

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

Master Bill of Lading Number: 06757164000137142

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

CARRIER NAME: Schnelder
 Trailer number: TA-162706
 Seal number(s): 0986628
 SCAC: SCNN
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____ 5/6
 City/State/Zip: _____

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

SPECIAL INSTRUCTIONS:
 Load #: 41536598

Appointment Time: 11:00 AM/PM
 Actual Driver Arrival Time: 10:40 AM/PM
 Driver Departure Time: 1:50 AM/PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6572978	4	30.81	Y	N	06757164000136862	JP	
6601776	9	64.55	Y	N	06757164000137029	SW	
9342941	13	251.91	Y	N	06757164000137050	HA	
6572978	3	9.60	Y	N	06757164000136831	BA	
6572956	3	17.00	Y	N	06757164000136749	PD	1 PLT
6601776	26	184.62	Y	N	06757164000137005	CL	
9397411	10	66.10	Y	N	06757164000137074	HA	
6581776	36	465.49	Y	N	06757164000136947	SW	
6601765	4	27.32	Y	N	06757164000136800	PD	1 PLT
6572956	2	28.36	Y	N	06757164000136756	OK	1 PLT
6580942	36	474.23	Y	N	06757164000136787	OK	1 PLT
6601776	9	62.57	Y	N	06757164000136992	JP	
6601776	9	60.81	Y	N	06757164000137043	TU	

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.
 _____ 5/6/19

Trailer Loaded: Freight Counted:
 By Shipper By Shipper
 By Driver 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.
 * Schnelder 5/6/19

SHIP FROM		Master Bill of Lading Number: 06757164000137142	
Name:	E & E COMPANY LTD		
Address:	1600 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Schneider	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number: TA-152706	
		Seal number(s): 0986528	
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: SCNN	
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:	5/6	<input checked="" type="checkbox"/> MASTER BILL OF LANDING; WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip:		Appointment Time: 11:00 AM PM	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time: 10:40 AM PM	
Load #: 41536598		Driver Departure Time: 1:50 AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6601776	7	50.89	Y	N	06757164000136978	GN	
6601776	28	186.40	Y	N	06757164000137012	SC	
9346041	23	237.62	Y	N	06757164000137067	HA	
6572978	5	15.70	Y	N	06757164000136848	GN	
6572978	1	21.41	Y	N	06757164000136886	SW	
6580942	40	480.31	Y	N	06757164000136770	PD	1 PLT
1256711	179	2546.24	Y	N	06757164000137081	HA	
6572978	6	42.11	Y	N	06757164000136879	SC	
6581756	12	226.65	Y	N	06757164000136794	MB	1 PLT
6601776	11	77.99	Y	N	06757164000136985	HA	
6601776	13	91.87	Y	N	06757164000137038	ST	
6580942	31	423.45	Y	N	06757164000136763	MB	1 PLT
6581756	91	1536.98	Y	N	06757164000136824	PD	5 PLTS

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(o)(1)(A) and (B).

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. [Signature] 5/6/19	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. [Signature] 5/6/19
	Shipper Signature		

SHIP FROM		Master Bill of Lading Number: 06757164000137142	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Schnelder	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	TA-152706
		Seal number(s):	0988528
City/State/Zip:	Santa Fe Spgs, CA 90670	SGAC:	SCNN
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:	5/6	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41536598		11:00 AM	10:40 AM
		PM	PM
		Driver Departure Time	1:50 AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO		
					DC#	Supplier#	
6681778	53	797.80	Y N	06757164000136954	ST		
6601765	32	237.92	Y N	06757164000136817	OK	1 PLT	
6572978	2	6.30	Y N	06757164000136855	HA		
6581778	58	845.58	Y N	06757164000136909	BA		
6581778	68	981.65	Y N	06757164000136916	GN		
6581778	40	551.33	Y N	06757164000136923	JP		
6601776	22	160.16	Y N	06757164000136961	BA		
6572978	2	6.30	Y N	06757164000136893	ST		
6581778	149	2237.91	Y N	06757164000136930	SC		
Grand Total	1037	13505.92					

