

SHIP FROM		Master Bill of Lading Number: 06757163000305780	
Name:	E & E COMPANY LTD	Address:	221 Hanson Way
City/State/Zip:	Woodland, CA 95776	SID#:	FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: City Garment Carriers Inc	
Name:	Bealls Outlet Stores #115	DC#: 115	Trailer number: LTS26D
Address:	TMS Location Code: 01000817 817-Distribution Center, 2100 47th Terrace E	Div.	Seal number(s): 22413813
City/State/Zip:	Bradenton, FL 34203	SID#:	SCAC:
SID#:	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 (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 8000376682		Appointment Time 8-9 AM	Actual Driver Arrival Time 8:30 AM
		Driver Departure Time 10:15 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
0996479	24	200.88	Y	N	06757163000303922	115	
0996443	18	122.94	Y	N	06757163000303939	115	
0997430	30	343.80	Y	N	06757163000303915	115	
0996671	60	568.20	Y	N	06757163000303908	115	
0993109	135	3769.32	Y	N	06757163000303892	115	
Grand Total	267	5005.14					

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
21	Pallet			840.00		Pallet		70
		132	ctns	1235.82		Mattress Pads	149265	100
		64	ctns	1600.38		Furniture (Sleeping, Surfaces)	80580	100
		71	ctns	2168.94		Furniture (Seating, Storage, Outdoor)	80580	150

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align:right">Shipper Signature</p>
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<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 3-5-19</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. West Coast Antonio 3-5-19</p>
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Date: 3/5/2019 10:05:11 AM

Master Bill Of Lading

Page 2 of 2

SHIP FROM				SHIP TO				THIRD PARTY FREIGHT CHARGES BILL TO:					
Name: E & E COMPANY LTD				Name: Bealls Outlet Stores #115				Name:					
Address: 221 Hanson Way				DC#: 115				Address:					
City/State/Zip: Woodland, CA 95776				Div.				City/State/Zip:					
SID#: _____ FOB: <input type="checkbox"/>				TMS Location Code: 01000817				SPECIAL INSTRUCTIONS:					
				817-Distribution Center, 2100 47th Terrace E				Load #: 8000376682					
				City/State/Zip: Bradenton, FL 34203									
				SID#: _____ FOB: <input type="checkbox"/>									
				CARRIER NAME: City Garment Carriers Inc				Freight Charge Terms:					
				Trailer number: LTS26D				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
				Seal number(s): 22413813				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED					
				SCAC:				(check box) UNDERLYING BILLS OF LANDING					
				Pro Number:				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
								AM PM		AM PM		AM PM	
21				5845.14				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.

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD	Bill of Lading Number: 06757163000303908		
Address: 221 Hanson Way	 (402)06757163000303908		
City/State/Zip: Woodland, CA 95776			
PHONE:	CARRIER NAME: City Garment Carriers Inc		
VENDOR:	Responsible Acct.No:		
	Trailer number: LTS26D		
	Seal number(s): 22413813		
	SCAC: CGMC		
	Pro Number:		
	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
City/State/Zip:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 8000376682	AM	AM	AM
Packing List is Attached	PM	PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
0996671	60	568.20	Y N	Dept. 412	
Grand Total	60	568.20			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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
3	Pallet			120.00		Pallet		
		60	ctns	568.20		Mattress Pads	149265	100
3		60		688.20		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.

Order No.: 4795980 Order Date: 10/10/2018 Customer: BEALLS OUTLET STORES #115 Customer PO No.: 0996671

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: BEALL'S OUTLET STORES PO BOX 25030 BRADENTON, FL 34206 US	SHIP TO: BEALLS OUTLET STORES #115 2100 47TH TERRACE AVE E. BRADENTON, FL 34203 US	Shipping Date: 03/05/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
54248835	BE16-369	300542488350	Mattress Pad	EA	2	120	60	120	60

Total Weight:	568.2
Total Quantity Ordered:	120
Total Cartons Ordered:	60
Total Quantity Shipped:	120
Total Cartons Shipped:	60

Date: 3/5/2019 9:52:21 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000303922	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 PHONE: VENDOR:		 (402)06757163000303922	
SHIP TO		CARRIER NAME: City Garment Carriers Inc	
Name: Bealls Outlet Stores #115 Address: 2100 47th Terrace Ave E. City/State/Zip: Bradenton, FL 34203 CID#: _____ FOB: <input type="checkbox"/> Dept: _____		Responsible Acct.No: Trailer number: LTS26D Seal number(s): 22413813	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: CGMC	
Name: Address: City/State/Zip:		Pro Number:	
SPECIAL INSTRUCTIONS: Load #: 8000376682 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
0996479	24	200.88	Y	N	Dept. 412
Grand Total	24	200.88			

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(e) of NMFC Item 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			40.00		Pallet			
		24	ctns	200.88		Mattress Pads	149265	100	
1		24		240.88		Grand Total			

