

# Chargebacks and RTVs

Macy's, Inc. (MacysNet)

Valid as of: 6/28/2019 2:55:11 AM EST

Division: Macy's Account #: 05390993890

Vendor Name: E & E CO LTD

Document Number: 4734356

Department/Vendor: 602/935

## Check Summary

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Check Number: 1785151

Check Date: 6/19/2019

Purchase Order Number: 1255941

## Transaction Summary

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Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA

Total Cost: (\$0)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE

Total Cost: (\$36)

## Style Summary

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Receipt Number: 2984851-000

Carrier:

Freight Bill:

Bill of Lading: 7152936102

Cartons: 0

Weight: 0

Total Cost: (\$36)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost	Diff Ext	Qty Diff
LT250.	0	-1	\$36.00	\$0.00		\$0.00		-36

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Document Number: 4734705

Department/Vendor: 602/935

## Check Summary

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Check Number: 1785151

Check Date: 6/19/2019

Purchase Order Number: 1255941

## Transaction Summary

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Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA

Total Cost: (\$0)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE

Total Cost: (\$36)

Style Summary

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Receipt Number: 2992974-000

Carrier:

Freight Bill:

Bill of Lading: 0675716400


Cartons: 0

Weight: 0

Total Cost: (\$36)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost	Diff Ext	Qty Diff
LT250.	0	-1	\$36.00	\$0.00		\$0.00		-36

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<p align="center"><b>SHIP FROM</b></p> <p>Name: E &amp; E COMPANY LTD          Address: 1680 Tide Court          City/State/Zip: Woodland, CA 95776          SID#: _____          PHONE: _____          VENDOR: _____</p>	<p>Bill of Lading Number: 06757164000134332</p>  <p>(402)06757164000134332</p>
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<p align="center"><b>SHIP TO</b></p> <p>Name: Macy's Home Store Idaho Falls Location #: 0424          Address: c/o D2S Idaho Falls-Grand Teton          2240 E 17th St,          City/State/Zip: Idaho Falls, ID 83404          CID#: _____          Dept: 0602</p>	<p>Trailer number: _____          Seal number(s): _____</p> <p><b>SCAC:</b> FDEG  <b>Pro Number:</b> _____</p>
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<p align="center"><b>THIRD PARTY FREIGHT CHARGES BILL TO:</b></p> <p>Name: _____          Address: _____          City/State/Zip: _____</p> <p>SPECIAL INSTRUCTIONS:          Packing List Is Attached</p>	<p><b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b></p> <p>Prepaid: _____ Collect: <b>X</b> 3rd Party: _____</p> <p><input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)</p> <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 align="center">AM</td> <td align="center">AM</td> <td align="center">AM</td> </tr> <tr> <td align="center">PM</td> <td align="center">PM</td> <td 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
1255941	1	5.73	Y N	
<b>Grand Total</b>	1	5.73		

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				
		1	ctns	5.73		Shower curtain	49385	77.5		
1		1		55.73		<b>Grand Total</b>				

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
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<p><b>SHIPPER SIGNATURE / DATE</b>          This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b></p> <p><input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p align="center"><b>Shipper Signature</b></p> <p><b>CARRIER SIGNATURE / PICKUP DATE</b>          Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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**Customer:** MACY'S HOME STORE IDAHO FALLS

**Ship Date:** 04/29/2019

**SHIP FROM:**

E & E COMPANY LTD  
1680 TIDE COURT  
WOODLAND, CA 95776

**BILL TO:**

MACY'S HOME STORE  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45201  
US

**SHIP TO:**

MACY'S HOME STORE IDAHO FALLS  
C/O D2S IDAHO FALLS-GRAND TETON  
2240 E 17TH ST  
IDAHO FALLS, ID 83404  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1255941	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1

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**Total Weight:** 5.73  
**Total Quantity Ordered:** 3  
**Total Cartons Ordered:** 1  
**Total Quantity Shipped:** 3  
**Total Cartons Shipped:** 1

EEC Show Cartons Scanned, loaded and billed correct.

