

Chargebacks and RTVs

Macy's, Inc. (MacysNet)

Valid as of: 3/21/2019 3:14:37 AM EST

Division: Macy's Account #: 05390993890

Vendor Name: E & E CO LTD

Document Number: 4637800

Department/Vendor: 510/938

Check Summary

Check Number: 1755887

Check Date: 3/13/2019

Purchase Order Number: 7700843

Transaction Summary

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA

Total Cost: (\$0)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE

Total Cost: (\$29)

Style Summary

Receipt Number: 8602679-000

Carrier:

Freight Bill:

Bill of Lading: 0675716300

Cartons: 0

Weight: 0

Total Cost: (\$29)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost	Diff Ext	Qty	Diff
LT 250	0	-1	\$29.00	\$0.00		\$0.00			-29

SHIP FROM		Master Bill of Lading Number: 06757163000292141	
Name:	E & B COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
SHIP TO		CARRIER NAME: DYNAMIC EXPRESS	
Name:	Macy's /Bloom Consolidation Center DC#:	Trailer number: R5371Q	
	Div.	Seal number(s):	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	SCAC: DYXI	
City/State/Zip:	Santa Fe Spgs, CA 90670	Pro Number:	
SID#:			
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 LADING- WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS: Load #: 41283680		12-2 AM 11:40 AM 12:40 AM	

CUSTOMER ORDER INFORMATION							
GUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
7700843	6	47.37	Y	N	06757163000291892	HU	
7700843	5	18.50	Y	N	06757163000291908	JP	
7700843	4	12.99	Y	N	06757163000291922	SW	
6066936	26	139.01	Y	N	06757163000291755	CL	
6066936	33	174.12	Y	N	06757163000291786	HU	
6066936	13	60.42	Y	N	06757163000291816	SW	
6066936	17	77.68	Y	N	06757163000291823	TU	
7700843	1	1.98	Y	N	06757163000291830	AZ	
7700843	5	21.84	Y	N	06757163000291915	ST	
6066936	25	125.28	Y	N	06757163000291731	BA	
6066936	29	146.09	Y	N	06757163000291793	JP	
7700843	2	14.54	Y	N	06757163000291861	CL	
6066936	43	222.75	Y	N	06757163000291779	GN	

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 _____	GOD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	Shipper Signature
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>also mo. 23-19</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 sold 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>1-23-19</i>

Date: 1/23/2019 12:29:23 PM

Master Bill Of Lading

Page 2 of 3

SHIP FROM		Master Bill of Lading Number: 06757163000292141	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: DYNAMIC EXPRESS	
Name:	Macy's /Bloom Consolidation Center DC#: Div.:	Trailer number: R5371Q	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Seal number(s):	
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: DYXI	
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 (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 #: 41263680			

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6066936	42	203.96	Y	N	06757163000291809	ST	
7700843	22	87.33	Y	N	06757163000291854	CI	
7700843	4	29.23	Y	N	06757163000291885	HA	
6066936	13	60.11	Y	N	06757163000291724	AZ	
6066936	61	403.14	Y	N	06757163000291748	CI	
6066936	12	63.14	Y	N	06757163000291762	DV	
7700843	2	16.08	Y	N	06757163000291847	BA	
7700843	8	55.94	Y	N	06757163000291878	GN	
7700843	3	8.99	Y	N	06757163000291939	TU	
Grand Total	396	1990.49					

Where the rate is dependent on value, shippers are required to advise 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.		SHIPPER SIGNATURE	
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: 1/23/2019 12:29:23 PM

Master Bill Of Lading

Page 3 of 3

SHIP FROM		Master Bill of Lading Number: 08757163000292141	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: DYNAMIC EXPRESS	
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 90870 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: R5371Q Seal number(s): _____ SCAC: DYXI 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 #: 41283680		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time _____ AM _____ PM	Actual Driver Arrival Time _____ AM _____ PM

CARRIER INFORMATION						LTL ONLY		
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>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
22	Pallet			1100.00		Pallet		70
		6	ctns	37.02		Comforters, Bedspreads	49017	200
		371	ctns	1913.87		Pillows,Valance,Towels	49390	100
		19	ctns	39.60		Throws,Blankets	49040	150
22				3090.49		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable; otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <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: 1/23/2019 12:06:26 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store 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#:		OID#:	
PHONE:		Dept:	0610
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767163000291892		Trailer number: R5371Q	
		Seal number(s):	
(402)06757163000291892		SCAC: DYXI	
CARRIER NAME: DYNAMIG EXPRESS		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
<input type="checkbox"/>		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41263680 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
7700843	6	47.37	Y N	
Grand Total	6	47.37		

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 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	6.17		Comforters, Bedspreads	49017	200
		5	ctns	41.20		Pillows,Valance,Towels	49390	100
1		6		97.37		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 rules, classifications and rates that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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

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 HOUSTON DC

Ship Date: 01/23/2019

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
US

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7700843	MCH14798	MCH14-798	086569092915	T Lilliana Quilt Mini-Se	EA	1	1	1	1	1
7700843	MCH30789	MCH30-789	086569092830	Mihette Shaped Dec Pillow	EA	2	2	1	2	1
7700843	MCH30793	MCH30-793	086569092878	StellarSpace Shaped Dec Pillow	EA	2	2	1	2	1
7700843	MCH40818	MCH40-818	086569094699	Minette Panel	EA	2	4	2	4	2
7700843	MCH40823	MCH40-823	086569094735	Dusty The Dino Panel	EA	2	2	1	2	1

Total Weight: 47.37
 Total Quantity Ordered: 11
 Total Cartons Ordered: 6
 Total Quantity Shipped: 11
 Total Cartons Shipped: 6

Date: 1/23/2019 12:10:23 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000291854
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000291854
City/State/Zip: Woodland, CA 95776	SID#:	

PHONE:	VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: DYNAMIC EXPRESS
			Responsible Acct.No:

SHIP TO		Trailer number: R5371Q
Name: Macy's Home Store Los Angeles DC	Location #: CI	Seal number(s):
Address: c/o Los Angeles DC	City/State/Zip: 15641 East Gale Avenue, City of Industry, CA 91745	SCAC: DYXI
CID#:	Dept: 0510	Pro Number:
		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: X
City/State/Zip:		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 41283680		Master Bill of Lading: with attached underlying Bills of Lading	
Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7700843	22	87.33	Y N	
Grand Total	22	87.33		

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 590</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	18.51		Comforters, Bedspreads	49017	200
		12	ctns	52.98		Pillows, Valance, Towels	49390	100
		7	ctns	15.84		Throws, Blankets	49040	150
1		22		137.33		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 / 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 sold 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>
	Shipper Signature _____		

Customer: MACY'S HOME STORE LOS ANGELES DC

Ship Date: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE LOS ANGELES DC
C/O LOS ANGELES DC
15541 EAST GALE AVENUE
CITY OF INDUSTRY, CA 91745
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7700843	MCH14794	MCH14-794	086569092885	T Dusty The Dino Quilt Mini Se	EA	1	1	1	1	1
7700843	MCH14796	MCH14-796	086569092908	T Verona Quilt Mini Se	EA	1	2	2	2	2
7700843	MCH30749	MCH30-749	086569091895	Stellar Space Back Rest	EA	2	4	2	4	2
7700843	MCH30750	MCH30-750	086569091901	Ocean Adventures Back Rest	EA	2	4	2	4	2
7700843	MCH30769	MCH30-769	086569092588	Stellar Space Floor Pillow	EA	2	2	1	2	1
7700843	MCH30784	MCH30-784	086569092786	Lilliana Shaped Dec Pillow	EA	2	2	1	2	1
7700843	MCH30789	MCH30-789	086569092830	Minette Shaped Dec Pillow	EA	2	2	1	2	1
7700843	MCH30790	MCH30-790	086569092847	Ocean Adventures Dec Pillow	EA	2	2	1	2	1
7700843	MCH30792	MCH30-792	086569092861	StellarSpace Shaped Dec Pillow	EA	2	6	3	6	3
7700843	MCH40819	MCH40-819	086569094636	Lilliana Panel	EA	2	2	1	2	1
7700843	MCH50753	MCH50-753	086569091949	Lilliana Hand Warmer 3-in-1	EA	2	2	1	2	1
7700843	MCH50760	MCH50-760	086569044372	Verona Hooded Throw	EA	2	4	2	4	2
7700843	MCH50762	MCH50-762	086569092021	Ocean Adventures Hooded Throw	EA	2	2	1	2	1
7700843	MCH50763	MCH50-763	086569092038	Dusty The Dino Hooded Throw	EA	2	6	3	6	3

Total Weight: 87.33
 Total Quantity Ordered: 41
 Total Cartons Ordered: 22
 Total Quantity Shipped: 41
 Total Cartons Shipped: 22

Date: 1/23/2019 12:06:44 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95778
 SID#:

Bill of Lading Number: 06757163000291915



(402)06757163000291915

PHONE:

VENDOR:

FOB:

CARRIER NAME: DYNAMIC EXPRESS

Responsible Acct.No:

Trailer number: R5371Q

Seal number(s):

SCAC: DYXI

Pro Number:

SHIP TO

Name: Macy's Home Store Stone Mountain DC Location #: ST
 Address: c/o Stone Mountain DC
 City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083
 CID#:
 Dept: 0510 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41263680

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 (check box)

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
7700843	5	21.84	Y	N	
Grand Total	5	21.84			

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 insure 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		
		1	ctns	6.17		Comforters, Bedspreads	49017	200
		2	ctns	11.71		Pillows, Valance, Towels	49390	100
		2	ctns	3.96		Throws, Blankets	49040	150
1		5		71.84		Grand Total		

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

per

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Customer: MACY'S HOME STORE STONE MOUNTAIN DC

Ship Date: 01/23/2019

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
US

SHIP TO:

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7700843	MCH14796	MCH14-796	086569092908	T Verona Quilt Mini Se	EA	1	1	1	1	1
7700843	MCH20814	MCH20-814	086569094452	T Verona Sheet Set	EA	2	2	1	2	1
7700843	MCH30766	MCH30-766	086569092557	Verona Shaped Floor Pillow	EA	2	2	1	2	1
7700843	MCH50762	MCH50-762	086569092021	Ocean Adventures Hooded Throw	EA	2	2	1	2	1
7700843	MCH50763	MCH50-763	086569092038	Dusty The Dino Hooded Throw	EA	2	2	1	2	1

Total Weight: 21.84
 Total Quantity Ordered: 9
 Total Cartons Ordered: 5
 Total Quantity Shipped: 9
 Total Cartons Shipped: 5

Date: 1/23/2019 12:04:18 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000291861	
Name: E & E COMPANY LTD		 (402)06757163000291861	
Address: 221 Harison Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: DYNAMIC EXPRESS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: R5371Q	
VENDOR:		Seal number(s):	
FOB: <input type="checkbox"/>		SCAC: DYXI	
SHIP TO		Pro Number:	
Name: Macy's Home Store Minooka DC Location #: CL		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: c/o Minooka DC		Prepaid: Collect: X 3rd Party:	
City/State/Zip: Minooka, IL 60447		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
CID#:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
Dept: 0510 FOB: <input type="checkbox"/>		AM AM AM	
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip:		PM PM PM	
SPECIAL INSTRUCTIONS: Load #: 41263680		Packing List is Attached	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7700843	2	14.54	Y N	
Grand Total	2	14.54		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	12.56		Pillows,Valance,Towels	49390	100
		1	ctns	1.98		Throws,Blankets	49040	160
1		2		64.54		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: <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.
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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: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets sold 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 MINOOKA DC

Ship Date: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE MINOOKA DC
C/O MINOOKA DC
601 MIDPOINT RD.
MINOOKA, IL 60447
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7700843	MCH40822	MCH40-822	086669094728	Ocean Adventures Panel	EA	2	2	1	2	1
7700843	MCH50763	MCH50-763	086669092038	Dusty The Dino Hooded Throw	EA	2	2	1	2	1