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>		<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>			
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>		<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>	
<p>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. _____ 5/6/19</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 skid 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. _____ 5/6/19</p>	

Date: 5/6/2019 12:14:21 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 08767164000137142	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Schneider	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number: TA-162706	
		Seal number(s): 0966528	
City/State/Zip:	Santa Fe Spgs, CA 90870	SCAC: SCNN	
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:	5/6	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip:		Appointment Time: 11:00 AM PM	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time: 10:40 AM PM	
Load #: 41636698		Driver Departure Time: 1:50 AM PM	

CARRIER INFORMATION						LTL ONLY		
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 510</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
50	Pallet			2600.00		Pallet		70
		16	ctns	283.01		Comforters, Bedspreads	49017	200
		670	ctns	9649.35		Mattress Pads	149265	100
		221	ctns	1918.07		Pillows, Valance, Towels	49390	100
		9	ctns	106.87		Shower curtain	49385	77.5
		222	ctns	1568.62		Throws, Blankets	49040	160
50				16005.92		Grand Total		

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

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:


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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. _____ 5/6/19	Trailer Loaded:	Freight Counted:	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. Schneider 5/6/19
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	

SHIP FROM		Bill of Lading Number: 06757164000136882										
Name: E & E COMPANY LTD Address: 1680 Tida Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000136882										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home Store Joppa DC Location #: JP Address: c/o Joppa DC 3300 Fashion Way, City/State/Zip: Joppa, MD 21086 CID#: _____ Dept: 0510 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA-162706 Seal number(s): 0968528 SCAC: SCNN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 41536598 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
6572978	4	30.81	Y N	
Grand Total	4	30.81		

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 580</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	21.41		Pillows, Valance, Towels	49390	100
		3	ctns	9.40		Throws, Blankets	49040	150
1		4		80.81		Grand Total		


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
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. <div style="text-align: right;">Shipper Signature</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier not knowledge 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: 5/6/2019 12:13:10 PM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757164000137029

 (402)06757164000137029

SHIP TO
 Name: Macy's Home MMG South Windsor DC Location #: SW
 Address: o/o South Windsor DC
 City/State/Zip: 301 Governors Hwy, South Windsor, CT 06074
 CID#:
 Dept: 0784 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-162706
 Seal number(s): 0966528
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41536598
 Packing List Is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6601776	9	64.55	Y N	
Grand Total	9	64.55		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	64.55		Throws, Blankets	49040	150
1		9		114.55		Grand Total		

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

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

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


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

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

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

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

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

SHIP FROM		Bill of Lading Number: 06757184000137050										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757184000137050										
Name: Macy's Home MMG Hayward DC Location #: HA Address: o/o Hayward DC 28701 Hall Road, City/State/Zip: Hayward, CA 94545 CID#: _____ Dept: 0703		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA-162708 Seal number(s): 0966528 SCAC: SONN 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: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 41536698 Packing List is Attached		<table border="1"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>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
9342941	13	251.91	Y N	
Grand Total	13	251.91		

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 NMFO Item 35b</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	ctns	251.91		Comforters, Bedspreads	49017	200
1		13		301.91		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:


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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	Shipper Signature _____
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <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.		

Date: 5/6/2010 12:12:48 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Bailey Rd. DC Location #: BA
Address:	1680 Tide Court	Address:	Bailey Rd DC Pool Stook
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	300 South Bailey Road, North Jackson, OH 44451
SID#:		CID#:	
PHONE:		Dept:	0610
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000136831		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
 (402)06767164000136831		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
CARRIER NAME: Schnelder		Master Bill of Lading: with attached underlying Bills of Lading	
Responsible Acct.No:		Appointment Time	
Trailer number: TA-162706		Actual Driver Arrival Time	
Seal number(s): 0966528		Driver Departure Time	
SCAC: SCNN		AM	AM
Pro Number:		PM	PM
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS:			
Load #: 41636598			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6572978	3	9.60	Y	N	
Grand Total	3	9.60			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to insure safe transportation with ordinary care. See Section 2(a) of NMFD Item 330</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	9.60		Throws, Blankets	49040	150
1		3		59.60		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets 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		Bill of Lading Number: 06757164000136749	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000136749	
SHIP TO		CARRIER NAME: Schnelder	
Name: Mary's Home Store Portland DC Location #: PD Address: o/o Portland DC City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA-152708 Seal number(s): 0886528	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 41536598 Packing List is Attached		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6672956	3	17.00	Y	N	1 PLT
Grand Total	3	17.00			


