

2018 DEC -7 P 11:54

006498

DYNAMIC  
WORLDWIDE

"Receipt not valid unless time  
stamped at time of delivery."



1 Sealed Trailer / Container **DYNAMIC** Worldwide

This paper is security-protected

Date: 12-8-18

Carrier: Prime Worldwide

Appointment #: 41152661

Trailer Number: 191751

Tractor Number: 691545 Worldwide

Seal #: 1068855

Signature: A. [Signature]  
(Security Guard Signature) Worldwide

This is the only receipt that will be issued. No other document will be signed nor valid as proof of delivery.

Comments:

Worldwide

DATE: 12/7/2018 12:31:47 PM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757166000320036	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> New Prime Inc	
Name:	Macy's /Bloom Consolidation Center	Trailer number:	191751
	DC#: Div.	Seal number(s):	1068858
Address:	C/O Dynamic High Point 1124 Elon Place,	SCAC:	PRIJ
City/State/Zip:	High Point, NC 27260	Pro Number:	
SID#:		FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
Load #: 41152661		Appointment Time	Actual Driver Arrival Time
		2:30 AM PM	1:58 AM PM
			Driver Departure Time
			3:31 AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
9163941	86	1009.98	Y	N	06757166000314790	DV
9163941	160	1926.66	Y	N	06757166000314769	HU
9163941	179	2163.98	Y	N	06757166000314738	ST
9163941	411	4910.92	Y	N	06757166000314806	CL
9163941	372	4456.28	Y	N	06757166000314714	TU
9163941	454	5383.90	Y	N	06757166000314721	SW
9163941	534	6344.92	Y	N	06757166000314745	SC
<b>Grand Total</b>	<b>2196</b>	<b>26196.64</b>				

CARRIER INFORMATION						LTL ONLY			
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
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 300			
27	Pallet			1350.00		Pallet			70
		2196	ctns	26196.64		Runners, Placemats, Napkins		49505	77.5

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.

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 12/7/18	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 12/7/18
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2018 12:31:47 PM

# Master Bill Of Lading

Page 2 of 2

**SHIP FROM**

**E & E COMPANY LTD**  
Address: 550 Northport Pkwy  
City/State/Zip: Port Wentworth, GA 31407

Master Bill of Lading Number: 06757166000320038

ID#: \_\_\_\_\_ FOB:

**SHIP TO**

Name: Macy's /Bloom Consolidation Center DC#: \_\_\_\_\_  
Div. \_\_\_\_\_  
Address: C/O Dynamic High Point  
1124 Elon Place,

CARRIER NAME: New Prime Inc

Trailer number: 191751  
Seal number(s): 1068855

SCAC: PRJ  
Pro Number:

City/State/Zip: High Point, NC 27280  
SID#: \_\_\_\_\_ FOB:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Freight Charge Terms:

Prepaid:  Collect:  3rd Party:

Name:  
Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:  
Load #: 41152661

MASTER BILL OF LANDING: WITH ATTACHED  
(check box) UNDERLYING BILLS OF LANDING

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

27

27546.64

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.

018 12:31:46 PM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**  
 me: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: \_\_\_\_\_

Bill of Lading Number: 06757168000314769  
  
 (402)06757168000314769

**SHIP TO**  
 Name: Macy's Home MMG Houston DC Location #: HU  
 Address: c/o Houston DC  
 2103 Ernestine,  
 City/State/Zip: Houston, TX 77023  
 CID#: \_\_\_\_\_  
 Dept: 0784

**CARRIER NAME:** New Prime Inc  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 191751  
 Seal number(s): 1068855  
**SCAC:** PRIJ  
**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:** \_\_\_\_\_  
 Master Bill of Lading: with attached underlying Bills of Lading  
 (check box)

**SPECIAL INSTRUCTIONS:**  
 Load #: 41152661  
 3299926  
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
9163941	160	1926.66	Y N			
<b>Grand Total</b>	160	1926.66				

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of HSIPC Item 300</small>			
3	Pallet			150.00		Pallet			
		160	ctns	1926.66		Runners, Placemats, Napkins		49505	77.5
3		160		2076.66		<b>Grand Total</b>			

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.

018 12:31:44 PM

# Bill Of Lading

**SHIP FROM**  
 me: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: \_\_\_\_\_

Bill of Lading Number: 06757166000314721  
  
 (402)06757166000314721

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

FOB:   
**CARRIER NAME:** New Prime Inc  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 191751  
 Seal number(s): 1068855  
**SCAC:** PRIJ  
**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:  3rd Party: \_\_\_\_\_  
 Master Bill of Lading: with attached underlying Bills of Lading  
 (check box)

**SPECIAL INSTRUCTIONS:**  
 Load #: 41152661  
 3300044  
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
9163941	454	5383.90	Y N		
<b>Grand Total</b>	<b>454</b>	<b>5383.90</b>			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
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 350			
6	Pallet			300.00		Pallet			
		454	ctns	5383.90		Runners, Placemats, Napkins		49505	77.5
6		454		5683.90		<b>Grand Total</b>			

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 described, 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.

