

Date: 2/21/2019 9:59:14 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757166000357469	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: FedEx Freight Economy	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.:	
Address:	C/O Dynamic High Point 1124 Elon Place,	Trailer number:	71800
		Seal number(s)	
City/State/Zip:	High Point, NC 27260	SCAC: FXNL	
SID#:		Pro Number:	498383907-0

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 00041348032S		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
			12:30 PM
		Driver Departure Time	1:02 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
6565568	19	237.32	Y	N	06757166000354918	DV	
6565568	44	527.56	Y	N	06757166000354895	HA	
6565568	61	739.76	Y	N	06757166000354949	BA	
6565568	69	870.60	Y	N	06757166000354840	SW	
6565568	24	288.46	Y	N	06757166000354956	AZ	
6565568	35	406.16	Y	N	06757166000354833	TU	
6565568	55	662.86	Y	N	06757166000354925	CL	
6565568	105	1245.76	Y	N	06757166000354932	CI	
6565568	54	680.00	Y	N	06757166000354864	SC	
6565568	39	490.94	Y	N	06757166000354871	JP	
6565568	96	1097.30	Y	N	06757166000354901	GN	
Grand Total	601	7246.72					

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> 2/21/19	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> 2-21-19
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Date: 2/21/2019 9:59:14 AM

Master Bill Of Lading

Page 2 of 2

SHIP FROM						SHIP TO		
Name: E & E COMPANY LTD						Master Bill of Lading Number: 06757166000357469		
Address: 550 Northport Pkwy						CARRIER NAME: FedEx Freight Economy		
City/State/Zip: Port Wentworth, GA 31407						Trailer number: 71800		
SID#: _____ FOB: <input type="checkbox"/>						Seal number(s): _____		
Name: Macy's /Bloom Consolidation Center						DC#: _____		
Address: C/O Dynamic High Point						Div. _____		
1124 Elon Place,						SCAC: FXNL		
City/State/Zip: High Point, NC 27260						Pro Number: 4983839070		
SID#: _____ FOB: <input type="checkbox"/>						Freight Charge Terms:		
Name: _____						Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
Address: _____						<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED		
City/State/Zip: _____						<input type="checkbox"/> UNDERLYING BILLS OF LANDING		
SPECIAL INSTRUCTIONS:						Appointment Time		
Load #: 00041348032S						AM		
						Actual Driver Arrival Time		
						AM		
						Driver Departure Time		
						AM		
						PM		
						PM		
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	Pallet			550.00		Pallet		70
		601	ctns	7246.72		Runners, Placemats, Napkins	49505	77.5
11				7796.72		Grand Total		

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

_____ per _____

COD Amount \$ _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 2/21/2019 9:59:11 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757166000354918										
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757166000354918										
SHIP TO		CARRIER NAME: FedEx Freight Economy										
Name: Macy's Home MMG Denver DC Location #: DV Address: c/o Denver DC 510 East 51st Ave, City/State/Zip: Devnver, CO 80216 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: 71800 Seal number(s): _____ SCAC: FXNL Pro Number: 4983839070										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 00041348032S 3475824 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6565568	19	237.32	Y N	
Grand Total	19	237.32		

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		
		19	ctns	237.32		Runners, Placemats, Napkins	49505	77.5
1		19		287.32		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. <p style="text-align: right;">Shipper Signature</p>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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
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: 2/21/2019 9:59:09 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757166000354949
Name:	E & E COMPANY LTD	 (402)06757166000354949
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		
PHONE:		CARRIER NAME: FedEx Freight Economy
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: 71800
Name:	Macy's Home MMG Bailey Rd DC Location #: BA	Seal number(s):
Address:	c/o Bailey Rd DC	SCAC: FXNL
City/State/Zip:	300 South Bailey Road, North Jackson, OH 44451	Pro Number: 4983839070
CID#:		
Dept: 0784	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)									
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>									
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading									
City/State/Zip:											
SPECIAL INSTRUCTIONS: Load #: 00041348032S 3475794 Packing List is Attached		<table border="1"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </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	PALETT/SLIP	ADDITIONAL SHIPPER INFO
6565568	61	739.76	Y N	
Grand Total	61	739.76		