ShipmentCartonDetail(400013433)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case/Pack Qty	Tracking No.	Status
1255941	4990118	R2019042306575314	MCH70-988	Spa Waffle Shower Curtain	00106757164001182551	0635532747	00006757166355327476	3	715299610219206	Loaded



August 1, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610219206.

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**Delivery Information:**

Status:	Delivered	Delivery location:	Idaho Falls, ID
Signed for by:	NBRAVO	Delivery date:	May 1, 2019 10:01
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.

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**Shipping Information:**

Tracking number:	715293610219206	Ship date:	Apr 29, 2019
		Weight:	5.0 lbs/2.3 kg

Recipient:  
Idaho Falls, ID US

Shipper:  
Woodland, CA US

Reference  
Purchase order number:  
Invoice number

S100006767166355327476  
PO1255941  
MCH70-988

Thank you for choosing FedEx.

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000135988	
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: NEW LEGEND TRUCKING Tractor number: 22482 Seal number(s): 0986568 SCAC: LEGS Pro Number:	
<b>SHIP TO</b>			
Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: 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 (check box)	
Name: _____ Address: _____ City/State/Zip: 4/29		Appointment Time: 12:00 AM/PM Actual Driver Arrival Time: 10:00 AM/PM Driver Departure Time: 11:45 AM/PM	
SPECIAL INSTRUCTIONS: Load #: 41514606			

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#	
9342941	14	249.17	Y N	06757164000135193	JP		
1255941	32	340.48	Y N	06757164000135117	JP		
8346041	16	164.88	Y N	06757164000135216	JP		
9387411	7	46.27	Y N	06757164000135247	ST		
8397411	3	19.83	Y N	06757164000135230	JP		
1255941	57	684.85	Y N	06757164000135131	ST		
1255941	51	522.26	Y N	06757164000135094	GN		
1255941	52	622.22	Y N	06757164000135124	CL		
1255941	28	271.81	Y N	06757164000135148	TU		
9342941	51	1001.40	Y N	06757164000135186	GN		
1255941	23	216.40	Y N	06757164000135100	HA		
1256711	228	3888.03	Y N	06757164000135179	ST		
1256711	221	3395.96	Y N	06757164000135155	GN		

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(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.

<b>SHIPPER SIGNATURE / DATE</b> 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] 4-29-19	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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] 04/29/19
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Date: 4/29/2019 11:18:31 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000135988	
Name:	E & E COMPANY LTD		
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>

<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING	
Name:	Macy's /Bloom Consolidation Center DC#	Trailer number:	22482
	Div.	Seal number(s):	0955563
Address:	G/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	SCAC:	LEGS
City/State/Zip:	Santa Fe Spgs, CA 90670	Pro Number:	
SID#:		FOB:	<input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:	4/29	3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 41514688		Appointment Time	Actual Driver Arrival Time
		12:00 AM	10:00 AM
		PM	PM
		Driver Departure Time	11:45 AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
1256711	141	2318.16	Y	N	06757164000135182	JP	
9346041	13	137.10	Y	N	06757164000135223	ST	
9346041	28	297.12	Y	N	06757164000135209	GN	
<b>Grand Total</b>	<b>965</b>	<b>14155.74</b>					

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 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
31	Pallet			1550.00		Pallet		70
		65	ctns	1250.67		Comforters, Bedspreads	49017	200
		528	ctns	9304.08		Mattress Pads	149265	100
		236	ctns	2106.80		Pillows, Valance, Towels	49390	100
		69	ctns	829.09		Shower curtain	49385	77.5
		67	ctns	665.20		Throws, Blankets	49040	150

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
<b>SHIPPER SIGNATURE / DATE</b> 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. Emilio 4-29-19	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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. X [Signature] 04/29/19

Date: 4/29/2019 11:18:31 AM

## Master Bill Of Lading

Page 3 of 3

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000135888	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> NEW LEGEND TRUCKING	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.:	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	22482
		Seal number(s):	0966568
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	LEGS
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:	4/29	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 41514886		12:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Driver Departure Time	11:45 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
31		16705.74	<b>Grand Total</b>