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 NMFO Item 580</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	14.10		Pillows,Valance,Towels	49390	100
		1	ctns	2.90		Throws,Blankets	49040	150
1		3		67.00		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE 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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757164000137005	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000137005	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Minooka DC Location #: GL Address: c/o Minooka DC 601 Midpoint Rd., City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA-152706 Seal number(s): 0966528 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41536598 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
Driver Departure Time AM PM			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6601776	26	184.82	Y N	
Grand Total	26	184.82		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		26	ctns	184.82		Throws,Blankets	49040	150
1		26		234.82		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align:right;">Shipper Signature _____</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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.
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SHIP FROM		Bill of Lading Number: 06757164000137074	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000137074	
City/State/Zip: Woodland, CA 95776	SID#:		
PHONE:	VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schnelder
SHIP TO		Responsible Acct.No:	
Name: Macy's Home MMG Hayward DC	Location #: HA	Trailer number: TA-152706	
Address: c/o Hayward DC	28701 Hall Road,	Seal number(s): 0966528	
City/State/Zip: Hayward, CA 94545	CID#:	SCAC: SCNN	
Dept: 0889	FOB: <input type="checkbox"/>	Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: X
City/State/Zip:		3rd Party:	
SPECIAL INSTRUCTIONS:		Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 41636598		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9397411	10	66.10	Y N	
Grand Total	10	66.10		

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(c) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	66.10		Throws,Blankets	49040	150
1		10		116.10		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:


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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 08767164000136947	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)08767164000136947	
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's Home MMG South Windsor DC Location #: SW Address: c/o South Windsor DC City/State/Zip: 301 Governors Hwy, South Windsor, CT 06074 CID#: _____ Dept: 0614 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: TA-162706 Seal number(s): 0966528	
		SCAC: SCNN	
		Pre Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41636598 Packing List Is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6681778	36	465.49	Y N	
Grand Total	36	465.49		


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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		23	ctns	404.98		Mattress Pads	149265	100
		13	ctns	60.53		Pillows,Valance,Towels	49390	100
1		36		515.49		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757164000136800	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000136800	
SHIP TO		GARRIER NAME: Schneider	
Name: Macy's Home MMG Portland DC Location #: PD Address: o/o Portland DC 1165 Vaughn Parkway, City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0704 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA-162706 Seal number(s): 0988528 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41538598 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
6601785	4	27.32	Y N	1 PLT
Grand Total	4	27.32		


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		
		4	otns	27.32		Throws,Blankets	49040	150
1		4		77.32		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757164000136756	
Name: E & E COMPANY LTD		 (402)06757164000136756	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-152706	
Name: Macy's Home Store Tulsa DC Location #: OK		Seal number(s): 0966528	
Address: c/o Tulsa DC		SCAC: SCNN	
City/State/Zip: 7120 E 76th St North, Owasso, OK 74065		Pro Number:	
CID#:			
Dept: 0510			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41536598		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
6572956	2	28.36	Y N	1 PLT	
Grand Total	2	28.36			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFO Item 380.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	28.36		Pillows,Valance,Towels	49390	100
1		2		78.36		Grand Total		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____, per _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
<p>SHIPPER SIGNATURE / DATE 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>Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input 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.</p>	

Date: 5/6/2019 12:12:56 PM

Bill of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Tulsa DC Location #: OK
Address:	1880 Tide Court	Address:	o/o Tulsa DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	7120 E 78th St North, Owasso, OK 74055
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000136787		CARRIER NAME: Schneider	
		Responsible Acct.No:	
(402)06757164000136787		Trailer number: TA-162706	
		Seal number(s): 0966528	
		SCAC: SGNN	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41636598		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8580942	36	474.23	Y N	1 PLT
Grand Total	36	474.23		