Total Weight: 14.54
 Total Quantity Ordered: 4
 Total Cartons Ordered: 2
 Total Quantity Shipped: 4
 Total Cartons Shipped: 2

SHIP FROM		Bill of Lading Number: 06757163000291908
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000291908
City/State/Zip: Woodland, CA 95778	SID#:	
PHONE:	VENDOR:	CARRIER NAME: DYNAMIC EXPRESS
FOB: <input type="checkbox"/>		Responsible Acct.No:

SHIP TO		Trailer number: R8371Q
Name: Macy's Home Store Joppa DC	Location #: JP	Seal number(s):
Address: c/o Joppa DC	3300 Fashion Way,	SCAC: DYXI
City/State/Zip: Joppa, MD 21085	CID#:	Pro Number:
Dept: 0510	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading (check box)		
SPECIAL INSTRUCTIONS: Load #: 41263680 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
7700843	5	18.50	Y N	
Grand Total	5	18.50		

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 340</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	14.54		Pillows,Valance,Towels	49390	100
		2	ctns	3.96		Throws,Blankets	49040	150
1		5		68.50		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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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>
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Customer: MACY'S HOME STORE JOPPA DC

Ship Date: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE JOPPA DC
C/O JOPPA DC
3300 FASHION WAY
JOPPA, MD 21085
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7700843	MCH30750	MCH30-750	088569091901	Ocean Adventures Back Rest	EA	2	4	2	4	2
7700843	MCH30765	MCH30-765	088569092540	Liliana Shaped Floor Pillow	EA	2	2	1	2	1
7700843	MCH50763	MCH50-763	086569092038	Dusty The Dino Hooded Throw	EA	2	4	2	4	2

Total Weight: 18.5
Total Quantity Ordered: 10
Total Cartons Ordered: 5
Total Quantity Shipped: 10
Total Cartons Shipped: 5

Date: 1/23/2019 12:07:16 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000291922
Name: E & E COMPANY LTD		 (402)06757163000291922
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		CARRIER NAME: DYNAMIC EXPRESS
SID#:		Responsible Acct.No:
PHONE:		Trailer number: R5371Q
VENDOR:	FOB: <input type="checkbox"/>	Seal number(s):

SHIP TO		SCAC: DYXI
Name: Macy's Home Store South Windsor DC	Location #: SW	Pro Number:
Address: c/o South Windsor DC		
City/State/Zip: 301 Governor's Hwy, South Windsor, CT 06074		
CID#:		
Dept: 0510	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
Address:		3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41263880		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7700843	4	12.99	Y N	
Grand Total	4	12.99		

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 insure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	7.05		Pillows,Valance,Towels	49390	100
		3	ctns	5.94		Throws,Blankets	49040	150
1		4		62.99		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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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.
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Customer: MACY'S HOME STORE SOUTH WINDSOR DC

Ship Date: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE SOUTH WINDSOR
DC
C/O SOUTH WINDSOR DC
301 GOVERNOR'S HWY
SOUTH WINDSOR, CT 06074
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7700843	MCH50758	MCH50-758	086569091994	Minette Hooded Throw	EA	2	4	2	4	2
7700843	MCH50762	MCH50-762	086569092021	Ocean Adventures Hooded Throw	EA	2	2	1	2	1
7700843	MCH73741	MCH73-741	086569091810	Lillana Bath Towel	EA	6	6	1	6	1

Total Weight: 12.99
 Total Quantity Ordered: 12
 Total Cartons Ordered: 4
 Total Quantity Shipped: 12
 Total Cartons Shipped: 4

Date: 1/23/2019 12:12:56 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000291939	
Name: E & E COMPANY LTD		 (402)06757163000291939	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: DYNAMIC EXPRESS	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: R5371Q	
VENDOR:		Seal number(s):	
FOB: <input type="checkbox"/>		SCAC: DYXI	
SHIP TO		Pro Number:	
Name: Macy's Home Store Tukwila DC Location #: TU		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: c/o Tukwila DC		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
17000 Southcenter Parkway,		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip: Tukwila, WA 98188		(check box) underlying Bills of Lading	
CID#:		Appointment Time	
Dept: 0510 FOB: <input type="checkbox"/>		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM AM AM	
Load #: 41263680		PM PM PM	
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7700843	3	8.99	Y N	
Grand Total	3	8.99		

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 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	8.99		Pillows,Valance,Towels	49390	100
1		3		58.99		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

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/Piecas

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: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE TUKWILA DC
C/O TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7700843	MCH30749	MCH30-749	086569091895	Stellar Space Back Rest	EA	2	2	1	2	1
7700843	MCH30793	MCH30-793	086569092878	StellarSpace Shaped Dec Pillow	EA	2	4	2	4	2

Total Weight: 8.99
 Total Quantity Ordered: 6
 Total Cartons Ordered: 3
 Total Quantity Shipped: 6
 Total Cartons Shipped: 3

Date: 1/23/2019 12:04:41 PM


Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000291885



(402)06757163000291886

SHIP TO

Name: Macy's Home Store Hayward DC Location #: HA
 Address: c/o Hayward DC
 28701 Hall Road,
 City/State/Zip: Hayward, CA 94546
 CID#: _____
 Dept: 0510

CARRIER NAME: DYNAMIC EXPRESS
 Responsible Acct.No: _____
 Trailer number: R5371Q
 Seal number(s): _____
 SCAC: DYXI
 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

SPECIAL INSTRUCTIONS:
 Load #: 41263680
 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
7700843	4	29.23	Y N	
Grand Total	4	29.23		

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 NMPC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	27.25		Pillows,Valance,Towels	49390	100
		1	ctns	1.98		Throws,Blankets	49040	150
1		4		79.23		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 / 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: Freight Counted:

By Shipper By Shipper
 By Driver 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 HAYWARD DC

Ship Date: 01/23/2019

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
US

SHIP TO:

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7700843	MCH30786	MCH30-786	086569092809	Verona Shaped Dec Pillow	EA	2	2	1	2	1
7700843	MCH40818	MCH40-818	086569094599	Minette Panel	EA	2	2	1	2	1
7700843	MCH40819	MCH40-819	086569094636	Liliana Panel	EA	2	2	1	2	1
7700843	MCH50763	MCH50-763	086569092038	Dusty The Dino Hooded Throw	EA	2	2	1	2	1

Total Weight: 29.23
 Total Quantity Ordered: 8
 Total Cartons Ordered: 4
 Total Quantity Shipped: 8
 Total Cartons Shipped: 4

Date: 1/23/2019 12:03:31 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000291878
Name:	E & E COMPANY LTD	 (402)06757163000291878
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95778	
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: DYNAMIC EXPRESS

SHIP TO		Trailer number: R5371Q
Name:	Macy's Home Store Gandy DC Location #: GN	Seal number(s):
Address:	c/o Gandy DC	SCAC: DYXI
	4130 Gandy Blvd.,	Pro Number:
City/State/Zip:	Tampa, FL 33611	
CID#:		
Dept:	0510 FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid:	Collect: X	3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 41263680		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7700843	8	55.94	Y N	
Grand Total	8	55.94		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	6.17		Comforters, Bedspreads	49017	200
		5	ctns	45.81		Pillows, Valance, Towels	49390	100
		2	ctns	3.96		Throws, Blankets	49040	150
1		8		105.94		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	Shipper Signature
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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>
---	--	--	--

Customer: MACY'S HOME STORE GANDY DC

Ship Date: 01/23/2019

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
US

SHIP TO:


MACY'S HOME STORE GANDY DC
C/O GANDY DC
4130 GANDY BLVD.
TAMPA, FL 33611
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7700843	MCH14794	MCH14-794	086569092885	T Dusty The Dino Quilt Mini Se	EA	1	1	1	1	1
7700843	MCH30769	MCH30-769	086569092588	Stellar Space Floor Pillow	EA	2	2	1	2	1
7700843	MCH30793	MCH30-793	086569092878	StellarSpace Shaped Dec Pillow	EA	2	2	1	2	1
7700843	MCH40818	MCH40-818	086569094599	Minette Panel	EA	2	2	1	2	1
7700843	MCH40819	MCH40-819	086569094836	Liliana Panel	EA	2	2	1	2	1
7700843	MCH40820	MCH40-820	086569094674	Verona Panel	EA	2	2	1	2	1
7700843	MCH50758	MCH50-758	086569091994	Minette Hooded Throw	EA	2	2	1	2	1
7700843	MCH50763	MCH50-763	086569092038	Dusty The Dino Hooded Throw	EA	2	2	1	2	1

Total Weight: 55.94
 Total Quantity Ordered: 15
 Total Cartons Ordered: 8
 Total Quantity Shipped: 15
 Total Cartons Shipped: 8

Date: 1/23/2019 12:13:11 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000291830										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776		 (402)06757163000291830										
SID#: _____ PHONE: _____												
VENDOR: _____		CARRIER NAME: DYNAMIC EXPRESS										
SHIP TO Name: Macy's Home Store Goodyear DC Location #: AZ Address: Goodyear DC Pool Stock 16575 West Commerce Drive, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0610		Responsible Acct.No: _____ Trailer number: R5371Q Seal number(s): _____ SCAC: DYXI 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 #: 41263680 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>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
7700843	1	1.98	Y N	
Grand Total	1	1.98		

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
1	Pallet			50.00		Pallet		
		1	ctns	1.98		Throws, Blankets	49040	150
1		1		51.98		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	SHIPPER SIGNATURE / 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.
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

Customer: MACY'S HOME STORE GOODYEAR DC

Shp Date: 01/23/2019

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
US

SHIP TO:
MACY'S HOME STORE GOODYEAR DC
GOODYEAR DC POOL STOCK
16575 WEST COMMERCE DRIVE
GOODYEAR, AZ 85338
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7700843	MCH50762	MCH60-762	086569092021	Ocean Adventures Hooded Throw	EA	2	2	1	2	1

Total Weight: 1.98
Total Quantity Ordered: 2
Total Cartons Ordered: 1
Total Quantity Shipped: 2
Total Cartons Shipped: 1

Date: 1/23/2019 12:13:28 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		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: 0510										
Bill of Lading Number: 06757163000291847  (402)06757163000291847		CARRIER NAME: DYNAMIC EXPRESS Responsible Acct.No: _____ Trailer number: R5371Q Seal number(s): _____ SCAG: DYXI Pro Number: _____										
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 41263680 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>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	
7700843	2	16.08	Y N		
Grand Total	2	16.08			

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 NMFO Item 369.</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		2	ctns	16.08		Pillows,Valance,Towels	49390	100	
1		2		66.08		Grand Total			

<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>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:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><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>
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Customer: MACY'S HOME STORE BAILEY RD. DC

Ship Date: 01/23/2019

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
 US

SHIP TO:
 MACY'S HOME STORE BAILEY RD. DC
 BAILEY RD DC POOL STOCK
 300 SOUTH BAILEY ROAD
 NORTH JACKSON, OH 44451
 US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7700843	MCH30765	MCH30-765	086569092540	Liliana Shaped Floor Pillow	EA	2	2	1	2	1
7700843	MCH40821	MCH40-821	086569094704	Stellar Space Panel	EA	2	2	1	2	1

Total Weight: 16.08
 Total Quantity Ordered: 4
 Total Cartons Ordered: 2
 Total Quantity Shipped: 4
 Total Cartons Shipped: 2

Date: 1/23/2019 12:15:02 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000291782



SID#:

PHONE:

VENDOR:

FOB:

CARRIER NAME: DYNAMIC EXPRESS

Responsible Acct.No:

Trailer number: R5371Q

Seal number(s):

SCAC: DYXI

Pro Number:

SHIP TO

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:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41263680

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 (check box)

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
6066936	12	63.14	Y N	
Grand Total	12	63.14		

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	63.14		Pillows,Valance,Towels	49390	100
1		12		113.14		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: 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 DENVER DC

