

Chargebacks and RTVs

Macy's, Inc. (MacysNet)
 Valid as of: 4/23/2019 10:38:04 PM EST
 Division: Macy's Account #: 05390993890
 Vendor Name: E & E CO LTD
 Document Number: 4651418
 Department/Vendor: 602/935

Check Summary

Check Number: 1763681
 Check Date: 4/10/2019
 Purchase Order Number: 6148495

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
 Total Cost: (\$24)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
 Total Cost: (\$4.15)

Style Summary

Receipt Number: 8914832-000
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716300
 Cartons: 0
 Weight: 0
 Total Cost: (\$24)

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
LT250.		0		-1		\$24.00		\$0.00			\$0.00				-24

Document Number: 4651443
 Department/Vendor: 602/935

Check Summary

Check Number: 1763681
 Check Date: 4/10/2019
 Purchase Order Number: 6148495

Transaction Summary

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA

Total Cost: (\$4.15)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE

Total Cost: (\$24)

Style Summary

Receipt Number: 8914832-000

Carrier:

Freight Bill:

Bill of Lading: 0675716300

Cartons: 0

Weight: 0

Total Cost: (\$24)

Style	Qty	Rec Qty	Diff	Order Cost	Cost Diff	UOM	Ext Cost	Diff	Ext Qty	Diff
LT250.	0	-1		\$24.00	\$0.00		\$0.00			-24

Document Number: 4651445

Department/Vendor: 602/935

Check Summary

Check Number: 1763681

Check Date: 4/10/2019

Purchase Order Number: 6148495

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE

Total Cost: (\$24)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA

Total Cost: (\$4.15)

Style Summary

Receipt Number: 8914832-000

Carrier:

Freight Bill:

Bill of Lading: 0675716300

Cartons: 0

Weight: 0

Total Cost: (\$24)

Style	Qty	Rec Qty	Diff	Order Cost	Cost Diff	UOM	Ext Cost	Diff	Ext Qty	Diff
LT250.	0	-1		\$24.00	\$0.00		\$0.00			-24

Document Number: 4651632

Department/Vendor: 602/935

Check Summary

Check Number: 1763681
Check Date: 4/10/2019
Purchase Order Number: 6148495

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
Total Cost: (\$24)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
Total Cost: (\$4.15)

Style Summary

Receipt Number: 8914832-000
Carrier:
Freight Bill:
Bill of Lading: 0675716300
Cartons: 0
Weight: 0
Total Cost: (\$24)

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
LT250.		0		-1		\$24.00		\$0.00			\$0.00				-24

Document Number: 4651650
Department/Vendor: 602/935

Check Summary

Check Number: 1763681
Check Date: 4/10/2019
Purchase Order Number: 6148495

Transaction Summary

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
Total Cost: (\$4.15)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
Total Cost: (\$24)

Style Summary

Receipt Number: 8914832-000
Carrier:

Freight Bill:
 Bill of Lading: 0675716300
 Cartons: 0
 Weight: 0
 Total Cost: (\$24)

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
LT250.		0		-1		\$24.00		\$0.00			\$0.00				-24

Document Number: 4652002
 Department/Vendor: 602/935

Check Summary

Check Number: 1763681
 Check Date: 4/10/2019
 Purchase Order Number: 6148495

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
 Total Cost: (\$26)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
 Total Cost: (\$4.05)

Style Summary

Receipt Number: 8919214-000
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716300
 Cartons: 0
 Weight: 0
 Total Cost: \$0

Style Qty Rec Qty Diff Order Cost Cost Diff UOM Ext Cost Diff Ext Qty Diff
 No further detail exists for this transaction.

Receipt Number: 8919214-001
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716300
 Cartons: 0
 Weight: 0
 Total Cost: (\$26)

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
LT250.		0		-1		\$26.00		\$0.00			\$0.00				-26

Date: 2/6/2019 10:33:29 AM

Master Bill of Lading

Page 1 of 3

SHIP FROM		Master Bill of Lading Number: 06757163000297078	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name:	Macy's/Bloom Consolidation Center	Trailer number:	LHC8760
	DC#: Div.	Seal number(s):	22413579
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	SCAC:	LEGS
		Pro Number:	
City/State/Zip:	Santa Fe Spgs, CA 90670		
SID#:		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41297720		11:00 AM	9:10 AM
			Driver Departure Time
			10:40 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
9153338	8	90.12	Y	N	06757163000296033	AZ	
6148495	38	211.79	Y	N	06757163000296149	AZ	
6390656	42	310.36	Y	N	06757163000296477	PD	
6148495	140	760.90	Y	N	06757163000296293	SW	
6148495	146	798.77	Y	N	06757163000296170	HA	
6148506	6	37.87	Y	N	06757163000296507	CD	
6383495	21	118.33	Y	N	06757163000296569	MB	
9153338	6	55.40	Y	N	06757163000296071	PD	
6148495	114	624.85	Y	N	06757163000296309	TU	
6148506	54	346.20	Y	N	06757163000296514	MB	
6148506	50	324.46	Y	N	06757163000296521	PD	
6390656	26	200.41	Y	N	06757163000296446	AZ	
6390656	32	208.62	Y	N	06757163000296460	MB	

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.
[Signature] mo 2-6-19

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.
[Signature] 2-6-19

Date: 2/6/2019 10:33:29 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000297078	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95778 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: LHC8760 Seal number(s): 22413579 SCAC: LEGS 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 #: 41287720		<input checked="" type="checkbox"/> MASTER BILL OF LANDING; WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9153338	8	62.58	Y	N	06757163000296057	MB	
6148495	314	1732.89	Y	N	06757163000296156	CI	
6148495	156	847.86	Y	N	06757163000296187	ST	
6383495	9	67.26	Y	N	06757163000296576	PD	
6390656	2	14.54	Y	N	06757163000296453	CD	
6148495	248	1347.88	Y	N	06757163000296163	CL	
6148506	66	421.94	Y	N	06757163000296491	AZ	
6383495	1	1.98	Y	N	06757163000296552	CD	
6415549	9	49.59	Y	N	06757163000296422	CD	
9153338	7	58.71	Y	N	06757163000296040	CD	
9153338	9	73.60	Y	N	06757163000296064	OK	
Grand Total	1511	8759.91					

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>
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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 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.
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Date: 2/6/2019 10:33:29 AM

Master Bill Of Lading

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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(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30	Pallet			1500.00		Pallet		70
		1453	ctns	8334.25		Pillows,Valance,Towels	49390	100
		6	ctns	25.76		Shower curtain	49385	77.5
		52	ctns	399.90		Throws,Blankets	49040	150
30				10259.91		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: 2/6/2019 10:13:26 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296033	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000296033	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's Home MMG Goodyear DC Location #: AZ Address: c/o Goodyear DC 16575 West Commerce Lane, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: LHC8760 Seal number(s): 22413579 SCAC: LEGS Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41297720 Packing List Is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9153338	8	90.12	Y N	
Grand Total	8	90.12		

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(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	90.12		Throws, Blankets	49040	150
1		8		140.12		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Shipper Signature

Customer: MACY'S HOME MMG GOODYEAR DC

Ship Date: 02/08/2019

SHIP FROM:

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

BILL TO:

MACY'S CFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US


SHIP TO:

MACY'S HOME MMG GOODYEAR DC
C/O GOODYEAR DC
16575 WEST COMMERCE LANE
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
9153338	10028644KG	MCC51-813	086569070081	K DA Blanket	EA	2	2	1	2	1
9153338	10028644KG	MCC51-816	086569070098	K DA Blanket	EA	2	2	1	2	1
9153338	10028644FQ	MCC51-618	086569069887	F DA Blanket	EA	2	2	1	2	1
9153338	10028644KG	MCC51-625	086569069733	K DA Blanket	EA	2	2	1	2	1
9153338	10028644FQ	MCC51-627	086569069764	F DA Blanket	EA	2	2	1	2	1
9153338	10028644KG	MCC51-628	086569069796	K DA Blanket	EA	2	2	1	2	1
9153338	MCG51458	MCC51-685	675716943226	Fleece Blanket	EA	2	2	1	2	1
9153338	MCG51460	MCC51-687	675716943189	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 90.12
 Total Quantity Ordered: 16
 Total Cartons Ordered: 8
 Total Quantity Shipped: 16
 Total Cartons Shipped: 8

Bill of Lading

SHIP FROM		Bill of Lading Number: 06757163000296057	
Name: E & E COMPANY LTD		 (402)06757163000296057	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: LHC8760	
Name: MB	Location #: MB	Seal number(s): 22413579	
Address: 333 Caperton Blvd		SCAC: LEGS	
City/State/Zip: Martinsburg, WV 25403		Pro Number:	
CID#:			
Dept: 0784	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: <input checked="" type="checkbox"/> 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: Load #: 41297720		AM AM AM	
Packing List Is Attached		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9153338	8	62.58	Y N	
Grand Total	8	62.58		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention by 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		
		8	ctns	62.58		Throws, Blankets	49040	150
1		8		112.58		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> <p style="text-align: right;">_____ Shipper Signature</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 sold 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: MB

