

SHIP FROM		Master Bill of Lading Number: 00757164000120595	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: Schneider	
Name:	Macy's /Bloom Consolidation Center DC#:	Trailer number: TA-133398	
	Div.	Seal number(s): 0960281	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	SCAC: SCNN	
City/State/Zip:	Santa Fe Spgs, CA 90670	Pro Number:	
SID#:	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:	2127	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS:		9:00 ^{AM} / _{PM} 9:25 ^{AM} / _{PM} 11:15 ^{AM} / _{PM}	
Load #:	41344700		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9269911	33	334.62	Y	N	06757164000120342	JP	
9269911	34	344.76	Y	N	06757164000120366	ST	
9269911	42	425.88	Y	N	06757164000120298	GN	
9269911	24	243.36	Y	N	06757164000120335	HU	
9269918	26	263.64	Y	N	06757164000120472	CD	1 PLT
9106138	62	1006.47	Y	N	06757164000120441	OK	4 PLTS
9269911	59	598.28	Y	N	06757164000120311	CL	
9106138	58	941.90	Y	N	06757164000120434	MB	3 PLTS
9106138	56	911.93	Y	N	06757164000120458	PD	
6545504	63	818.10	Y	N	06757164000120588	HA	3 PLTS
9269911	73	740.22	Y	N	06757164000120359	SC	
9269911	21	212.94	Y	N	06757164000120380	TU	
9269918	200	2028.00	Y	N	06757164000120502	PD	4 PLTS

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.

[Handwritten Signature]
 2/27/19

[Handwritten Signature] 2/27/19

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 06757164000120895

SHIP TO
 Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____
 Address: C/O Dynamic Santa Fe Springs
 14141 Alondra Boulevard,
 City/State/Zip: Santa Fe Spgs, CA 90670
 SID#: _____ FOB:

CARRIER NAME: Schnoeder
 Trailer number: TA-133398
 Seal number(s): 0968281
 SCAC: SCNN
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 41344700

Appointment Time: 9:00 AM
 Actual Driver Arrival Time: 9:25 AM
 Driver Departure Time: _____ AM/PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9269918	206	2088.84	Y	N	06757164000120496	OK	4 PLS
9106138	7	115.48	Y	N	06757164000120427	CD	1 PL
9269911	41	415.74	Y	N	06757164000120304	BA	
9269911	7	70.98	Y	N	06757164000120328	DV	
9269911	36	865.04	Y	N	06757164000120373	SW	
9269918	190	1926.60	Y	N	06757164000120489	MB	4 PLS
Grand Total	1238	13852.76					

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(a) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
39	Pallet			1950.00		Pallet		70
		183	ctns	2975.78		Comforters, Bedspreads	48017	200
		55	ctns	784.66		Mattress Pads	149265	100

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.
 _____ 2/27/19

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.
 _____ 2/27/19


Date: 2/27/2019 10:29:39 AM

Master Bill Of Lading

Page 3 of 3

SHIP FROM		Master Bill of Lading Number: 08757164000120595						
Name:	E & E COMPANY LTD							
Address:	1680 Tide Court							
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:	TA-133398					
		Seal number(s):	0968281					
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN					
SID#:	FOB: <input type="checkbox"/>	Pro Number:						
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:						
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>					
Address:		3rd Party: <input type="checkbox"/>						
City/State/Zip:	2/27	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)						
SPECIAL INSTRUCTIONS: Load #: 41344700		Appointment Time	Actual Driver Arrival Time					
		9:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	9:25 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM					
		Driver Departure Time	11:15 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 507.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		8	ctns	33.44		Pillows,Valance,Towels	48390	100
		992	ctns	10058.88		Throws,Blankets	48040	150
39				15802.76		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(e)(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 <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></p> <p><i>[Signature]</i> 2/27/19</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/Pieces</p>
<p>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></p> <p><i>[Signature]</i> 2/27/19</p>	