Ship Date: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE DENVER DC
C/O DENVER DC
510 EAST 51ST AVENUE
DENVER, CO 80216
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6066936	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
6066936	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-486	086569930637	Hotel Glass Soap Dish	EA	4	4	1	4	1
6066936	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	4	1	4	1
6066936	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1
6066936	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-831	0865699308623	Atlantic Mosaic Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-836	0865699306678	Sunset Ombre Tissue Cover	EA	2	2	1	2	1

Total Weight: 63.14
 Total Quantity Ordered: 44
 Total Cartons Ordered: 12
 Total Quantity Shipped: 44
 Total Cartons Shipped: 12

Date: 1/23/2019 12:02:17 PM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757163000291755



(402)06757163000291755

SHIP TO
 Name: Macy's Home Store Mlnooka DC Location #: CL
 Address: c/o Mlnooka DC
 601 Midpoint Rd.,
 City/State/Zip: Mlnooka, IL 60447
 CID#: _____
 Dept: 0602

CARRIER NAME: DYNAMIC EXPRESS

Responsible Accl.No: _____

Trailer number: R5371Q

Seal number(s): _____

SCAC: DYXI

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 #: 41263680
 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
6066936	26	139.01	Y N	
Grand Total	26	139.01		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <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(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		26	ctns	139.01		Pillows,Valance,Towels	49390	100
1		26		189.01		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 / 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: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE MINOOKA DC
C/O MINOOKA DC
601 MIDPOINT RD.
MINOOKA, IL 60447
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6066936	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	8	2	8	2
6066936	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-486	086569930637	Hotel Glass Soap Dish	EA	4	4	1	4	1
6066936	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	8	2	8	2
6066936	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	12	3	12	3
6066936	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	8	2	8	2
6066936	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-825	0865699096662	Cape Mosaic Soap Dish	EA	4	8	2	8	2
6066936	N/A	MCH71-827	0865699096586	Atlantic Mosaic Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-832	0865699096630	Sunset Ombre Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-833	0865699096647	Sunset Ombre Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-836	0865699096678	Sunset Ombre Tissue Cover	EA	2	2	1	2	1
6066936	N/A	MCH71-837	0865699096685	Sunset Ombre Wastebasket	EA	2	4	2	4	2

Total Weight: 139.01
 Total Quantity Ordered: 98
 Total Cartons Ordered: 26
 Total Quantity Shipped: 98
 Total Cartons Shipped: 26

Date: 1/23/2019 12:00:43 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

SID#:

PHONE:

VENDOR:

FOB:

SHIP TO

Name: Macy's Home Store Joppa DC Location #: JP
Address: c/o Joppa DC
3300 Fashion Way,
City/State/Zip: Joppa, MD 21085

CID#:

Dept: 0602

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41263680

Packing List is Attached

Bill of Lading Number: 00767460000264793



(402)06757163000291793

CARRIER NAME: DYNAMIC EXPRESS

Responsible Acct.No:

Trailer number: R5371Q

Seal number(s):

SCAC: DYXI

Pro Number:

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

Prepaid: Collect: X 3rd Party:

 Master Bill of Lading: with attached
(check box) 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
6066936	29	146.09	Y	N	
Grand Total	29	146.09			

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(g) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		29	ctns	146.09		Pillows, Valance, Towels	49390	100
1		29		196.09		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(e)(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 JOPPA DC

Ship Date: 01/23/2019

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
US

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

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6066936	N/A	MCH71-476	086569930378	Serene Lotion Pump	EA	4	12	3	12	3
6066936	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	12	3	12	3
6066936	N/A	MCH71-477	086569930416	Serene Cotton Jar	EA	4	12	3	12	3
6066936	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	8	2	8	2
6066936	N/A	MCH71-486	086569930637	Hotel Glass Soap Dish	EA	4	4	1	4	1
6066936	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	8	2	8	2
6066936	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	8	2	8	2
6066936	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	12	3	12	3
6066936	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-500	086569930842	Cape Mosaic Tissue Cover	EA	2	2	1	2	1
6066936	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1
6066936	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	8	2	8	2
6066936	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-832	0865699306630	Sunset Ombre Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-836	0865699306678	Sunset Ombre Tissue Cover	EA	2	2	1	2	1

Total Weight: 146.09
 Total Quantity Ordered: 110
 Total Cartons Ordered: 29
 Total Quantity Shipped: 110
 Total Cartons Shipped: 29

Date: 1/23/2019 11:54:32 AM

Bill Of Lading

Page 1 of 1

SHIP FROM				SHIP TO				
Name: E & E COMPANY LTD				Name: Macy's Home Store South Windsor DC				
Address: 221 Hanson Way				Address: c/o South Windsor CT				
City/State/Zip: Woodland, CA 95776				City/State/Zip: 301 Governor's Hwy, South Windsor, CT 06074				
SID#:				CID#:				
PHONE:				Dept: 0602				
VENDOR:				FOB: <input type="checkbox"/>				
Name:				Location #: SW				
Address:				Address:				
City/State/Zip:				City/State/Zip:				
CID#:				Dept:				
VENDOR:				FOB: <input type="checkbox"/>				
THIRD PARTY FREIGHT CHARGES BILL TO:								
Name:				Name:				
Address:				Address:				
City/State/Zip:				City/State/Zip:				
SPECIAL INSTRUCTIONS: Load #: 41283680				SPECIAL INSTRUCTIONS: Load #: 41283680				
Packing List is Attached				Packing List is Attached				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
6066936		13	60.42	Y	N			
Grand Total		13	60.42					
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
1	Pallet			50.00		Pallet		
		13	ctns	60.42		Pillows,Valance,Towels	49390	100
1		13		110.42		Grand Total		

<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>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
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<p>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:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><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>
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Customer: MACY'S HOME STORE SOUTH WINDSOR DC