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

MACY'S CFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MB
333 CAPERTON BLVD
MARTINSBURG, WV 25403
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9153338	10028644FQ	MCC51-812	086569069962	F DA Blanket	EA	2	2	1	2	1
9153338	10028644FQ	MCC51-815	086569069955	F DA Blanket	EA	2	2	1	2	1
9153338	10016635TW	MCC51-874	086569073525	Fleece Blanket	EA	2	2	1	2	1
9153338	10016635FQ	MCC51-875	086569073594	Fleece Blanket	EA	2	2	1	2	1
9153338	10016635KG	MCC51-876	086569073624	Fleece Blanket	EA	2	2	1	2	1
9153338	10016635TW	MCC51-880	086569073549	Fleece Blanket	EA	2	2	1	2	1
9153338	10016635FQ	MCC51-881	086569073556	Fleece Blanket	EA	2	2	1	2	1
9153338	10016635KG	MCC51-882	086569073648	Fleece Blanket	EA	2	2	1	2	1

Total Weight:	62.58
Total Quantity Ordered:	16
Total Cartons Ordered:	8
Total Quantity Shipped:	16
Total Cartons Shipped:	8

Date: 2/6/2019 10:15:10 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296569
Name:	E & E COMPANY LTD	 (402)06757163000296569
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:		CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No:

SHIP TO		Trailer number: LHC8760
Name:	Macy's Home Store Martinsburg Location #: MB DC	Seal number(s): 22413579
Address:	c/o Martinsburg DC - MB	SCAC: LEGS
City/State/Zip:	333 Caperton Blvd, Martinsburg, WV 25403	Pro Number:
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
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time Driver Departure Time
Load #: 41297720		AM	AM AM
Packing List is Attached		PM	PM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6383495	21	116.33	Y N	
Grand Total		21	116.33	

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 insure 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		
		17	ctns	108.41		Pillows, Valance, Towels	49390	100
		4	ctns	7.92		Throws, Blankets	49040	150
1		21		166.33		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: <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 _____ DATE _____	
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 MARTINSBURG DC

Ship Date: 02/06/2019

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

BILL TO:
MACYS.COM (DC)
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACY'S HOME STORE MARTINSBURG DC
C/O MARTINSBURG DC - MB
333 CAPERTON BLVD
MARTINSBURG, WV 25403
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6383495	MCH30786	MCC30-852	086569092809	Verona Shaped Dec Pillow	EA	2	4	2	4	2
6383495	MCH30789	MCC30-855	086569092830	Minette Shaped Dec Pillow	EA	2	4	2	4	2
6383495	MCH30793	MCC30-859	086569092878	StellarSpace Shaped Dec Pillow	EA	2	2	1	2	1
6383495	MCH30765	MCC30-874	086569092640	Lillana Shaped Floor Pillow	EA	2	2	1	2	1
6383495	MCH30769	MCC30-878	086569092588	Stellar Space Floor Pillow	EA	2	2	1	2	1
6383495	MCH30749	MCC30-888	086569091895	Stellar Space Back Rest	EA	2	8	4	8	4
6383495	TBA	MCC40-884	086569094735	Dusty The Dino Panel	EA	2	6	3	6	3
6383495	MCH50758	MCC50-897	086569091994	Minette Hooded Throw	EA	2	8	4	8	4
6383495	MCH73742	MCC73-869	086569091826	Stellar Space Bath Towel	EA	6	6	1	6	1
6383495	MCH73744	MCC73-871	086569091840	Verona Bath Towel	EA	6	6	1	6	1
6383495	TBA	MCH44-824	086569095356	Kid Canopy	EA	6	6	1	6	1

Total Weight: 116.33
Total Quantity Ordered: 54
Total Cartons Ordered: 21
Total Quantity Shipped: 54
Total Cartons Shipped: 21

Date: 2/6/2019 10:09:53 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Cheshire DC Location #: CD
Address:	221 Hanson Way	Address:	c/o Cheshire DG 475 Knottter Drive,
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Cheshire, CT 06410
SID#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000296453		Trailer number: LHC8760	
		Seal number(s): 22413579	
(402)06757163000296453		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party: <input type="checkbox"/>	
Appointment Time		Master Bill of Lading: with attached underlying Bills of Lading	
AM	Actual Driver Arrival Time	AM	Driver Departure Time
PM	PM	PM	PM
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		SPECIAL INSTRUCTIONS:	
Address:		Load #: 41297720	
City/State/Zip:		Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6390656	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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	11.46		Pillows,Valance,Towels	49390	100
		1	ctns	3.08		Shower curtain	49385	77.5
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: 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 CHESHIRE DC

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

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

SHIP TO:

MACY'S HOME STORE CHESHIRE DC
C/O CHESHIRE DC
476 KNOTTER DRIVE
CHESHIRE, CT 06410
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6390656	MCH70987	MCC70-960	086569111227	Stella Shower Curtain	EA	3	3	1	3	1
6390656	N/A	MCC71-937	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1

Total Weight: 14.54
 Total Quantity Ordered: 5
 Total Cartons Ordered: 2
 Total Quantity Shipped: 5
 Total Cartons Shipped: 2

Date: 2/6/2019 10:16:11 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 Martinsburg Location #: MB DC	Name:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
Address:	221 Hanson Way	Address:	c/o Martinsburg DC - MB	Address:		6390656	32	203.62	Y N	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	333 Caperton Blvd, Martinsburg, WV 25403	City/State/Zip:		Grand Total				
SID#:		CID#:		SPECIAL INSTRUCTIONS:						
PHONE:		Dept:	0602	Load #:	41297720					
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached						
Bill of Lading Number: 06757163000296460		Trailer number: LHC8760		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)						
 (402)06757163000296460		Seal number(s): 22413579		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>						
CARRIER NAME: NEW LEGEND TRUCKING		SCAC: LEGS		Master Bill of Lading: with attached underlying Bills of Lading						
Responsible Acct.No:		Pro Number:		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 300</small>	PACKAGE				
QTY	TYPE	QTY				TYPE	NMFC #	CLASS		
1	Pallet			50.00	Pallet					
		30	ctns	196.47	Pillows,Valance,Towels	49390	100			
		2	ctns	7.15	Shower curtain	49385	77.5			
1		32		253.62	Grand Total					

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>		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 <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 MARTINSBURG DC

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

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

SHIP TO:

MACY'S HOME STORE MARTINSBURG DC
C/O MARTINSBURG DC - MB
333 CAPERTON BLVD
MARTINSBURG, WV 25403
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6390656	MCH70977	MCC70-950	086569111128	Paris Shower Curtain	EA	3	3	1	3	1
6390656	MCH70987	MCC70-960	086569111227	Stella Shower Curtain	EA	3	3	1	3	1
6390656	N/A	MCC71-1005	086569096579	Cape Mosaic Cover Jar	EA	4	4	1	4	1
6390656	N/A	MCC71-1011	086569096647	Sunset Ombre Toothbrush Holder	EA	4	4	1	4	1
6390656	N/A	MCC71-1013	086569096678	Sunset Ombre Tissue Cover	EA	2	2	1	2	1
6390656	N/A	MCC71-1014	086569096685	Sunset Ombre Wastebasket	EA	2	4	2	4	2
6390656	TBA	MCC71-722	086569930637	Hotel Glass Soap Dish	EA	4	8	2	8	2
6390656	N/A	MCC71-724	086569930886	Stowe Lotion Pump	EA	4	8	2	8	2
6390656	N/A	MCC71-725	086569930873	Stowe Toothbrush Holder	EA	4	8	2	8	2
6390656	TBA	MCC71-734	086569930828	Cape Mosaic Toothbrush Holder	EA	4	16	4	16	4
6390656	TBA	MCC71-735	086569930835	Cape Mosaic Tray	EA	4	4	1	4	1
6390656	TBA	MCC71-736	086569930842	Cape Mosaic Tissue Cover	EA	2	8	4	8	4
6390656	N/A	MCC71-919	086569930705	Hotel Glass Cotton Jar	EA	4	8	2	8	2
6390656	N/A	MCC71-920	086569930878	Serene Lotion Pump	EA	4	4	1	4	1
6390656	N/A	MCC71-936	086569930804	Cape Mosaic Lotion Pump	EA	4	8	2	8	2
6390656	N/A	MCC71-937	086569930859	Cape Mosaic Wastebasket	EA	2	8	4	8	4
6390656	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1