SHIP FROM		Bill of Lading Number: 06757164000120342	
Name:	E & E COMPANY LTD	 (402)06757164000120342	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-133398	
Name:	Macy's Home MMG Joppa DC Location #: JP	Seal number(s): 0968281	
Address:	c/o Joppa DC	BCAC: SCNN	
City/State/Zip:	3300 Fashion Way, Joppa, MD 21085	Pro Number:	
CID#:			
Dept:	0811		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41344700		AM	AM
Packing List is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9269911	33	334.62	Y N	
Grand Total	33	334.62		

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 7(e) of NMFO Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		33	ctns	334.62		Throws,Blankets	49040	150
1		33		384.62		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: <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.		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.	
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	

SHIP FROM		Bill of Lading Number: 06757164000120298	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000120298	
Name: Maoy's Home MMG Gandy DC Location #: GN Address: c/o Gandy DC 4130 Gandy Blvd., City/State/Zip: Tampa, FL 33611 CID#: _____ Dept: 0611		CARRIER NAME: Schnelder Responsible Acct.No: _____ Trailer number: TA-133398 Seal number(s): 0988281 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
Name: _____ Address: _____ City/State/Zip: _____		Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM	
SPECIAL INSTRUCTIONS: Load #: 41344700 Packing List is Attached		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9289911	42	425.88	Y N	
Grand Total	42	425.88		

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 NMPC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		42	ctns	425.88		Throws, Blankets	49040	150
1		42		475.88		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: <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: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

SHIP FROM		Bill of Lading Number: 08767164000120335										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000120335										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home MMG Houston DC Location #: HU Address: c/o Houston DC 2103 Ernestine, City/State/Zip: Houston, TX 77023 CID#: _____ Dept: 0611		Responsible Acct.No: _____ Trailer number: TA-133398 Seal number(s): 0988281 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: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41344700 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9269911	24	243.36	Y N	
Grand Total	24	243.36		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 399</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		24	otns	243.36		Throws,Blankets	49040	150
1		24		293.36		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 receipt, 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.	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			

SHIP FROM		Bill of Lading Number: 06757164000120472
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000120472
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schneider
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-133398
Name: Macy's Home MMG Cheshire DC Location #: CD	Address: c/o Cheshire DC	Seal number(s): 0968281
City/State/Zip: Woodland, CA 95776	475 Knotter Drive,	SCAC: SCNN
CID#:	Cheshire, CT 06410	Pro Number:
Dept: 0611	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid:	Collect: <input checked="" type="checkbox"/>	3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41344700 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
9269918	26	263.64	Y N	1 Pkt
Grand Total	26	263.64		

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		
		26	ctns	263.64		Throws, Blankets	49040	150
1		26		313.64		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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


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

Shipper Signature

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

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

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


SHIP FROM		Bill of Lading Number: 08757164000120441	
Name:	E & E COMPANY LTD	 (402)06757164000120441	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:			
VENDOR:		FOR: <input type="checkbox"/>	CARRIER NAME: Schnelder
SHIP TO		Responsible Acct.No:	Trailer number: TA-133398
Name:	OK	Location #:	OK
Address:	c/o Macy's Logistics Distribution C		Seal number(s): 0988281
City/State/Zip:	7120 E.76th Street North, OK		SCAC: SONN
CID#:	Owasso, OK 74055		Pro Number:
Dept:	0703	FOR: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			Prepaid: <input type="checkbox"/> Collect: X 3rd Party:
Address:			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:			(check box)
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41344700		AM	AM
Packing List is Attached		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9106138	62	1006.47	Y N	4 PLTS
Grand Total	62	1006.47		

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(b) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		62	ctns	1006.47		Comforters, Bedspreads	49017	200
4		62		1206.47		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: <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 applicable to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.		