Ship Date: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE SOUTH WINDSOR
DC
C/O SOUTH WINDSOR DC
301 GOVERNOR'S HWY
SOUTH WINDSOR, CT 06074
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6066936	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	8	2	8	2
6066936	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	8	2	8	2
6066936	N/A	MCH71-486	086569930637	Hotel Glass Soap Dish	EA	4	4	1	4	1
6066936	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	4	1	4	1
6066936	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	8	2	8	2
6066936	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-828	0865699096593	Atlantic Mosaic Toothbrush Hol	EA	4	4	1	4	1

Total Weight: 60.42

Total Quantity Ordered: 52

Total Cartons Ordered: 13


Total Quantity Shipped: 52

Total Cartons Shipped: 13

Date: 1/23/2019 11:52:35 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO		CUSTOMER ORDER INFORMATION							
Name: E & E COMPANY LTD		Name: Macy's Home Store Houston DC Location #: HU		Name:		CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO		
Address: 221 Hanson Way		Address: c/o Houston DC		Address:		6066936		33	174.12	Y N			
City/State/Zip: Woodland, GA 95776		City/State/Zip: Houston, TX 77023		City/State/Zip:		Grand Total		33	174.12				
SID#:		CID#:		SPECIAL INSTRUCTIONS:									
PHONE:		Dept: 0602		Load #: 41263680									
VENDOR:		FOB: <input type="checkbox"/>		Packing List is Attached									
Bill of Lading Number: 06757163000291786		Trailer number: R5371Q		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)									
		Seal number(s):		Prepaid: <input type="checkbox"/>									
(402)06757163000291786		SCAC: DYXI		Collect: X									
CARRIER NAME: DYNAMIC EXPRESS		Pro Number:		3rd Party:									
Responsible Acct.No:				Master Bill of Lading: with attached									
				(check box) underlying Bills of Lading									
				Appointment Time		Actual Driver Arrival Time		Driver Departure Time					
				AM		AM		AM					
				PM		PM		PM					
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							
		33	ctns	174.12		Pillows, Valance, Towels	49390	100					
1		33		224.12		Grand Total							

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
		Customer check acceptable: <input type="checkbox"/>	
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.		SHIPPER SIGNATURE	
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 HOUSTON DC

Ship Date: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE HOUSTON DC
C/O HOUSTON DC
2103 ERNESTINE
HOUSTON, TX 77023
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Cins Ordered	Qty Shipped	Cins Shipped
6066936	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	16	4	16	4
6066936	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	16	4	16	4
6066936	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	8	2	8	2
6066936	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-486	086569930637	Hotel Glass Soap Dish	EA	4	4	1	4	1
6066936	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	8	2	8	2
6066936	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	12	3	12	3
6066936	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	12	3	12	3
6066936	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-500	086569930842	Cape Mosaic Tissue Cover	EA	2	2	1	2	1
6066936	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	4	2	4	2
6066936	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	8	2	8	2
6066936	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-825	086569096562	Cape Mosaic Soap Dish	EA	4	4	1	4	1
6066936	N/A	MCH71-826	086569096579	Cape Mosaic Cover Jar	EA	4	4	1	4	1
6066936	N/A	MCH71-827	086569096586	Atlantic Mosaic Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-832	086569096630	Sunset Ombre Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-833	086569096647	Sunset Ombre Toothbrush Holder	EA	4	4	1	4	1

Total Weight: 174.12
 Total Quantity Ordered: 126
 Total Cartons Ordered: 33
 Total Quantity Shipped: 126
 Total Cartons Shipped: 33

Date: 1/23/2019 11:52:55 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, GA-96776

Bill of Lading Number: 06757163000291809



(402)06757163000291809

SID#:

PHONE:

VENDOR:

FOB:

CARRIER NAME: DYNAMIC EXPRESS

Responsible Acct.No:

SHIP TO

Name: Macy's Home Store Stone Mountain DC Location #: ST

Address: c/o Stone Mountain DC
 City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083

CID#:

Dept: 0602

FOB:

Trailer number: R5371Q

Seal number(s):

SCAC: DYXI

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41263880

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 (check box)

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
6086936	42	203.96	Y N	
Grand Total	42	203.96		

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 309.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		42	ctns	203.96		Pillows,Valance,Towels	49390	100
1		42		253.96		Grand Total		

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

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Customer: MACY'S HOME STORE STONE MOUNTAIN DC

Ship Date: 01/23/2019

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
US

SHIP TO:

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

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6066936	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	12	3	12	3
6066936	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	16	4	16	4
6066936	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	8	2	8	2
6066936	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	8	2	8	2
6066936	N/A	MCH71-486	086569930637	Hotel Glass Soap Dish	EA	4	16	4	16	4
6066936	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	16	4	16	4
6066936	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	8	2	8	2
6066936	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	12	3	12	3
6066936	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1
6066936	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	12	3	12	3
6066936	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-825	0865699096562	Cape Mosaic Soap Dish	EA	4	12	3	12	3
6066936	N/A	MCH71-826	0865699096579	Cape Mosaic Cover Jar	EA	4	8	2	8	2
6066936	N/A	MCH71-828	0865699096593	Atlantic Mosaic Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-832	0865699096630	Sunset Ombre Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-836	0865699096678	Sunset Ombre Tissue Cover	EA	2	2	1	2	1
6066936	N/A	MCH71-837	0865699096685	Sunset Ombre Wastebasket	EA	2	2	1	2	1

Total Weight: 203.96
 Total Quantity Ordered: 162
 Total Cartons Ordered: 42
 Total Quantity Shipped: 162
 Total Cartons Shipped: 42

Date: 1/23/2019 11:58:38 AM

Bill Of Lading

Page 1 of 1

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6066936	43	222.75	Y	N	
Grand Total	43	222.75			

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 500</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		43	ctns	222.75		Pillows,Valance,Towels	49390	100
1		43		272.75		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Customer: MACY'S HOME STORE GANDY DC