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 560</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1	Pallet		50.00		Pallet		
		31	ctns	404.36	Pillows, Valance, Towels	49390	100
		5	ctns	68.87	Shower curtain	49385	77.5
1		36		524.23	Grand Total		

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757164000136992										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000136992										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home MMG Joppa DC Location #: JP Address: o/o Joppa DC 3300 Fashion Way, City/State/Zip: Joppa, MD 21086 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: TA-162706 Seal number(s): 0960628 SCAC: SCNN Pro Number:										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: Address: City/State/Zip:		Prepaid: <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										
SPECIAL INSTRUCTIONS: Load #: 41536598 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
6601776	9	62.57	Y N	
Grand Total	9	62.57		


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 NMFO Item 369.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		9	ctns	62.57		Throws, Blankets	49040	150
1		9		112.57		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757164000137043	
Name:	E & E COMPANY LTD	 (402)06757164000137043	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-152706	
Name:	Maoy's Home MMG Tukwila DC Location #: TU	Seal number(s): 0966528	
Address:	c/o Tukwila DC	SCAC: SCNN	
City/State/Zip:	17000 Southcenter Parkway, Tukwila, WA 98188	Pro Number:	
CID#:			
Dept:	0784		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41536598		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
8601776	9	60.81	Y N	
Grand Total	9	60.81		

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 insure 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		
		9	ctns	60.81		Throws,Blankets	49040	150
1		9		110.81		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(o)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		SHIPPER SIGNATURE Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			

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

Bill of Lading Number: 08767164000136978

 (402)08767164000136978

SHIP TO
 Name: Macy's Home MMG Gandy DC Location #: GN
 Address: c/o Gandy DC
 4130 Gandy Blvd.,
 City/State/Zip: Tampa, FL 33811
 CID#:
 Dept: 0784 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-162706
 Seal number(s): 0968528
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41536598
 Packing List is Attached

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6601776	7	50.89	Y N	
Grand Total	7	50.89		

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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	50.89		Throws, Blankets	49040	150
1		7		100.89		Grand Total		

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

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

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


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

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

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

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

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

SHIP FROM		Bill of Lading Number: 06757164000137012	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000137012	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Secaucus DC Location #: SC Address: c/o Secaucus DC 600 Meadowlands Parkway, City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA-152708 Seal number(s): 0966628 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41636598 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
Driver Departure Time AM PM			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8601776	28	186.40	Y N	
Grand Total	28	186.40		


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 383</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
-1	Pallet			60.00		Pallet		
		28	ctns	186.40		Throws, Blankets	49040	150
1		28		236.40		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Placas	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757164000137067	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		 (402)06757164000137067	
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's Home MMG Hayward DC Location #: HA Address: c/o Hayward DC 28701 Hall Road, City/State/Zip: Hayward, CA 94545 CID#: Dept: 0811		Responsible Acct.No: Trailer number: TA-152706 Seal number(s): 0866528 BGAC: SCNN Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 41536598 Packing List Is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9346041	23	237.62	Y N	
Grand Total	23	237.62		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		23	ctns	237.62		Throws, Blankets	49040	150
1		23		287.62		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards, Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			

SHIP FROM		Bill of Lading Number: 06757164000136848	
Name: E & E COMPANY LTD		 (402)06757164000136848	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 96776		CARRIER NAME: Schnelder	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA-162706	
VENDOR: <input type="checkbox"/> FOB:		Seal number(s): 0906528	
SHIP TO		SCAC: SCNN	
Name: Macy's Home Store Gandy DC Location #: GN		Pro Number:	
Address: o/o Gandy DC		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip: Tampa, FL 33811		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
CID#:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Dept: 0610 <input type="checkbox"/> FOB:		(check box)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Appointment Time	
Name:		Actual Driver Arrival Time	
Address:		Driver Departure Time	
City/State/Zip:		AM AM AM	
SPECIAL INSTRUCTIONS:		PM PM PM	
Load #: 41638598			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6672978	5	15.70	Y N	
Grand Total	5	15.70		