Total Weight: 203.62
 Total Quantity Ordered: 104
 Total Cartons Ordered: 32
 Total Quantity Shipped: 104
 Total Cartons Shipped: 32

Date: 2/6/2019 10:10:19 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296446	
Name: E & E COMPANY LTD		 (402)06757163000296446	
Address: 221 Henson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: LHC8760	
Name: Macy's Home Store Goodyear DC Locallon #: AZ		Seal number(s): 224-13579	
Address: c/o Goodyear DC		SCAC: LEGS	
16575 West Commerce Drive,		Pro Number:	
City/State/Zip: Goodyear, AZ 85338			
CID#:			
Dept: 0602			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41297720		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6390656	25	200.41	Y N	
Grand Total	25	200.41		

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	194.68		Pillows, Vaience, Towels	49390	100
		1	ctns	5.73		Shower curtain	49385	77.5
1		25		250.41		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>
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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 GOODYEAR DC

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

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

SHIP TO:

MACY'S HOME STORE GOODYEAR DC
C/O GOODYEAR DC
16675 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
6390656	MCH70988	MCC70-981	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1
6390656	N/A	MCC71-1006	086569096586	Atlantic Mosaic Lotion Pump	EA	4	4	1	4	1
6390656	N/A	MCC71-1008	086569096609	Atlantic Mosaic Soap Dish-- Ova	EA	4	8	2	8	2
6390656	N/A	MCC71-724	086569930868	Stowe Lotion Pump	EA	4	8	2	8	2
6390656	TBA	MCC71-734	086569930828	Cape Mosaic Toothbrush Holder	EA	4	4	1	4	1
6390656	TBA	MCC71-735	086569930836	Cape Mosaic Tray	EA	4	12	3	12	3
6390656	TBA	MCC71-736	086569930842	Cape Mosaic Tissue Cover	EA	2	10	5	10	5
6390656	N/A	MCC71-919	086569930705	Hotel Glass Cotton Jar	EA	4	16	4	16	4
6390656	N/A	MCC71-936	086569930804	Cape Mosaic Lotion Pump	EA	4	4	1	4	1
6390656	N/A	MCC71-937	086569930859	Cape Mosaic Wastebasket	EA	2	8	4	8	4
6390656	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1

Total Weight:	200.41
Total Quantity Ordered:	81
Total Cartons Ordered:	25
Total Quantity Shipped:	81
Total Cartons Shipped:	25

Date: 2/6/2019 10:16:55 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Cheshire DC Location #: CD
Address:	221 Hanson Way	Address:	c/o Cheshire DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Cheshire, CT 06410
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000296040		Trailer number: LHC8760	
		Seal number(s): 22413579	
(402)06757163000296040		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		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	
<input type="checkbox"/>		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41297720		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9163338	7	58.71	Y N	
Grand Total	7	58.71		

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 530</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	58.71		Throws, Blankets	49040	150
1		7		108.71		Grand Total		

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

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

per _____

COD Amount: _____

Fee Terms:

Collect:

Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACY'S HOME MMG CHESHIRE DC

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

MACY'S CFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9153338	10028644TW	MCC51-611	086569089313	T DA Blanket	EA	2	2	1	2	1
9153338	10028644TW	MCC51-614	086569089375	T DA Blanket	EA	2	2	1	2	1
9153338	10028644TW	MCC51-617	086569089474	T DA Blanket	EA	2	2	1	2	1
9153338	10028644KG	MCC51-622	086569069559	K DA Blanket	EA	2	2	1	2	1
9153338	MCG51456	MCC51-683	675716943127	Fleece Blanket	EA	2	2	1	2	1
9153338	MCG51459	MCC51-686	675716943134	Fleece Blanket	EA	2	2	1	2	1
9153338	MCG51461	MCC51-688	675716943233	Fleece Blanket	EA	2	2	1	2	1

Total Weight:	58.71
Total Quantity Ordered:	14
Total Cartons Ordered:	7
Total Quantity Shipped:	14
Total Cartons Shipped:	7

Date: 2/6/2019 10:17:14 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296064	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000296064	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: OK Location #: OK Address: c/o Macy's Logistics Distribution C 7120 E.76th Street North, OK City/State/Zip: Owasso, OK 74055 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: LHC8760 Seal number(s): 22413579 SCAC: LEGS Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41297720 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9153338	9	73.60	Y N	
Grand Total	9	73.60		

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(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		9	ctns	73.60		Throws, Blankets	49040	150
1		9		123.60		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.
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 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: OK

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

MACY'S CFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

OK
C/O MACY'S LOGISTICS DISTRIBUTION C
7120 E.76TH STREET NORTH
OWASSO, OK 74055
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9153338	10028644FQ	MCC51-609	086569070029	F DA Blanket	EA	2	2	1	2	1
9153338	10028644FQ	MCC51-621	086569089832	F DA Blanket	EA	2	2	1	2	1
9153338	10028644FQ	MCC51-630	086569089702	F DA Blanket	EA	2	2	1	2	1
9153338	10016635TW	MCC51-871	086569073518	Fleece Blanket	EA	2	2	1	2	1
9153338	10016635FQ	MCC51-672	086569073600	Fleece Blanket	EA	2	2	1	2	1
9153338	10016635KG	MCC51-673	086569073617	Fleece Blanket	EA	2	2	1	2	1
9153338	10016635TW	MCC51-677	086569073632	Fleece Blanket	EA	2	2	1	2	1
9153338	10016635FQ	MCC51-678	086569073570	Fleece Blanket	EA	2	2	1	2	1
9153338	10016635KG	MCC51-679	086569073631	Fleece Blanket	EA	2	2	1	2	1

Total Weight:	73.6
Total Quantity Ordered:	18
Total Cartons Ordered:	9
Total Quantity Shipped:	18
Total Cartons Shipped:	9

Date: 2/6/2019 10:17:38 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Portland DC Location #: PD
Address:	221 Hanson Way	Address:	c/o Portland DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	1155 Vaughn Parkway, Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000296071		Trailer number: LHC8760	
		Seal number(s): 22413579	
(402)06757163000296071		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41297720		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9153338	6	55.40	Y	N	
Grand Total	6	55.40			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	55.40		Throws, Blankets	49040	150
1		6		105.40		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 property 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 MMG PORTLAND DC

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

MACY'S CFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9153338	10028644TW	MCC51-608	086569069061	T DA Blanket	EA	2	2	1	2	1
9153338	10028644KG	MCC51-619	086569069504	K DA Blanket	EA	2	2	1	2	1
9153338	10028644TW	MCC51-620	086569069481	T DA Blanket	EA	2	2	1	2	1
9153338	10028644TW	MCC51-623	086569069566	T DA Blanket	EA	2	2	1	2	1
9153338	10028644TW	MCC51-626	086569069580	T DA Blanket	EA	2	2	1	2	1
9153338	MCG51457	MCC51-684	675716943172	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 55.4
Total Quantity Ordered: 12
Total Cartons Ordered: 6
Total Quantity Shipped: 12
Total Cartons Shipped: 6

Date: 2/6/2019 10:18:17 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION				CARRIER INFORMATION			
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		Name: Macy's Home Store Cheshire DC Location #: CD Address: c/o Cheshire DC 475 Knottter Drive, City/State/Zip: Cheshire, CT 06410 CID#: Dept: 0610		Name: Address: City/State/Zip:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
Bill of Lading Number: 06757163000296552  (402)06757163000296552		FOB: <input type="checkbox"/>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		6383495	1	1.98	Y	N			
CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No: Trailer number: LHC8760 Seal number(s): 22413579 SCAC: LEGS Pro Number:		FOB: <input type="checkbox"/>		SPECIAL INSTRUCTIONS: Load #: 41297720 Packing List Is Attached		Grand Total		1	1.98				
Appointment Time		Actual Driver Arrival Time		Driver Departure Time									
AM		AM		AM									
PM		PM		PM									
H.M. (X)		COMMODITY DESCRIPTION		PACKAGE									
		Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380		NMFC #		CLASS							
1		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: 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 CHESHIRE DC

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:


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

SHIP TO:

MACY'S HOME STORE CHESHIRE DC
C/O CHESHIRE DC
475 KNOTTER DRIVE
CHESHIRE, CT 06410
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6383495	MCH50760	MCC50-899	086589044372	Verona 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

SHIP FROM		Bill of Lading Number: 06757163000296576	
Name: E & E COMPANY LTD		 (402)06757163000296576	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: NEW LEGEND TRUCKING	
SHIP TO		Responsible Acct.No:	
Name: Macy's Home Store Portland DC Location #: PD		Trailer number: LHC8760	
Address: c/o Portland DC		Seal number(s): 22413679	
City/State/Zip: 1155 Vaughn Parkway, Portland, TN 37148		SCAC: LEGS	
CID#:		Pro Number:	
Dept: 0510			
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:		<input type="checkbox"/> (check box)	
SPECIAL INSTRUCTIONS: Load #: 41297720		Appointment Time	
Packing List is Attached		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6383495	9	67.26	Y N	
Grand Total	9	67.26		

