

Date: 10/5/2018 7:16:09 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757166000282228	
Name:	E & E COMPANY LTD	Address:	550 Northport Pkwy
City/State/Zip:	Port Wentworth, GA 31407	SID#:	FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: PRIME INC.	
Name:	Macy's /Bloom Consolidation Center	DC#:	Trailer number: 190846
Address:	C/O Dynamic High Point 1124 Elon Place,	Div.	Seal number(s): 9297299
City/State/Zip:	High Point, NC 27260	SID#:	SCAC:
	FOB: <input type="checkbox"/>		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	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	
SPECIAL INSTRUCTIONS: Load #: 40932302 3092347		Appointment Time	Actual Driver Arrival Time
		3:00 AM	12:06 PM
			Driver Departure Time
			7:16 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	Supplier#
6281130	181	9293.50	Y	N	06757166000275053	CX	
Grand Total	181	9293.50					

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 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
34	Pallet			1700.00		Pallet		70
		83	ctns	3977.54		Furniture (Seating, Storage, Outdoor)	80580	150
		98	ctns	5315.96		Furniture (Sleeping, Surfaces)	80580	100
34				10993.50		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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 10/5/18	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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. <i>[Signature]</i>
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Date: 10/5/2018 7:37:52 PM

Master Bill Of Lading

SHIP FROM

Name: **E & E COMPANY LTD**
 Address: **550 Northport Pkwy**
 City/State/Zip: **Port Wentworth, GA 31407**
 SID#: _____ FOB:

Master Bill of Lading Number: 06757166000282266

SHIP TO

Name: **Macy's /Bloom Consolidation Center** DC#: _____
 Div. _____
 Address: **C/O Dynamic High Point**
1124 Elon Place,
 City/State/Zip: **High Point, NC 27260**
 SID#: _____ FOB:

CARRIER NAME: **PRIME INC.**

Trailer number: **172455**
 Seal number(s): **9299838**

SCAC:
 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 UNDERLYING BILLS OF LANDING

Appointment Time **2:30** AM/PM Actual Driver Arrival Time **2:04** AM/PM Driver Departure Time **7:37** AM/PM

SPECIAL INSTRUCTIONS:

Load #: 40932169
 3092042

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6279524	139	7578.89	Y N	06757166000275060	CF	
Grand Total	139	7578.89				

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
24	Pallet			1200.00		Pallet		70
		28	ctns	1400.04		Furniture (Sleeping, Surfaces)	80580	100
		111	ctns	6178.85		Furniture (Seating, Storage, Outdoor)	80580	150
24				8778.89		Grand Total		

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

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

- By Shipper
- By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Handwritten Signature 10/5/18

Date: 10/5/2018 8:53:13 PM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		Master Bill of Lading Number: 06757166000282235	
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: PRIME INC.	
Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic High Point 1124 Elon Place, City/State/Zip: High Point, NC 27260 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: 141213 Seal number(s): 9297279 SCAC: 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"/> <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 40932333 3092624		Appointment Time: <u>3:30</u> AM/PM Actual Driver Arrival Time: <u>2:47</u> AM/PM Driver Departure Time: <u>8:53</u> AM/PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	Supplier#
6281097	81	3868.73	Y	N	06757166000274971	TB	
Grand Total	81	3868.73					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
7	Pallet			350.00		Pallet		70
		38	ctns	1680.00		Furniture (Sleeping, Surfaces)	80580	100
		43	ctns	2188.73		Furniture (Seating, Storage, Outdoor)	80580	150
7				4218.73		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.

LC 10/5/18

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.

9/6/18

Date: 10/5/2018 8:45:48 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757166000282259
Name:	E & E COMPANY LTD	
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: PRIME INC.
Name:	Macy's /Bloom Consolidation Center DC#:	
	Div.	
Address:	C/O Dynamic High Point	Trailer number: 172044
	1124 Elon Place,	Seal number(s): 929729
City/State/Zip:	High Point, NC 27260	SCAC:
SID#:	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED
City/State/Zip:		(check box) UNDERLYING BILLS OF LANDING
SPECIAL INSTRUCTIONS:		Appointment Time Actual Driver Arrival Time Driver Departure Time
Load #: 40932304		3:00 AM 2:55 AM 8:45 AM
3092386		PM PM PM

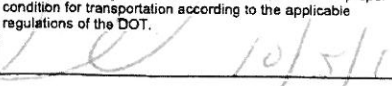
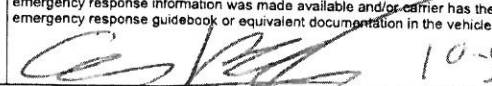
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6280998	146	7948.87	Y	N	06757166000275046	CX	
Grand Total	146	7948.87					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
39	Pallet			1950.00		Pallet		70
		60	ctns	3257.04		Furniture (Seating, Storage, Outdoor)	80580	150
		86	ctns	4691.83		Furniture (Sleeping, Surfaces)	80580	100
39				9898.87		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>  10/5/18	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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>  10-5
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Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757166000274988	
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757166000274988	
SHIP TO		CARRIER NAME: PRIME INC.	
Name: Macy's Home Store Stone Mountain DC Location #: SB Address: 4401 Sarr Pkwy City/State/Zip: Stone Mountain, GA 30083 CID#: _____ Dept: _____		Responsible Acct.No: _____ Trailer number: 161358 Seal number(s): 9297627	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 40932300 3092590 Packing List is Attached		Appointment Time: 11:30 AM	Actual Driver Arrival Time: 10:25 AM
		Driver Departure Time: 2:01 PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6281174	142	6787.81	Y N	
Grand Total	142	6787.81		

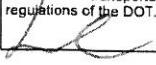
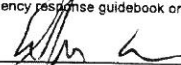
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
24	Pallet			1200.00		Pallet		
		62	ctns	2601.51		Furniture (Seating, Storage, Outdoor)	80580	150
		80	ctns	4186.30		Furniture (Sleeping, Surfaces)	80580	100
24		142		7987.81		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.  10/9/18	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.  10-9-18
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