

Date: 11/26/2018 10:16:06 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000271436	
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, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		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 #: 41100327		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time: 8:00 AM Actual Driver Arrival Time: 8:00 AM Driver Departure Time: 10:25 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
3971947	15	76.33	Y	N	06757163000270040	CD	
3976512	4	25.23	Y	N	06757163000270040	CD	
3976534	20	105.00	Y	N	06757163000269792	GN	
3988447	28	204.22	Y	N	06757163000269945	HA	
3988447	18	131.30	Y	N	06757163000269969	JP	
3971947	79	390.77	Y	N	06757163000270033	AZ	
3976534	18	74.31	Y	N	06757163000269754	BA	
3976534	6	29.51	Y	N	06757163000269860	TU	
3971947	114	497.40	Y	N	06757163000270057	MB	
3976512	26	156.72	Y	N	06757163000270057	MB	
3976534	2	10.27	Y	N	06757163000269785	DV	
3976534	15	57.29	Y	N	06757163000269822	JP	
3988447	88	627.00	Y	N	06757163000269891	CI	

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"/>
---	---

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>Alto M 11-26-18</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>RD 24 6/27</i>
--	--	--	--

Date: 11/26/2018 10:16:06 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000271436
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#: _____	
Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Div. _____	
City/State/Zip: Santa Fe Spgs, CA 90670		
SID#: _____	FOB: <input type="checkbox"/>	Trailer number: 68812
		Seal number(s): 22413167
		SCAC: KNIG
		Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name: _____		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
Address: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip: _____		Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM
SPECIAL INSTRUCTIONS: Load #: 41100327				

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
3976534	21	103.06	Y	N	06757163000269761	CI	
3976534	8	41.45	Y	N	06757163000269815	HU	
3988447	45	320.11	Y	N	06757163000269914	CL	
3988447	40	292.78	Y	N	06757163000269952	HU	
3988447	26	189.46	Y	N	06757163000269990	SW	
3988447	29	202.03	Y	N	06757163000270002	TU	
3976512	66	472.31	Y	N	06757163000270064	OK	
3976534	18	107.73	Y	N	06757163000269839	SC	
3976534	8	43.29	Y	N	06757163000269846	ST	
3988447	5	35.25	Y	N	06757163000269921	DV	
3988447	24	160.18	Y	N	06757163000269976	SC	
3988447	62	458.44	Y	N	06757163000269983	ST	
3971947	20	111.41	Y	N	06757163000270064	OK	

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"/>

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.	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.
--	---	---	---

Shipper Signature

Date: 11/26/2018 10:16:06 AM

Master Bill Of Lading

Page 3 of 4

SHIP FROM		Master Bill of Lading Number: 06757163000271436	
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, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		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 #: 41100327		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED 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#
3976512	96	622.26	Y	N	06757163000270033	AZ	
3976534	8	33.05	Y	N	06757163000269808	HA	
3988447	20	142.98	Y	N	06757163000269877	AZ	
3988447	60	418.82	Y	N	06757163000269884	BA	
3988447	81	578.09	Y	N	06757163000269938	GN	
3971947	132	668.04	Y	N	06757163000270071	PD	
3976512	35	179.01	Y	N	06757163000270071	PD	
3976534	20	112.96	Y	N	06757163000269778	CL	
3976534	7	27.52	Y	N	06757163000269853	SW	
3988425	48	353.14	Y	N	06757163000270019	CD	
3988425	89	685.97	Y	N	06757163000270026	PD	
Grand Total	1401	8744.69					

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"/>
--

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.	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.
--	---	---	---

Date: 11/26/2018 10:16:06 AM

Master Bill Of Lading

Page 4 of 4

SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>	Master Bill of Lading Number: 06757163000271436
-----------	--	--	--

SHIP TO		Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Knight Transportation Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number: _____
---------	--	---	---

THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 41100327	Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING <table style="width:100%"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM PM	AM PM	AM PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time							
AM PM	AM PM	AM PM							

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
43	Pallet			2150.00		Pallet		70
		100	ctns	552.10		Comforters, Bedspreads	49017	200
		555	ctns	3153.01		Pillows,Valance,Towels	49390	100
		42	ctns	158.63		Shower curtain	49385	77.5
		704	ctns	4880.95		Throws,Blankets	49040	150
43				10894.69		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"/>
---	--

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. <p style="text-align: right;">Shipper Signature</p>
--	---

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.
--	---	---	---

Date: 11/26/2018 10:11:26 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000271412	
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 Home MMG Secaucus DC DC#: SC Div. _____ Address: c/o Secaucus DC 500 Meadowlands Parkway, City/State/Zip: Secaucus, NJ 07094 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		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 #: 41100327		<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#
3976534	18	107.73	Y	N	06757163000269839	SC	
3988447	24	160.18	Y	N	06757163000269976	SC	
Grand Total	42	267.91					

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
2	Pallet			100.00		Pallet		70
		17	ctns	102.00		Pillows,Valance,Towels	49390	100
		1	ctns	5.73		Shower curtain	49385	77.5
		24	ctns	160.18		Throws,Blankets	49040	150
2				367.91		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"/>
--

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 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.
--	--	--	---

Date: 11/26/2018 9:44:47 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000269839	
Name:	E & E COMPANY LTD	 (402)06757163000269839	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 68812	
VENDOR:	FOB: <input type="checkbox"/>	Seal number(s): 22413167	
SHIP TO		SCAC: KNIG	
Name:	Macy's Home Store Secaucus DC Location #: SC	Pro Number:	
Address:	c/o Secaucus DC		
	500 Meadowlands Parkway,		
City/State/Zip:	Secaucus, NJ 07094		
CID#:			
Dept:	0602		
	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41100327		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3976534	18	107.73	Y N	
Grand Total	18	107.73		

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
1	Pallet			50.00		Pallet		
		17	ctns	102.00		Pillows,Valance,Towels	49390	100
		1	ctns	5.73		Shower curtain	49385	77.5
1		18		157.73		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: 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 SECAUCUS DC

Ship Date: 11/26/2018

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 SECAUCUS DC
C/O SECAUCUS DC
500 MEADOWLANDS PARKWAY
SECAUCUS, NJ 07094

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976534	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1
3976534	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	4	1	4	1
3976534	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
3976534	N/A	MCH71-479	086569930484	Serene Wastebasket	EA	2	2	1	2	1
3976534	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
3976534	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	8	2	8	2
3976534	N/A	MCH71-500	086569930842	Cape Mosaic Tissue Cover	EA	2	4	2	4	2
3976534	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	6	3	6	3
3976534	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	8	2	8	2
3976534	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	8	2	8	2

Total Weight: 107.73
Total Quantity Ordered: 59
Total Cartons Ordered: 18
Total Quantity Shipped: 59
Total Cartons Shipped: 18

Date: 11/26/2018 9:43:00 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000269976	
Name: E & E COMPANY LTD		 (402)06757163000269976	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Knight Transportation	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 68812	
Name: Macy's Home MMG Secaucus DC Location #: SC		Seal number(s): 22413167	
Address: c/o Secaucus DC		SCAC: KNIG	
500 Meadowlands Parkway,		Pro Number:	
City/State/Zip: Secaucus, NJ 07094			
CID#:			
Dept: 0784			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time	
Packing List is Attached		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
3988447	24	160.18	Y N	
Grand Total	24	160.18		

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
1	Pallet			50.00		Pallet		
		24	ctns	160.18		Throws,Blankets	49040	150
1		24		210.18		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"/>
---	--

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.	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.
--	--	--	---

Customer: MACY'S HOME MMG SECAUCUS DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG SECAUCUS DC
C/O SECAUCUS DC
500 MEADOWLANDS PARKWAY
SECAUCUS, NJ 07094

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECETLB	MCG51-235	675716585969	T Microfleece Solid Blanket	EA	2	6	3	6	3
3988447	MSFLEECETIV	MCG51-238	675716585990	T Micro Fleece Knitted Blanket	EA	2	2	1	2	1
3988447	MSFLEECETSE	MCG51-239	675716586003	T Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECETGR	MCG51-240	675716586010	T Micro Fleece Knitted Blanket	EA	2	4	2	4	2
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	6	3	6	3
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	8	4	8	4
3988447	MSFLEECEFGR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	10	5	10	5
3988447	MSFLEECEKLB	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	2	1	2	1
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	6	3	6	3

Total Weight:	160.18
Total Quantity Ordered:	48
Total Cartons Ordered:	24
Total Quantity Shipped:	48
Total Cartons Shipped:	24

Date: 11/26/2018 10:10:37 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000271405
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 Home MMG South Windsor DC	DC#: SW Div.
Address:	c/o South Windsor DC 301 Governors Hwy,	Trailer number: 68812 Seal number(s): 22413167
City/State/Zip:	South Windsor, CT 06074	SCAC: KNIG Pro Number:
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:	Address:	Prepaid: <input type="checkbox"/>	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		
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time AM PM	Actual Driver Arrival Time 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#
3976534	7	27.52	Y	N	06757163000269853	SW
3988447	26	189.46	Y	N	06757163000269990	SW
Grand Total	33	216.98				

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
2	Pallet			100.00		Pallet		70
		6	ctns	23.45		Pillows,Valance,Towels	49390	100
		1	ctns	4.07		Shower curtain	49385	77.5
		26	ctns	189.46		Throws,Blankets	49040	150
2				316.98		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"/>
--	--


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 <small>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.</small>	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 <small>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.</small>
---	--	--	--

Date: 11/26/2018 9:47:02 AM

Bill Of Lading

SHIP FROM		Name: E & E COMPANY LTD		Bill of Lading Number: 06757163000269853	
Address: 221 Hanson Way		City/State/Zip: Woodland, CA 95776		 (402)06757163000269853	
SID#: _____		PHONE: _____		CARRIER NAME: Knight Transportation	
VENDOR: _____		FOB: <input type="checkbox"/>		Responsible Acct.No: _____	
SHIP TO		Name: Macy's Home Store South Windsor DC		Trailer number: 68812	
Address: c/o South Windsor DC		City/State/Zip: 301 Governor's Hwy, South Windsor, CT 06074		Seal number(s): 22413167	
CID#: _____		Dept: 0602		SCAC: KNIG	
		FOB: <input type="checkbox"/>		Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____			
Address: _____		City/State/Zip: _____			
SPECIAL INSTRUCTIONS: Load #: 41100327		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Packing List is Attached		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____			
		<input type="checkbox"/> 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
3976534	7	27.52	Y	N	
Grand Total	7	27.52			

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
1	Pallet			50.00		Pallet		
		6	ctns	23.45		Pillows, Valance, Towels	49390	100
		1	ctns	4.07		Shower curtain	49385	77.5
1		7		77.52		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.