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757164000120311

 (402)06757164000120311

SHIP TO
 Name: Macy's Home MMG Minooka DC Location #: CL
 Address: o/o Minooka DC
 601 Midpoint Rd.,
 City/State/Zip: Minooka, IL 60447
 CID#:
 Dept: 0611 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-133398
 Seal number(s): 0988281
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41344700
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8269911	59	598.26	Y N	
Grand Total	59	598.26		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		59	ctns	598.26		Throws, Blankets	49040	150
2		59		698.26		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 _____"

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

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

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


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

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

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

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

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 08757164000120434

 (402)08757164000120434

SHIP TO
 Name: MB Location #: MB
 Address: 333 Caperton Blvd
 MB
 City/State/Zip: Marlinsburg, WV 25403
 CID#:
 Dept: 0703 FOB:

CARRIER NAME: Schnolder
 Responsible Acct.No:
 Trailer number: TA-133398
 Seal number(s): 0968281
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41344700
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9106138	58	941.90	Y	N	3 PUS
Grand Total	58	941.90			

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 HMFD Item 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		58	ctns	941.90		Comforters, Bedspreads	49017	200
3		58		1091.90		Grand Total		

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

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

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


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

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

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

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

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

SHIP FROM		Bill of Lading Number: 08757164000120458										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08757164000120458										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home MMG Portland DC Location #: PD Address: c/o Portland DC 1166 Vaughn Parkway, City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0703		Responsible Accl.No: _____ Trailer number: TA-133398 Seal number(s): 0968281 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: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41344700 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9106138	56	911.93	Y N	
Grand Total	56	911.93		


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 560</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			160.00		Pallet		
		56	ctns	911.93		Comforters, Bedspreads	49017	200
3		56		1061.93		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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SHIP FROM		Bill of Lading Number: 06757164000120588	
Name:	E & E COMPANY LTD	 (402)06757164000120588	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-133398	
Name:	Macy's Home MMG Hayward DC Location #: HA	Seal number(s): 0968281	
Address:	c/o Hayward DC	SCAC: SCNN	
City/State/Zip:	28701 Hall Road, Hayward, CA 94545	Pro Number:	
OID#:			
Dept:	0614		
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
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41344700		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6545504	63	818.10	Y N	3 PUS
Grand Total	63	818.10		

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
2	Pallet			100.00		Pallet		
		55	ctns	784.66		Mattress Pads	149265	100
		8	ctns	33.44		Pillows,Valance,Towels	48390	100
2		63		918.10		Grand Total		

Where the rate is dependant 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(o)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / 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.	

SHIP FROM		Bill of Lading Number: 08757184000120359
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757184000120359
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schnelder
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-133398
Name: Macy's Home MMG Secaucus DC Location #: SC	Address: o/o Secaucus DC	Seal number(s): 0868281
City/State/Zip: Secaucus, NJ 07094	600 Meadowlands Parkway,	SCAC: SCNN
CID#:	Dept: 0611	Pro Number:
	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid:	Collect: X	3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41344700 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
9269911	73	740.22	Y N	
Grand Total	73	740.22		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		73	ctns	740.22		Throws, Blankets	49040	150
2		73		840.22		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(e)(1)(A) and (B).

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

SHIPPER SIGNATURE / 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.
	_____ Shipper Signature		

SHIP FROM		Bill of Lading Number: 06757164000120380	
Name:	E & E COMPANY LTD	 (402)06757164000120380	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 96778		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-133398	
Name:	Macy's Home MMG Tukwila DC Location #: TU	Seal number(s): 0968281	
Address:	c/o Tukwila DC	SCAC: SCNN	
	17000 Southcenter Parkway,	Pro Number:	
City/State/Zip:	Tukwila, WA 98188		
CID#:			
Dept:	0611		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41344700		AM	AM
Packing List is Attached		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9269911	21	212.94	Y N	
Grand Total	21	212.94		

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		
		21	ctns	212.94		Throws,Blankets	49040	150
1		21		262.94		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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


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

Shipper Signature

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

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


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

SHIP FROM		Bill of Lading Number: 08757164000120602	
Name:	E & E COMPANY LTD	 (402)06767164000120602	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schnelder Responsible Acct.No:	
SHIP TO		Trailer number: TA-133398	Seal number(s): 0968281
Name:	Macy's Home MMG Portland DC Location #: PD	SCAC: SCNN	
Address:	c/o Portland DC	Pro Number:	
City/State/Zip:	1166 Vaughn Parkway, Portland, TN 37148		
CID#:			
Dept:	0611		
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: Load #: 41344700 Packng 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
9269918	200	2028.00	Y	N	4 PUS
Grand Total	200	2028.00			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		200	ctns	2028.00		Throws,Blankets	49040	150
4		200		2228.00		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"/>
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 in 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 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.	