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		
		9	ctns	67.26		Pillows, Valance, Towels	49390	100
1		9		117.26		Grand Total		

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

COD Amount: _____
 Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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Customer: MACY'S HOME STORE PORTLAND DC

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

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

SHIP TO:

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Cins Ordered	Qty Shipped	Cins Shipped
6383495	MCH30786	MCC30-852	086589092809	Verona Shaped Dec Pillow	EA	2	4	2	4	2
6383495	MCH30793	MCC30-859	086589092878	StellarSpace Shaped Dec Pillow	EA	2	2	1	2	1
6383495	MCH30749	MCC30-868	086589091896	Stellar Space Back Rest	EA	2	4	2	4	2
6383495	TBA	MCC40-884	086589094735	Dusty The Dino Panel	EA	2	8	4	8	4

Total Weight:	67.26
Total Quantity Ordered:	18
Total Cartons Ordered:	9
Total Quantity Shipped:	18
Total Cartons Shipped:	9

Date: 2/6/2019 10:19:31 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Cheshire DC Location #: CD
Address:	221 Hanson Way	Address:	c/o Cheshire DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Cheshire, CT 06410
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757163000296607		Trailer number: LHC8760	
		Seal number(s): 22413679	
(402)06757163000296607		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
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 underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	
Load #: 41297720		AM	AM
Packing List is Attached		PM	PM

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:	
Address:	
City/State/Zip:	
SPECIAL INSTRUCTIONS:	
Load #: 41297720	
Packing List is Attached	

Prepaid:	Collect: X	3rd Party:
<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading	
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8148506	6	37.87	Y N	
Grand Total	6	37.87		

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		
		6	ctns	37.87		Pillows, Valance, Towels	49390	100
1		6		87.87		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 CHESHIRE DC

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

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

SHIP TO:


MACY'S HOME STORE CHESHIRE DC
C/O CHESHIRE DC
475 KNOTTER DRIVE
CHESHIRE, CT 06410
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO	Case Pack Qty	Qty Ordered	Cms Ordered	Qty Shipped	Cms Shipped
6148508	N/A	MCC71-1090	086569157812	Atlantic Mosaic Tissue cover	EA	2	4	2	4	2
6148506	N/A	MCC71-1091	086569157829	Atlantic Mosaic Waste	EA	2	4	2	4	2
6148506	N/A	MCC71-1096	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	4	1	4	1
6148506	N/A	MCC71-1097	086569157928	Genevieve Toothbrush Holder W/	EA	4	4	1	4	1

Total Weight: 37.87
 Total Quantity Ordered: 16
 Total Cartons Ordered: 6
 Total Quantity Shipped: 16
 Total Cartons Shipped: 6

Date: 2/6/2019 10:05:48 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08757183000298149	
Name: E & E COMPANY LTD		 (402)06757183000298149	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: NEW LEGEND TRUCKING	
SHIP TO		Responsible Acct.No:	
Name: Macy's Home Store Goodyear DC Location #: AZ		Trailer number: LHC8760	
Address: Goodyear DC Pool Stock		Seal number(s): 22413579	
16576 West Commerce Drive,		SCAC: LEGS	
City/State/Zip: Goodyear, AZ 85338		Pro Number:	
CID#:			
Dept: 0602			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41297720		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6148495	38	211.79	Y N	
Grand Total	38	211.79		

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		
		38	ctns	211.79		Pillows,Valance,Towels	49390	100
1		38		261.79		Grand Total		

<p>Where this 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>
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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> <p style="text-align: right;">Shipper Signature</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 sold 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 GOODYEAR DC

Ship Date: 02/06/2019

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 M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6148495	N/A	MCH71-1102	086569157812	Atlantic Mosaic Tissue cover	EA	2	20	10	20	10
6148495	N/A	MCH71-1103	086569157829	Atlantic Mosaic Waste	EA	2	20	10	20	10
6148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	36	9	36	9
6148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	36	9	36	9

Total Weight:	211.79
Total Quantity Ordered:	112
Total Cartons Ordered:	38
Total Quantity Shipped:	112
Total Cartons Shipped:	38

Date: 2/6/2019 10:01:14 AM

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 95778 SID#: _____ PHONE: _____ VENDOR: _____	Bill of Lading Number: 06757163000296422  (402)06757163000296422									
Name: Macy's Home MMG Cheshire DC Location #: CD Address: c/o Cheshire DC 475 Knotter Drive, City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0784	CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No: _____ Trailer number: LHC8760 Seal number(s): 22413579 SCAC: LEGS Pro Number: _____									
THIRD PARTY FREIGHT CHARGES BILL TO:										
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 41297720 Packing List is Attached	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </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
6415549	9	49.59	Y N	
Grand Total	9	49.59		

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 559</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	49.59		Throws, Blankets	49040	150
1		9		99.59		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of this 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 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. <p style="text-align: right;">Shipper Signature _____</p>
--	--

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Customer: MACY'S HOME MMG CHESHIRE DC

Ship Date: 02/06/2019

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

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

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6415549	MSFLEECETGR	MCC51-689	676716588010	Fleece Blanket	EA	2	16	8	16	8
6415549	MSFLEECETIV	MCC51-692	676716585990	Fleece Blanket	EA	2	2	1	2	1

Total Weight: 49.59
 Total Quantity Ordered: 18
 Total Cartons Ordered: 9
 Total Quantity Shipped: 18
 Total Cartons Shipped: 9

Date: 2/6/2019 10:02:09 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296477										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000296477										
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING										
Name: Macy's Home Store Portland DC Location #: PD Address: c/o Portland DC 1155 Vaughn Parkway, City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: LHC8760 Seal number(s): 22413579 SCAC: LEGS Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41297720 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </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
6390656	42	310.36	Y N	
Grand Total	42	310.36		

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		
		40	ctns	300.56		Pillows, Valance, Towels	49390	100
		2	ctns	9.80		Shower curtain	49385	77.5
1		42		360.36		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. <p style="text-align: right;">Shipper Signature</p>
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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 PORTLAND DC

Ship Date: 02/06/2019

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

BILL TO:
MACYS.COM (DC)
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6390656	MCH70977	MCC70-950	086569111128	Parls Shower Curtain	EA	3	3	1	3	1
6390656	MCH70988	MCC70-961	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1
6390656	N/A	MCC71-1005	086569096579	Cape Mosaic Cover Jar	EA	4	4	1	4	1
6390656	N/A	MCC71-1008	086569096609	Atlantic Mosaic Soap Dish-- Ova	EA	4	4	1	4	1
6390656	N/A	MCC71-1013	086569096678	Sunset Ombre Tissue Cover	EA	2	2	1	2	1
6390656	TBA	MCC71-722	086569930637	Hotel Glass Soap Dish	EA	4	8	2	8	2
6390656	TBA	MCC71-723	086569930392	Serene Toothbrush Holder	EA	4	8	2	8	2
6390656	N/A	MCC71-724	086569930866	Stowe Lotion Pump	EA	4	4	1	4	1
6390656	N/A	MCC71-725	086569930873	Stowe Toothbrush Holder	EA	4	4	1	4	1
6390656	TBA	MCC71-734	086569930828	Cape Mosaic Toothbrush Holder	EA	4	12	3	12	3
6390656	TBA	MCC71-735	086569930835	Cape Mosaic Tray	EA	4	8	2	8	2
6390656	TBA	MCC71-736	086569930842	Cape Mosaic Tissue Cover	EA	2	12	6	12	6
6390656	N/A	MCC71-919	086569930705	Hotel Glass Cotton Jar	EA	4	12	3	12	3
6390656	N/A	MCC71-920	086569930378	Serene Lotion Pump	EA	4	8	2	8	2
6390656	N/A	MCC71-921	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
6390656	N/A	MCC71-936	086569930804	Cape Mosaic Lotion Pump	EA	4	8	2	8	2
6390656	N/A	MCC71-937	086569930859	Cape Mosaic Wastebasket	EA	2	22	11	22	11
6390656	N/A	MCH71-487	086569930644	Hotel Glass Tray	EA	4	4	1	4	1

Total Weight: 310.36
 Total Quantity Ordered: 130
 Total Cartons Ordered: 42
 Total Quantity Shipped: 130
 Total Cartons Shipped: 42