<p>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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p>
---	---	---	--

Customer: MACY'S HOME STORE SOUTH WINDSOR DC

Ship Date: 11/26/2018

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 SOUTH WINDSOR
DC
C/O SOUTH WINDSOR DC
301 GOVERNOR'S HWY
SOUTH WINDSOR, CT 06074

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976534	MCH70979	MCH70-979	086569111142	Coral Bay Shower Curtain	EA	3	3	1	3	1
3976534	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	4	1	4	1
3976534	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
3976534	N/A	MCH71-480	086569930491	Chase Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1

Total Weight:	27.52
Total Quantity Ordered:	27
Total Cartons Ordered:	7
Total Quantity Shipped:	27
Total Cartons Shipped:	7

Date: 11/26/2018 9:46:01 AM

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: _____

Bill of Lading Number: 06757163000269990



CARRIER NAME: Knight Transportation
 Responsible Acct.No: _____

SHIP TO

Name: Macy's Home MMG South Location #: SW
 Windsor DC
 Address: c/o South Windsor DC
 City/State/Zip: 301 Governors Hwy,
 South Windsor, CT 06074
 CID#: _____
 Dept: 0784

Trailer number: 68812
 Seal number(s): 22413167

SCAC: KNIG
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: _____ Collect: **X** 3rd Party: _____

City/State/Zip: _____

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 41100327

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3988447	26	189.46	Y N	
Grand Total	26	189.46		

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
1	Pallet			50.00		Pallet		
		26	ctns	189.46		Throws,Blankets	49040	150
1		26		239.46		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: 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 MMG SOUTH WINDSOR DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG SOUTH WINDSOR DC
C/O SOUTH WINDSOR DC
301 GOVERNORS HWY
SOUTH WINDSOR, CT 06074

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECETIV	MCG51-238	675716585990	T Micro Fleece Knitted Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFLB	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	4	2	4	2
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	8	4	8	4
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	4	2	4	2
3988447	MSFLEECEFGR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	10	5	10	5
3988447	MSFLEECEKLB	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	6	3	6	3
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	6	3	6	3
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	6	3	6	3
3988447	MSFLEECEKGR	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	6	3	6	3

Total Weight:	189.46
Total Quantity Ordered:	52
Total Cartons Ordered:	26
Total Quantity Shipped:	52
Total Cartons Shipped:	26

Date: 11/26/2018 10:07:04 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000271399
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 Home MMG Hayward DC	Trailer number: 68812
Address:	c/o Hayward DC 28701 Hall Road,	Seal number(s): 22413167
City/State/Zip:	Hayward, CA 94545	SCAC: KNIG
SID#:	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED
City/State/Zip:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time AM PM Actual Driver Arrival Time 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#
3976534	8	33.05	Y	N	06757163000269808	HA	
3988447	28	204.22	Y	N	06757163000269945	HA	
Grand Total		36	237.27				


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
2	Pallet			100.00		Pallet		70
		3	ctns	14.39		Pillows,Valance,Towels	49390	100
		5	ctns	18.66		Shower curtain	49385	77.5
		28	ctns	204.22		Throws,Blankets	49040	150
2				337.27		Grand Total		

<p>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 _____"</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
---	--

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.	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.
--	--	--	---

SHIP FROM		Bill of Lading Number: 06757163000269945	
Name: E & E COMPANY LTD		 (402)06757163000269945	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 68812	
VENDOR: FOB: <input type="checkbox"/>		Seal number(s): 22413167	
SHIP TO		SCAC: KNIG	
Name: Macy's Home MMG Hayward DC Location #: HA		Pro Number:	
Address: c/o Hayward DC			
28701 Hall Road,			
City/State/Zip: Hayward, CA 94545			
CID#:			
Dept: 0784 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3988447	28	204.22	Y N	
Grand Total	28	204.22		

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
1	Pallet			50.00		Pallet		
		28	ctns	204.22		Throws,Blankets	49040	150
1		28		254.22		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"/>

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.	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.
--	--	--	---

Customer: MACY'S HOME MMG HAYWARD DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241


SHIP TO:
MACY'S HOME MMG 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
3988447	MSFLEECETSE	MCG51-239	675716586003	T Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFLB	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	6	3	6	3
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	8	4	8	4
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFGR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	12	6	12	6
3988447	MSFLEECEKLB	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	10	5	10	5
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	8	4	8	4
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEKGR	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	6	3	6	3

Total Weight:	204.22
Total Quantity Ordered:	56
Total Cartons Ordered:	28
Total Quantity Shipped:	56
Total Cartons Shipped:	28

Date: 11/26/2018 8:31:41 AM

Bill Of Lading

SHIP FROM		SHIP TO								
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____	Bill of Lading Number: 06757163000269808  (402)06757163000269808 CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number: _____									
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: 0602	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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time								
AM	AM	AM								
PM	PM	PM								
THIRD PARTY FREIGHT CHARGES BILL TO:										
Name: _____ Address: _____ City/State/Zip: _____		SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached								

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3976534	8	33.05	Y N	
Grand Total	8	33.05		

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
1	Pallet			50.00	(X)	Pallet		
		3	ctns	14.39		Pillows,Valance,Towels	49390	100
		5	ctns	18.66		Shower curtain	49385	77.5
1		8		83.05		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"/>
--

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 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.
--	--	--	---

Customer: MACY'S HOME STORE HAYWARD DC

Ship Date: 11/26/2018

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
3976534	MCH70980	MCH70-980	086569111159	Liam Shower Curtain	EA	3	6	2	6	2
3976534	MCH70982	MCH70-982	086569111173	Pompano Shower Curtain	EA	3	3	1	3	1
3976534	MCH70990	MCH70-990	086569111258	Vaughn Shower Curtain	EA	3	3	1	3	1
3976534	MCH70991	MCH70-991	086569111265	Sophie Shower Curtain	EA	3	3	1	3	1
3976534	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	8	2	8	2

Total Weight:	33.05
Total Quantity Ordered:	27
Total Cartons Ordered:	8
Total Quantity Shipped:	27
Total Cartons Shipped:	8

Date: 11/26/2018 9:02:47 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000270064										
Name:	E & E COMPANY LTD	 (402)06757163000270064										
Address:	221 Hanson Way											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:												
VENDOR:		CARRIER NAME: Knight Transportation Responsible Acct.No:										
SHIP TO		Trailer number: 68812	Seal number(s): 22413167									
Name:	Macy's Home Store Tulsa DC Location #: OK	SCAC: KNIG Pro Number:										
Address:	c/o Tulsa DC											
	7120 E 76th St North,											
City/State/Zip:	Owasso, OK 74055											
CID#:												
Dept:	0510 FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:										
Name:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
Address:												
City/State/Zip:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
3971947	20	111.41	Y N		
3976512	66	472.31	Y N		
Grand Total	86	583.72			

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
2	Pallet			100.00		Pallet		
		81	ctns	573.82		Pillows,Valance,Towels	49390	100
		5	ctns	9.90		Throws,Blankets	49040	150
2		86		683.72		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"/>
---	---

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. <div style="text-align: right;">Shipper Signature</div>
--	---

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 TULSA DC

Ship Date: 11/26/2018

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 TULSA DC
C/O TULSA DC
7120 E 76TH ST NORTH
OWASSO, OK 74055

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3971947	MCH30782	MCC30-848	086569092762	Dusty The Dino Dec Pillow	EA	2	2	1	2	1
3971947	MCH30785	MCC30-851	086569092793	Liliana Shaped Dec Pillow	EA	2	2	1	2	1
3971947	MCH30788	MCC30-854	086569092823	Minette Shaped Dec Pillow	EA	2	2	1	2	1
3971947	MCH30764	MCC30-873	086569092533	Dusty The Dino Floor Pillow	EA	2	2	1	2	1
3971947	MCH30746	MCC30-885	086569091864	Minette Back Rest	EA	2	8	4	8	4
3971947	MCH30747	MCC30-886	086569091871	Liliana Back Rest	EA	2	2	1	2	1
3971947	TBA	MCC40-880	086569094636	Liliana Panel	EA	2	8	4	8	4
3971947	MCH50759	MCC50-898	086569092007	Liliana Hooded Throw	EA	2	10	5	10	5
3971947	MCH20812	MCH20-812	086569094421	T Liliana Sheet Set	EA	2	4	2	4	2
3976512	TBA	MCC71-723	086569930392	Serene Toothbrush Holder	EA	4	4	1	4	1
3976512	N/A	MCC71-724	086569930866	Stowe Lotion Pump	EA	4	4	1	4	1
3976512	N/A	MCC71-725	086569930873	Stowe Toothbrush Holder	EA	4	8	2	8	2
3976512	N/A	MCC71-726	086569930880	Stowe Soap Dish	EA	4	8	2	8	2
3976512	N/A	MCC71-730	086569930743	Rose Soap Dish	EA	4	4	1	4	1
3976512	N/A	MCC71-732	086569930774	Rose Tissue Cover	EA	2	6	3	6	3
3976512	N/A	MCC71-733	086569930781	Rose Wastebasket	EA	2	4	2	4	2
3976512	TBA	MCC71-734	086569930828	Cape Mosaic Toothbrush Holder	EA	4	16	4	16	4
3976512	TBA	MCC71-735	086569930835	Cape Mosaic Tray	EA	4	16	4	16	4
3976512	TBA	MCC71-736	086569930842	Cape Mosaic Tisse Cover	EA	2	4	2	4	2
3976512	N/A	MCC71-919	086569930705	Hotel Glass Cotton Jar	EA	4	16	4	16	4
3976512	N/A	MCC71-936	086569930804	Cape Mosaic Lotion Pump	EA	4	12	3	12	3
3976512	N/A	MCC71-937	086569930859	Cape Mosaic Wastebasket	EA	2	38	19	38	19
3976512	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	12	3	12	3
3976512	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
3976512	N/A	MCH71-478	086569930422	Serene Tissue Cover	EA	2	6	3	6	3

Total Weight: 583.72
Total Quantity Ordered: 228
Total Cartons Ordered: 86
Total Quantity Shipped: 228
Total Cartons Shipped: 86

Customer: MACY'S HOME STORE TULSA DC

Ship Date: 11/26/2018

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 TULSA DC
C/O TULSA DC
7120 E 76TH ST NORTH
OWASSO, OK 74055