SHIP FROM		Bill of Lading Number: 06757184000120496
Name:	E & E COMPANY LTD	 (402)06757184000120496
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95778	
SID#:		
PHONE:		
VENDOR:		CARRIER NAME: Schnelder
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-193396
Name:	OK	Seal number(s): 0968281
Address:	c/o Maoy's Logistics Distribution C 7120 E.76th Street North, OK	SCAC: SCNN
City/State/Zip:	Owasso, OK 74056	Pro Number:
CID#:		
Dept:	0611	FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41344700		PM	PM
Packing List Is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
9269918	206	2088.84	Y N	4 PLS	
Grand Total	206	2088.84			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		206	ctns	2088.84		Throws, Blankets	49040	150
4		206		2288.84		Grand Total		

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

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

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

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

SHIP FROM		Bill of Lading Number: 06757164000120427
Name: E & E COMPANY LTD		 (402)06757164000120427
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		CARRIER NAME: Schneider
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-133398
Name: Macy's Home MMG Cheshire DC Location #: CD		Seal number(s): 0868281
Address: c/o Cheshire DC		SCAG: SCNN
City/State/Zip: 476 Knotter Drive, Cheshire, CT 06410		Pro Number:
CID#:		
Dept: 0703	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid:	Collect: X	3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: With attached underlying Bills of Lading (check box)		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 41344700		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9106138	7	115.48	Y N	1 PLT
Grand Total	7	115.48		


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		
		7	ctns	115.48		Comforters, Bedspreads	49017	200
1		7		165.48		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(e)(1)(A) and (B).

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

SHIPPER SIGNATURE / 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.
	Shipper Signature		

SHIP FROM		Bill of Lading Number: 08757164000120304
Name: E & E COMPANY LTD		 (402)06757164000120304
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95778		
SID#:		
PHONE:		CARRIER NAME: Schnelder
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-133398
Name: Macy's Home MMG Bailey Rd DC Location #: BA		Seal number(s): 0868281
Address: o/o Bailey Rd DC		SCAC: SCNN
300 South Bailey Road,		Pro Number:
City/State/Zip: North Jackson, OH 44451		
CID#:		
Dept: 0811	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:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 41344700		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9269911	41	415.74	Y N	
Grand Total	41	415.74		

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 to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		41	ctns	415.74		Throws,Blankets	49040	150
2		41		515.74		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:	Freight Counted:
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Pieces

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

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757164000120328



CARRIER NAME: Schneider
 Responsible Acct.No:

SHIP TO
 Name: Macy's Home MMG Denver DC Location #: DV
 Address: o/o Denver DC
 610 East 51st Ave,
 City/State/Zip: Denver, CO 80216
 CID#:
 Dept: 0611 FOB:

Trailer number: TA-133398
 Seal number(s): 0968281
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41344700
 Packing List is Attached

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

Prepaid: Collect: 3rd Party:

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9269911	7	70.98	Y N	
Grand Total	7	70.98		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC form 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		7	ctns	70.98		Throws,Blankets	49040	150
1		7		120.98		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: Freight Counted:
 By Shipper
 By Driver
 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: 2/27/2019 10:28:56 AM

Bill Of Lading

Page 1 of 1

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1600 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 08767164000120373



CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA-133398

Seal number(s): 0988281

SCAC: SCNN

Pro Number:

SHIP TO
 Name: Macy's Home MMG South Windsor DC Location #: SW
 Address: o/o South Windsor DC
 City/State/Zip: 301 Governors Hwy, South Windsor, CT 06074
 CID#:
 Dept: 0611 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 41344700
 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
9269911	36	365.04	Y N	
Grand Total	36	365.04		

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(c) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		36	otns	365.04		Throws,Blankets	49040	150
1		36		415.04		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.