018 12:31:43 PM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**

a: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: \_\_\_\_\_

Bill of Lading Number: 06757166000314790



CARRIER NAME: New Prime Inc

Responsible Acct.No: \_\_\_\_\_

Trailer number: 191751

Seal number(s): 1068855

SCAC: PRIJ

Pro Number: \_\_\_\_\_

**SHIP TO**

Name: Macy's Home MMG Denver DC Location #: DV  
 Address: c/o Denver DC  
 510 East 51st Ave,  
 City/State/Zip: Devnver, CO 80216  
 CID#: \_\_\_\_\_  
 Dept: 0784

FOB:

FOB:

### THIRD PARTY FREIGHT CHARGES BILL TO:

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

Prepaid:  Collect:  3rd Party:

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

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

### SPECIAL INSTRUCTIONS:

Load #: 41152661  
3299310  
Packing List is Attached

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9163941	86	1009.98	Y	N	
<b>Grand Total</b>	<b>86</b>	<b>1009.98</b>			

### 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(a) of NMFC Item 308</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		86	ctns	1009.98		Runners, Placemats, Napkins	49505	77.5
1		86		1059.98		<b>Grand Total</b>		

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.

# Bill Of Lading

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: \_\_\_\_\_

Bill of Lading Number: 06757166000314714



(402)06757166000314714

**SHIP TO**

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

CARRIER NAME: New Prime Inc  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 191751  
 Seal number(s): 1068855  
 SCAC: PRIJ  
 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:  3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

**SPECIAL INSTRUCTIONS:**  
 Load #: 41152681  
 3300069  
 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
9163941	372	4456.28	Y N	
<b>Grand Total</b>	<b>372</b>	<b>4456.28</b>		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		372	ctns	4456.28		Runners, Placemats, Napkins	49505	77.5
5		372		4706.28		<b>Grand Total</b>		

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 \*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.

# Bill Of Lading

SHIP FROM  
 Name: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 ID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 ENDOR: \_\_\_\_\_  
 Name: Macy's Home MMG Minooka DC Location #: CL  
 Address: c/o Minooka DC  
 City/State/Zip: 601 Midpoint Rd.,  
 Minooka, IL 60447  
 CID#: \_\_\_\_\_  
 Dept: 0784

Bill of Lading Number: 06757166000314806  
  
 (402)06757166000314806  
 CARRIER NAME: New Prime Inc  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 191751  
 Seal number(s): 1068855  
 SCAC: PRIJ  
 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: \_\_\_\_\_  
 Master Bill of Lading: with attached underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS:  
 Load #: 41152661  
 3299250  
 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
9163941	411	4910.92	Y N	
<b>Grand Total</b>	<b>411</b>	<b>4910.92</b>		

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(a) of H&amp;MFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		411	ctns	4910.92		Runners, Placemats, Napkins	49505	77.5
4		411		5110.92		<b>Grand Total</b>		

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.

1/2018 12:31:40 PM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: \_\_\_\_\_

Bill of Lading Number: 08757168000314745  
  
 (402)06757166000314745

**SHIP TO**  
 Name: Macy's Home MMG Secaucus DC Location #: SC  
 Address: c/o Secaucus DC  
 500 Meadowlands Parkway,  
 City/State/Zip: Secaucus, NJ 07084  
 CID#: \_\_\_\_\_  
 Dept: 0784

CARRIER NAME: New Prime Inc  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: 191751  
 Seal number(s): 1068855  
 SCAC: PRIJ  
 Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 SPECIAL INSTRUCTIONS:  
 Load #: 41152661  
 3300006  
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  
 Prepaid: \_\_\_\_\_ Collect: X 3rd Party: \_\_\_\_\_  
 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					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
9163941	534	6344.92	Y N			
<b>Grand Total</b>	<b>534</b>	<b>6344.92</b>				

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
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(a) of NMFC Item 349			
6	Pallet			300.00		Pallet			
		534	ctns	6344.92		Runners, Placemats, Napkins		49505	77.5
6		534		6644.92		<b>Grand Total</b>			

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 \*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.


**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

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.

Shipper Signature

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757166000314738	
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757166000314738	
<b>SHIP TO</b>		CARRIER NAME: New Prime Inc	
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		Responsible Acct.No: _____ Trailer number: 191751 Seal number(s): 1068855 SCAC: PRJ Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41152661 3300029 Packing List is Attached		Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____ AM PM AM PM AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9163941	179	2163.98	Y N	
<b>Grand Total</b>	179	2163.98		

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(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		179	ctns	2163.98		Runners, Placemats, Napkins	49505	77.5
2		179		2263.98		<b>Grand Total</b>		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:                  *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b></p>	
<p><b>RECEIVED</b>, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
<p><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p style="text-align: right;"><b>SHIPPER SIGNATURE</b></p> <p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>	