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976512	N/A	MCH71-479	086569930484	Serene Wastebasket	EA	2	12	6	12	6
3976512	N/A	MCH71-482	086569930545	Chase TC	EA	2	2	1	2	1
3976512	N/A	MCH71-483	086569930576	Chase Wastebasket	EA	2	4	2	4	2
3976512	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	4	1	4	1
3976512	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1

Total Weight: 583.72
Total Quantity Ordered: 228
Total Cartons Ordered: 86
Total Quantity Shipped: 228
Total Cartons Shipped: 86

Date: 11/26/2018 10:02:08 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000271382
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 Home MMG Joppa DC	DC#: JP
		Div.
Address:	c/o Joppa DC 3300 Fashion Way,	Trailer number: 68812
		Seal number(s): 22413167
City/State/Zip:	Joppa, MD 21085	SCAC: KNIG
SID#:		Pro Number:
		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	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
Load #: 41100327		Appointment Time	Actual Driver Arrival Time
		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#
3976534	15	57.29	Y	N	06757163000269822	JP	
3988447	18	131.30	Y	N	06757163000269969	JP	
Grand Total	33	188.59					

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
2	Pallet			100.00		Pallet		70
		5	ctns	20.31		Pillows,Valance,Towels	49390	100
		10	ctns	36.98		Shower curtain	49385	77.5
		18	ctns	131.30		Throws,Blankets	49040	150
2				288.59		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"/>
---	--

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 <small>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.</small>	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 <small>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.</small>
---	--	--	--

Customer: MACY'S HOME MMG JOPPA DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG JOPPA DC
C/O JOPPA DC
3300 FASHION WAY
JOPPA, MD 21085


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECETLB	MCG51-235	675716585969	T Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECETIV	MCG51-238	675716585990	T Micro Fleece Knitted Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFLB	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	6	3	6	3
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFGR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	2	1	2	1
3988447	MSFLEECEKLB	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	4	2	4	2
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	4	2	4	2
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	4	2	4	2
3988447	MSFLEECEKGR	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	8	4	8	4

Total Weight:	131.3
Total Quantity Ordered:	36
Total Cartons Ordered:	18
Total Quantity Shipped:	36
Total Cartons Shipped:	18

Date: 11/26/2018 9:52:00 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000269822	
Name: E & E COMPANY LTD		 (402)06757163000269822	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Knight Transportation	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 68812	
Name: Macy's Home Store Joppa DC Location #: JP		Seal number(s): 22413167	
Address: c/o Joppa DC		SCAC: KNIG	
3300 Fashion Way,		Pro Number:	
City/State/Zip: Joppa, MD 21085			
CID#:			
Dept: 0602 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time Actual Driver Arrival Time Driver Departure Time	
Packing List is Attached		AM AM AM PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3976534	15	57.29	Y N	
Grand Total	15	57.29		

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
1	Pallet			50.00		Pallet		
		5	ctns	20.31		Pillows,Valance,Towels	49390	100
		10	ctns	36.98		Shower curtain	49385	77.5
1		15		107.29		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"/>
---	--

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.	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.
--	--	--	---

Customer: MACY'S HOME STORE JOPPA DC

Ship Date: 11/26/2018

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 JOPPA DC
C/O JOPPA DC
3300 FASHION WAY
JOPPA, MD 21085

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976534	MCH70978	MCH70-978	086569111135	Harbor Shower Curtain	EA	3	3	1	3	1
3976534	MCH70979	MCH70-979	086569111142	Coral Bay Shower Curtain	EA	3	6	2	6	2
3976534	MCH70980	MCH70-980	086569111159	Liam Shower Curtain	EA	3	6	2	6	2
3976534	MCH70985	MCH70-985	086569111203	Crystal Shower Curtain	EA	3	3	1	3	1
3976534	MCH70991	MCH70-991	086569111265	Sophie Shower Curtain	EA	3	3	1	3	1
3976534	MCH70992	MCH70-992	086569111272	Metro Shower Curtain	EA	3	3	1	3	1
3976534	MCH70993	MCH70-993	086569111289	Weston Shower Curtain	EA	3	6	2	6	2
3976534	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	8	2	8	2
3976534	N/A	MCH71-486	086569930637	Hotel Glass Soap Dish	EA	4	4	1	4	1
3976534	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1
3976534	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1

Total Weight:	57.29
Total Quantity Ordered:	50
Total Cartons Ordered:	15
Total Quantity Shipped:	50
Total Cartons Shipped:	15

Date: 11/26/2018 9:54:02 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000271375	
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 Home MMG Tukwila DC DC#: TU Div. _____ Address: c/o Tukwila DC 17000 Southcenter Parkway, City/State/Zip: Tukwila, WA 98188 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		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 #: 41100327		<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 (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
3976534	6	29.51	Y	N	06757163000269860	TU	
3988447	29	202.03	Y	N	06757163000270002	TU	
Grand Total		35	231.54				

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
2	Pallet			100.00		Pallet		70
		5	ctns	26.21		Pillows,Valance,Towels	49390	100
		1	ctns	3.30		Shower curtain	49385	77.5
		29	ctns	202.03		Throws,Blankets	49040	150
2				331.54		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"/>
---	--

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. <div style="text-align: right;">Shipper Signature</div>
--	---

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 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.
--	--	--	---

Date: 11/26/2018 9:40:24 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000270002	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000270002	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Macy's Home MMG Tukwila DC Location #: TU Address: c/o Tukwila DC 17000 Southcenter Parkway, City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: 68812 Seal number(s): 22413167	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: KNIG	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 41100327 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 (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3988447	29	202.03	Y N	
Grand Total	29	202.03		

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
1	Pallet			50.00		Pallet		
		29	ctns	202.03		Throws,Blankets	49040	150
1		29		252.03		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"/>

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 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.
--	--	--	---

Customer: MACY'S HOME MMG TUKWILA DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG TUKWILA DC
C/O TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECETIV	MCG51-238	675716585990	T Micro Fleece Knitted Blanket	EA	2	2	1	2	1
3988447	MSFLEECETGR	MCG51-240	675716586010	T Micro Fleece Knitted Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFLB	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	4	2	4	2
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	12	6	12	6
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	14	7	14	7
3988447	MSFLEECEFGR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	12	6	12	6
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	8	4	8	4
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	4	2	4	2

Total Weight:	202.03
Total Quantity Ordered:	58
Total Cartons Ordered:	29
Total Quantity Shipped:	58
Total Cartons Shipped:	29

Date: 11/26/2018 9:41:29 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000269860	
Name: E & E COMPANY LTD		 (402)06757163000269860	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 68812	
VENDOR: FOB: <input type="checkbox"/>		Seal number(s): 22413167	
SHIP TO		SCAC: KNIG	
Name: Macy's Home Store Tukwila DC Location #: TU		Pro Number:	
Address: c/o Tukwila DC			
17000 Southcenter Parkway,			
City/State/Zip: Tukwila, WA 98188			
CID#:			
Dept: 0602 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3976534	6	29.51	Y N	
Grand Total	6	29.51		

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
1	Pallet			50.00		Pallet		
		5	ctns	26.21		Pillows,Valance,Towels	49390	100
		1	ctns	3.30		Shower curtain	49385	77.5
1		6		79.51		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"/>

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.	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.
--	--	--	---

Customer: MACY'S HOME STORE TUKWILA DC

Ship Date: 11/26/2018

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 TUKWILA DC
C/O TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976534	MCH70984	MCH70-984	086569111197	Orlando Shower Curtain	EA	3	3	1	3	1
3976534	N/A	MCH71-486	086569930637	Hotel Glass Soap Dish	EA	4	4	1	4	1
3976534	N/A	MCH71-490	086569930729	Rose Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
3976534	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	4	1	4	1
3976534	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1

Total Weight:	29.51
Total Quantity Ordered:	21
Total Cartons Ordered:	6
Total Quantity Shipped:	21
Total Cartons Shipped:	6

Date: 11/26/2018 9:46:48 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000271368	
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 Home MMG Houston DC	DC#:	HU
		Div.:	
Address:	c/o Houston DC 2103 Ernestine,	Trailer number: 68812	
		Seal number(s): 22413167	
City/State/Zip:	Houston, TX 77023	SCAC: KNIG	
SID#:		Pro Number:	
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	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
Load #: 41100327		Appointment Time	Actual Driver Arrival Time
		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#
3976534	8	41.45	Y	N	06757163000269815	HU	
3988447	40	292.78	Y	N	06757163000269952	HU	
Grand Total	48	334.23					

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 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		70
		7	ctns	38.04		Pillows,Valance,Towels	49390	100
		1	ctns	3.41		Shower curtain	49385	77.5
		40	ctns	292.78		Throws,Blankets	49040	150
2				434.23		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: 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: 11/26/2018 9:38:00 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Houston DC Location #: HU
Address:	221 Hanson Way	Address:	c/o Houston DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Houston, TX 77023
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000269952		Trailer number: 68812	
		Seal number(s): 22413167	
(402)06757163000269952		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: <input checked="" type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3988447	40	292.78	Y N	
Grand Total	40	292.78		

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
1	Pallet			50.00		Pallet		
		40	ctns	292.78		Throws,Blankets	49040	150
1		40		342.78		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 MMG HOUSTON DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG HOUSTON DC
C/O HOUSTON DC
2103 ERNESTINE
HOUSTON, TX 77023

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECETSE	MCG51-239	675716586003	T Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFLB	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	10	5	10	5
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	10	5	10	5
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	20	10	20	10
3988447	MSFLEECEKLB	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	10	5	10	5
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	6	3	6	3
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	14	7	14	7
3988447	MSFLEECEKGR	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	8	4	8	4

Total Weight:	292.78
Total Quantity Ordered:	80
Total Cartons Ordered:	40
Total Quantity Shipped:	80
Total Cartons Shipped:	40

Customer: MACY'S HOME STORE HOUSTON DC

Ship Date: 11/26/2018

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 HOUSTON DC
C/O HOUSTON DC
2103 ERNESTINE
HOUSTON, TX 77023

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976534	MCH701000	MCH70-1000	086569111357	Laurel Shower Curtain	EA	3	3	1	3	1
3976534	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-480	086569930491	Chase Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-493	086569930750	Rose Tray	EA	4	4	1	4	1
3976534	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
3976534	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1
3976534	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	4	1	4	1

Total Weight:	41.45
Total Quantity Ordered:	29
Total Cartons Ordered:	8
Total Quantity Shipped:	29
Total Cartons Shipped:	8