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		
		61	ctns	739.76		Runners, Placemats, Napkins	49505	77.5
1		61		789.76		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:	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 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: 2/21/2019 9:59:08 AM

Bill Of Lading

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD	Bill of Lading Number: 06757166000354901		
Address: 550 Northport Pkw	 (402)06757166000354901		
City/State/Zip: Port Wentworth, GA 31407			
SID#:	CARRIER NAME: FedEx Freight Economy		
PHONE:			
VENDOR: FOB: <input type="checkbox"/>	Responsible Acct.No:		
Name: Macy's Home MMG Gandy DC Location #: GN			
Trailer number: 71800			
Address: c/o Gandy DC			
Seal number(s):			
City/State/Zip: 4130 Gandy Blvd.,			
SCAC: FXNL			
Pro Number: 4983839070			
CID#:			
Dept: 0784 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 00041348032S 3475832 Packing List is Attached			
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>			
<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading			
Appointment Time	Actual Driver Arrival Time		
AM	AM		
PM	PM		
	Driver Departure Time		
	AM		
	PM		

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6565568	96	1097.30	Y N	
Grand Total	96	1097.30		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		96	ctns	1097.30		Runners, Placemats, Napkins	49505	77.5
1		96		1147.30		Grand Total		

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

Date: 2/21/2019 9:59:06 AM

Bill Of Lading

Page 1 of 1

SHIP FROM					SHIP TO				
Name: E & E COMPANY LTD					Name: Macy's Home MMG Secaucus DC Location #: SC				
Address: 550 Northport Pkwy					Address: c/o Secaucus DC				
City/State/Zip: Port Wentworth, GA 31407					City/State/Zip: Secaucus, NJ 07094				
SID#:					CID#:				
PHONE:					Dept: 0784				
VENDOR:					FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757166000354864					CARRIER NAME: FedEx Freight Economy				
					Responsible Acct.No:				
(402)06757166000354864					Trailer number: 71800				
					Seal number(s):				
					SCAC: FXNL				
					Pro Number: 4983839070				
THIRD PARTY FREIGHT CHARGES BILL TO:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Name:					Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>				
Address:					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
City/State/Zip:					(check box)				
SPECIAL INSTRUCTIONS:					Appointment Time		Actual Driver Arrival Time		Driver Departure Time
Load #: 00041348032S					AM		AM		AM
3475887					PM		PM		PM
Packing List is Attached									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
6565568			54	680.00	Y	N			
Grand Total			54	680.00					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		54	ctns	680.00		Runners, Placemats, Napkins	49505	77.5	
1		54		730.00		Grand Total			

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

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

_____ per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 2/21/2019 9:59:05 AM

Bill Of Lading

Page 1 of 1

SHIP FROM					SHIP TO				
Name: E & E COMPANY LTD					Name: Macy's Home MMG Hayward DC Location #: HA				
Address: 550 Northport Pkwy					Address: c/o Hayward DC				
City/State/Zip: Port Wentworth, GA 31407					City/State/Zip: Hayward, CA 94545				
SID#:					CID#:				
PHONE:					Dept: 0784				
VENDOR:					FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757166000354895					Trailer number: 71800				
					Seal number(s):				
(402)06757166000354895					SCAC: FXNL				
CARRIER NAME: FedEx Freight Economy					Pro Number: 4983839070				
Responsible Acct.No:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Prepaid: <input type="checkbox"/>					Collect: X				
					3rd Party:				
(check box)					Master Bill of Lading: with attached underlying Bills of Lading				
SPECIAL INSTRUCTIONS:			Appointment Time		Actual Driver Arrival Time		Driver Departure Time		
Load #: 00041348032S			AM		AM		AM		
3475852			PM		PM		PM		
Packing List is Attached									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
6565568			44	527.56	Y	N			
Grand Total			44	527.56					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 350</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		44	ctns	527.56		Runners, Placemats, Napkins	49505	77.5	
1		44		577.56		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.