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		
		5	ctns	15.70		Throws,Blankets	49040	150
1		5		65.70		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	GOD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14708(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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.
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SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: _____ FOB:

Bill of Lading Number: 06757164000136886

 (402)06757164000136886

SHIP TO
 Name: Macy's Home Store South Windsor DC Location #: SW
 Address: c/o South Windsor DC
 City/State/Zip: 301 Governor's Hwy, South Windsor, CT 06074
 CID#: _____
 Dept: 0610 FOB:

GARRIER NAME: Schnelder
 Responsible Acct.No: _____
 Trailer number: TA-162708
 Seal number(s): 0906628
 SCAC: SCNN
 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: _____
 Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 41636598
 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
6572978	1	21.41	Y N	
Grand Total	1	21.41		

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 #	GLASS
1	Pallet			50.00		Pallet		
		1	ctns	21.41		Pillows, Valance, Towels	49390	100
1		1		71.41		Grand Total		

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

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

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


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

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

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		Bill of Lading Number: 06757164000136770	
Name: E & E COMPANY LTD		 (402)06757164000136770	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA-162706	
VENDOR:		Seal number(s): 0966528	
FOB: <input type="checkbox"/>		SCAC: SCNN	
SHIP TO		Pro Number:	
Name: Macy's Home Store Portland DC Location #: PD		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: c/o Portland DC		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip: 1155 Vaughn Parkway, Portland, TN 37148		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CID#:		Appointment Time	
Dept: 0802		Actual Driver Arrival Time	
FOB: <input type="checkbox"/>		Driver Departure Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		AM AM AM	
Name:		PM PM PM	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 41536598			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6580942	40	480.31	Y N	1 PLT
Grand Total	40	480.31		

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		
		38	ctns	461.81		Pillows,Valance,Towels	49390	100
		2	ctns	18.50		Shower curtain	49385	77.5
1		40		530.31		Grand Total		

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

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

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

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

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

Shipper Signature _____


SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 5/6/2019 12:17:17 PM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757164000137081

 (402)06757164000137081

SHIP TO
 Name: Macy's Home MMG Hayward DC Location #: HA
 Address: o/o Hayward DC
 28701 Hall Road,
 City/State/Zip: Hayward, CA 94545
 CID#:
 Dept: 0814 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-162706
 Seal number(s): 0988628
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41638698
 Packing List is Attached

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1256711	179	2546.24	Y N	
Grand Total	179	2546.24		

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 550</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		158	ctns	2456.12		Mattress Pads	149285	100
		21	ctns	90.12		Pillows, Valance, Towels	49390	100
5		179		2796.24		Grand Total		

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

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

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

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

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

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


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

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: 5/6/2019 12:14:06 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000136879	
Name:	E & E COMPANY LTD	 (402)06757164000136879	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776	CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA-152706	
VENDOR:	FOB: <input type="checkbox"/>	Seal number(s): 0906628	
SHIP TO		SCAC: SCNN	
Name:	Macy's Home Store Secaucus DC Location #: SC	Pro Number:	
Address:	c/o Secaucus DC		
City/State/Zip:	600 Meadowlands Parkway, Secaucus, NJ 07094		
CID#:			
Dept:	0510 FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 41538698 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
8572978	6	42.11	Y N	
Grand Total	6	42.11		

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 Position 2(e) of NMFC Item 353</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1	Pallet		50.00		Pallet		
		2	ctns	11.10	Comforters, Bedspreads	49017	200
		1	ctns	21.41	Pillows, Valance, Towels	49390	100
		3	ctns	9.60	Throws, Blankets	49040	150
1		6		92.11	Grand Total		

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

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757164000136794										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000136794										
SHIP TO		CARRIER NAME: Schneider										
Name: MB Location #: MB Address: 333 Caperton Blvd MB City/State/Zip: Martinsburg, WV 25403 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA-152706 Seal number(s): 0066528 SCAC: SCNN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 41636598 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </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	
6581756	12	226.65	Y N	1 PLT	
Grand Total	12	226.65			

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(f) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	226.65		Mattress Pads	149265	100
1		12		276.65		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	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 sold to contain <input type="checkbox"/> By Driver/Pieces
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 sold to contain <input type="checkbox"/> By Driver/Pieces		
	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required paperwork. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.		