Date: 11/26/2018 9:40:15 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000271337
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 Home MMG Stone Mountain DC	Trailer number: 68812
Address:	c/o Stone Mountain DC 4401 Sarr Parkway,	Seal number(s): 22413167
City/State/Zip:	Stone Mountain, GA 30083	SCAC: KNIG
SID#:	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING		
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time AM PM	Actual Driver Arrival Time 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#
3976534	8	43.29	Y	N	06757163000269846	ST
3988447	62	458.44	Y	N	06757163000269983	ST
Grand Total	70	501.73				

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
2	Pallet			100.00		Pallet		70
		6	ctns	35.41		Pillows,Valance,Towels	49390	100
		2	ctns	7.88		Shower curtain	49385	77.5
		62	ctns	458.44		Throws,Blankets	49040	150
2				601.73		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"/>

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 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.
--	--	--	---

Date: 11/26/2018 9:34:48 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000269983		
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000269983		
SHIP TO		CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 68812 Seal number(s): 22413167		
Name: Macy's Home MMG Stone Mountain DC Location #: ST Address: c/o Stone Mountain DC City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		SCAC: KNIG Pro Number: _____		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> 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
3988447	62	458.44	Y N	
Grand Total	62	458.44		

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
1	Pallet			50.00		Pallet		
		62	ctns	458.44		Throws,Blankets	49040	150
1		62		508.44		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"/>
---	--

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. <p style="text-align: right;">Shipper Signature</p>
--	---

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 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.
--	--	--	---

Customer: MACY'S HOME MMG STONE MOUNTAIN DC

Ship Date: 11/26/2018

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:

MACY'S HOME MMG STONE MOUNTAIN DC
C/O STONE MOUNTAIN DC
4401 SARR PARKWAY
STONE MOUNTAIN, GA 30083


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECETSE	MCG51-239	675716586003	T Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFLB	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	8	4	8	4
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	26	13	26	13
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	14	7	14	7
3988447	MSFLEECEFR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	8	4	8	4
3988447	MSFLEECEKLB	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	6	3	6	3
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	22	11	22	11
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	16	8	16	8
3988447	MSFLEECEKGR	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	22	11	22	11

Total Weight:	458.44
Total Quantity Ordered:	124
Total Cartons Ordered:	62
Total Quantity Shipped:	124
Total Cartons Shipped:	62

Date: 11/26/2018 9:36:15 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000269846	
Name: E & E COMPANY LTD		 (402)06757163000269846	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Knight Transportation	
		Responsible Acct.No:	
SHIP TO		Trailer number: 68812	
Name: Macy's Home Store Stone Mountain DC Location #: ST		Seal number(s): 22413167	
Address: c/o Stone Mountain DC		SCAC: KNIG	
City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083		Pro Number:	
CID#:			
Dept: 0602 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS: Load #: 41100327		AM AM AM	
Packing List is Attached		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3976534	8	43.29	Y N	
Grand Total	8	43.29		

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
1	Pallet			50.00		Pallet		
		6	ctns	35.41		Pillows,Valance,Towels	49390	100
		2	ctns	7.88		Shower curtain	49385	77.5
1		8		93.29		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"/>

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 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.
--	--	--	---

Customer: MACY'S HOME STORE STONE MOUNTAIN DC

Ship Date: 11/26/2018

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 STONE MOUNTAIN
DC
C/O STONE MOUNTAIN DC
4401 SARR PARKWAY
STONE MOUNTAIN, GA 30083

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976534	MCH701000	MCH70-1000	086569111357	Laurel Shower Curtain	EA	3	3	1	3	1
3976534	MCH70986	MCH70-986	086569111210	Fiona Shower Curtain	EA	3	3	1	3	1
3976534	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
3976534	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	4	1	4	1
3976534	N/A	MCH71-500	086569930842	Cape Mosaic Tissue Cover	EA	2	2	1	2	1
3976534	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1
3976534	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	4	1	4	1

Total Weight: 43.29
Total Quantity Ordered: 26
Total Cartons Ordered: 8
Total Quantity Shipped: 26
Total Cartons Shipped: 8

Date: 11/26/2018 9:37:13 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000271320
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 Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number:
Name:	Macy's Home MMG Cheshire DC	
DC#:	CD	
Div.:		
Address:	c/o Cheshire DC 475 Knotter Drive,	
City/State/Zip:	Cheshire, CT 06410	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING									
Name:											
Address:											
City/State/Zip:											
SPECIAL INSTRUCTIONS:		<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time									
AM	AM	AM									
PM	PM	PM									
Load #: 41100327											

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
3971947	15	76.33	Y	N	06757163000270040	CD	
3976512	4	25.23	Y	N	06757163000270040	CD	
3988425	48	353.14	Y	N	06757163000270019	CD	
Grand Total	67	454.70					

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY		
QTY	TYPE	QTY	TYPE			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	NMFC #	CLASS	
3	Pallet			150.00		Pallet		70	
		3	ctns	17.63		Comforters, Bedspreads	49017	200	
		14	ctns	75.34		Pillows, Valance, Towels	49390	100	
		1	ctns	6.61		Shower curtain	49385	77.5	
		49	ctns	355.12		Throws, Blankets	49040	150	
3				604.70		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"/>

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.	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.
--	--	--	---

Date: 11/26/2018 9:28:47 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000270019	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		 (402)06757163000270019	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Macy's Home MMG Cheshire DC Location #: CD Address: c/o Cheshire DC 475 Knotter Drive, City/State/Zip: Cheshire, CT 06410 CID#: Dept: 0784		Responsible Acct.No: Trailer number: 68812 Seal number(s): 22413167	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: KNIG	
Name: Address: City/State/Zip:		Pro Number:	
SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3988425	48	353.14	Y N	
Grand Total	48	353.14		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			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	NMFC #	CLASS
1	Pallet			50.00		Pallet		
		48	ctns	353.14		Throws,Blankets	49040	150
1		48		403.14		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"/>
---	--

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. <p style="text-align: right;">Shipper Signature</p>
--	---

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 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.
--	--	--	---

Customer: MACY'S HOME MMG CHESHIRE DC

Ship Date: 11/26/2018

SHIP FROM:
 E & E COMPANY LTD
 221 HANSON WAY
 WOODLAND, CA 95776

BILL TO:
 MACY'S CFC
 2101 EAST KEMPER ROAD
 CINCINNATI, OH 45241

SHIP TO:
 MACY'S HOME MMG CHESHIRE DC
 C/O CHESHIRE DC
 475 KNOTTER DRIVE
 CHESHIRE, CT 06410


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988425	MSFLEECEFR	MCC51-690	675716586072	Fleece Blanket	EA	2	20	10	20	10
3988425	MSFLEECEFS	MCC51-696	675716586065	Fleece Blanket	EA	2	50	25	50	25
3988425	MSFLEECEKSE	MCC51-697	675716586126	Fleece Blanket	EA	2	16	8	16	8
3988425	MSFLEECEKLB	MCC51-700	675716586089	Fleece Blanket	EA	2	10	5	10	5

Total Weight:	353.14
Total Quantity Ordered:	96
Total Cartons Ordered:	48
Total Quantity Shipped:	96
Total Cartons Shipped:	48

Date: 11/26/2018 9:33:45 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000270040	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000270040	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Macy's Home Store Cheshire DC Location #: CD Address: c/o Cheshire DC 475 Knotter Drive, City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: 68812 Seal number(s): 22413167	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: KNIG	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 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
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3971947	15	76.33	Y	N	
3976512	4	25.23	Y	N	
Grand Total	19	101.56			

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
2	Pallet			100.00		Pallet		
		3	ctns	17.63		Comforters, Bedspreads	49017	200
		14	ctns	75.34		Pillows,Valance,Towels	49390	100
		1	ctns	6.61		Shower curtain	49385	77.5
		1	ctns	1.98		Throws,Blankets	49040	150
2		19		201.56		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"/>

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.	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.
--	--	--	---

Customer: MACY'S HOME STORE CHESHIRE DC

Ship Date: 11/26/2018

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 CHESHIRE DC
C/O CHESHIRE DC
475 KNOTTER DRIVE
CHESHIRE, CT 06410


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3971947	MCH30785	MCC30-851	086569092793	Liliana Shaped Dec Pillow	EA	2	2	1	2	1
3971947	MCH30789	MCC30-855	086569092830	Minette Shaped Dec Pillow	EA	2	2	1	2	1
3971947	MCH30749	MCC30-888	086569091895	Stellar Space Back Rest	EA	2	2	1	2	1
3971947	MCH30751	MCC30-890	086569091918	Dusty The Dino Back Rest	EA	2	4	2	4	2
3971947	TBA	MCC40-884	086569094735	Dusty The Dino Panel	EA	2	2	1	2	1
3971947	MCH50759	MCC50-898	086569092007	Liliana Hooded Throw	EA	2	2	1	2	1
3971947	MCH10776	MCH10-776	086569092700	T Dusty The Dino Comf Mini Set	EA	1	2	2	2	2
3971947	MCH10781	MCH10-781	086569092731	F/Q Verona Comf Mini Set	EA	1	1	1	1	1
3971947	MCH20812	MCH20-812	086569094421	T Liliana Sheet Set	EA	2	6	3	6	3
3971947	MCH20816	MCH20-816	086569094469	T Dusty The Dino Sheet Set	EA	2	4	2	4	2
3976512	MCH70995	MCC70-968	086569111302	Pilot Stripe Shower Curtain	EA	3	3	1	3	1
3976512	N/A	MCC71-733	086569930781	Rose Wastebasket	EA	2	2	1	2	1
3976512	N/A	MCH71-478	086569930422	Serene Tissue Cover	EA	2	2	1	2	1
3976512	N/A	MCH71-479	086569930484	Serene Wastebasket	EA	2	2	1	2	1

Total Weight:	101.56
Total Quantity Ordered:	36
Total Cartons Ordered:	19
Total Quantity Shipped:	36
Total Cartons Shipped:	19

Date: 11/26/2018 9:27:02 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Martinsburg Location #: MB DC
Address:	221 Hanson Way	Address:	c/o Martinsburg DC - MB
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	333 Caperton Blvd, Martinsburg, WV 25403
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000270057		Trailer number: 68812	
		Seal number(s): 22413167	
(402)06757163000270057		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
SPECIAL INSTRUCTIONS:		THIRD PARTY FREIGHT CHARGES BILL TO:	
Load #: 41100327		Name:	
Packing List is Attached		Address:	
		City/State/Zip:	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3971947	114	497.40	Y	N	
3976512	26	156.72	Y	N	
Grand Total	140	654.12			

