><i>Artemio A.</i> 7/25/25</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  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> <p><i>JABWIND</i> 7-25-25</p>
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Order No.: 74308384    Order Date: 07/17/2025    Customer: HOMEGOODS DISTRIBUTION CENTER 887    Customer PO No.: 70-571756DEPT#13

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> HOMEGOODS (WHOLESALE) 300 VALUE WAY ATTN: ACCOUNTS PAYABLE 2N MARLBOROUGH, MA 01752 US	<b>SHIP TO:</b> HOMEGOODS DISTRIBUTION CENTER 887 850 NORTHFIELD DR BROWNSBURG, IN 46112 US	<b>Shipping Date:</b> 07/25/2025  <b>Shipment No.:</b> 300105310
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
280947	ST20-3931	022164478686	T Sheet Set	EA	2	76	38	76	38
280953	ST20-3932	022164478693	F Sheet Set	EA	2	150	75	150	75
280954	ST20-4148	022164528282	T Sheet Set	EA	2	76	38	76	38
280959	ST20-4149	022164528299	F Sheet Set	EA	2	150	75	150	75
280940	ST21-3616	022164455489	S Pillowcase	EA	4	180	45	180	45
280946	ST21-3617	022164455496	K Pillowcase	EA	4	236	59	236	59

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<b>Total Weight:</b>	<b>1557.77</b>
<b>Total Quantity Ordered:</b>	<b>868</b>
<b>Total Cartons Ordered:</b>	<b>330</b>
<b>Total Quantity Shipped:</b>	<b>868</b>
<b>Total Cartons Shipped:</b>	<b>330</b>

Wholesale Order Changes Report

Customer PO No. Start:	<input type="text" value="70-571756"/>	Customer PO No. End:	<input type="text" value="70-571756"/>	Date Type:	<input type="text"/>
E&E SO No. Start:	<input type="text"/>	E&E SO No. End:	<input type="text"/>	Start Date:	<input type="text"/>
Customer:	<input type="text"/>	Location:	<input type="text"/>	End Date:	<input type="text"/>
Dept. No.:	<input type="text"/>	Batch No.:	<input type="text"/>	Item No.:	<input type="text"/>
Routing PO No.:	<input type="text"/>	Multiple Cust. PO No.:	<input type="text"/>		
User Operation:	<input type="text"/>	Remark:	<input type="text"/>		

Customer PO No.	E&E SO No.	Customer	EDI Order Type	Dept. No.	Ship To	Create Date	Shipping Date	Cancel After Date	In DC Date	Item No.	Description	Pattern	UPC	Cust. Item No.	Cust Line No.	Location	Batch No.	Routing PO No.	Case Pack Qty	Qty Ordered	Qty To Ship	Billing Only/Stage Bin	Updated Date	Updated By	Operati
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Order No.: 74308381    Order Date: 07/17/2025    Customer: HOMEGOODS DISTRIBUTION CENTER 884    Customer PO No.: 40-571756DEPT#13

<b>SHIP FROM:</b> E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	<b>BILL TO:</b> HOMEGOODS (WHOLESALE) 300 VALUE WAY ATTN: ACCOUNTS PAYABLE 2N MARLBOROUGH, MA 01752 US	<b>SHIP TO:</b> HOMEGOODS DISTRIBUTION CENTER 884 125 LOGISTICS CENTER PKWY JEFFERSON, GA 30549 US	<b>Shipping Date:</b> 07/25/2025  <b>Shipment No.:</b> 300105308
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
280947	ST20-3931	022164478686	T Sheet Set	EA	2	22	11	22	11
280953	ST20-3932	022164478693	F Sheet Set	EA	2	26	13	26	13
280954	ST20-4148	022164528282	T Sheet Set	EA	2	22	11	22	11
280959	ST20-4149	022164528299	F Sheet Set	EA	2	26	13	26	13
280940	ST21-3616	022164455489	S Pillowcase	EA	4	328	82	328	82
280946	ST21-3617	022164455496	K Pillowcase	EA	4	384	96	384	96

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<b>Total Weight:</b>	<b>710.28</b>
<b>Total Quantity Ordered:</b>	<b>808</b>
<b>Total Cartons Ordered:</b>	<b>226</b>
<b>Total Quantity Shipped:</b>	<b>808</b>
<b>Total Cartons Shipped:</b>	<b>226</b>

Wholesale Order Changes Report

Customer PO No. Start:	<input type="text" value="40-571758"/>	Customer PO No. End:	<input type="text" value="40-571758"/>	Date Type:	<input type="text" value=""/>
E&E SO No. Start:	<input type="text" value=""/>	E&E SO No. End:	<input type="text" value=""/>	Start Date:	<input type="text" value=""/>
Customer:	<input type="text" value=""/>	Location:	<input type="text" value=""/>	End Date:	<input type="text" value=""/>
Dept. No.:	<input type="text" value=""/>	Batch No.:	<input type="text" value=""/>	Item No.:	<input type="text" value=""/>
Routing PO No.:	<input type="text" value=""/>	Multiple Cust. PO No.:	<input type="text" value=""/>		
User Operation:	<input type="text" value=""/>	Remark:	<input type="text" value=""/>		

Customer PO No.	E&E SO No.	Customer	EDI Order Type	Dept. No.	Ship To	Create Date	Shipping Date	Cancel After Date	In DC Date	Item No.	Description	Pattern	UPC	Cust. Item No.	Cust. Line No.	Location	Batch No.	Routing PO No.	Case Pack Qty	Qty Ordered	Qty To Ship	Billing Only/Stage Bin	Updated Date	Updated By	Operation
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