Ship Date: 01/23/2019

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
US

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

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6066936	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	12	3	12	3
6066936	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
6066936	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	12	3	12	3
6066936	N/A	MCH71-486	086569930637	Hotel Glass Soap Dish	EA	4	8	2	8	2
6066936	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	8	2	8	2
6066936	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	12	3	12	3
6066936	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	12	3	12	3
6066936	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	12	3	12	3
6066936	N/A	MCH71-500	086569930842	Cape Mosaic Tissue Cover	EA	2	2	1	2	1
6066936	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1
6066936	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-825	086569096562	Cape Mosaic Soap Dish	EA	4	8	2	8	2
6066936	N/A	MCH71-826	086569096579	Cape Mosaic Cover Jar	EA	4	8	2	8	2
6066936	N/A	MCH71-827	086569096586	Atlantic Mosaic Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-828	086569096593	Atlantic Mosaic Toothbrush Hol	EA	4	12	3	12	3
6066936	N/A	MCH71-829	086569096609	Atlantic Mosaic Soap Dish-- Ova	EA	4	4	1	4	1
6066936	N/A	MCH71-831	086569096623	Atlantic Mosaic Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-834	086569096654	Sunset Ombre Tumbler	EA	4	4	1	4	1
6066936	N/A	MCH71-836	086569096678	Sunset Ombre Tissue Cover	EA	2	2	1	2	1
6066936	N/A	MCH71-837	086569096685	Sunset Ombre Wastebasket	EA	2	6	3	6	3

Total Weight: 222.75
 Total Quantity Ordered: 160
 Total Cartons Ordered: 43
 Total Quantity Shipped: 160
 Total Cartons Shipped: 43

Date: 1/23/2019 11:57:07 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
 SJID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757163000291731



(402)06757163000291731

CARRIER NAME: DYNAMIC EXPRESS

Responsible Acct.No:

SHIP TO

Name: Macy's Home Store Balley Rd. DC Location #: BA
 Address: Balley Rd DC Pool Stock
 300 South Balley Road,
 City/State/Zip: North Jackson, OH 44451
 CID#:
 Dept: 0602

FOB:

FOB:

Trailer number: R5371Q

Seal number(s):

SCAC: DYXI

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:
 Load #: 41263680

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 (check box)

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
6066936	25	125.28	Y N	
Grand Total	25	125.28		

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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		25	ctns	125.28		Pillows,Valance,Towels	49390	100
1		25		175.28		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 sold 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 BAILEY RD. DC

Ship Date: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE BAILEY RD. DC
BAILEY RD DC POOL STOCK
300 SOUTH BAILEY ROAD
NORTH JACKSON, OH 44451
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M.	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6066936	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	12	3	12	3
6066936	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
6066936	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	4	1	4	1
6066936	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	8	2	8	2
6066936	N/A	MCH71-500	086569930842	Cape Mosaic Tissue Cover	EA	2	4	2	4	2
6066936	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1
6066936	N/A	MCH71-825	0865699096582	Cape Mosaic Soap Dish	EA	4	12	3	12	3
6066936	N/A	MCH71-826	0865699096579	Cape Mosaic Cover Jar	EA	4	8	2	8	2
6066936	N/A	MCH71-827	0865699096586	Atlantic Mosaic Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-828	0865699096593	Atlantic Mosaic Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-832	0865699096630	Sunset Ombre Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-833	0865699096647	Sunset Ombre Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-836	0865699096678	Sunset Ombre Tissue Cover	EA	2	2	1	2	1

Total Weight: 125.28
 Total Quantity Ordered: 92
 Total Cartons Ordered: 25
 Total Quantity Shipped: 92
 Total Cartons Shipped: 25

Date: 1/23/2019 11:54:59 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:

FOB:

Bill of Lading Number: 08757163000291724



(402)06757163000291724

CARRIER NAME: DYNAMIC EXPRESS

Responsible Acct.No:

Trailer number: R5371Q

Seal number(s):

SCAC: DYXI

Pro Number:

SHIP TO

Name: Macy's Home Store Goodyear DC Location #: AZ
 Address: Goodyear DC Pool Stock
 16575 West Commerce Drive,
 City/State/Zip: Goodyear, AZ 85338

CID#:

Dept: 0602

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41263680

Packing List is Attached

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

Prepaid:

Collect: X

3rd Party:

(check box)

Master Bill of Lading: with attached underlying Bills of Lading

Appointment Time

Actual Driver Arrival Time

Driver Departure Time

AM

AM

AM

PM

PM

PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6066936	13	60.11	Y N	
Grand Total	13	60.11		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	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>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		13	ctns	60.11		Pillows, Valance, Towels	49390	100
1		13		110.11		Grand Total		

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

per _____

COD Amount: _____

Fee Terms:

Collect:

Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper

By Driver

Freight Counted:

By Shipper

By Driver/pallets said to contain

By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Customer: MACY'S HOME STORE GOODYEAR DC

Ship Date: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE GOODYEAR DC
GOODYEAR DC POOL STOCK
18575 WEST COMMERCE DRIVE
GOODYEAR, AZ 85338
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6066936	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
6066936	N/A	MCH71-486	086569930637	Hotel Glass Soap Dish	EA	4	4	1	4	1
6066936	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-828	086569096679	Cape Mosaic Cover Jar	EA	4	4	1	4	1
6066936	N/A	MCH71-827	086569096686	Atlantic Mosaic Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-828	086569096693	Atlantic Mosaic Toothbrush Hol	EA	4	4	1	4	1
6066936	N/A	MCH71-829	086569096600	Atlantic Mosaic Soap Dish--Ova	EA	4	4	1	4	1
6066936	N/A	MCH71-831	086569096623	Atlantic Mosaic Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-832	086569096630	Sunset Ombre Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-834	086569096664	Sunset Ombre Tumbler	EA	4	4	1	4	1
6066936	N/A	MCH71-837	086569096685	Sunset Ombre Wastebasket	EA	2	2	1	2	1

Total Weight: 60.11
 Total Quantity Ordered: 50
 Total Cartons Ordered: 13
 Total Quantity Shipped: 50
 Total Cartons Shipped: 13

Date: 1/23/2019 11:54:12 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:

FOB:

Bill of Lading Number: 06757163000291823



(402)06757163000291823

CARRIER NAME: DYNAMIC EXPRESS

Responsible Acct.No:

SHIP TO

Name: Macy's Home Store Tukwila DC Location #: TU
 Address: c/o Tukwila DC
 17000 Southcenter Parkway,
 City/State/Zip: Tukwila, WA 98188

CID#:

Dept: 0602

FOB:

Trailer number: R5371Q

Seal number(s):

SCAC: DYXI

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41263680

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 (check box)

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
6066936	17	77.68	Y N	
Grand Total	17	77.68		

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
1	Pallet			50.00		Pallet		
		17	ctns	77.68		Pillows, Valance, Towels	49390	100
1		17		127.68		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 sold 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 TUKWILA DC

Ship Date: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE TUKWILA DC
C/O TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Cins Ordered	Qty Shipped	Cins Shipped
6066936	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	8	2	8	2
6066936	N/A	MCH71-488	086569930637	Hotel Glass Soap Dish	EA	4	8	2	8	2
6066936	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	4	1	4	1
6066936	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	4	1	4	1
6066936	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-826	086569930879	Cape Mosaic Cover Jar	EA	4	4	1	4	1
6066936	N/A	MCH71-831	086569930823	Atlantic Mosaic Tray	EA	4	4	1	4	1
6066936	N/A	MCH71-836	086569930878	Sunset Ombre Tissue Cover	EA	2	2	1	2	1

Total Weight: 77.68
 Total Quantity Ordered: 66
 Total Cartons Ordered: 17
 Total Quantity Shipped: 66
 Total Cartons Shipped: 17

Date: 1/23/2019 11:52:08 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

Bill of Lading Number: 06757163000291748



(402)06757163000291748

SID#:

PHONE:

VENDOR:

FOB:

CARRIER NAME: DYNAMIC EXPRESS

Responsible Acct.No:

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

FOB:

Trailer number: R5371Q

Seal number(s):

SCAC: DYXI

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41263680

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 (check box)

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
6066936	81	403.14	Y N	
Grand Total	81	403.14		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		81	ctns	403.14		Pillows,Valance,Towels	49390	100
1		81		453.14		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(o)(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

Shp Date: 01/23/2019

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
US

SHIP TO:

MACY'S HOME STORE LOS ANGELES DC
C/O LOS ANGELES DC
15541 EAST GALE AVENUE
CITY OF INDUSTRY, CA 91745
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6066936	N/A	MCH71-475	086569930378	Serene Lotion Pump	EA	4	12	3	12	3
6066936	N/A	MCH71-476	086569930392	Serene Toothbrush Holder	EA	4	12	3	12	3
6066936	N/A	MCH71-477	086569930415	Serene Cotton Jar	EA	4	12	3	12	3
6066936	N/A	MCH71-484	086569930583	Hotel Glass Lotion Pump	EA	4	20	5	20	5
6066936	N/A	MCH71-486	086569930637	Hotel Glass Soap Dish	EA	4	24	6	24	6
6066936	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	16	4	16	4
6066936	N/A	MCH71-489	086569930705	Hotel Glass Cotton Jar	EA	4	16	4	16	4
6066936	N/A	MCH71-497	086569930804	Cape Mosaic Lotion Pump	EA	4	20	5	20	5
6066936	N/A	MCH71-498	086569930828	Cape Mosaic Toothbrush Holder	EA	4	24	6	24	6
6066936	N/A	MCH71-499	086569930835	Cape Mosaic Tray	EA	4	16	4	16	4
6066936	N/A	MCH71-500	086569930842	Cape Mosaic Tissue Cover	EA	2	4	2	4	2
6066936	N/A	MCH71-501	086569930859	Cape Mosaic Wastebasket	EA	2	10	5	10	5
6066936	N/A	MCH71-502	086569930866	Stowe Lotion Pump	EA	4	16	4	16	4
6066936	N/A	MCH71-503	086569930873	Stowe Toothbrush Holder	EA	4	16	4	16	4
6066936	N/A	MCH71-825	086569096582	Cape Mosaic Soap Dish	EA	4	16	4	16	4
6066936	N/A	MCH71-826	086569096579	Cape Mosaic Cover Jar	EA	4	24	6	24	6
6066936	N/A	MCH71-827	086569096586	Atlantic Mosaic Lotion Pump	EA	4	12	3	12	3
6066936	N/A	MCH71-828	086569096593	Atlantic Mosaic Toothbrush Holder	EA	4	4	1	4	1
6066936	N/A	MCH71-829	086569096609	Atlantic Mosaic Soap Dish--Ova	EA	4	4	1	4	1
6066936	N/A	MCH71-831	086569096623	Atlantic Mosaic Tray	EA	4	12	3	12	3
6066936	N/A	MCH71-833	086569096647	Sunset Ombre Toothbrush Holder	EA	4	8	2	8	2
6066936	N/A	MCH71-834	086569096654	Sunset Ombre Tumbler	EA	4	8	2	8	2
6066936	N/A	MCH71-837	086569096685	Sunset Ombre Wastebasket	EA	2	2	1	2	1

Total Weight: 403.14

Total Quantity Ordered: 308

Total Cartons Ordered: 81

Total Quantity Shipped: 308

Total Cartons Shipped: 81

EEC Show Cartons Scanned, loaded and billed correct.

ShipmentCartonDetail(300029190)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pkct Qty	Status
7700843	4884198	R201901160730078	MCH30-750	Ocean Adventures Back Rest	00106757163001244160	0632917415	00006757166329174150	2	Loaded
7700843	4884201	R201901160730078	MCH50-763	Dusty The Dino Hooded Throw	00106757163001244160	0632917417	00006757166329174174	2	Loaded
7700843	4884201	R201901160730078	MCH50-763	Dusty The Dino Hooded Throw	00106757163001244160	0632917418	00006757166329174181	2	Loaded
7700843	4884210	R201901160730078	MCH30-750	Ocean Adventures Back Rest	00106757163001244160	0632917420	00006757166329174204	2	Loaded
7700843	4884210	R201901160730078	MCH30-765	Liliana Shaped Floor Pillow	00106757163001244160	0632917421	00006757166329174211	2	Loaded