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
3	Pallet			150.00		Pallet		
		23	ctns	126.73		Comforters, Bedspreads	49017	200
		88	ctns	469.97		Pillows,Valance,Towels	49390	100
		29	ctns	57.42		Throws,Blankets	49040	150
3		140		804.12		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: 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 MARTINSBURG DC

Ship Date: 11/26/2018

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 MARTINSBURG DC
C/O MARTINSBURG DC - MB
333 CAPERTON BLVD
MARTINSBURG, WV 25403

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3971947	MCH30782	MCC30-848	086569092762	Dusty The Dino Dec Pillow	EA	2	8	4	8	4
3971947	MCH30783	MCC30-849	086569092779	Dusty The Dino Dec Pillow	EA	2	10	5	10	5
3971947	MCH30784	MCC30-850	086569092786	Liliana Shaped Dec Pillow	EA	2	6	3	6	3
3971947	MCH30785	MCC30-851	086569092793	Liliana Shaped Dec Pillow	EA	2	4	2	4	2
3971947	MCH30788	MCC30-854	086569092823	Minette Shaped Dec Pillow	EA	2	8	4	8	4
3971947	MCH30764	MCC30-873	086569092533	Dusty The Dino Floor Pillow	EA	2	6	3	6	3
3971947	MCH30767	MCC30-876	086569092564	Minette Shaped Floor Pillow	EA	2	6	3	6	3
3971947	MCH30746	MCC30-885	086569091864	Minette Back Rest	EA	2	12	6	12	6
3971947	TBA	MCC40-880	086569094636	Liliana Panel	EA	2	10	5	10	5
3971947	MCH50759	MCC50-898	086569092007	Liliana Hooded Throw	EA	2	58	29	58	29
3971947	MCH10776	MCH10-776	086569092700	T Dusty The Dino Comf Mini Set	EA	1	23	23	23	23
3971947	MCH20812	MCH20-812	086569094421	T Liliana Sheet Set	EA	2	50	25	50	25
3971947	MCH20817	MCH20-817	086569094490	F Dusty The Dino Sheet Set	EA	2	2	1	2	1
3971947	TBA	MCH44-824	086569095336	Kid Canopy	EA	6	6	1	6	1
3976512	TBA	MCC71-722	086569930637	Hotel Glass Soap Dish	EA	4	4	1	4	1
3976512	N/A	MCC71-728	086569930729	Rose Lotion Pump	EA	4	4	1	4	1
3976512	N/A	MCC71-730	086569930743	Rose Soap Dish	EA	4	4	1	4	1
3976512	N/A	MCC71-731	086569930750	Rose Tray	EA	4	4	1	4	1
3976512	N/A	MCC71-732	086569930774	Rose Tissue Cover	EA	2	2	1	2	1
3976512	TBA	MCC71-736	086569930842	Cape Mosaic Tisse Cover	EA	2	10	5	10	5
3976512	N/A	MCC71-937	086569930859	Cape Mosaic Wastebasket	EA	2	4	2	4	2
3976512	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	4	1	4	1
3976512	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
3976512	N/A	MCH71-478	086569930422	Serene Tissue Cover	EA	2	4	2	4	2
3976512	N/A	MCH71-479	086569930484	Serene Wastebasket	EA	2	8	4	8	4

Total Weight: 654.12
Total Quantity Ordered: 281
Total Cartons Ordered: 140
Total Quantity Shipped: 281
Total Cartons Shipped: 140

Customer: MACY'S HOME STORE MARTINSBURG DC

Ship Date: 11/26/2018

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 MARTINSBURG DC
C/O MARTINSBURG DC - MB
333 CAPERTON BLVD
MARTINSBURG, WV 25403

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976512	N/A	MCH71-480	086569930491	Chase Lotion Pump	EA	4	4	1	4	1
3976512	N/A	MCH71-482	086569930545	Chase TC	EA	2	4	2	4	2
3976512	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	8	2	8	2
3976512	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1

Total Weight:	654.12
Total Quantity Ordered:	281
Total Cartons Ordered:	140
Total Quantity Shipped:	281
Total Cartons Shipped:	140

Date: 11/26/2018 9:26:31 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000271313	
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 Home MMG Goodyear DC	DC#:	AZ
		Div.:	
Address:	c/o Goodyear DC 16575 West Commerce Lane,	Trailer number:	68812
		Seal number(s):	22413167
City/State/Zip:	Goodyear, AZ 85338	SCAC:	KNIG
SID#:		Pro Number:	
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 (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41100327		AM	AM
		PM	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#
3971947	79	390.77	Y N	06757163000270033	AZ	
3976512	96	622.26	Y N	06757163000270033	AZ	
3988447	20	142.98	Y N	06757163000269877	AZ	
Grand Total	195	1156.01				

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
4	Pallet			200.00		Pallet		70
		22	ctns	121.22		Comforters, Bedspreads	49017	200
		149	ctns	883.89		Pillows,Valance,Towels	49390	100
		24	ctns	150.90		Throws,Blankets	49040	150
4				1356.01		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.

Date: 11/26/2018 9:22:52 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000269877	
Name: E & E COMPANY LTD		 (402)06757163000269877	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Knight Transportation	
		Responsible Acct.No:	
SHIP TO		Trailer number: 68812	
Name: Macy's Home MMG Goodyear DC Location #: AZ		Seal number(s): 22413167	
Address: c/o Goodyear DC		SCAC: KNIG	
16575 West Commerce Lane,		Pro Number:	
City/State/Zip: Goodyear, AZ 85338			
CID#:			
Dept: 0784			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time	
Packing List is Attached		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
3988447	20	142.98	Y N	
Grand Total	20	142.98		

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
1	Pallet			50.00		Pallet		
		20	ctns	142.98		Throws,Blankets	49040	150
1		20		192.98		Grand Total		

<p>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 _____"</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
---	---

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.
--	---

<p>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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p> <p style="text-align: right;">Shipper Signature</p>
---	--	---

Customer: MACY'S HOME MMG GOODYEAR DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG GOODYEAR DC
C/O GOODYEAR DC
16575 WEST COMMERCE LANE
GOODYEAR, AZ 85338


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECETGR	MCG51-240	675716586010	T Micro Fleece Knitted Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	6	3	6	3
3988447	MSFLEECEFGR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	18	9	18	9
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	6	3	6	3
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	6	3	6	3
3988447	MSFLEECEKGR	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	2	1	2	1

Total Weight: 142.98
Total Quantity Ordered: 40
Total Cartons Ordered: 20
Total Quantity Shipped: 40
Total Cartons Shipped: 20

Date: 11/26/2018 9:20:54 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Goodyear DC Location #: AZ
Address:	221 Hanson Way	Address:	c/o Goodyear DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	16575 West Commerce Drive, Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000270033		Trailer number: 68812	
		Seal number(s): 22413167	
(402)06757163000270033		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: <input checked="" type="checkbox"/> 3rd Party:	
<input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
(check box)		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 41100327			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3971947	79	390.77	Y N	
3976512	96	622.26	Y N	
Grand Total	175	1013.03		

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
3	Pallet			150.00		Pallet		
		22	ctns	121.22		Comforters, Bedspreads	49017	200
		149	ctns	883.89		Pillows,Valance,Towels	49390	100
		4	ctns	7.92		Throws,Blankets	49040	150
3		175		1163.03		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: 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 GOODYEAR DC

Ship Date: 11/26/2018

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 GOODYEAR DC
C/O GOODYEAR DC
16575 WEST COMMERCE DRIVE
GOODYEAR, AZ 85338

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3971947	MCH30782	MCC30-848	086569092762	Dusty The Dino Dec Pillow	EA	2	8	4	8	4
3971947	MCH30783	MCC30-849	086569092779	Dusty The Dino Dec Pillow	EA	2	4	2	4	2
3971947	MCH30784	MCC30-850	086569092786	Liliana Shaped Dec Pillow	EA	2	2	1	2	1
3971947	MCH30788	MCC30-854	086569092823	Minette Shaped Dec Pillow	EA	2	4	2	4	2
3971947	MCH30789	MCC30-855	086569092830	Minette Shaped Dec Pillow	EA	2	6	3	6	3
3971947	MCH30767	MCC30-876	086569092564	Minette Shaped Floor Pillow	EA	2	2	1	2	1
3971947	MCH30746	MCC30-885	086569091864	Minette Back Rest	EA	2	6	3	6	3
3971947	MCH30747	MCC30-886	086569091871	Liliana Back Rest	EA	2	30	15	30	15
3971947	MCH30751	MCC30-890	086569091918	Dusty The Dino Back Rest	EA	2	8	4	8	4
3971947	TBA	MCC40-880	086569094636	Liliana Panel	EA	2	4	2	4	2
3971947	TBA	MCC40-884	086569094735	Dusty The Dino Panel	EA	2	2	1	2	1
3971947	MCH50760	MCC50-899	086569044372	Verona Hooded Throw	EA	2	8	4	8	4
3971947	MCH73740	MCC73-867	086569089083	Dusty The Dino Bath Towel	EA	6	6	1	6	1
3971947	MCH73741	MCC73-868	086569091819	Liliana Bath Towel	EA	6	6	1	6	1
3971947	MCH10776	MCH10-776	086569092700	T Dusty The Dino Comf Mini Set	EA	1	22	22	22	22
3971947	MCH20816	MCH20-816	086569094469	T Dusty The Dino Sheet Set	EA	2	26	13	26	13
3976512	TBA	MCC71-722	086569930637	Hotel Glass Soap Dish	EA	4	8	2	8	2
3976512	TBA	MCC71-723	086569930392	Serene Toothbrush Holder	EA	4	4	1	4	1
3976512	N/A	MCC71-724	086569930866	Stowe Lotion Pump	EA	4	12	3	12	3
3976512	N/A	MCC71-725	086569930873	Stowe Toothbrush Holder	EA	4	12	3	12	3
3976512	N/A	MCC71-726	086569930880	Stowe Soap Dish	EA	4	4	1	4	1
3976512	N/A	MCC71-727	086569930521	Chase Toothbrush Holder	EA	4	4	1	4	1
3976512	N/A	MCC71-728	086569930729	Rose Lotion Pump	EA	4	4	1	4	1
3976512	N/A	MCC71-729	086569930736	Rose Toothbrush Holder	EA	4	8	2	8	2
3976512	N/A	MCC71-732	086569930774	Rose Tissue Cover	EA	2	6	3	6	3

Total Weight: 1013.03
Total Quantity Ordered: 438
Total Cartons Ordered: 175
Total Quantity Shipped: 438
Total Cartons Shipped: 175