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"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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.	
<b>SHIPPER SIGNATURE / DATE</b> 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. E. M. C. 4-29-19		<b>SHIPPER SIGNATURE</b>	
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	
		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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. X/ [Signature] 04/29/19	



Date: 4/29/2019 11:17:43 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000136117	
Name: E & E COMPANY LTD		 (402)06757164000136117	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: NEW LEGEND TRUCKING	
<b>SHIP TO</b>		Responsible Acct.No:	
Name: Macy's Home Store Joppa DC Location #: JP		Trailer number: 22482	
Address: o/o Joppa DC		Seal number(s): 0966568	
City/State/Zip: Joppa, MD 21086		SCAC: LEGS	
CID#:		Pro Number:	
Dept: 0602		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Address:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
City/State/Zip:		AM AM AM PM PM PM	
SPECIAL INSTRUCTIONS:			
Load #: 41514688			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1255941	32	340.48	Y N	
<b>Grand Total</b>	<b>32</b>	<b>340.48</b>		

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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		18	ctns	183.10		Pillows, Valance, Towels	49390	100
		14	ctns	157.38		Shower curtain	49385	77.5
1		32		390.48		<b>Grand Total</b>		

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"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rules, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> 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.		<b>SHIPPER SIGNATURE</b> 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	
<b>CARRIER SIGNATURE / PICKUP DATE</b> 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: 4/29/2019 11:18:16 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000135230	
Name:	E & E COMPANY LTD	 (402)06767164000135230	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	<b>CARRIER NAME:</b> NEW LEGEND TRUCKING
<b>SHIP TO</b>		Responsible Acct.No:	Trailer number: 22482
Name:	Maoy's Home MMG Joppa DC	Location #:	JP
Address:	o/o Joppa DC		
City/State/Zip:	3300 Fashion Way, Joppa, MD 21085		
CID#:			
Dept:	0689	FOB: <input type="checkbox"/>	Seal number(s): 0966588
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Load #: 41514686		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
Packing List is Attached		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
9397411	3	19.83	Y N	
<b>Grand Total</b>	<b>3</b>	<b>19.83</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	19.83		Throws, Blankets	49040	150
1		3		69.83		<b>Grand Total</b>		

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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000135131
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000135131
City/State/Zip: Woodland, CA 95776	SID#:	

PHONE:	VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: NEW LEGEND TRUCKING
<b>SHIP TO</b> Name: Macy's Home Store Stone Mountain DC Location #: ST Address: o/o Stone Mountain DC City/State/Zip: 4401 Barr Parkway, Stone Mountain, GA 30083 CID#: Dept: 0802 FOB: <input type="checkbox"/>			Responsible Acct.No: Trailer number: 22482 Seal number(s): 0988568 SCAC: LEGS Pro Number:

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: X
City/State/Zip:		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 41614686		Master Bill of Lading: with attached underlying Bills of Lading	
Packing List Is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM


CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1255941	57	684.65	Y N	
<b>Grand Total</b>	<b>57</b>	<b>684.65</b>		

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 309.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		39	ctns	456.11		Pillows,Valance,Towels	49390	100
		18	ctns	228.54		Shower curtain	49385	77.5
1		57		734.65		<b>Grand Total</b>		

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(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.
<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>SHIPPER SIGNATURE</b>
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
<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.	

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000136094	
Name:	E & E COMPANY LTD	 (402)06757164000136094	
Address:	1600 Tide Court		
City/State/Zip:	Woodland, CA 96776		
SID#:			
PHONE:			
VENDOR:		<b>CARRIER NAME:</b> NEW LEGEND TRUCKING Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 22462	Seal number(s): 0966668
Name:	Macy's Home Store Gandy DC Location #: GN	<b>SCAC:</b> LEGS	
Address:	o/o Gandy DC	<b>Pro Number:</b>	
City/State/Zip:	4130 Gandy Blvd., Tampa, FL 33611		
CID#:			
Dept:	0602		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b> (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
<b>SPECIAL INSTRUCTIONS:</b>		AM	AM
Load #: 41614686		PM	PM
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1256941	51	522.26	Y    N	
<b>Grand Total</b>	<b>51</b>	<b>522.26</b>		