SHIP FROM		Bill of Lading Number: 08757164000136985
Name: E & E COMPANY LTD		 (402)06757164000136985
Address: 1660 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		CARRIER NAME: Schnelder
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-162706
Name: Macy's Home MMG Hayward DC Location #: HA		Seal number(s): 0968528
Address: c/o Hayward DC		SCAC: SONN
City/State/Zip: Hayward, CA 94546		Pro Number:
CID#:		
Dept: 0784	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS: Load #: 41636698		AM	AM	AM
Packing List Is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6601776	11	77.99	Y N	
Grand Total	11	77.99		


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
1	Pallet			60.00		Pallet		
		11	ctns	77.99		Throws, Blankets	49040	160
1		11		127.99		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: By Shipper: <input checked="" type="checkbox"/> By Driver: <input type="checkbox"/> By Driver/pallets said to contain: <input type="checkbox"/> By Driver/pieces: <input type="checkbox"/>	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757164000137036
Name: E & E COMPANY LTD		 (402)06757164000137036
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schnelder
SHIP TO		Responsible Acct.No:
Name: Macy's Home MMG Stone Mountain DC	Location #: ST	Trailer number: TA-152706
Address: c/o Stone Mountain DC		Seal number(s): 0966528
City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083		SCAC: SCNN
CID#:		Pro Number:
Dept: 0784	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41636598		AM	AM
Packing List Is Attached		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6601776	13	91.87	Y N	
Grand Total		13	91.87	


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
1	Pallet			50.00		Pallet		
		13	otns	91.87		Throws,Blankets	49040	150
1		13		141.87		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06767164000136763
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06767164000136763
City/State/Zip: Woodland, CA 96776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schneider
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-162706
Name: Macy's Home Store Martinsburg Location #: MB DC	Address: c/o Martinsburg DC - MB	Seal number(s): 0906528
City/State/Zip: 333 Caperton Blvd, Martinsburg, WV 26403	CID#:	SCAC: SCNN
Dept: 0602	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid:	Collect: X	3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading (check box)		
SPECIAL INSTRUCTIONS: Load #: 41536598 Packlist 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
6680942	31	423.45	Y	N	1 PLT
Grand Total	31	423.45			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		29	ctns	404.95		Pillows,Valance,Towels	49390	100
		2	ctns	18.50		Shower curtain	49385	77.5
1		31		473.45		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	GOD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.
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Date: 6/8/2019 12:16:54 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Portland DC Location #: PD
Address:	1680 Tide Court	Address:	o/o Portland DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	1155 Vaughn Parkway, Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000136824		Trailer number: TA-152706	
		Seal number(s): 0966528	
(402)08757164000136824		SCAG: SONN	
CARRIER NAME: Schneider		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 #: 41636598		PM	
Packing List is Attached		AM	
		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8581756	91	1536.96	Y N	5 PLTS
Grand Total	91	1536.96		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		83	ctns	1475.72		Mattress Pads	149265	100
		8	ctns	61.24		Pillows, Vaience, Towels	49390	100
5		91		1786.96		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Bill of Lading Number: 06757164000136954

 (402)06757164000136954

SHIP TO
 Name: Macy's Home MMG Stone Mountain DC Location #: ST
 Address: c/o Stone Mountain DC
 City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083
 CID#:
 Dept: 0614 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-162706
 Seal number(s): 0906528
 SCAC: SCNN
 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:
 Master Bill of Lading: with attached (check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 41538598
 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
6581778	53	797.80	Y N	
Grand Total	53	797.80		

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(c) of NMFO Item 389</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
2		Pallet	100.00		Pallet		
	44	ctns	756.87		Mattress Pads	149265	100
	9	ctns	40.93		Pillows,Valance,Towels	49390	100
2			897.80		Grand Total		