Customer: MACY'S HOME STORE GOODYEAR DC

Ship Date: 11/26/2018

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 GOODYEAR DC
C/O GOODYEAR DC
16575 WEST COMMERCE DRIVE
GOODYEAR, AZ 85338

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976512	N/A	MCC71-733	086569930781	Rose Wastebasket	EA	2	4	2	4	2
3976512	TBA	MCC71-734	086569930828	Cape Mosaic Toothbrush Holder	EA	4	36	9	36	9
3976512	TBA	MCC71-735	086569930835	Cape Mosaic Tray	EA	4	40	10	40	10
3976512	TBA	MCC71-736	086569930842	Cape Mosaic Tisse Cover	EA	2	18	9	18	9
3976512	N/A	MCC71-919	086569930705	Hotel Glass Cotton Jar	EA	4	16	4	16	4
3976512	N/A	MCC71-936	086569930804	Cape Mosaic Lotion Pump	EA	4	32	8	32	8
3976512	N/A	MCC71-937	086569930859	Cape Mosaic Wastebasket	EA	2	36	18	36	18
3976512	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	8	2	8	2
3976512	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
3976512	N/A	MCH71-478	086569930422	Serene Tissue Cover	EA	2	4	2	4	2
3976512	N/A	MCH71-479	086569930484	Serene Wastebasket	EA	2	8	4	8	4
3976512	N/A	MCH71-480	086569930491	Chase Lotion Pump	EA	4	4	1	4	1
3976512	N/A	MCH71-482	086569930545	Chase TC	EA	2	8	4	8	4
3976512	N/A	MCH71-483	086569930576	Chase Wastebasket	EA	2	6	3	6	3
3976512	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	4	1	4	1
3976512	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1

Total Weight: 1013.03
Total Quantity Ordered: 438
Total Cartons Ordered: 175
Total Quantity Shipped: 438
Total Cartons Shipped: 175

Date: 11/26/2018 9:14:18 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000271177	
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 Home MMG Gandy DC	DC#:	GN
		Div.:	
Address:	c/o Gandy DC 4130 Gandy Blvd.,	Trailer number:	68812
		Seal number(s):	22413167
City/State/Zip:	Tampa, FL 33611	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 (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41100327		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#
3976534	20	105.00	Y	N	06757163000269792	GN
3988447	81	578.09	Y	N	06757163000269938	GN
Grand Total	101	683.09				

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
3	Pallet			150.00		Pallet		70
		15	ctns	87.82		Pillows,Valance,Towels	49390	100
		5	ctns	17.18		Shower curtain	49385	77.5
		81	ctns	578.09		Throws,Blankets	49040	150
3				833.09		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"/>
---	--


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.	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.
--	--	--	---

Date: 11/26/2018 9:09:51 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000269938										
Name: E & E COMPANY LTD		 (402)06757163000269938										
Address: 221 Hanson Way												
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Knight Transportation										
SID#:		Responsible Acct.No:										
PHONE:		Trailer number: 68812										
VENDOR: FOB: <input type="checkbox"/>		Seal number(s): 22413167										
SHIP TO		SCAC: KNIG										
Name: Macy's Home MMG Gandy DC Location #: GN		Pro Number:										
Address: c/o Gandy DC												
4130 Gandy Blvd.,												
City/State/Zip: Tampa, FL 33611												
CID#:												
Dept: 0784 FOB: <input type="checkbox"/>												
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:												
SPECIAL INSTRUCTIONS:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
Load #: 41100327												
Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3988447	81	578.09	Y N	
Grand Total	81	578.09		

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
2	Pallet			100.00		Pallet		
		81	ctns	578.09		Throws,Blankets	49040	150
2		81		678.09		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"/>

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 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.
--	--	--	---

Customer: MACY'S HOME MMG GANDY DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG GANDY DC
C/O GANDY DC
4130 GANDY BLVD.
TAMPA, FL 33611


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECETLB	MCG51-235	675716585969	T Microfleece Solid Blanket	EA	2	4	2	4	2
3988447	MSFLEECETIV	MCG51-238	675716585990	T Micro Fleece Knitted Blanket	EA	2	18	9	18	9
3988447	MSFLEECETSE	MCG51-239	675716586003	T Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFLB	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	6	3	6	3
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	20	10	20	10
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	24	12	24	12
3988447	MSFLEECEFR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	14	7	14	7
3988447	MSFLEECEKLB	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	6	3	6	3
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	30	15	30	15
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	18	9	18	9
3988447	MSFLEECEKGR	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	20	10	20	10

Total Weight:	578.09
Total Quantity Ordered:	162
Total Cartons Ordered:	81
Total Quantity Shipped:	162
Total Cartons Shipped:	81

Date: 11/26/2018 9:12:07 AM

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: _____		Bill of Lading Number: 06757163000269792  (402)06757163000269792										
SHIP TO		Name: Macy's Home Store Gandy DC Location #: GN Address: c/o Gandy DC 4130 Gandy Blvd., City/State/Zip: Tampa, FL 33611 CID#: _____ Dept: 0602		CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____										
SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
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	
3976534	20	105.00	Y N		
Grand Total	20	105.00			

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
1	Pallet			50.00		Pallet		
		15	ctns	87.82		Pillows, Valance, Towels	49390	100
		5	ctns	17.18		Shower curtain	49385	77.5
1		20		155.00		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: 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: <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.
--	--	--	---

Customer: MACY'S HOME STORE GANDY DC

Ship Date: 11/26/2018

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 GANDY DC
C/O GANDY DC
4130 GANDY BLVD.
TAMPA, FL 33611

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976534	MCH70984	MCH70-984	086569111197	Orlando Shower Curtain	EA	3	6	2	6	2
3976534	MCH70985	MCH70-985	086569111203	Crystal Shower Curtain	EA	3	3	1	3	1
3976534	MCH70996	MCH70-996	086569111319	Solandis Shower Curtain	EA	3	3	1	3	1
3976534	MCH70998	MCH70-998	086569111333	Delilah Shower Curtain	EA	3	3	1	3	1
3976534	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
3976534	N/A	MCH71-479	086569930484	Serene Wastebasket	EA	2	2	1	2	1
3976534	N/A	MCH71-482	086569930545	Chase TC	EA	2	2	1	2	1
3976534	N/A	MCH71-483	086569930576	Chase Wastebasket	EA	2	2	1	2	1
3976534	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1
3976534	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	4	1	4	1
3976534	N/A	MCH71-492	086569930743	Rose Soap Dish	EA	4	4	1	4	1
3976534	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	8	2	8	2
3976534	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	4	1	4	1
3976534	N/A	MCH71-500	086569930842	Cape Mosaic Tissue Cover	EA	2	2	1	2	1
3976534	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1
3976534	N/A	MCH71-504	086569930880	Stowe Soap Dish	EA	4	4	1	4	1

Total Weight:	105
Total Quantity Ordered:	65
Total Cartons Ordered:	20
Total Quantity Shipped:	65
Total Cartons Shipped:	20

Date: 11/26/2018 8:44:52 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000270989	
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 Home MMG Bailey Rd DC	DC#:	BA
		Div.:	
Address:	c/o Bailey Rd DC 300 South Bailey Road,	Trailer number:	68812
		Seal number(s):	22413167
City/State/Zip:	North Jackson, OH 44451	SCAC:	KNIG
SID#:		Pro Number:	
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 (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	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#
3976534	18	74.31	Y	N	06757163000269754	BA	
3988447	60	418.82	Y	N	06757163000269884	BA	
Grand Total	78	493.13					

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
2	Pallet			100.00		Pallet		70
		12	ctns	51.87		Pillows,Valance,Towels	49390	100
		6	ctns	22.44		Shower curtain	49385	77.5
		60	ctns	418.82		Throws,Blankets	49040	150
2				593.13		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.

Date: 11/26/2018 8:42:23 AM

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: _____		Bill of Lading Number: 06757163000269754  (402)06757163000269754	
SHIP TO		Name: Macy's Home Store Bailey Rd. DC Location #: BA Address: Bailey Rd DC Pool Stock 300 South Bailey Road, City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0602		CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached		Appointment Time AM PM		Actual Driver Arrival Time AM PM	
Driver Departure Time AM PM					

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3976534	18	74.31	Y	N	
Grand Total	18	74.31			

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
1	Pallet			50.00		Pallet		
		12	ctns	51.87		Pillows,Valance,Towels	49390	100
		6	ctns	22.44		Shower curtain	49385	77.5
1		18		124.31		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"/>
---	--

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. <p style="text-align: right;">Shipper Signature</p>
--	---

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 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.
--	---	---	---

Customer: MACY'S HOME STORE BAILEY RD. DC

Ship Date: 11/26/2018

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 BAILEY RD. DC
 BAILEY RD DC POOL STOCK
 300 SOUTH BAILEY ROAD
 NORTH JACKSON, OH 44451


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976534	MCH701003	MCH70-1003	086569111388	Isabella Shower Curtain	EA	3	3	1	3	1
3976534	MCH70977	MCH70-977	086569111128	Paris Shower Curtain	EA	3	3	1	3	1
3976534	MCH70983	MCH70-983	086569111180	Naples Shower Curtain	EA	3	6	2	6	2
3976534	MCH70985	MCH70-985	086569111203	Crystal Shower Curtain	EA	3	3	1	3	1
3976534	MCH70993	MCH70-993	086569111289	Weston Shower Curtain	EA	3	3	1	3	1
3976534	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	8	2	8	2
3976534	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-490	086569930729	Rose Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	12	3	12	3
3976534	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
3976534	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	4	1	4	1
3976534	N/A	MCH71-500	086569930842	Cape Mosaic Tissue Cover	EA	2	2	1	2	1
3976534	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	4	1	4	1

Total Weight:	74.31
Total Quantity Ordered:	64
Total Cartons Ordered:	18
Total Quantity Shipped:	64
Total Cartons Shipped:	18

Date: 11/26/2018 8:36:18 AM

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: _____		Bill of Lading Number: 06757163000269884  (402)06757163000269884	
SHIP TO		Name: Macy's Home MMG Bailey Rd DC Location #: BA Address: c/o Bailey Rd DC 300 South Bailey Road, City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0784		CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached		Appointment Time AM PM		Actual Driver Arrival Time AM PM	
Driver Departure Time AM PM					

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3988447	60	418.82	Y	N	
Grand Total	60	418.82			

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
1	Pallet			50.00		Pallet		
		60	ctns	418.82		Throws, Blankets	49040	150
1		60		468.82		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"/>
--	--