Date: 2/6/2019 9:55:34 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296491										
Name:	E & E COMPANY LTD	 (402)06757163000296491										
Address:	221 Hanson Way											
City/State/Zip:	Woodland, CA 95778											
SID#:												
PHONE:												
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: NEW LEGEND TRUCKING										
SHIP TO		Responsible Acct.No:										
Name:	Macy's Home Store Goodyear DC Location #: AZ	Trailer number: LHC8760										
Address:	c/o Goodyear DC	Seal number(s): 22413579										
	16575 West Commerce Drive,	SCAC: LEGS										
City/State/Zip:	Goodyear, AZ 85338	Pro Number:										
CID#:												
Dept:	0802	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 (check box) underlying Bills of Lading										
City/State/Zip:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS:												
Load #: 41297720												
Packing List Is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6148506	66	421.94	Y N	
Grand Total	66	421.94		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		66	ctns	421.94		Pillows,Valance,Towels	49390	100
1		66		471.94		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>						
<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: Freight Counted:</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> By Shipper</td> <td><input checked="" type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets said to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Pieces</td> </tr> </table>	<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
<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						
<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>							

Customer: MACY'S HOME STORE GOODYEAR DC

Ship Date: 02/08/2019

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

BILL TO:
MACYS.COM (DC)
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACY'S HOME STORE GOODYEAR DC
C/O GOODYEAR DC
16575 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
6148506	N/A	MCC71-1090	086569157812	Atlantic Mosaic Tissue cover	EA	2	38	19	38	19
6148506	N/A	MCC71-1091	086569157829	Atlantic Mosaic Waste	EA	2	48	24	48	24
6148506	N/A	MCC71-1096	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	48	12	48	12
6148506	N/A	MCC71-1097	086569157928	Genevieve Toothbrush Holder W/	EA	4	44	11	44	11

Total Weight:	421.94
Total Quantity Ordered:	178
Total Cartons Ordered:	66
Total Quantity Shipped:	178
Total Cartons Shipped:	66

Date: 2/6/2019 9:52:21 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296187
Name:	E & E COMPANY LTD	 (402)06757163000296187
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: NEW LEGEND TRUCKING
SHIP TO		Responsible Acct.No:

Name:	Macy's Home Store Stone Mountain DC	Location #:	ST	Trailer number:	LHC8760
Address:	c/o Stone Mountain DC			Seal number(s):	22413579
City/State/Zip:	4401 Sarr Parkway, Stone Mountain, GA 30083			SCAC:	LEGS
CID#:				Pro Number:	
Dept:	0602	FOB:	<input type="checkbox"/>		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid:	Collect: 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: Load #: 41297720		AM	AM	AM
Packaging List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6148495	156	847.86	Y N	
Grand Total	156	847.86		

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 359</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		156	ctns	847.86		Pillows, Valance, Towels	49390	100
2		156		947.86		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 _____	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.
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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 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.
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Customer: MACY'S HOME STORE STONE MOUNTAIN DC

Ship Date: 02/06/2019

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
6148495	N/A	MCH71-1102	086569157812	Atlantic Mosalo Tissue cover	EA	2	78	39	78	39
6148495	N/A	MCH71-1103	086569157829	Atlantic Mosalo Waste	EA	2	78	39	78	39
6148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	156	39	156	39
6148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	156	39	156	39

Total Weight:	847.86
Total Quantity Ordered:	468
Total Cartons Ordered:	156
Total Quantity Shipped:	468
Total Cartons Shipped:	156

Date: 2/6/2019 9:59:03 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296521	
Name: E & E COMPANY LTD		 (402)06757163000296521	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: NEW LEGEND TRUCKING	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: LHC8760	
VENDOR:		Seal number(s): 22413579	
SHIP TO		SCAC: LEGS	
Name: Macy's Home Store Portland DC Location #: PD		Pro Number:	
Address: c/o Portland DC			
1155 Vaughn Parkway,			
City/State/Zip: Portland, TN 37148			
CID#:			
Dept: 0602		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 41297720 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6148506	50	324.46	Y N	
Grand Total	50	324.46		

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(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		50	ctns	324.46		Pillows,Valance,Towels	49390	100
1		50		374.46		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>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> <p style="text-align: right;">Shipper Signature</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: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets sold to contain</p> <p><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 PORTLAND DC

Ship Date: 02/06/2019

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

BILL TO:
MACYS.COM (DC)
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6148506	N/A	MCC71-1090	086569157812	Atlantic Mosaic Tissue cover	EA	2	28	14	28	14
6148506	N/A	MCC71-1091	086569157829	Atlantic Mosaic Waste	EA	2	38	19	38	19
6148506	N/A	MCC71-1096	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	36	9	36	9
6148506	N/A	MCC71-1097	086569157928	Genevieve Toothbrush Holder W/	EA	4	82	8	32	8

Total Weight: 324.46
 Total Quantity Ordered: 134
 Total Cartons Ordered: 50
 Total Quantity Shipped: 134
 Total Cartons Shipped: 50

Date: 2/6/2019 9:57:35 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296514	
Name: E & E COMPANY LTD		 (402)06757163000296514	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: NEW LEGEND TRUCKING	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: LHC8760	
VENDOR:		Seal number(s): 22413579	
FOB: <input type="checkbox"/>		SCAC: LEGS	
SHIP TO		Pro Number:	
Name: Macy's Home Store Martinsburg Location #: MB		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: c/o Martinsburg DC - MB		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip: 333 Caperton Blvd, Martinsburg, WV 26403		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading (check box)	
CID#:		Appointment Time	
Dept: 0602		Actual Driver Arrival Time	
FOB: <input type="checkbox"/>		Driver Departure Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		AM	
Name:		PM	
Address:		AM	
City/State/Zip:		PM	
SPECIAL INSTRUCTIONS:		AM	
Load #: 41297720		PM	
Packing List is Attached		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6148506	54	346.20	Y N	
Grand Total	54	346.20		

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	346.20		Pillows,Valance,Towels	49390	100
1		54		396.20		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: <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 MARTINSBURG DC

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

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

SHIP TO:

MACY'S HOME STORE MARTINSBURG DC
C/O MARTINSBURG DC - MB
333 CAPERTON BLVD
MARTINSBURG, WV 25403
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6148506	N/A	MCC71-1090	086569157812	Atlantic Mosaic Tissue cover	EA	2	30	15	30	15
6148506	N/A	MCC71-1091	086569157829	Atlantic Mosaic Waste	EA	2	40	20	40	20
6148506	N/A	MCC71-1098	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	40	10	40	10
6148506	N/A	MCC71-1097	086569157928	Genevieve Toothbrush Holder W/	EA	4	36	9	36	9

Total Weight: 346.2
Total Quantity Ordered: 146
Total Cartons Ordered: 54
Total Quantity Shipped: 146
Total Cartons Shipped: 54

Date: 2/6/2019 9:52:57 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296309	
Name: E & E COMPANY LTD		 (402)06757163000296309	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: NEW LEGEND TRUCKING	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: LHC8760	
VENDOR:		Seal number(s): 22413579	
FOB: <input type="checkbox"/>		SCAC: LEGS	
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: 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 Actual Driver Arrival Time Driver Departure Time	
Dept: 0602 FOB: <input type="checkbox"/>		AM AM AM	
PM PM PM			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 41297720			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6148495	114	624.85	Y N	
Grand Total	114	624.85		

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 386</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		114	ctns	624.85		Pillows, Valance, Towels	49390	100
1		114		674.85		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 TUKWILA DC

Ship Date: 02/06/2019

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
6148495	N/A	MCH71-1102	086569157812	Atlantic Mosalo Tissue cover	EA	2	58	29	58	29
6148495	N/A	MCH71-1103	086569157829	Atlantic Mosalo Waste	EA	2	58	29	58	29
6148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	112	28	112	28
6148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	112	28	112	28

Total Weight:	624.85
Total Quantity Ordered:	340
Total Cartons Ordered:	114
Total Quantity Shipped:	340
Total Cartons Shipped:	114

Date: 2/6/2019 9:49:01 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION		CARRIER INFORMATION				
Name:	E & E COMPANY LTD	Name:	Macy's Home Store South Windsor DC	Name:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO		
Address:	221 Hanson Way	Address:	d/o South Windsor DC	Address:		6148495	140	760.90	Y N			
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	301 Governor's Hwy, South Windsor, CT 06074	City/State/Zip:		Grand Total	140	760.90				
SID#:		CID#:		SPECIAL INSTRUCTIONS:		CARRIER INFORMATION						
PHONE:		Dept:	0602	Load #:	41297720	HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached		QTY	TYPE	QTY	TYPE	Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350.	NMFC #	CLASS
Bill of Lading Number: 06757163000296293		CARRIER NAME: NEW LEGEND TRUCKING		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		2	Pallet			Pallet		
Barcode: (402)06757163000296293		Responsible Acct.No:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>				140	ctns	Pillows, Valance, Towels	49390	100
Trailer number: LHC8760		Seal number(s): 22413579		Master Bill of Lading: with attached underlying Bills of Lading		2		860.90		Grand Total		
SCAC: LEGS		Pro Number:		Appointment Time		AM						
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				Actual Driver Arrival Time		PM						
Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>				Driver Departure Time								
(check box)				AM								
				PM								