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757164000120489

 (402)06757164000120489

SHIP TO
 Name: MB Location #: MB
 Address: 333 Caperton Blvd
 MB
 City/State/Zip: Martinsburg, WV 25403
 CID#:
 Dept: 0811

FOB:
CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-133398
 Seal number(s): 0968281
SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 41344700
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached (check box) underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9269918	190	1926.60	Y N	4 PLS
Grand Total	190	1926.60		

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 7(e) of NMFD Item 350.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		190	ctns	1926.60		Throws,Blankets	49040	150
4		190		2126.60		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: Prepaid:
 Customer check acceptable:

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


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

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

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

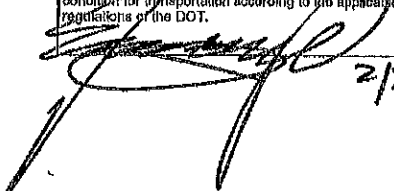
Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

SHIP FROM		Bill of Lading Number: 06757164000119872	
Name:	E & E COMPANY LTD	 (402)06757164000119872	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: FedEx	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number:	
Name:	Macy's Home MMG Cheshire DC Location #: CD	Seal number(s):	
Address:	o/o Cheshire DC	SCAC: FDEC	
City/State/Zip:	475 Knotter Drive, Cheshire, CT 06410	Pro Number:	
CID#:			
Dapt:	0680		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:	2/27		
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 000413635058		2:00 AM	AM
Packing List is Attached		<input checked="" type="checkbox"/> PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9394768	12	79.32	Y N	1 PLT
Grand Total	12	79.32		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			80.00		Pallet		
		12	ctns	79.32		Throws, Blankets	49040	150
1		12		129.32		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 <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>  2/27/19		SHIPPER INFORMATION Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>			

Customer: MACY'S HOME MMG CHESHIRE DC

Ship Date: 02/27/2019

SHIP FROM:

E & E COMPANY LTD
1680 TIDE COURT
WOODLAND, CA 95778

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
9394768	1005051200	MCC51-1038	689439400706	Water Repellent Beach Blanket	EA	3	15	5	15	5
9394768	1005267900	MCC51-1039	689439400713	Water Repellent Beach Blanket	EA	3	21	7	21	7

Total Weight:	79.32
Total Quantity Ordered:	36
Total Cartons Ordered:	12
Total Quantity Shipped:	36
Total Cartons Shipped:	12

EEC Show cartons Scanned,
loaded and billed correct.

ShipmentCartonDetail(400011987)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Cases Pack Qty	Tracking No.	Status
9394768	4917225	R201902221035442	MCC51-1038	Water Repellent Beach Blanket	00106757164001113418	0633937030	00006757166339370306	3	715293610212870	Loaded
9394768	4917225	R201902221035442	MCC51-1038	Water Repellent Beach Blanket	00106757164001113418	0633937031	00006757166339370313	3	715293610212887	Loaded
9394768	4917225	R201902221035442	MCC51-1038	Water Repellent Beach Blanket	00106757164001113418	0633937032	00006757166339370320	3	715293610212894	Loaded
9394768	4917225	R201902221035442	MCC51-1038	Water Repellent Beach Blanket	00106757164001113418	0633937033	00006757166339370337	3	715293610212900	Loaded
9394768	4917225	R201902221035442	MCC51-1038	Water Repellent Beach Blanket	00106757164001113418	0633937034	00006757166339370344	3	715293610212917	Loaded
9394768	4917225	R201902221035442	MCC51-1039	Water Repellent Beach Blanket	00106757164001113418	0633937035	00006757166339370351	3	715293610212924	Loaded
9394768	4917225	R201902221035442	MCC51-1039	Water Repellent Beach Blanket	00106757164001113418	0633937036	00006757166339370368	3	715293610212931	Loaded
9394768	4917225	R201902221035442	MCC51-1039	Water Repellent Beach Blanket	00106757164001113418	0633937037	00006757166339370375	3	715293610212948	Loaded
9394768	4917225	R201902221035442	MCC51-1039	Water Repellent Beach Blanket	00106757164001113418	0633937038	00006757166339370382	3	715293610212955	Loaded
9394768	4917225	R201902221035442	MCC51-1039	Water Repellent Beach Blanket	00106757164001113418	0633937039	00006757166339370399	3	715293610212962	Loaded
9394768	4917225	R201902221035442	MCC51-1039	Water Repellent Beach Blanket	00106757164001113418	0633937040	00006757166339370405	3	715293610212979	Loaded
9394768	4917225	R201902221035442	MCC51-1039	Water Repellent Beach Blanket	00106757164001113418	0633937041	00006757166339370412	3	715293610212986	Loaded