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. <p style="text-align: right;">Shipper Signature</p>
--	---

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 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.
--	--	--	---

Customer: MACY'S HOME MMG BAILEY RD DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG BAILEY RD DC
C/O BAILEY RD DC
300 SOUTH BAILEY ROAD
NORTH JACKSON, OH 44451


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECETLB	MCG51-235	675716585969	T Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECETIV	MCG51-238	675716585990	T Micro Fleece Knitted Blanket	EA	2	2	1	2	1
3988447	MSFLEECETGR	MCG51-240	675716586010	T Micro Fleece Knitted Blanket	EA	2	4	2	4	2
3988447	MSFLEECEFLB	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	18	9	18	9
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	32	16	32	16
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	12	6	12	6
3988447	MSFLEECEFGR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	24	12	24	12
3988447	MSFLEECEKLB	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	4	2	4	2
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	2	1	2	1
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	14	7	14	7
3988447	MSFLEECEKGR	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	6	3	6	3

Total Weight: 418.82
Total Quantity Ordered: 120
Total Cartons Ordered: 60
Total Quantity Shipped: 120
Total Cartons Shipped: 60

Date: 11/26/2018 8:27:49 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000269891										
Name:	E & E COMPANY LTD	 (402)06757163000269891										
Address:	221 Hanson Way											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:												
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Knight Transportation Responsible Acct.No:										
SHIP TO		Trailer number: 68812										
Name:	Macy's Home MMG Los Angeles Location #: CI DC	Seal number(s): 22413167										
Address:	Los Angeles Peak Fulfillment Center	SCAC: KNIG										
City/State/Zip:	15541 East Gale Ave, City of Industry, CA 91745	Pro Number:										
CID#:												
Dept:	0784 FOB: <input type="checkbox"/>											
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:												
SPECIAL INSTRUCTIONS:		<table border="1"> <thead> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> </thead> <tbody> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </tbody> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
Load #: 41100327												
Packing List is Attached												

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3988447	88	627.00	Y	N	
Grand Total	88	627.00			

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
2	Pallet			100.00		Pallet		
		88	ctns	627.00		Throws,Blankets	49040	150
2		88		727.00		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: 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: 11/26/2018 10:13:35 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000271429
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 Home MMG Los Angeles DC DC#: CI Div.	Trailer number: 68812
Address:	Los Angeles Peak Fulfillment Center 15541 East Gale Ave,	Seal number(s): 22413167
City/State/Zip:	City of Industry, CA 91745	SCAC: KNIG
SID#:	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED
City/State/Zip:		<input type="checkbox"/> UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	DC#	Supplier#
3976534	21	103.06	Y	N	06757163000269761	CI	
3988447	88	627.00	Y	N	06757163000269891	CI	
Grand Total	109	730.06					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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
3	Pallet			150.00		Pallet		70
		18	ctns	91.84		Pillows,Valance,Towels	49390	100
		3	ctns	11.22		Shower curtain	49385	77.5
		88	ctns	627.00		Throws,Blankets	49040	150
3				880.06		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: 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: 11/26/2018 9:55:44 AM

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: _____		Bill of Lading Number: 06757163000269761  (402)06757163000269761	
SHIP TO		Name: Macy's Home Store Los Angeles Location #: CI DC Address: c/o Los Angeles DC City/State/Zip: 15541 East Gale Avenue, City of Industry, CA 91745 CID#: _____ Dept: 0602		CARRIER NAME: Knight Transportation Responsible Acct.No: _____ Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____		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	
SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached		Appointment Time AM _____ PM _____		Actual Driver Arrival Time AM _____ PM _____	
Driver Departure Time AM _____ PM _____					

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3976534	21	103.06	Y	N	
Grand Total	21	103.06			

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
1	Pallet			50.00		Pallet		
		18	ctns	91.84		Pillows,Valance,Towels	49390	100
		3	ctns	11.22		Shower curtain	49385	77.5
1		21		153.06		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: 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 LOS ANGELES DC

Ship Date: 11/26/2018

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 LOS ANGELES DC
C/O LOS ANGELES DC
15541 EAST GALE AVENUE
CITY OF INDUSTRY, CA 91745

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976534	MCH70978	MCH70-978	086569111135	Harbor Shower Curtain	EA	3	3	1	3	1
3976534	MCH70982	MCH70-982	086569111173	Pompano Shower Curtain	EA	3	3	1	3	1
3976534	MCH70993	MCH70-993	086569111289	Weston Shower Curtain	EA	3	3	1	3	1
3976534	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-482	086569930545	Chase TC	EA	2	4	2	4	2
3976534	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	16	4	16	4
3976534	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	4	1	4	1
3976534	N/A	MCH71-490	086569930729	Rose Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-491	086569930736	Rose Toothbrush Holder	EA	4	4	1	4	1
3976534	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	16	4	16	4
3976534	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
3976534	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	4	1	4	1
3976534	N/A	MCH71-500	086569930842	Cape Mosaic Tissue Cover	EA	2	2	1	2	1
3976534	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1

Total Weight: 103.06
Total Quantity Ordered: 73
Total Cartons Ordered: 21
Total Quantity Shipped: 73
Total Cartons Shipped: 21

Customer: MACY'S HOME MMG LOS ANGELES DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG LOS ANGELES DC
LOS ANGELES PEAK FULFILLMENT
CENTER
15541 EAST GALE AVE
CITY OF INDUSTRY, CA 91745

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECETLB	MCG51-235	675716585969	T Microfleece Solid Blanket	EA	2	8	4	8	4
3988447	MSFLEECETIV	MCG51-238	675716585990	T Micro Fleece Knitted Blanket	EA	2	2	1	2	1
3988447	MSFLEECETSE	MCG51-239	675716586003	T Microfleece Solid Blanket	EA	2	4	2	4	2
3988447	MSFLEECEFLB	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	18	9	18	9
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	24	12	24	12
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	32	16	32	16
3988447	MSFLEECEFR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	24	12	24	12
3988447	MSFLEECEKLB	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	6	3	6	3
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	6	3	6	3
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	24	12	24	12
3988447	MSFLEECEKGR	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	28	14	28	14

Total Weight: 627
Total Quantity Ordered: 176
Total Cartons Ordered: 88
Total Quantity Shipped: 176
Total Cartons Shipped: 88

Date: 11/26/2018 8:25:38 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757163000270927	
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 Home MMG Denver DC	DC#:	DV
		Div.:	
Address:	c/o Denver DC 510 East 51st Ave,		
City/State/Zip:	Devnver, CO 80216		
SID#:		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Load #: 41100327		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	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#
3976534	2	10.27	Y	N	06757163000269785	DV	
3988447	5	35.25	Y	N	06757163000269921	DV	
Grand Total	7	45.52					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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
2	Pallet			100.00		Pallet		70
		2	ctns	10.27		Pillows,Valance,Towels	49390	100
		5	ctns	35.25		Throws,Blankets	49040	150
2				145.52		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: 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.

SHIP FROM		Bill of Lading Number: 06757163000269785	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: FOB: <input type="checkbox"/>		 (402)06757163000269785	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Macy's Home Store Denver DC Location #: DV Address: c/o Denver DC 510 East 51st Avenue, City/State/Zip: Denver, CO 80216 CID#: Dept: 0602 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: 68812 Seal number(s): 22413167	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3976534	2	10.27	Y N	
Grand Total	2	10.27		

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
1	Pallet			50.00		Pallet		
		2	ctns	10.27		Pillows,Valance,Towels	49390	100
1		2		60.27		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"/>
---	--

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. <p style="text-align: right;">Shipper Signature</p>
--	---

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 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.
--	--	--	---

Customer: MACY'S HOME STORE DENVER DC

Ship Date: 11/26/2018


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 DENVER DC
C/O DENVER DC
510 EAST 51ST AVENUE
DENVER, CO 80216

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976534	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1
3976534	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1

Total Weight:	10.27
Total Quantity Ordered:	8
Total Cartons Ordered:	2
Total Quantity Shipped:	8
Total Cartons Shipped:	2

SHIP FROM		Bill of Lading Number: 06757163000269921	
Name: E & E COMPANY LTD		 (402)06757163000269921	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Knight Transportation	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: 68812	
Name: Macy's Home MMG Denver DC Location #: DV		Seal number(s): 22413167	
Address: c/o Denver DC		SCAC: KNIG	
510 East 51st Ave,		Pro Number:	
City/State/Zip: Devnver, CO 80216			
CID#:			
Dept: 0784			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time	
Packing List is Attached		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
3988447	5	35.25	Y N	
Grand Total	5	35.25		

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
1	Pallet			50.00		Pallet		
		5	ctns	35.25		Throws, Blankets	49040	150
1		5		85.25		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"/>

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.	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.
--	--	--	---

Customer: MACY'S HOME MMG DENVER DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG DENVER DC
C/O DENVER DC
510 EAST 51ST AVE
DEVNVER, CO 80216

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECEFLB	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	2	1	2	1
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFGR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	2	1	2	1
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	2	1	2	1

Total Weight:	35.25
Total Quantity Ordered:	10
Total Cartons Ordered:	5
Total Quantity Shipped:	10
Total Cartons Shipped:	5

Date: 11/26/2018 8:21:53 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000270910	
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 Home MMG Minooka DC DC#: CL Div. _____ Address: c/o Minooka DC 601 Midpoint Rd., City/State/Zip: Minooka, IL 60447 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		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 #: 41100327		<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 (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
3976534	20	112.96	Y	N	06757163000269778	CL	
3988447	45	320.11	Y	N	06757163000269914	CL	
Grand Total	65	433.07					

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	
2	Pallet			100.00		Pallet		70	
		14	ctns	91.81		Pillows,Valance,Towels	49390	100	
		45	ctns	320.11		Throws,Blankets	49040	150	
		6	ctns	21.15		Shower curtain	49385	77.5	
2				533.07		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: 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: <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.
--	--	--	---

Date: 11/26/2018 8:20:02 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Minooka DC Location #: CL	Name:	
Address:	221 Hanson Way	Address:	c/o Minooka DC	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	601 Midpoint Rd., Minooka, IL 60447	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0602	Load #: 41100327	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000269778		Trailer number: 68812		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 22413167		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000269778		SCAC: KNIG		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading	
CARRIER NAME: Knight Transportation		Pro Number:		Appointment Time	
Responsible Acct.No:				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
3976534	20	112.96	Y N	
Grand Total	20	112.96		

