

Date: 11/19/2025 12:55:37 PM

Master Bill Of Lading

Page 1 of 3

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 06757163001098810

SHIP TO
 Name: Mega-Merge CA
 ConsolidationLocation DC#: _____
 Div: _____
 Address: 12801 Excelsior Drive
 City/State/Zip: Santa Fe Springs, CA 90670
 SID#: _____ FOB:

CARRIER NAME: Performance Team
 Trailer number: GU1894XR
 Seal number(s): 69894520
 SCAC: GLTN
 Pro Number: _____

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

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 55264858

Appointment Time: 1:00 AM
 Actual Driver Arrival Time: 12:15 PM
 Driver Departure Time: 1:15 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3618126	9	172.43	Y N	06757163001098643	BA	
3618126	17	372.15	Y N	06757163001098650	CI	
3618126	9	183.01	Y N	06757163001098667	CL	
3618126	6	134.55	Y N	06757163001098674	HA	
3618126	8	148.43	Y N	06757163001098681	JP	
3618126	20	389.57	Y N	06757163001098698	SC	
3618126	14	312.96	Y N	06757163001098704	ST	
3618126	6	119.58	Y N	06757163001098711	SW	
3618126	6	128.18	Y N	06757163001098728	TM	
3618126	3	59.46	Y N	06757163001098735	TU	
3618478	5	137.17	Y N	06757163001098759	AZ	
3618478	3	87.49	Y N	06757163001098766	BA	
3618478	2	48.89	Y N	06757163001098773	CG	

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 / 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.
 Fork 11/19/25

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 emergency response guidebook or equivalent documentation in the vehicle.
 X [Signature] 11-19-25

Date: 11/19/2025 12:55:37 PM

Master Bill Of Lading

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SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		Name: Mega-Merge CA ConsolidationLocation Address: 12801 Excelsior Drive City/State/Zip: Santa Fe Springs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Name: _____ Address: _____ City/State/Zip: _____		CUSTOMER ORDER NUMBER	
Master Bill of Lading Number: 06757163001098810		CARRIER NAME: Performance Team		Freight Charge Terms:		# PKGS CTN	
		Trailer number: GU1894XR Seal number(s): 69894520		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		WEIGHT LBS	
		SCAC: GLTN Pro Number:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING		PALLET/SLIP (CIRCLEONE)	
		Appointment Time AM PM		Actual Driver Arrival Time AM PM		ADDITIONAL SHIPPER INFO	
		Driver Departure Time AM PM		BOL#		DC# Supplier#	
				3618478		17 421.21 Y N	
				3619611		38 728.67 Y N	
				3619611		25 490.19 Y N	
				3619611		6 114.95 Y N	
				3619611		10 195.77 Y N	
				3619655		1 31.72 Y N	
				3619655		2 55.77 Y N	
				3619655		2 37.36 Y N	
				3619655		2 42.73 Y N	
				3619655		2 48.10 Y N	
				3620282		1 24.05 Y N	
				3620282		9 192.69 Y N	
				3620282		2 55.77 Y N	

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.

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.

Customer: MACYS HOME SECAUCUS DC

Ship Date: 11/19/2025

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

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
3618126	100202727TW	MCG16-5679	194137248463	T Waterproof Mattress Pad	EA	6	12	2	12	2
3618126	100202727TW	MCG16-5681	194137248432	F Waterproof Mattress Pad	EA	6	36	6	36	6
3618126	100202727TW	MCG16-5682	194137248456	Q Waterproof Mattress Pad	EA	6	66	11	66	11
3618126	100202727TW	MCG16-5683	194137248449	K Waterproof Mattress Pad	EA	6	6	1	6	1
3619655	N/A	MCG30-5779	194137393958	Pillow	EA	4	8	2	8	2
3620282	N/A	MCG30-5778	194137393927	Pillow	EA	4	4	1	4	1
3620282	N/A	MCG30-5779	194137393958	Pillow	EA	4	4	1	4	1

Total Weight: 477.33
Total Quantity Ordered: 136
Total Cartons Ordered: 24
Total Quantity Shipped: 136
Total Cartons Shipped: 24