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

COD Amount: _____
Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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

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

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

Shipper Signature


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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Order No.: 4783181 Order Date: 09/29/2018 Customer: BEALLS OUTLET STORES #115 Customer PO No.: 0996479

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: BEALL'S OUTLET STORES PO BOX 25030 BRADENTON, FL 34206 US	SHIP TO: BEALLS OUTLET STORES #115 2100 47TH TERRACE AVE E. BRADENTON, FL 34203 US	Shipping Date: 03/05/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
54248345	BE16-368	300542483454	Mattress Pad	EA	2	48	24	48	24

Total Weight:	200.88
Total Quantity Ordered:	48
Total Cartons Ordered:	24
Total Quantity Shipped:	48
Total Cartons Shipped:	24

SHIP FROM		Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 PHONE: VENDOR:		Bill of Lading Number: 06757163000303939  (402)06757163000303939										
SHIP TO		Name: Bealls Outlet Stores #115 Address: 2100 47th Terrace Ave E. City/State/Zip: Bradenton, FL 34203 CID#: _____ FOB: <input type="checkbox"/> Dept: _____		CARRIER NAME: City Garment Carriers Inc Responsible Acct.No: Trailer number: LTS26D Seal number(s): 22413813 SCAC: CGMC 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: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 8000376682 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
0996443	18	122.94	Y	N	Dept. 412
Grand Total	18	122.94			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			40.00		Pallet		
		18	ctns	122.94		Mattress Pads	149265	100
1		18		162.94		Grand Total		

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

COD Amount: _____ Fee Terms: Collect: <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

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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Order No.: 4783153 Order Date: 09/28/2018 Customer: BEALLS OUTLET STORES #115 Customer PO No.: 0996443

SHIP FROM:	BILL TO:	SHIP TO:	Shipping Date:
E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BEALL'S OUTLET STORES PO BOX 25030 BRADENTON, FL 34206 US	BEALLS OUTLET STORES #115 2100 47TH TERRACE AVE E. BRADENTON, FL 34203 US	03/05/2019

Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
54247127	BE16-367	300542471277	Mattress Pad	EA	2	36	18	36	18

Total Weight:	122.94
Total Quantity Ordered:	36
Total Cartons Ordered:	18
Total Quantity Shipped:	36
Total Cartons Shipped:	18

Date: 3/5/2019 9:50:19 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757163000303915



SHIP TO

Name: Bealls Outlet Stores #115
 Address: 2100 47th Terrace Ave E.
 City/State/Zip: Bradenton, FL 34203
 CID#: FOB:
 Dept:

CARRIER NAME: City Garment Carriers Inc

Responsible Acct.No:
 Trailer number: LTS26D
 Seal number(s): 22413813

SCAC: CGMC

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:

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 8000376682
 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
0997430	30	343.80	Y N	Dept. 412
Grand Total	30	343.80		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			80.00		Pallet		
		30	ctns	343.80		Mattress Pads	149265	100
2		30		423.80		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.

Order No.: 4783145 Order Date: 09/26/2018 Customer: BEALLS OUTLET STORES #115 Customer PO No.: 0997430

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: BEALL'S OUTLET STORES PO BOX 25030 BRADENTON, FL 34206 US	SHIP TO: BEALLS OUTLET STORES #115 2100 47TH TERRACE AVE E. BRADENTON, FL 34203 US	Shipping Date: 03/05/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
54250138	BE16-370	300542501387	Mattress Pad	EA	2	60	30	60	30

Total Weight:	343.8
Total Quantity Ordered:	60
Total Cartons Ordered:	30
Total Quantity Shipped:	60
Total Cartons Shipped:	30

Order No.: 4913142 Order Date: 02/06/2019 Customer: BEALLS OUTLET STORES #115 Customer PO No.: 0993109

SHIP FROM: E & E COMPANY LTD 221 HANSON WAY WOODLAND, CA 95776	BILL TO: BEALL'S OUTLET STORES PO BOX 25030 BRADENTON, FL 34206 US	SHIP TO: BEALLS OUTLET STORES #115 2100 47TH TERRACE AVE E. BRADENTON, FL 34203 US	Shipping Date: 03/05/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
57866892	MP120-0552	086569973634	Maynard Accent Side Table with	EA	1	34	34	34	34
57861694	MP145-0347	675716934095	Everett Outdoor Arm Chair (set)	EA	1	27	27	27	27
57905220	MPS101-0274	086569032607	Shelby Ottoman	EA	1	25	25	25	25
57867046	MPS101-0276	086569032683	Chambor Ottoman	EA	1	19	19	19	19
57861367	MPS120-0215	086569993762	Madi End Table	EA	1	30	30	30	30

Total Weight:	3769.32
Total Quantity Ordered:	135
Total Cartons Ordered:	135
Total Quantity Shipped:	135
Total Cartons Shipped:	135