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
1	Pallet			50.00		Pallet		
		14	ctns	91.81		Pillows,Valance,Towels	49390	100
		6	ctns	21.15		Shower curtain	49385	77.5
1		20		162.96		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: 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 MINOOKA DC

Ship Date: 11/26/2018

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 MINOOKA DC
C/O MINOOKA DC
601 MIDPOINT RD.
MINOOKA, IL 60447

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3976534	MCH701000	MCH70-1000	086569111357	Laurel Shower Curtain	EA	3	3	1	3	1
3976534	MCH70982	MCH70-982	086569111173	Pompano Shower Curtain	EA	3	3	1	3	1
3976534	MCH70985	MCH70-985	086569111203	Crystal Shower Curtain	EA	3	3	1	3	1
3976534	MCH70987	MCH70-987	086569111227	Stella Shower Curtain	EA	3	3	1	3	1
3976534	MCH70996	MCH70-996	086569111319	Solandis Shower Curtain	EA	3	3	1	3	1
3976534	MCH70999	MCH70-999	086569111340	Autumn Leaf Shower Curtain	EA	3	3	1	3	1
3976534	N/A	MCH71-481	086569930521	Chase Toothbrush Holder	EA	4	4	1	4	1
3976534	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	4	1	4	1
3976534	N/A	MCH71-490	086569930729	Rose Lotion Pump	EA	4	8	2	8	2
3976534	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	8	2	8	2
3976534	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
3976534	N/A	MCH71-500	086569930842	Cape Mosaic Tissue Cover	EA	2	4	2	4	2
3976534	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	8	4	8	4
3976534	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	4	1	4	1

Total Weight:	112.96
Total Quantity Ordered:	62
Total Cartons Ordered:	20
Total Quantity Shipped:	62
Total Cartons Shipped:	20

Date: 11/26/2018 8:13:30 AM

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: _____

Bill of Lading Number: 06757163000269914



CARRIER NAME: Knight Transportation
 Responsible Acct.No: _____

SHIP TO

Name: Macy's Home MMG Minooka DC Location #: CL
 Address: c/o Minooka DC
 601 Midpoint Rd.,
 City/State/Zip: Minooka, IL 60447
 CID#: _____
 Dept: 0784

Trailer number: 68812
 Seal number(s): 22413167

SCAC: KNIG
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: Collect: **X** 3rd Party: _____

City/State/Zip: _____

Master Bill of Lading: with attached underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS:
 Load #: 41100327
 Packing List is Attached

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
3988447	45	320.11	Y	N	
Grand Total	45	320.11			

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
1	Pallet			50.00		Pallet		
		45	ctns	320.11		Throws,Blankets	49040	150
1		45		370.11		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: 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 MMG MINOOKA DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG MINOOKA DC
C/O MINOOKA DC
601 MIDPOINT RD.
MINOOKA, IL 60447

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
3988447	MSFLEECETLB	MCG51-235	675716585969	T Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECETIV	MCG51-238	675716585990	T Micro Fleece Knitted Blanket	EA	2	2	1	2	1
3988447	MSFLEECEFLB	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	6	3	6	3
3988447	MSFLEECEFIV	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	22	11	22	11
3988447	MSFLEECEFSE	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	18	9	18	9
3988447	MSFLEECEFGR	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	12	6	12	6
3988447	MSFLEECEKLB	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	2	1	2	1
3988447	MSFLEECEKIV	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	14	7	14	7
3988447	MSFLEECEKSE	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	4	2	4	2
3988447	MSFLEECEKGR	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	8	4	8	4

Total Weight: 320.11
Total Quantity Ordered: 90
Total Cartons Ordered: 45
Total Quantity Shipped: 90
Total Cartons Shipped: 45

Date: 11/26/2018 8:12:13 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Portland DC
Address:	221 Hanson Way	DC#: PD	Div.
City/State/Zip:	Woodland, CA 95776	Address:	c/o Portland DC 1155 Vaughn Parkway,
SID#:	FOB: <input type="checkbox"/>	City/State/Zip:	Portland, TN 37148
		SID#:	FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Load #: 41100327		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	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#
3971947	132	668.04	Y	N	06757163000270071	PD	
3976512	35	179.01	Y	N	06757163000270071	PD	
3988425	89	685.97	Y	N	06757163000270026	PD	
Grand Total	256	1533.02					

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
5	Pallet			250.00		Pallet		70
		52	ctns	286.52		Comforters, Bedspreads	49017	200
		113	ctns	556.57		Pillows, Valance, Towels	49390	100
		91	ctns	689.93		Throws, Blankets	49040	150
5				1783.02		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.

Date: 11/26/2018 8:09:57 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000270026	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000270026	
SHIP TO		CARRIER NAME: Knight Transportation	
Name: Macy's Home MMG Portland DC Location #: PD Address: c/o Portland DC 1155 Vaughn Parkway, City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: 68812 Seal number(s): 22413167 SCAC: KNIG Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 41100327 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3988425	89	685.97	Y N	
Grand Total	89	685.97		

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
2	Pallet			100.00		Pallet		
		89	ctns	685.97		Throws,Blankets	49040	150
2		89		785.97		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"/>
--

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.	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	SHIPPER SIGNATURE _____ 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 MMG PORTLAND DC

Ship Date: 11/26/2018

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S CFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241

SHIP TO:
MACY'S HOME MMG 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
3988425	MSFLEECEFR	MCC51-690	675716586072	Fleece Blanket	EA	2	98	49	98	49
3988425	MSFLEECEKSE	MCC51-697	675716586126	Fleece Blanket	EA	2	38	19	38	19
3988425	MSFLEECEFLB	MCC51-699	675716586027	Fleece Blanket	EA	2	36	18	36	18
3988425	MSFLEECEKLB	MCC51-700	675716586089	Fleece Blanket	EA	2	6	3	6	3

Total Weight: 685.97
Total Quantity Ordered: 178
Total Cartons Ordered: 89
Total Quantity Shipped: 178
Total Cartons Shipped: 89

Date: 11/26/2018 8:06:16 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Portland DC Location #: PD
Address:	221 Hanson Way	Address:	c/o Portland DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	1155 Vaughn Parkway, Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000270071		Trailer number: 68812	
		Seal number(s): 22413167	
(402)06757163000270071		SCAC: KNIG	
CARRIER NAME: Knight Transportation		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 41100327		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3971947	132	668.04	Y N	
3976512	35	179.01	Y N	
Grand Total	167	847.05		

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
3	Pallet			150.00		Pallet		
		52	ctns	286.52		Comforters, Bedspreads	49017	200
		113	ctns	556.57		Pillows,Valance,Towels	49390	100
		2	ctns	3.96		Throws,Blankets	49040	150
3		167		997.05		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: 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: 11/26/2018

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
3971947	MCH30782	MCC30-848	086569092762	Dusty The Dino Dec Pillow	EA	2	2	1	2	1
3971947	MCH30783	MCC30-849	086569092779	Dusty The Dino Dec Pillow	EA	2	10	5	10	5
3971947	MCH30784	MCC30-850	086569092786	Liliana Shaped Dec Pillow	EA	2	8	4	8	4
3971947	MCH30785	MCC30-851	086569092793	Liliana Shaped Dec Pillow	EA	2	2	1	2	1
3971947	MCH30764	MCC30-873	086569092533	Dusty The Dino Floor Pillow	EA	2	2	1	2	1
3971947	MCH30751	MCC30-890	086569091918	Dusty The Dino Back Rest	EA	2	4	2	4	2
3971947	TBA	MCC40-880	086569094636	Liliana Panel	EA	2	6	3	6	3
3971947	TBA	MCC40-884	086569094735	Dusty The Dino Panel	EA	2	2	1	2	1
3971947	MCH50763	MCC50-902	086569092038	Dusty The Dino Hooded Throw	EA	2	4	2	4	2
3971947	MCH10776	MCH10-776	086569092700	T Dusty The Dino Comf Mini Set	EA	1	52	52	52	52
3971947	MCH20812	MCH20-812	086569094421	T Liliana Sheet Set	EA	2	50	25	50	25
3971947	MCH20816	MCH20-816	086569094469	T Dusty The Dino Sheet Set	EA	2	50	25	50	25
3971947	MCH20817	MCH20-817	086569094490	F Dusty The Dino Sheet Set	EA	2	20	10	20	10
3976512	TBA	MCC71-722	086569930637	Hotel Glass Soap Dish	EA	4	4	1	4	1
3976512	N/A	MCC71-724	086569930866	Stowe Lotion Pump	EA	4	4	1	4	1
3976512	N/A	MCC71-726	086569930880	Stowe Soap Dish	EA	4	4	1	4	1
3976512	N/A	MCC71-727	086569930521	Chase Toothbrush Holder	EA	4	4	1	4	1
3976512	N/A	MCC71-728	086569930729	Rose Lotion Pump	EA	4	4	1	4	1
3976512	N/A	MCC71-729	086569930736	Rose Toothbrush Holder	EA	4	8	2	8	2
3976512	N/A	MCC71-730	086569930743	Rose Soap Dish	EA	4	4	1	4	1
3976512	N/A	MCC71-731	086569930750	Rose Tray	EA	4	4	1	4	1
3976512	N/A	MCC71-732	086569930774	Rose Tissue Cover	EA	2	4	2	4	2
3976512	N/A	MCC71-733	086569930781	Rose Wastebasket	EA	2	8	4	8	4
3976512	TBA	MCC71-735	086569930835	Cape Mosaic Tray	EA	4	4	1	4	1
3976512	TBA	MCC71-736	086569930842	Cape Mosaic Tisse Cover	EA	2	2	1	2	1

Total Weight: 847.05
Total Quantity Ordered: 328
Total Cartons Ordered: 167
Total Quantity Shipped: 328
Total Cartons Shipped: 167

Customer: MACY'S HOME STORE PORTLAND DC

Ship Date: 11/26/2018

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
3976512	N/A	MCC71-936	086569930804	Cape Mosaic Lotion Pump	EA	4	36	9	36	9
3976512	N/A	MCH71-478	086569930422	Serene Tissue Cover	EA	2	6	3	6	3
3976512	N/A	MCH71-479	086569930484	Serene Wastebasket	EA	2	2	1	2	1
3976512	N/A	MCH71-480	086569930491	Chase Lotion Pump	EA	4	4	1	4	1
3976512	N/A	MCH71-483	086569930576	Chase Wastebasket	EA	2	2	1	2	1
3976512	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	8	2	8	2
3976512	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1

Total Weight: 847.05
Total Quantity Ordered: 328
Total Cartons Ordered: 167
Total Quantity Shipped: 328
Total Cartons Shipped: 167