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/Placards

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 SOUTH WINDSOR DC

Ship Date: 02/06/2019


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
6148495	N/A	MCH71-1102	086569157812	Atlantic Mosaic Tissue cover	EA	2	70	35	70	35
6148495	N/A	MCH71-1103	086569157829	Atlantic Mosaic Waste	EA	2	70	35	70	35
6148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	140	35	140	35
6148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	140	35	140	35

Total Weight: 760.9
Total Quantity Ordered: 420
Total Cartons Ordered: 140
Total Quantity Shipped: 420
Total Cartons Shipped: 140

SHIP FROM		Bill of Lading Number: 06757163000296163	
Name: E & E COMPANY LTD		 (402)06757163000296163	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: LHC8760	
Name: Macy's Home Store Minooka DC Location #: GL		Seal number(s): 22413579	
Address: c/o Minooka DC		SCAC: LEGS	
City/State/Zip: 601 Midpoint Rd.,		Pro Number:	
City/State/Zip: Minooka, IL 60447			
CID#:			
Dept: 0602			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 41297720		Appointment Time	
Packing List is Attached		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6148495	248	1347.88	Y N	
Grand Total	248	1347.88		

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 NMFO Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		248	ctns	1347.88		Pillows, Valance, Towels	49390	100
2		248		1447.88		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 MINOOKA DC

Ship Date: 02/06/2019

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
6148495	N/A	MCH71-1102	086569157812	Atlantic Mosale Tissue cover	EA	2	124	62	124	62
6148495	N/A	MCH71-1103	086569157829	Atlantic Mosale Waste	EA	2	124	62	124	62
6148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	248	62	248	62
6148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	248	62	248	62

Total Weight: 1347.88
Total Quantity Ordered: 744
Total Cartons Ordered: 248
Total Quantity Shipped: 744
Total Cartons Shipped: 248

Date: 2/6/2019 9:41:37 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000296156



CARRIER NAME: NEW LEGEND TRUCKING

Responsible Acct.No: _____

SHIP TO

Name: Macy's Home Store Los Angeles Location #: CI DC
 Address: c/o Los Angeles DC
 City/State/Zip: 18541 East Gale Avenue, City of Industry, CA 91746
 CID#: _____
 Dept: 0602

Trailer number: LHC8760

Seal number(s): 22413579

SCAC: LEGS

Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: _____ Collect: X 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading

City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 41297720

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

Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6148495	314	1732.89	Y	N	
Grand Total	314	1732.89			

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
3	Pallet			150.00		Pallet		
		314	ctns	1732.89		Pillows, Valance, Towels	49390	100
3		314		1882.89		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 LOS ANGELES DC

Ship Date: 02/06/2019

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
8148495	N/A	MCH71-1102	086569157812	Atlantic Mosaic Tissue cover	EA	2	162	81	162	81
8148495	N/A	MCH71-1103	086569157829	Atlantic Mosaic Waste	EA	2	162	81	162	81
8148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	304	76	304	76
8148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	304	76	304	76

Total Weight:	1732.89
Total Quantity Ordered:	932
Total Cartons Ordered:	314
Total Quantity Shipped:	932
Total Cartons Shipped:	314

Date: 2/6/2019 9:37:04 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Hayward DC Location #: HA
Address:	221 Hanson Way	Address:	c/o Hayward DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	28701 Hall Road, Hayward, CA 94545
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767163000296170		Trailer number: LHC8760	
		Seal number(s): 22413579	
(402)06767163000296170		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
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 underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	
Load #: 41297720		AM	
Packing List is Attached		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6148495	146	798.77	Y N	
Grand Total	146	798.77		

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
2	Pallet			100.00		Pallet		
		146	ctns	798.77		Pillows, Valance, Towels	49390	100
2		146		898.77		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 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 HAYWARD DC

Ship Date: 02/06/2019

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
6148495	N/A	MCH71-1102	086569157812	Atlantic Mosale Tissue cover	EA	2	74	37	74	37
6148495	N/A	MCH71-1103	086569157829	Atlantic Mosale Waste	EA	2	74	37	74	37
6148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	144	36	144	36
6148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	144	36	144	36

Total Weight:	798.77
Total Quantity Ordered:	436
Total Cartons Ordered:	146
Total Quantity Shipped:	436
Total Cartons Shipped:	146

6148495	4900357	R201901310655134	MCH71-1109	Genevieve Toothbrush Holder W/	Standard	00106757163001261204	0633326526	00006757166333265264	Loaded
6148495	4900358	R201901310655134	MCH71-1102	Atlantic Mosaic Tissue cover	Standard	00106757163001261204	0633326527	00006757166333265271	Loaded
6148495	4900358	R201901310655134	MCH71-1103	Atlantic Mosaic Waste	Standard	00106757163001261204	0633326528	00006757166333265288	Loaded
6148495	4900358	R201901310655134	MCH71-1108	Genevieve Lotion Pump W/O Merc	Standard	00106757163001261204	0633326529	00006757166333265295	Loaded
6148495	4900358	R201901310655134	MCH71-1109	Genevieve Toothbrush Holder W/	Standard	00106757163001261204	0633326530	00006757166333265301	Loaded
6148495	4900359	R201901310655134	MCH71-1102	Atlantic Mosaic Tissue cover	Standard	00106757163001261204	0633326531	00006757166333265318	Loaded
6148495	4900359	R201901310655134	MCH71-1103	Atlantic Mosaic Waste	Standard	00106757163001261204	0633326532	00006757166333265325	Loaded
6148495	4900359	R201901310655134	MCH71-1108	Genevieve Lotion Pump W/O Merc	Standard	00106757163001261204	0633326533	00006757166333265332	Loaded
6148495	4900359	R201901310655134	MCH71-1109	Genevieve Toothbrush Holder W/	Standard	00106757163001261204	0633326534	00006757166333265349	Loaded
6148495	4900360	R201901310655134	MCH71-1102	Atlantic Mosaic Tissue cover	Standard	00106757163001261204	0633326535	00006757166333265356	Loaded
6148495	4900360	R201901310655134	MCH71-1103	Atlantic Mosaic Waste	Standard	00106757163001261204	0633326536	00006757166333265363	Loaded
6148495	4900360	R201901310655134	MCH71-1108	Genevieve Lotion Pump W/O Merc	Standard	00106757163001261204	0633326537	00006757166333265370	Loaded
6148495	4900360	R201901310655134	MCH71-1109	Genevieve Toothbrush Holder W/	Standard	00106757163001261204	0633326538	00006757166333265387	Loaded
6148495	4900361	R201901310655134	MCH71-1102	Atlantic Mosaic Tissue cover	Standard	00106757163001261204	0633326539	00006757166333265394	Loaded
6148495	4900361	R201901310655134	MCH71-1103	Atlantic Mosaic Waste	Standard	00106757163001261204	0633326540	00006757166333265400	Loaded
6148495	4900361	R201901310655134	MCH71-1108	Genevieve Lotion Pump W/O Merc	Standard	00106757163001261204	0633326541	00006757166333265417	Loaded
6148495	4900361	R201901310655134	MCH71-1109	Genevieve Toothbrush Holder W/	Standard	00106757163001261204	0633326542	00006757166333265424	Loaded

Date: 2/6/2019 12:14:59 PM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000297092	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: G/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA155549 Seal number(s): 22413595 SOAC: SCNN 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 #: 41295366		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time 9:00 ^{AM} _{PM}	Actual Driver Arrival Time 10:30 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
6383495	5	23.36	Y	N	06757163000296545	OK	
6415549	75	524.57	Y	N	06757163000296415	OK	
6148495	52	282.62	Y	N	06757163000296095	DV	
6148506	56	362.33	Y	N	06757163000296484	OK	
6148495	200	1087.00	Y	N	06757163000296132	SC	
6390656	18	91.23	Y	N	06757163000296439	OK	
6148495	168	934.12	Y	N	06757163000296101	GN	
6148495	202	1103.13	Y	N	06757163000296088	BA	
6148495	168	923.60	Y	N	06757163000296118	HU	
6148495	166	907.47	Y	N	06757163000296125	JP	
6383495	454	2673.01	Y	N	06757163000296538	AZ	
Grand Total	1564	8912.44					

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 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.
Also mo 2.619