SHIP FROM		Bill of Lading Number: 06757166000354956										
Name: E & E COMPANY LTD		 (402)06757166000354956										
Address: 550 Northport Pkwy												
City/State/Zip: Port Wentworth, GA 31407												
SID#:												
PHONE:		CARRIER NAME: FedEx Freight Economy										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: 71800										
Name: Macy's Home MMG Goodyear DC Location #: AZ		Seal number(s):										
Address: c/o Goodyear DC		SCAC: FXNL										
City/State/Zip: 16575 West Commerce Lane, Goodyear, AZ 85338		Pro Number: 4983839070										
CID#:												
Dept: 0784		FOB: <input type="checkbox"/>										
THIRD PARTY FREIGHT CHARGES BILL TO:												
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
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										
SPECIAL INSTRUCTIONS: Load #: 00041348032S 3475778 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										


CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6565568	24	288.46	Y N	
Grand Total	24	288.46		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		24	ctns	288.46		Runners, Placemats, Napkins	49505	77.5
1		24		338.46		Grand Total		

<p>Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
<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).</p>	
<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>
<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p style="text-align: right;">Shipper Signature</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>	

Date: 2/21/2019 9:59:02 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757166000354925										
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757166000354925										
SHIP TO		CARRIER NAME: FedEx Freight Economy										
Name: Macy's Home MMG Minooka DC Location #: CL Address: c/o Minooka DC 601 Midpoint Rd., City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: 71800 Seal number(s): _____ SCAC: FXNL Pro Number: 4983839070										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 00041348032S 3475812 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6565568	55	662.86	Y N	
Grand Total	55	662.86		


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		
		55	ctns	662.86		Runners, Placemats, Napkins	49505	77.5
1		55		712.86		Grand Total		

<p>Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>	
<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).</p>		
<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> <p style="text-align: right;">Shipper Signature</p>	
<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>

Date: 2/21/2019 9:59:00 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757166000354932
Name:	E & E COMPANY LTD	 (402)06757166000354932
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		
PHONE:		CARRIER NAME: FedEx Freight Economy
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: 71800
Name:	Macy's Home MMG Los Angeles Location #: CI DC	Seal number(s):
Address:	Los Angeles Peak Fulfillment Center	SCAC: FXNL
City/State/Zip:	15541 East Gale Ave, City of Industry, CA 91745	Pro Number: 4983839070
CID#:		
Dept:	0784 FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid:	Collect: X	3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)		
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 00041348032S 3475802 Packing List is Attached		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6565568	105	1245.76	Y N	
Grand Total	105	1245.76		

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		
		105	ctns	1245.76		Runners, Placemats, Napkins	49505	77.5
1		105		1295.76		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 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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Date: 2/21/2019 9:58:59 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757166000354833
Name:	E & E COMPANY LTD	 (402)06757166000354833
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		
PHONE:		CARRIER NAME: FedEx Freight Economy
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: 71800
Name:	Macy's Home MMG Tukwila DC Location #: TU	Seal number(s):
Address:	c/o Tukwila DC	SCAC: FXNL
City/State/Zip:	17000 Southcenter Parkway, Tukwila, WA 98188	Pro Number: 4983839070
CID#:		
Dept:	0784 FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached
City/State/Zip:		(check box)	underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 00041348032S 3475926 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
6565568	35	406.16	Y N	
Grand Total	35	406.16		

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		
		35	ctns	406.16		Runners, Placemats, Napkins	49505	77.5
1		35		456.16		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 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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Date: 2/21/2019 9:58:57 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO										
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Joppa DC Location #: JP									
Address:	550 Northport Pkwy	Address:	c/o Joppa DC									
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	3300 Fashion Way, Joppa, MD 21085									
SID#:		CID#:										
PHONE:		Dept:	0784									
VENDOR:		FOB:	<input type="checkbox"/>									
Bill of Lading Number: 06757166000354871		Trailer number: 71800										
		Seal number(s):										
(402)06757166000354871		SCAC: FXNL										
CARRIER NAME: FedEx Freight Economy		Pro Number: 4983839070										
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Prepaid:		Collect: X										
3rd Party:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 00041348032S 3475871 Packing List is Attached		<table border="1"> <thead> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> </thead> <tbody> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </tbody> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6565568	39	490.94	Y N	
Grand Total	39	490.94		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		39	ctns	490.94		Runners, Placemats, Napkins	49505	77.5
1		39		540.94		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.