

Date: 8/27/2025 11:58:43 AM

# Master Bill Of Lading

Page 1 of 6

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001538779	
Name: <b>E &amp; E COMPANY LTD</b>			
Address: <b>311 International Trade Pkwy</b>			
City/State/Zip: <b>Port Wentworth, GA 31407</b>			
SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Schneider	
Name: <b>Macys Merge Center co Dynamic</b> DC#: _____		Trailer number: <b>1807</b>	
Address: <b>1124 Elon Place</b> Div. _____		Seal number(s): <b>89480982</b>	
City/State/Zip: <b>High Point, NC 27260</b>		<b>SCAC:</b> SCNN	
SID#: _____ FOB: <input type="checkbox"/>		Pro Number: <b>0000</b>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: _____		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED</b>	
City/State/Zip: _____		<input type="checkbox"/> <b>UNDERLYING BILLS OF LANDING</b>	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time: <b>11:00 PM</b> Actual Driver Arrival Time: <b>11:43 PM</b> Driver Departure Time: <b>12:46 AM</b>	
Load #: <b>00052477729M</b>			

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2205968	12	118.92	Y N	06757168001535969	BA	
1776550	2	103.08	Y N	06757168001531343	LT	
2203988	130	1472.66	Y N	06757168001534962	CI	
2205462	1	11.45	Y N	06757168001535051	TM	
2205561	2	24.66	Y N	06757168001535006	JP	
2206144	9	45.87	Y N	06757168001534979	CL	
2203988	24	275.46	Y N	06757168001534948	AZ	
2205484	18	195.76	Y N	06757168001535976	OK	
2205759	65	327.91	Y N	06757168001536416	BA	
2205462	1	13.21	Y N	06757168001534993	HA	
2206144	15	73.59	Y N	06757168001534955	BA	
2206144	7	34.43	Y N	06757168001535006	JP	
2203988	66	731.72	Y N	06757168001535068	TU	

<p>When 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).**

<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 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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
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<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>JC</i> 8/27/25</p>	<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces</p>	<p style="text-align: right;"><b>Shipper Signature</b></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 style="text-align: right;"><i>Ken Shorter</i> 8/27/25</p>
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## Master Bill Of Lading

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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001538779	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name:	Macy's Merge Center co Dynamic	DC#:	
		Div.	
Address:	1124 Elon Place	Trailer number:	1807
		Seal number(s):	69480982
City/State/Zip:	High Point, NC 27260	SCAC:	SCNN
SID#:		Pro Number:	0000
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 00052477729M		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#
2205462	1	13.21	Y	N	06757168001535006	JP
2205561	8	105.68	Y	N	06757168001535037	ST
2205968	3	27.09	Y	N	06757168001535952	AZ
2206144	8	40.48	Y	N	06757168001535068	TU
2203988	138	1565.80	Y	N	06757168001534979	CL
2205561	1	13.21	Y	N	06757168001535051	TM
2205561	3	36.11	Y	N	06757168001535068	TU
2206144	2	10.12	Y	N	06757168001534986	DV
2206144	20	99.88	Y	N	06757168001535037	ST
2203988	44	496.76	Y	N	06757168001534993	HA
2203988	113	1263.49	Y	N	06757168001535020	SC
2204549	26	299.24	Y	N	06757168001535051	TM
2205484	3	34.35	Y	N	06757168001535952	AZ

When 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.

## 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 emergency response guidebook or equivalent documentation in the vehicle.

Date: 8/27/2025 11:58:43 AM

# Master Bill Of Lading

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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001538779	
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>311 International Trade Pkwy</b> City/State/Zip: <b>Port Wentworth, GA 31407</b> SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: <b>Schneider</b>	
Name: <b>Macy's Merge Center co Dynamic</b> DC#: _____ Div. _____ Address: <b>1124 Elon Place</b> City/State/Zip: <b>High Point, NC 27260</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>1807</b> Seal number(s): <b>69480882</b> SCAC: <b>SCNN</b> Pro Number: <b>0000</b>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 00052477729M		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> 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 (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
2205561	1	13.21	Y	N	06757168001534986	DV	
2205561	1	11.45	Y	N	06757168001535020	SC	
2205561	11	134.09	Y	N	06757168001534979	CL	
2205759	108	531.96	Y	N	06757168001536409	AZ	
2205759	1	4.73	Y	N	06757168001536423	CG	
2206144	12	60.06	Y	N	06757168001534962	CI	
2204549	25	273.27	Y	N	06757168001534962	CI	
2205462	1	13.21	Y	N	06757168001535037	ST	
2206144	2	10.12	Y	N	06757168001534948	AZ	
2205462	5	60.77	Y	N	06757168001534979	CL	
2205968	13	129.71	Y	N	06757168001535976	OK	
2206144	4	20.90	Y	N	06757168001534993	HA	
2204549	9	96.67	Y	N	06757168001535006	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 exceed ng _____ per _____	<b>COD Amount \$</b> 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 rules, classifications and rates 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.

<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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to consignee <input type="checkbox"/> By Driver/Pieces	<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.
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Shipper Signature

**Customer:** MACYS HOME GOODYEAR DC

**Ship Date:** 08/27/2025

**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:**

MACYS HOME GOODYEAR DC  
16575 WEST COMMERCE LANE  
GOODYEAR, AZ 85338  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
2205484	N/A	MCG51N-4764	194136475563	Egyptian Cotton Blanket	EA	2	6	3	6	3
2205968	100202727TW	MCG51-5627	194137249729	T Blanket	EA	2	2	1	2	1
2205968	100202727TW	MCG51-5628	194137249644	F/Q Blanket	EA	2	2	1	2	1
2205968	100202727TW	MCG51-5633	194137249743	T Blanket	EA	2	2	1	2	1

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**Total Weight:** 61.44  
**Total Quantity Ordered:** 12  
**Total Cartons Ordered:** 6  
**Total Quantity Shipped:** 12  
**Total Cartons Shipped:** 6

**Customer:** MACYS HOME CHINA GROVE DC

**Ship Date:** 08/27/2025

**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:**

MACYS HOME CHINA GROVE DC  
475 NC 152 HWY  
CHINA GROVE, NC 28023  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
2205759	N/A	MCG21-5354N	194145781563	CC 2 Pack Pillow Protector	EA	6	6	1	6	1

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**Total Weight:** 4.73  
**Total Quantity Ordered:** 6  
**Total Cartons Ordered:** 1  
**Total Quantity Shipped:** 6  
**Total Cartons Shipped:** 1