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

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

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


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

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

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

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


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

SHIP FROM		Bill of Lading Number: 06757164000136817										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000136817										
SHIP TO		CARRIER NAME: Schnelder										
Name: OK ' Location #: OK Address: c/o Macy's Logistics Distribution C 7120 E.76th Street North, OK City/State/Zip: Owasso, OK 74065 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: TA-152706 Seal number(s): 0966528 SCAC: SCNN Pro Number:										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: Address: City/State/Zip:		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41536598 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
6601765	32	237.92	Y	N	1 PLT
Grand Total	32	237.92			

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 309.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		32	ctns	237.92		Throws,Blankets	49040	150
1		32		287.92		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>								
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(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. <div style="text-align: right;">Shipper Signature</div>								
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width:50%;">Trailer Loaded:</td> <td style="width:50%;">Freight Counted:</td> </tr> <tr> <td><input type="checkbox"/> By Shipper</td> <td><input type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets said to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Pieces</td> </tr> </table>	Trailer Loaded:	Freight Counted:	<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain		<input type="checkbox"/> By Driver/Pieces
Trailer Loaded:	Freight Counted:								
<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper								
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain								
	<input type="checkbox"/> By Driver/Pieces								
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.									

SHIP FROM		Bill of Lading Number: 08757164000136855										
Name: E & E COMPANY LTD Address: 1600 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000136855										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home Store Hayward DC Location #: HA Address: o/o Hayward DC 28701 Hall Road, City/State/Zip: Hayward, CA 94545 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA-152706 Seal number(s): 0966528 SCAC: SCNN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41636598 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
6572978	2	6.30	Y N	
Grand Total	2	6.30		

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 NMF0 Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	6.30		Throws, Blankets	49040	160
1		2		56.30		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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


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

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

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

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


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

SHIP FROM		Bill of Lading Number: 06757164000136909	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000136909	
		CARRIER NAME: Schneider	
		Responsible Acct.No: _____	
SHIP TO		Trailer number: TA-162706	
Name: Macy's Home MMG Bailey Rd DC Location #: BA Address: o/o Bailey Rd DC 300 South Bailey Road, City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0614		Seal number(s): 0988628	
		SCAC: SCNN	
		Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 41636598 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		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
6581778	58	845.68	Y N	
Grand Total	58	845.68		

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
2	Pallet			100.00		Pallet		
		44	ctns	782.43		Mattress Pads	149265	100
		14	ctns	63.15		Pillows,Valance,Towels	49390	100
2		58		945.68		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		SHIPPER SIGNATURE _____	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

SHIP FROM		Bill of Lading Number: 08757164000136916
Name: E & E COMPANY LTD		 (402)06767164000136916
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 95778		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schneider

SHIP TO		Trailer number: TA-162706
Name: Macy's Home MMG Gandy DC	Location #: GN	Seal number(s): 0986528
Address: c/o Gandy DC		SCAC: SCNN
City/State/Zip: 4130 Gandy Blvd., Tampa, FL 33611		Pro Number:
CID#:		
Dept: 0614	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 41636698		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6581778	68	981.65	Y N	
Grand Total	68	981.65		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities require special or additional care or attention in handling or stowing until so so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		52	ctns	910.09		Mattress Pads	149265	100
		16	ctns	71.56		Pillows, Valance, Towels	49390	100
2		68		1081.65		Grand Total		

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


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

SHIP FROM		Bill of Lading Number: 06757164000136923	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000136923	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Joppa DC Location #: JP Address: o/o Joppa DC 3300 Fashion Way, City/State/Zip: Joppa, MD 21085 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA-162706 Seal number(s): 0966520 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 41696598 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6581778	40	551.33	Y N	
Grand Total	40	551.33		

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
2	Pallet			100.00		Pallet		
		32	ctns	513.02		Mattress Pads	149265	100
		8	ctns	38.31		Pillows, Valance, Towels	49390	100
2		40		651.33		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	GOD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(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. <div style="text-align: right;">Shipper Signature</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			