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		
		39	ctns	363.29		Pillows,Valance,Towels	49390	100
		12	ctns	158.97		Shower curtain	49385	77.5
1		51		572.26		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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;"><b>Shipper Signature</b></p>
<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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: 4/29/2019 11:18:20 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000136124	
Name:	E & E COMPANY LTD	 (402)06767164000136124	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		<b>CARRIER NAME:</b> NEW LEGEND TRUCKING	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 22482	
Name:	Macy's Home Store Minooka DC Location #: CL	Seal number(s): 0966568	
Address:	c/o Minooka DC	<b>SCAC:</b> LEGS	
City/State/Zip:	601 Midpoint Rd., Minooka, IL 60447	Pro Number:	
CID#:			
Dept:	0802		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b> (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:		(check box)	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 41514686		AM	AM
Packaging List is Attached		PM	PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1265941	52	622.22	Y	N	
<b>Grand Total</b>	<b>52</b>	<b>622.22</b>			

## 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 so 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		
		49	ctns	489.84		Pillows,Valance,Towels	49390	100
		9	ctns	132.38		Shower curtain	49385	77.5
1		52		672.22		<b>Grand Total</b>		

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: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:

By Shipper  
 By Driver

## Freight Counted:

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


## CARRIER SIGNATURE / PICKUP DATE

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

Date: 4/29/2019 11:17:59 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Name: E & E COMPANY LTD		Bill of Lading Number: 08767164000135148	
Address: 1680 Tide Court		City/State/Zip: Woodland, CA 95776		 (402)08767164000135148	
SID#:		PHONE:			
VENDOR:		FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		Name: Macy's Home Store Tukwila DC		CARRIER NAME: NEW LEGEND TRUCKING	
Address: a/o Tukwila DC		City/State/Zip: Tukwila, WA 98188		Responsible Acct.No:	
CID#:		Dept: 0602		Trailer number: 22482	
Location #: TU		FOB: <input type="checkbox"/>		Seal number(s): 0866688	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Name:		SCAC: LEGS	
Address:		City/State/Zip:		Pro Number:	
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		Appointment Time	
Load #: 41514686		Prepaid: <input type="checkbox"/>		Actual Driver Arrival Time	
Packing List Is Attached		Collect: X		Driver Departure Time	
		3rd Party: <input type="checkbox"/>		AM	
		Master Bill of Lading: with attached underlying Bills of Lading		PM	
		(check box)		AM	
				PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1255941	28	271.81	Y N	
<b>Grand Total</b>	<b>28</b>	<b>271.81</b>		

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 NMFO Item 389.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	173.91		Pillows,Valance,Towels	49390	100
		11	ctns	97.90		Shower curtain	49385	77.5
1		28		321.81		<b>Grand Total</b>		

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

COD Amount: \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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


## CARRIER SIGNATURE / PICKUP DATE

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

Date: 4/29/2019 11:17:46 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO					
Name:	E & E COMPANY LTD	Name:	Maoy's Home MMG Gandy DC Location #: GN				
Address:	1880 Tide Court	Address:	c/o Gandy DC				
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Tampa, FL 33611				
SID#:		OID#:					
PHONE:		Dept:	0703				
VENDOR:		FOB:	<input type="checkbox"/>				
Bill of Lading Number: 06757184000135186		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>					
(402)06757184000135186		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>					
CARRIER NAME: NEW LEGEND TRUCKING		Appointment Time					
Responsible Acct.No:		Actual Driver Arrival Time					
Trailer number: 22482		Driver Departure Time					
Seal number(s): 0966568		AM	AM				
SCAC: LEGS		PM	PM				
Pro Number:							
THIRD PARTY FREIGHT CHARGES BILL TO:							
Name:		Name:					
Address:		Address:					
City/State/Zip:		City/State/Zip:					
SPECIAL INSTRUCTIONS:							
Load #: 41514686							
Packing List is Attached							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
9342941	51	1001.40	Y N				
<b>Grand Total</b>	<b>51</b>	<b>1001.40</b>					
CARRIER INFORMATION							
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE		<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFO Item 300</small>	NMFC #	CLASS
2	Pallet			100.00	Pallet		
		51	ctns	1001.40	Comforters, Bedspreads	49017	200
2		51		1101.40	<b>Grand Total</b>		

