

SHIP FROM

Name: E & E COMPANY LTD
 Address: 602 Expansion Blvd
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757169000005132



(402)06757169000005132

SHIP TO

Name: Macy's HomeStore Raritan Furniture DC Location #: RF
 Address: 401 Clearview Rd
 City/State/Zip: Edison, NJ 08837
 CID#: _____
 Dept: 0872

CARRIER NAME: JB Hunt Intermodal
 Responsible Acct.No: _____
 Trailer number: 309892
 Seal number(s): 1868379

SCAC: HJBI
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 41417968
 3559895
 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
1363505	220	9873.55	Y N	
Grand Total	220	9873.55		

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 #	CLAS
1	Pallet			50.00		Pallet		
		220	ctns	9873.55		Furniture (Seating, Storage, Outdoor)	80580	150
1		220		9923.55		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

SHIPPER SIGNATURE / DATE

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

[Signature]
 03/22/19

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 emergency response guidebook or equivalent documentation in the vehicle.

[Signature]

SHIP FROM

Name: E & E COMPANY LTD
 Address: 602 Expansion Blvd
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757169000005156



CARRIER NAME: JB Hunt Intermodal

Responsible Acct.No: _____

Trailer number: 326041

Seal number(s): 1868377

SCAC: HJBI

Pro Number: _____

SHIP TO

Name: Macy'sHomeStoreRaritan Location #: RF
 Address: 401 Clearview Rd
 City/State/Zip: Edison, NJ 08837
 CID#: _____
 Dept: 0872

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____

Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:

Load #: 41417962
 3559912
 Packing List is Attached

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

Prepaid: _____ Collect: **X** 3rd Party: _____

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1363505	97	4448.60	Y N	
Grand Total	97	4448.60		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		97	ctns	4448.60		Furniture (Seating, Storage, Outdoor)	80580	150
1		97		4498.60		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 can emergency response information was made available and/or carrier has the emergency response guidebook or equivalent documentation in the vehicle.


[Handwritten Signature]

Date: 3/21/2019 1:11:42 PM

Bill Of Lading

Page 1 of 1

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 602 Expansion Blvd
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757169000005095

 (402)06757169000005095

SHIP TO
 Name: Macy's Home Store Minooka DC Location #: CX
 Address: 601A Midpoint Rd
 City/State/Zip: Minooka, IL 60447
 CID#: _____
 Dept: 0886 FOB:

CARRIER NAME: Hub Group
 Responsible Acct No: _____
 Trailer number: HCEU 639136
 Seal number(s): 1868380
SCAC: HUBG
Pro Number: _____

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

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

SPECIAL INSTRUCTIONS:
 Load #: 41423688
 3559842
 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
1345740	21	1331.92	Y	N	
1381875	123	4921.77	Y	N	
Grand Total	144	6253.69			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or securing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	436.52		Furniture (Sleeping, Surfaces)	80580	100
		137	ctns	5817.17		Furniture (Seating, Storage, Outdoor)	80580	150
1		144		6303.69		Grand Total		

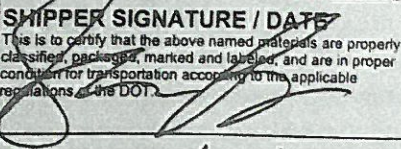
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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

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

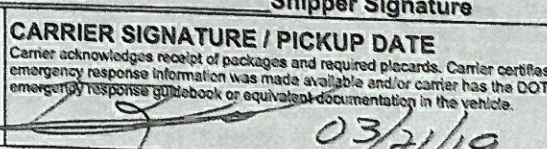
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable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

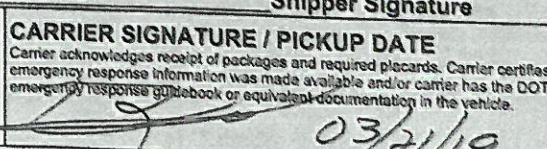
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

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

 03/21/19

Trailer Loaded:
 By Shipper
 By Driver

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

SHIPPER SIGNATURE

 03/21/19

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.

 03/21/19

Date: 3/26/2019 10:17:42 AM

Bill Of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 602 Expansion Blvd
 City/State/Zip: Port Wentworth, GA 31407
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757169000005064



CARRIER NAME: Hub Group
 Responsible Acct No:

SHIP TO
 Name: Macy's Home Store Los Angeles Location #: CF
 DC
 Address: 15541 East Gale Ave
 City/State/Zip: City of Industry, CA 91745
 CID#:
 Dept: 0886
 FOB:

Trailer number: HGIU501826
 Seal number(s): 1868345

SCAC: HUBG
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: **Collect:** **3rd Party:** X

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

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

SPECIAL INSTRUCTIONS:
 Load #: 41428967
 3559715
 Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1330175	28	628.12	Y N	
1363637	65	2546.02	Y N	
Grand Total	93	3174.14		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		26	ctns	560.82		Furniture (Sleeping, Surfaces)	80580	100
		67	ctns	2613.32		Furniture (Seating, Storage, Outdoor)	80580	150
1		93		3224.14		Grand Total		

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

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).

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Shipper Signature

SHIPPER SIGNATURE / DATE

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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.

Carl Hill

03/26/19

Date: 3/25/2019 10:27:13 AM

Bill Of Lading

Page 1 of 1

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 602 Expansion Blvd
 City/State/Zip: Port Wentworth, GA 31407
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757169000005040



CARRIER NAME: Hub Group
 Responsible Acct.No:

SHIP TO
 Name: Macy's Home Store Los Angeles Location #: CF
 DC
 Address: 15541 East Gale Ave
 City/State/Zip: City of Industry, CA 91745
 CID#:
 Dept: 0872
 FOB:

Trailer number: HGIU502120
 Seal number(s): 1868386

SCAC: HUBG
 Pro Number:

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

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

Prepaid: Collect: 3rd Party: X

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

SPECIAL INSTRUCTIONS:
 Load #: 41428965
 3559688
 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
1363637	191	11112.64	Y N	
Grand Total	191	11112.64		

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 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		191	ctns	11112.64		Furniture (Seating, Storage, Outdoor)	80580	150
1		191		11162.64		Grand Total		

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*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).

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Shipper Signature

SHIPPER SIGNATURE / DATE

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Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

[Signature] 03/25/19

April James

From: CSTPPWK
Sent: Thursday, June 20, 2019 1:09 PM
To: April James
Subject: FW: POD Request (CB1901393)
Attachments: HUB1.pdf; HUB2.pdf

Importance: High

HGIU502120 127971638 pod requested
HGIU501826 127971642 requested also

1. All requests will be processed in the order received.
2. Please email document requests to cstppwk@hubgroup.com
3. For Verification of Employment call 1-630-271-3600. This is not the right email.

Customer Paperwork Requests | Customer Paperwork Requests | Hub Group, Inc.

| 700 Commerce Drive Suite 300 | Oak Brook, IL 60523 | Fax 630-435-3034 |
cstppwk@hubgroup.com | www.hubgroup.com

From: April James <april.james@oalogistics.com>
Sent: Thursday, June 13, 2019 12:53 PM
To: CSTPPWK <cstppwk@hubgroup.com>
Subject: POD Request (CB1901393)

This message was sent from outside the company. Please do not click links or open attachments unless you recognize the source of this email and know the content is safe.
Good afternoon,

Can you please send me proof of delivery for the following attachments.

Thanks,

April James