July 30, 2019

Dear Customer:

Proof-of-delivery letters are being provided for the following shipments:

715293610212870	Cheshire,CT
715293610212867	Cheshire,CT
715293610212894	Cheshire,CT
715293610212900	Cheshire,CT
715293610212917	Cheshire,CT
715293610212924	Cheshire,CT
715293610212931	Cheshire,CT
715293610212948	Cheshire,CT
715293610212955	Cheshire,CT
715293610212962	Cheshire,CT
715293610212979	Cheshire,CT
715293610212986	Cheshire,CT

You may save or print this Batch Signature Proof of Delivery file for your records.

Thank you for choosing FedEx.

FedEx
1.800.GoFedEx 1.800.463.3339



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610212870.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	MCHAAE	Delivery date:	Mar 8, 2019 09:28
Service type:	FedEx Ground		
Special Handling:			

Signature Image is available. In order to view Image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610212870	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

S100006757166339370306
PO9394768
00041363505S

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610212887.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	LHICKS	Delivery date:	Mar 6, 2019 09:28
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610212887	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166339370313
PO9394768
000413635058

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610212894.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	MCHAAE	Delivery date:	Mar 8, 2019 09:28
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610212894	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166339370320
PO9394768
00041363505S

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610212900.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	LHICKS	Delivery date:	Mar 6, 2019 09:28
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610212900	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006767166339370337
PO9394768
00041363505S

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610212917.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	LHICKS	Delivery date:	Mar 6, 2019 09:28
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping information:

Tracking number:	715293610212917	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166339370344
PO9394768
00041363605S

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610212924.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	LHICKS	Delivery date:	Mar 7, 2019 09:59
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610212924	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166339370351
PO9394768
00041363505S

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **715293610212931**.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	LHICKS	Delivery date:	Mar 7, 2019 09:59
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610212931	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166339370368
PO9394768
00041363505S

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610212948.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	LHICKS	Delivery date:	Mar 6, 2019 09:28
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610212948	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166339370375
PO9394766
00041363505S

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610212955.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	LHICKS	Delivery date:	Mar 6, 2019 09:28
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610212955	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166339370382
PO9394768
00041363605S

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610212962.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	LHICKS	Delivery date:	Mar 6, 2019 09:28
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610212962	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

S100006757166339370399
PO9394768
00041363505S

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **715293610212979**.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	L.HICKS	Delivery date:	Mar 6, 2019 09:28
Service type:	FedEx Ground		
Special Handling:			

Signature Image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610212979	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166339370405
PO9394768
00041363505S

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610212986.

Delivery Information:

Status:	Delivered	Delivery location:	Cheshire, CT
Signed for by:	MCHAAE	Delivery date:	Mar 8, 2019 09:28
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610212986	Ship date:	Feb 27, 2019
		Weight:	6.0 lbs/2.7 kg

Recipient:
Cheshire, CT US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166399370412
PO9394768
00041363505S

Thank you for choosing FedEx.