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		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION		CARRIER INFORMATION		
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Hayward DC Location #: HA	Name:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
Address:	1680 Tide Court	Address:	c/o Hayward DC	Address:		1256941	23	216.40	Y N	
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	28701 Hall Road, Hayward, CA 94545	City/State/Zip:		<b>Grand Total</b>	<b>23</b>	<b>216.40</b>		
SID#:		CID#:		SPECIAL INSTRUCTIONS:		Appointment Time   Actual Driver Arrival Time   Driver Departure Time AM   AM   AM PM   PM   PM				
PHONE:		Dept:	0802	Load #:	41514686	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
						Trailer number: 22482 Seal number(s): 0886588 SCAC: LEGS Pro Number:				
						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				
1256941		23	216.40	Y	N					
<b>Grand Total</b>		<b>23</b>	<b>216.40</b>							
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 309.</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		18	ctns	162.48		Pillows, Valance, Towels	49390	100		
		5	ctns	53.92		Shower curtain	49385	77.5		
1		23		266.40		<b>Grand Total</b>				

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

per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

**SHIPPER SIGNATURE / DATE**

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

Trailer Loaded:

By Shipper  
 By Driver

Freight Counted:

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


**CARRIER SIGNATURE / PICKUP DATE**

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

Date: 4/29/2019 11:17:40 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Stone Mountain DC
Address:	1680 Tide Court	Address:	c/o Stone Mountain DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	4401 Barr Parkway, Stone Mountain, GA 30083
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000136179		Trailer number: 22482	
		Seal number(s): 0968568	
(402)06757164000136179		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
3rd Party: <input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
Appointment Time		Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM	AM
PM	PM	PM	PM
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/>	
City/State/Zip:		Collect: X	
SPECIAL INSTRUCTIONS:		3rd Party: <input type="checkbox"/>	
Load #: 41514686		Master Bill of Lading: with attached underlying Bills of Lading	
Packing List Is Attached		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
		AM	
		AM	
		PM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1266711	228	3868.03	Y N	
<b>Grand Total</b>	<b>228</b>	<b>3868.03</b>		

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
7	Pallet			350.00		Pallet		
		216	ctns	3814.75		Mattress Pads	149265	100
		12	ctns	53.28		Pillows,Valance,Towels	49390	100
7		228		4218.03		<b>Grand Total</b>		

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 sold to consignee  
 By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

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

<b>SHIP FROM</b>		Bill of Lading Number: 08757164000135155	
Name: E & E COMPANY LTD		 (402)06757164000135155	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 96776			
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: 22482	
Name: Macy's Home MMG Gandy DC Location #: GN		Seal number(s): 0968568	
Address: o/o Gandy DC		SCAC: LEGS	
City/State/Zip: 4130 Gandy Blvd., Tampa, FL 33611		Pro Number:	
CID#:			
Dept: 0614			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 41614686 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1256711	221	3395.96	Y N	
<b>Grand Total</b>	221	3395.96		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		185	ctns	3236.12		Mattress Pads	149265	100
		36	ctns	159.84		Pillows,Valance,Towels	49390	100
6		221		3695.96		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable, See 49 U.S.C. 14706(e)(1)(A) and (B).</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><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces</p>
<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>	

Date: 4/29/2019 11:18:24 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000136182	
Name:	E & E COMPANY LTD	 (402)06767164000136182	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776	<b>CARRIER NAME:</b> NEW LEGEND TRUCKING	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 22482	
VENDOR:	FOB: <input type="checkbox"/>	Seal number(s): 0966688	
<b>SHIP TO</b>		<b>SCAG:</b> LEGS	
Name:	Macy's Home MMG Joppa DC Location #: JP	Pro Number:	
Address:	c/o Joppa DC		
City/State/Zip:	3300 Fashion Way, Joppa, MD 21085		
CID#:			
Dept:	0614 FOB: <input type="checkbox"/>		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b> (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 (check box)	
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 41614686		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
1256711	141	2318.16	Y	N	
<b>Grand Total</b>	<b>141</b>	<b>2318.16</b>			