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.
[Signature] 2/6/19

Date: 2/6/2019 12:14:59 PM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757163000297092	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Schneider	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	TA155549
City/State/Zip:	Santa Fe Spgs, CA 90670	Seal number(s):	22413595
SID#:		SCAC:	SCNN
		Pro Number:	
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 (check box) UNDERLYING BILLS OF LANDING	
Load #: 41295306		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
28	Pallet			1400.00		Pallet		70
		446	ctns	2640.06		Comforters, Bedspreads	49017	200
		1040	ctns	5736.03		Pillows, Valance, Towels	49390	100
		2	ctns	9.80		Shower curtain	49385	77.5
		76	ctns	526.55		Throws, Blankets	49040	150
28				10312.44		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: 2/6/2019 12:13:03 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Tulsa DC Location #: OK
Address:	221 Hanson Way	Address:	c/o Tulsa DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	7120 E 76th St North, Owasso, OK 74055
SID#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000296439		Trailer number: TA155549	
		Seal number(s): 22413595	
(402)06757163000296439		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
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 underlying Bills of Lading	
(check box)		Appointment Time Actual Driver Arrival Time Driver Departure Time	
		AM AM AM	
		PM PM PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid:	
City/State/Zip:		Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/>	
Load #: 41296306		Master Bill of Lading: with attached underlying Bills of Lading	
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
6390656	18	91.23	Y N	
Grand Total	18	91.23		

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 NMFC Item 350.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	81.43		Pillows, Valance, Towels	49390	100
		2	ctns	9.80		Shower curtain	49385	77.5
1		18		141.23		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 TULSA DC

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

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

SHIP TO:

MACY'S HOME STORE TULSA DC
C/O TULSA DC
7120 E 78TH ST NORTH
OWASSO, OK 74055
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6390656	MCH70977	MCC70-950	086569111128	Paris Shower Curtain	EA	3	8	1	3	1
6390656	MCH70988	MCC70-961	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1
6390656	N/A	MCC71-1006	086569096586	Atlantic Mosaic Lotion Pump	EA	4	4	1	4	1
6390656	N/A	MCC71-1011	086569096647	Sunset Ombre Toothbrush Holder	EA	4	4	1	4	1
6390656	N/A	MCC71-1014	086569096685	Sunset Ombre Wastebasket	EA	2	2	1	2	1
6390656	TBA	MCC71-723	086569930392	Serene Toothbrush Holder	EA	4	12	3	12	3
6390656	N/A	MCC71-724	086569930866	Stowe Lotion Pump	EA	4	8	2	8	2
6390656	TBA	MCC71-734	086569930828	Cape Mosaic Toothbrush Holder	EA	4	8	2	8	2
6390656	N/A	MCC71-919	086569930705	Hotel Glass Cotton Jar	EA	4	4	1	4	1
6390656	N/A	MCC71-921	086569930415	Serene Cotton Jar	EA	4	4	1	4	1
6390656	N/A	MCC71-936	086569930804	Cape Mosaic Lotion Pump	EA	4	12	3	12	3
6390656	N/A	MCC71-937	086569930859	Cape Mosaic Wastebasket	EA	2	2	1	2	1

Total Weight: 91.23
 Total Quantity Ordered: 66
 Total Cartons Ordered: 18
 Total Quantity Shipped: 66
 Total Cartons Shipped: 18

Date: 2/6/2019 11:57:33 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Tulsa DC Location #: OK
Address:	221 Hanson Way	Address:	c/o Tulsa DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Owasso, OK 74065
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000296545		Trailer number: TA155649	
		Seal number(s): 22413595	
(402)06757163000296545		SCAC: SONN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached (check box)		3rd Party: <input type="checkbox"/>	
underlying Bills of Lading		Appointment Time	
Actual Driver Arrival Time		Driver Departure Time	
AM		AM	
PM		PM	
SPECIAL INSTRUCTIONS:			
Load #: 41295306			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6383495	5	23.36	Y N	
Grand Total	5	23.36		

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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	21.38		Pillows,Valance,Towels	49390	100
		1	ctns	1.98		Throws,Blankets	49040	150
1		5		73.36		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 TULSA DC

Ship Date: 02/06/2019


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

BILL TO:
MACYS.COM (DC)
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACY'S HOME STORE TULSA DC
C/O TULSA DC
7120 E 76TH ST NORTH
OWASSO, OK 74055
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6383495	MCH30789	MCC30-855	086569092830	Minette Shaped Deco Pillow	EA	2	2	1	2	1
6383495	MCH30765	MCC30-874	086569092540	Lillana Shaped Floor Pillow	EA	2	4	2	4	2
6383495	TBA	MCC40-884	086569094735	Dusty The Dino Panel	EA	2	2	1	2	1
6383495	MCH50760	MCC50-899	086569044372	Verona Hooded Throw	EA	2	2	1	2	1

Total Weight:	23.36
Total Quantity Ordered:	10
Total Cartons Ordered:	5
Total Quantity Shipped:	10
Total Cartons Shipped:	5

SHIP FROM		Bill of Lading Number: 06757163000296415	
Name: E & E COMPANY LTD		 (402)06757163000296415	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA155649	
Name: OK Location #: OK		Seal number(s): 22413595	
Address: c/o Macy's Logistics Distribution C		SCAC: SCNN	
City/State/Zip: 7120 E.76th Street North, OK		Pro Number:	
City/State/Zip: Owasso, OK 74055			
CID#:			
Dept: 0784			
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: Load #: 41295306		Appointment Time	
Packing List is Attached		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6415549	75	524.57	Y N	
Grand Total	75	524.57		

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		
		75	ctns	524.57		Throws, Blankets	49040	150
1		75		574.57		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> <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: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Plates</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: OK

Ship Date: 02/06/2019

SHIP FROM:

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

BILL TO:

MACY'S CFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

OK
C/O MACY'S LOGISTICS DISTRIBUTION C
7120 E.76TH STREET NORTH
OWASSO, OK 74055
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6415549	MSFLEECETGR	MCC51-689	675716586010	Fleece Blanket	EA	2	58	29	58	29
6415549	MSFLEECEKGR	MCC51-691	675716586133	Fleece Blanket	EA	2	92	46	92	46

Total Weight:	524.57
Total Quantity Ordered:	150
Total Cartons Ordered:	75
Total Quantity Shipped:	150
Total Cartons Shipped:	75

Date: 2/6/2019 11:46:00 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Denver DC Location #: DV
Address:	221 Hanson Way	Address:	c/o Denver DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	510 East 51st Avenue, Denver, CO 80216
SID#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000296095		Trailer number: TA155549	
		Seal number(s): 22413595	
(402)06757163000296095		SCAC: SCNN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Address:		(check box)	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41285306		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6148495	52	282.62	Y N	
Grand Total	52	282.62		

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(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		52	ctns	282.62		Pillows, Valance, Towels	49390	100
1		52		332.62		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 DENVER DC

Ship Date: 02/06/2019

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95778

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
6148495	N/A	MCH71-1102	088569157812	Atlantic Mosale Tissue cover	EA	2	26	13	26	13
6148495	N/A	MCH71-1103	088569157829	Atlantic Mosale Waste	EA	2	26	13	26	13
6148495	N/A	MCH71-1108	088569157904	Genevieve Lotion Pump W/O Merc	EA	4	52	13	52	13
6148495	N/A	MCH71-1109	088569157928	Genevieve Toothbrush Holder W/	EA	4	52	13	52	13

Total Weight: 282.62
 Total Quantity Ordered: 156
 Total Cartons Ordered: 52
 Total Quantity Shipped: 156
 Total Cartons Shipped: 52

Date: 2/6/2019 11:39:51 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296101	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		 (402)06757163000296101	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home Store Gandy DC Location #: GN Address: c/o Gandy DC 4130 Gandy Blvd., City/State/Zip: Tampa, FL 33611 CID#: Dept: 0602 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: TA155549 Seal number(s): 22413695	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN Pro Number:	
Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 41295306 Packing List is Attached		Prepaid: Collect: X 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6148495	168	934.12	Y	N	
Grand Total	168	934.12			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		168	ctns	934.12		Pillows, Valance, Towels	49390	100
2		168		1034.12		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.
--	---

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Planes	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 GANDY DC

Ship Date: 02/06/2019

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
6148495	N/A	MCH71-1102	086569157812	Atlantic Mosaic Tissue cover	EA	2	88	44	88	44
6148495	N/A	MCH71-1103	086569157829	Atlantic Mosaic Waste	EA	2	88	44	88	44
6148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/O Marc	EA	4	160	40	160	40
6148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	160	40	160	40

Total Weight: 934.12
 Total Quantity Ordered: 496
 Total Cartons Ordered: 168
 Total Quantity Shipped: 496
 Total Cartons Shipped: 168

