

Date: 11/1/2018 2:38:44 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000263080	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: Knight Transportation	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.:	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	83964
		Seal number(s):	22362813
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	KNIG
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		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 UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41043533		1:00 AM	1:00 AM
			2:45 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
2855996	190	3804.12	Y	N	06757163000262311	HA	
2856194	304	6191.52	Y	N	06757163000262328	PD	
Grand Total	494	9995.64					

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 Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
27	Pallet			1350.00		Pallet		70	
		494	ctns	9995.64		Comforters, Bedspreads	49017	200	
27				11345.64		Grand Total			

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 / 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>Also mo 11-1-18</i>	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 emergency response guidebook or equivalent documentation in the vehicle. <i>Phill Bark</i>
	Shipper Signature		

Date: 11/1/2018 2:33:31 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757163000262328



(402)06757163000262328

CARRIER NAME: Knight Transportation

Responsible Acct.No:

Trailer number: 83964

Seal number(s): 22362813

SCAC: KNIG

Pro Number:

SHIP TO

Name: Macy's Home Store Portland DC Location #: PD
 Address: c/o Portland DC
 1155 Vaughn Parkway,
 City/State/Zip: Portland, TN 37148
 CID#:

Dept: 0792

FOB: **THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41043533

Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid:

Collect: X

3rd Party:



(check box)

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time

Actual Driver Arrival Time

Driver Departure Time

AM

AM

AM

PM

PM

PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
2856194	304	6191.52	Y	N	
Grand Total	304	6191.52			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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 Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
17	Pallet			850.00		Pallet		
		304	ctns	6191.52		Comforters, Bedspreads	49017	200
17		304		7041.52		Grand Total		

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: MACY'S HOME STORE PORTLAND DC

Ship Date: 11/01/2018

SHIP FROM:

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

BILL TO:

MACYS.COM (DC)
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241


SHIP TO:

MACY'S HOME STORE PORTLAND DC
C/O PORTLAND DC
1155 VAUGHN PARKWAY
PORTLAND, TN 37148

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
2856194	MCH10343	MCC10-358	675716657239	K Sherpa Comforter	EA	2	172	86	172	86
2856194	MCH10590	MCC10-596	086569054333	Sherpa Comforter	EA	2	218	109	218	109
2856194	MCH10593	MCC10-599	086569054340	Sherpa Comforter	EA	2	218	109	218	109

Total Weight:	6191.52
Total Quantity Ordered:	608
Total Cartons Ordered:	304
Total Quantity Shipped:	608
Total Cartons Shipped:	304

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000262311	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000262311	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Macy's Home Store Hayward DC Location #: HA Address: c/o Hayward DC 28701 Hall Road, City/State/Zip: Hayward, CA 94545 CID#: _____ Dept: 0792		Responsible Acct.No: _____ Trailer number: 83964 Seal number(s): 22362813	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: KNIG	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 41043533 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: X 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
2855996	190	3804.12	Y	N	
Grand Total	190	3804.12			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	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 Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
10	Pallet			500.00		Pallet		
		190	ctns	3804.12		Comforters, Bedspreads	49017	200
10		190		4304.12		Grand Total		

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 _____
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: <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.

Customer: MACY'S HOME STORE HAYWARD DC

Ship Date: 11/01/2018

SHIP FROM:

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

BILL TO:

MACY'S HOME STORE
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201

SHIP TO:

MACY'S HOME STORE HAYWARD DC
C/O HAYWARD DC
28701 HALL ROAD
HAYWARD, CA 94545

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
2855996	MCH10332	MCH10-332	675716657123	T Sherpa Comforter	EA	2	20	10	20	10
2855996	MCH10333	MCH10-333	675716657161	F/Q Sherpa Comfor	EA	2	58	29	58	29
2855996	MCH10334	MCH10-334	675716657208	K Sherpa Comforter	EA	2	32	16	32	16
2855996	MCH10341	MCH10-341	675716657154	T Sherpa Comforter	EA	2	22	11	22	11
2855996	MCH10342	MCH10-342	675716657192	F/Q Sherpa Comforter	EA	2	56	28	56	28
2855996	MCH10343	MCH10-343	675716657239	K Sherpa Comforter	EA	2	30	15	30	15
2855996	MCH10590	MCH10-590	086569054333	Sherpa Comforter	EA	2	42	21	42	21
2855996	MCH10591	MCH10-591	086569054364	Sherpa Comforter	EA	2	30	15	30	15
2855996	MCH10592	MCH10-592	086569054326	Sherpa Comforter	EA	2	6	3	6	3
2855996	MCH10593	MCH10-593	086569054340	Sherpa Comforter	EA	2	38	19	38	19
2855996	MCH10594	MCH10-594	086569054357	Sherpa Comforter	EA	2	46	23	46	23

Total Weight: 3804.12
Total Quantity Ordered: 380
Total Cartons Ordered: 190
Total Quantity Shipped: 380
Total Cartons Shipped: 190