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		127	ctns	2253.21		Mattress Pads	149285	100
		14	ctns	64.95		Pillows,Valance,Towels	49390	100
4		141		2518.16		<b>Grand Total</b>		

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(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

## 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.

Date: 4/29/2019 11:17:60 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM				SHIP TO					
Name: E & E COMPANY LTD				Name: Maoy's Home MMG Stone Mountain DC					
Address: 1880 Tide Court				Address: o/o Stone Mountain DC					
City/State/Zip: Woodland, CA 95776				City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083					
SID#:				CID#:					
PHONE:				Dept: 0611					
VENDOR:				FOB: <input type="checkbox"/>					
Bill of Lading Number: 08757164000135223				Trailer number: 22482					
				Seal number(s): 0966560					
(402)06757164000135223				SCAC: LEGS					
CARRIER NAME: NEW LEGEND TRUCKING				Pro Number:					
Responsible Acct.No:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
Prepaid: <input type="checkbox"/>				Collect: X					
Master Bill of Lading: with attached underlying Bills of Lading				3rd Party: <input type="checkbox"/>					
SPECIAL INSTRUCTIONS: Load #: 41614686				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
Packing List is Attached				AM		AM		AM	
				PM		PM		PM	
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
9948041			13	137.10	Y N				
Grand Total			13	137.10					
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(a) of NMFC Item 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		13	ctns	137.10		Throws,Blankets	49040	150	
1		13		187.10		Grand Total			

When 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.

Date: 4/29/2019 11:18:10 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Gandy DC Location #: GN
Address:	1680 Tide Court	Address:	c/o Gandy DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	4130 Gandy Blvd., Tampa, FL 33611
SID#:		CID#:	
PHONE:		Dept:	0811
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000135209		Trailer number: 22482	
		Seal number(s): 0866568	
(402)08767164000135209		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party: <input type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 41514886		PM	
Packing List is Attached		AM	
		PM	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9348041	28	297.12	Y N	
<b>Grand Total</b>	<b>28</b>	<b>297.12</b>		

## 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 so to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		28	ctns	297.12		Throws, Blankets	49040	150
1		28		347.12		<b>Grand Total</b>		

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.