SHIP FROM		Bill of Lading Number: 06767164000136961
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06767164000136961
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schneider
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-152706
Name: Macy's Home MMG Bailey Rd DC Location #: BA	Address: o/c Bailey Rd DO	Seal number(s): 0968528
City/State/Zip: North Jackson, OH 44451	CID#:	SCAC: SCNN
Dept: 0784	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid:	Collect: <input checked="" type="checkbox"/>	3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41636598 Packing List is Attached		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6601776	22	160.16	Y N	
Grand Total	22	160.16		


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 NMFO Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		22	ctns	160.16		Throws, Blankets	49040	150
1		22		210.16		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

SHIP FROM		Bill of Lading Number: 06757164000136893	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 {402}06757164000136893	
Name: Maoy's Home Store Stone Mountain DC Address: c/o Stone Mountain DC City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083 CID#: _____ Dept: 0510		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA-152708 Seal number(s): 0966528 SCAC: SCNN Pro Number: _____	
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41536698 Packing List Is Attached		Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____ AM PM AM PM AM PM	

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
6572978	2	6.30	Y N		
Grand Total	2	6.30			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
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(e) of NMFC Item 350</small>			
1	Pallet			50.00		Pallet			
		2	ctns	6.30		Throws, Blankets		49040	150
1		2		56.30		Grand Total			

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards, Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 5/6/2019 12:13:02 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMQ Secaucus DC Location #: SC
Address:	1600 Tide Court	Address:	c/o Secaucus DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000136930		Trailer number: TA-162706	
		Seal number(s): 0066528	
(402)06757164000136930		SCAC: SCNN	
CARRIER NAME: Schnelder		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	
(check box)		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
		AM	
		PM	
SPECIAL INSTRUCTIONS:		SPECIAL INSTRUCTIONS:	
Load #: 41536598		Load #: 41536598	
Packing List is Attached		Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6581778	149	2237.91	Y N	
Grand Total	149	2237.91		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		122	ctns	2123.49		Mattress Pads	149265	100
		27	ctns	114.42		Pillows, Valance, Towels	49390	100
4		149		2437.91		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <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.	

EEC Show cartons Scanned,
loaded and billed correct.

ShipmentCartonDetail(400013679)

Customer PO No.	EBE SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
6581756	5001288	R201904301022013	MCG16-1046	Mattress Pad	00106757164001189703	0635724590	00006757166357245907	4	Loaded
6581756	5001288	R201904301022013	MCG16-1046	Mattress Pad	00106757164001189703	0635724591	00006757166357245914	4	Loaded
6581756	5001288	R201904301022013	MCG16-1046	Mattress Pad	00106757164001189703	0635724592	00006757166357245921	4	Loaded
6581756	5001288	R201904301022013	MCG16-1046	Mattress Pad	00106757164001189703	0635724593	00006757166357245938	4	Loaded
6581756	5001288	R201904301022013	MCG16-1046	Mattress Pad	00106757164001189703	0635724594	00006757166357245945	4	Loaded
6581756	5001288	R201904301022013	MCG16-1046	Mattress Pad	00106757164001189703	0635724595	00006757166357245952	4	Loaded
6581756	5001288	R201904301022013	MCG16-1046	Mattress Pad	00106757164001189703	0635724596	00006757166357245969	4	Loaded
6581756	5001288	R201904301022013	MCG16-1046	Mattress Pad	00106757164001189703	0635724597	00006757166357245976	4	Loaded
6581756	5001288	R201904301022013	MCG16-1046	Mattress Pad	00106757164001189703	0635724598	00006757166357245983	4	Loaded
6581756	5001288	R201904301022013	MCG16-1046	Mattress Pad	00106757164001189703	0635724599	00006757166357245990	4	Loaded
6581756	5001288	R201904301022013	MCG16-1046	Mattress Pad	00106757164001189703	0635724600	00006757166357246003	4	Loaded
6581756	5001288	R201904301022013	MCG16-1061	MS Essential Bed Bug Mattress	00106757164001189703	0635724601	00006757166357246010	8	Loaded