Date: 2/6/2019 11:43:47 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000296484	
Name: E & E COMPANY LTD		 (402)06757163000296484	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schnelder	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA155548	
VENDOR:		Seal number(s): 22413595	
FOB: <input type="checkbox"/>		SCAC: SCNN	
SHIP TO		Pro Number:	
Name: Macy's Home Store Tulsa DC Location #: OK		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: o/o Tulsa DC		Prepaid: Collect: X 3rd Party:	
7120 E 76th St North,		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip: Owasso, OK 74055		(check box) underlying Bills of Lading	
CID#:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
Dept: 0602 FOB: <input type="checkbox"/>		AM AM AM	
		PM PM PM	
THIRD PARTY FREIGHT CHARGES BILL TO:		SPECIAL INSTRUCTIONS:	
Name:		Load #: 41295306	
Address:		Packing List is Attached	
City/State/Zip:			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6148506	56	362.33	Y N	
Grand Total	56	362.33		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		56	ctns	362.33		Pillows,Valance,Towels	40390	100
1		56		412.33		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 _____

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 TULSA DC

Ship Date: 02/08/2019

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

BILL TO:
MACYS.COM (DC)
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACY'S HOME STORE TULSA DC
C/O TULSA DC
7120 E 76TH ST NORTH
OWASSO, OK 74065
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
6148506	N/A	MCC71-1090	086569157812	Atlantic Mosaic Tissue cover	EA	2	32	16	32	16
6148506	N/A	MCC71-1091	086569157829	Atlantic Mosaic Waste	EA	2	42	21	42	21
6148506	N/A	MCC71-1096	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	40	10	40	10
6148506	N/A	MCC71-1097	086569157928	Genevieve Toothbrush Holder W/	EA	4	36	9	36	9

Total Weight: 362.33
Total Quantity Ordered: 150
Total Cartons Ordered: 56
Total Quantity Shipped: 150
Total Cartons Shipped: 56

Date: 2/6/2019 11:41:55 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757183000298118	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08757183000298118	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home Store Houston DC Location #: HU Address: c/o Houston DC 2103 Ernestine, City/State/Zip: Houston, TX 77023 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA155549 Seal number(s): 22413595 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41295306 Packing List Is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
Driver Departure Time AM PM			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6148495	168	923.60	Y	N	
Grand Total	168	923.60			

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
2	Pallet			100.00		Pallet		
		168	ctns	923.60		Pillows, Valance, Towels	49390	100
2		168		1023.60		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. <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.	

Customer: MACY'S HOME STORE HOUSTON DC

Ship Date: 02/06/2019

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
6148495	N/A	MCH71-1102	086569157812	Atlantic Mosaic Tissue cover	EA	2	86	43	86	43
6148495	N/A	MCH71-1103	086569157829	Atlantic Mosaic Waste	EA	2	86	43	86	43
6148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/O Marc	EA	4	164	41	164	41
6148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	164	41	164	41

Total Weight:	923.6
Total Quantity Ordered:	500
Total Cartons Ordered:	168
Total Quantity Shipped:	500
Total Cartons Shipped:	168

SHIP FROM		Bill of Lading Number: 08767163000296088										
Name:	E & E COMPANY LTD	 (402)06757163000296088										
Address:	221 Hanson Way											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:		CARRIER NAME: Schneider										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: TA155549										
Name:	Macy's Home Store Bailey Rd. DC Location #: BA	Seal number(s): 22413505										
Address:	Bailey Rd DC Pool Stock	SCAC: SCNN										
City/State/Zip:	300 South Bailey Road, North Jackson, OH 44451	Pro Number:										
CID#:												
Dept:	0802											
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 (check box) underlying Bills of Lading										
City/State/Zip:		<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										
SPECIAL INSTRUCTIONS: Load #: 41295306 Packing List is Attached												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6148495	202	1103.13	Y	N	
Grand Total	202	1103.13			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		202	ctns	1103.13		Pillows, Valance, Towels	49390	100
2		202		1203.13		Grand Total		

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

Ship Date: 02/06/2019

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
6148495	N/A	MCH71-1102	086569157812	Atlantic Mosaic Tissue cover	EA	2	102	51	102	51
6148495	N/A	MCH71-1103	086569157829	Atlantic Mosaic Waste	EA	2	102	51	102	51
6148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/C Merc	EA	4	200	50	200	50
6148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	200	50	200	50

Total Weight: 1103.13
 Total Quantity Ordered: 604
 Total Cartons Ordered: 202
 Total Quantity Shipped: 604
 Total Cartons Shipped: 202

Date: 2/6/2019 11:35:57 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Joppa DC Location #: JP
Address:	221 Hanson Way	Address:	c/o Joppa DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Joppa, MD 21085
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000296125		Trailer number: TA156549	
		Seal number(s): 22413595	
(402)06757163000296125		SCAC: SCNN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached (check box)		3rd Party:	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41295306		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6148495	166	907.47	Y N	
Grand Total	166	907.47		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		166	ctns	907.47		Pillows,Valance,Towels	49390	100
2		166		1007.47		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 JOPPA DC

Ship Date: 02/06/2019

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
6148495	N/A	MCH71-1102	086569157812	Atlantic Mosaic Tissue cover	EA	2	84	42	84	42
6148495	N/A	MCH71-1103	086569157829	Atlantic Mosaic Waste	EA	2	84	42	84	42
6148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	164	41	164	41
6148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	164	41	164	41

Total Weight: 907.47
 Total Quantity Ordered: 496
 Total Cartons Ordered: 166
 Total Quantity Shipped: 496
 Total Cartons Shipped: 166

Date: 2/6/2019 11:33:04 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000296132	
Name:	E & E COMPANY LTD	 (402)06757163000296132	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schneider	
SHIP TO		Responsible Acct.No:	
Name:	Maoy's Home Store Secaucus DC Location #: SC	Trailer number: TA155549	
Address:	c/o Secaucus DC	Seal number(s): 22413595	
City/State/Zip:	600 Meadowlands Parkway, Secaucus, NJ 07094	SCAC: SCNN	
CID#:		Pro Number:	
Dept:	0602 FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 41295306 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
6148495	200	1087.00	Y N	
Grand Total	200	1087.00		

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(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		200	ctns	1087.00		Pillows, Valance, Towels	49390	100
2		200		1187.00		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.	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 records. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
	Shipper Signature		

Customer: MACY'S HOME STORE SECAUCUS DC

Ship Date: 02/06/2019

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Cins Ordered	Qty Shipped	Cins Shipped
6148495	N/A	MCH71-1102	086569157812	Atlantic Mosaic Tissue cover	EA	2	100	50	100	60
6148495	N/A	MCH71-1103	086569157829	Atlantic Mosaic Waste	EA	2	100	50	100	60
6148495	N/A	MCH71-1108	086569157904	Genevieve Lotion Pump W/O Merc	EA	4	200	50	200	60
6148495	N/A	MCH71-1109	086569157928	Genevieve Toothbrush Holder W/	EA	4	200	50	200	50

Total Weight:	1087
Total Quantity Ordered:	600
Total Cartons Ordered:	200
Total Quantity Shipped:	600
Total Cartons Shipped:	200

Date: 2/6/2019 11:30:11 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Goodyear DC Location #: AZ
Address:	221 Hanson Way	Address:	c/o Goodyear DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	16575 West Commerce Drive, Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000296538		Trailer number: TA155549	
		Seal number(s): 22413595	
(402)06757163000296538		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		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	
<input type="checkbox"/>		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41296306		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6383495	454	2673.01	Y N	
Grand Total	454	2673.01		

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
13	Pallet			650.00		Pallet		
		446	ctns	2640.06		Comforters, Bedspreads	49017	200
		8	ctns	32.95		Pillows, Valance, Towels	49390	100
13		454		3323.01		Grand Total		

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

per

COD Amount:

Fee Terms: Collect: Prepaid:
Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets ssid 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: 02/08/2019

SHIP FROM:

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

BILL TO:

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

SHIP TO:

MACY'S HOME STORE GOODYEAR DC
C/O GOODYEAR DC
16575 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
6383495	MCH30793	MCC30-859	086569092878	StellarSpace Shaped Dec Pillow	EA	2	8	4	8	4
6383495	MCH30765	MCC30-874	086569092540	Lillana Shaped Floor Pillow	EA	2	4	2	4	2
6383495	MCH30769	MCC30-878	086569092588	Stellar Space Floor Pillow	EA	2	2	1	2	1
6383495	TBA	MCC40-882	086569094704	Stellar Space Panel	EA	2	2	1	2	1
6383495	MCH10777	MCH10-777	086569092748	F/Q Dusty The Dino Comf Mini	EA	1	33	33	33	33
6383495	MCH10778	MCH10-778	086569092717	T Lillana Comf Mini Set	EA	1	280	280	280	280
6383495	MCH10779	MCH10-779	086569092755	F/Q Lillana Comf Mini Set	EA	1	133	133	133	133

Total Weight:	2673.01
Total Quantity Ordered:	462
Total Cartons Ordered:	454
Total Quantity Shipped:	462
Total Cartons Shipped:	454