DEC Show Cartons Scanned,  
loaded and billed correct

ShipmentCartonDetail(400013509)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
1255941	4990231	R201904230657506	MCH71-1103	Atlantic Mosaic Waste	00106757164001180557	0635532979	00006757166355329791	2	Loaded
1255941	4990232	R201904230657506	MCH70-1140	Elm Waffle Shower Curtain	00106757164001180557	0635532980	00006757166355329807	3	Loaded
1255941	4990233	R201904230657506	MCH70-1141	Elm Waffle Shower Curtain	00106757164001180557	0635532981	00006757166355329814	3	Loaded
1255941	4990233	R201904230657506	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001180557	0635532982	00006757166355329821	2	Loaded
1255941	4990233	R201904230657506	MCH71-1103	Atlantic Mosaic Waste	00106757164001180557	0635532983	00006757166355329838	2	Loaded
1255941	4990234	R201904230657506	MCH70-1140	Elm Waffle Shower Curtain	00106757164001180557	0635532984	00006757166355329845	3	Loaded
1255941	4990235	R201904230657506	MCH70-998	Dallah Shower Curtain	00106757164001180557	0635532985	00006757166355329852	3	Loaded
1255941	4990235	R201904230657506	MCH71-1103	Atlantic Mosaic Waste	00106757164001180557	0635532986	00006757166355329869	2	Loaded
1255941	4990235	R201904230657506	MCH71-486	Hotel Glass Soap Dish	00106757164001180557	0635532987	00006757166355329876	4	Loaded
1255941	4990236	R201904230657506	MCH70-1141	Elm Waffle Shower Curtain	00106757164001180557	0635532988	00006757166355329883	3	Loaded
1255941	4990236	R201904230657506	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001180557	0635532989	00006757166355329890	2	Loaded
1255941	4990237	R201904230657506	MCH71-476	Serene Toothbrush Holder	00106757164001180557	0635532990	00006757166355329906	4	Loaded
1255941	4990238	R201904230657506	MCH70-994	Sorrel Shower Curtain	00106757164001180557	0635532991	00006757166355329913	3	Loaded
1255941	4990238	R201904230657506	MCH71-833	Sunset Ombre Toothbrush Holder	00106757164001180557	0635532992	00006757166355329920	4	Loaded
1255941	4990239	R201904230657506	MCH71-1103	Atlantic Mosaic Waste	00106757164001180557	0635532993	00006757166355329937	2	Loaded
1255941	4990239	R201904230657506	MCH71-484	Hotel Glass Lotion Pump	00106757164001180557	0635532994	00006757166355329944	4	Loaded
1255941	4990239	R201904230657506	MCH71-832	Sunset Ombre Lotion Pump	00106757164001180557	0635532995	00006757166355329951	4	Loaded
1255941	4990240	R201904230657506	MCH71-836	Sunset Ombre Tissue Cover	00106757164001180557	0635532996	00006757166355329963	2	Loaded
1255941	4990241	R201904230657506	MCH71-1103	Atlantic Mosaic Waste	00106757164001180557	0635532997	00006757166355329975	2	Loaded
1255941	4990241	R201904230657506	MCH71-1103	Atlantic Mosaic Waste	00106757164001180557	0635532998	00006757166355329982	2	Loaded
1255941	4990242	R201904230657506	MCH70-986	Fiona Shower Curtain	00106757164001180557	0635532999	00006757166355329999	3	Loaded
1255941	4990242	R201904230657506	MCH71-497	Cape Mosaic Lotion Pump	00106757164001180557	0635533000	00006757166355330001	4	Loaded
1255941	4990242	R201904230657506	MCH71-501	Cape Mosaic Wastebasket	00106757164001180557	0635533001	00006757166355330018	2	Loaded
1255941	4990254	R201904230657506	MCH70-984	Orlando Shower Curtain	00106757164001180557	0635533025	00006757166355330254	3	Loaded
1255941	4990254	R201904230657506	MCH71-837	Sunset Ombre Wastebasket	00106757164001180557	0635533026	00006757166355330261	2	Loaded
1255941	4990255	R201904230657506	MCH71-499	Cape Mosaic Tray	00106757164001180557	0635533027	00006757166355330278	4	Loaded
1255941	4990256	R201904230657506	MCH70-988	Spa Waffle Shower Curtain	00106757164001180557	0635533028	00006757166355330285	3	Loaded
1255941	4990257	R201904230657506	MCH71-501	Cape Mosaic Wastebasket	00106757164001180557	0635533029	00006757166355330292	2	Loaded
1255941	4990258	R201904230657506	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001180557	0635533030	00006757166355330308	2	Loaded
1255941	4990258	R201904230657506	MCH71-1103	Atlantic Mosaic Waste	00106757164001180557	0635533031	00006757166355330315	2	Loaded
1255941	4990259	R201904230657506	MCH70-994	Sorrel Shower Curtain	00106757164001180557	0635533032	00006757166355330322	3	Loaded
1255941	4990260	R201904230657506	MCH71-484	Hotel Glass Lotion Pump	00106757164001180557	0635533033	00006757166355330339	4	Loaded
1255941	4990260	R201904230657506	MCH71-497	Cape Mosaic Lotion Pump	00106757164001180557	0635533034	00006757166355330346	4	Loaded
1255941	4990260	R201904230657506	MCH71-500	Cape Mosaic Tissue Cover	00106757164001180557	0635533035	00006757166355330353	2	Loaded
1255941	4990260	R201904230657506	MCH71-501	Cape Mosaic Wastebasket	00106757164001180557	0635533036	00006757166355330360	2	Loaded
1255941	4990261	R201904230657506	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001180557	0635533037	00006757166355330377	2	Loaded
1255941	4990261	R201904230657506	MCH71-1103	Atlantic Mosaic Waste	00106757164001180557	0635533038	00006757166355330384	2	Loaded
1255941	4990262	R201904230657506	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001180557	0635533039	00006757166355330391	2	Loaded
1255941	4990263	R201904230657506	MCH71-489	Hotel Glass Cotton Jar	00106757164001180557	0635533040	00006757166355330407	4	Loaded
1255941	4990264	R201904230657506	MCH71-501	Cape Mosaic Wastebasket	00106757164001180557	0635533041	00006757166355330414	2	Loaded
1255941	4990264	R201904230657506	MCH71-831	Atlantic Mosaic Tray	00106757164001180557	0635533042	00006757166355330421	4	Loaded
1255941	4990265	R201904230657506	MCH70-1140	Elm Waffle Shower Curtain	00106757164001180557	0635533043	00006757166355330438	3	Loaded
1255941	4990265	R201904230657506	MCH70-1141	Elm Waffle Shower Curtain	00106757164001180557	0635533044	00006757166355330445	3	Loaded
1255941	4990265	R201904230657506	MCH71-1109	Genevieve Toothbrush Holder W/	00106757164001180557	0635533045	00006757166355330452	4	Loaded
1255941	4990266	R201904230657506	MCH71-501	Cape Mosaic Wastebasket	00106757164001180557	0635533046	00006757166355330469	2	Loaded
1255941	4990266	R201904230657506	MCH71-837	Sunset Ombre Wastebasket	00106757164001180557	0635533047	00006757166355330476	2	Loaded
1255941	4990267	R201904230657506	MCH71-477	Serene Cotton Jar	00106757164001180557	0635533048	00006757166355330483	4	Loaded
1255941	4990267	R201904230657506	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001180557	0635533049	00006757166355330490	4	Loaded
1255941	4990267	R201904230657506	MCH71-500	Cape Mosaic Tissue Cover	00106757164001180557	0635533050	00006757166355330506	2	Loaded
1255941	4990267	R201904230657506	MCH71-501	Cape Mosaic Wastebasket	00106757164001180557	0635533051	00006757166355330513	2	Loaded
1255941	4990268	R201904230657506	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001180557	0635533052	00006757166355330520	4	Loaded

0378637

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000135988	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	22482
		Seal number(s):	0986568
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC#:	LEGS
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LADING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS: Load #: 41514886		Appointment Time	Actual Driver Arrival Time
		12:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Driver Departure Time	11:45 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	#PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	-ADDITIONAL-SHIPPER-INFO-		
					DC#	Supplier#	
9342941	14	249.17	Y N	06757164000135193	JP		
1255941	32	340.48	Y N	06757164000135117	JP		
9346041	16	164.88	Y N	06757164000135216	JP		
9397411	7	46.27	Y N	06757164000135247	ST		
9397411	3	19.83	Y N	06757164000135230	JP		
1255941	57	684.65	Y N	06757164000135131	ST		
1255941	51	522.26	Y N	06757164000135094	GN		
1255941	52	622.22	Y N	06757164000135124	CL		
1255941	28	271.81	Y N	06757164000135148	TU		
9342941	51	1001.40	Y N	06757164000135186	GN		
1255941	23	216.40	Y N	06757164000135100	HA		
1256711	228	3868.03	Y N	06757164000135179	ST		
1256711	221	3395.96	Y N	06757164000135155	GN		

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).

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 other lawful charges.

SHIPPER SIGNATURE / DATE: *[Signature]* DATE: 4-29-19

SHIPPER: *[Signature]*

CARRIER SIGNATURE / PICKUP DATE: \_\_\_\_\_

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> 4-29-19	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. DATE: 4-29-19
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0378637

**"Receipt not valid unless time stamped at time of delivery."**



**1 Sealed Trailer / Container**

**DYNAMIC** Worldwide

This paper is security-protected

Date: \_\_\_\_\_

Carrier: Legends

Appointment #: 41514686

Trailer Number: 22482

Tractor Number: 7201

Seal #: 0906565

Signature: [Signature]  
(Security Guard Signature)

**This is the only receipt that will be issued. No other document will be signed nor valid as proof of delivery.**

Comments:

002440