


Date: 4/24/2019 2:58:46 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000134431	
Name:	E & E COMPANY LTD	 (402)06757164000134431	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 96778		
SID#:			
PHONE:		CARRIER NAME: FedEx	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number:	
Name:	Macy's Home MMG West Acres - Location #: 0242 ND	Seal number(s):	
Address:	o/o D2S	SCAC: FDEG	
City/State/Zip:	1 W Acres CTR 3902 18th Ave S, Fargo, ND 58103	Pro Number:	
CID#:			
Dept:	0811		
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:	4/24	(check box)	
SPECIAL INSTRUCTIONS: Packing List is Attached		Appointment Time 2:00 AM	Actual Driver Arrival Time AM
			Driver Departure Time AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9346041	3	32.18	Y N	
Grand Total	3	32.18		

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 330</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	32.18		Throws, Blankets	49040	150
1		3		32.18		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/Placards

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.

Customer: MACY'S HOME MMG WEST ACRES - ND

Ship Date: 04/24/2019

SHIP FROM:

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

BILL TO:

MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACY'S HOME MMG WEST ACRES - ND
C/O D2S
1 W ACRES CTR 3902 13TH AVE S
FARGO, ND 58103
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9348041	100071550	MCG50-384	675716776206	CC Plush Throw	EA	4	4	1	4	1
9348041	MCG50529	MCG50-529	086569053633	Solid Cozy Plush Throw	EA	4	4	1	4	1
9348041	100071551	MCG50-544	086569063725	CC Plush Throw	EA	4	4	1	4	1

Total Weight: 32.18
Total Quantity Ordered: 12
Total Cartons Ordered: 3
Total Quantity Shipped: 12
Total Cartons Shipped: 3

EEC Show cartons Scanned, loaded and billed correct.

ShipmentCartonDetail(400013443)

Customer PO No.	EBF SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Tracking No.	Status
9346041	4972574	R2019041907102514	MCG50-384	CC Plush Throw	00106757164001178417	0635451581	00006757166354515812	4	715293610219145	Loaded
9346041	4972574	R2019041907102514	MCG50-529	Solid Cozy Plush Throw	00106757164001178417	0635451582	00006757166354515829	4	715293610219152	Loaded
9346041	4972574	R2019041907102514	MCG50-544	CC Plush Throw	00106757164001178417	0635451583	00006757166354515836	4	715293610219169	Loaded



July 30, 2019

Dear Customer:

Proof-of-delivery letters are being provided for the following shipments:

715293610219145	Fargo, ND
715293610219152	Fargo, ND
715293610219169	Fargo, ND

You may save or print this Batch Signature Proof of Delivery file for your records.

Thank you for choosing FedEx.

FedEx
1.800.GoFedEx 1.800.463.3339



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **715293610219145**.

Delivery Information:

Status:	Delivered	Delivery location:	Fargo, ND
Signed for by:	RMCFARLAND	Delivery date:	Apr 30, 2019 11:53
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610219145	Ship date:	Apr 24, 2019
		Weight:	11.0 lbs/5.0 kg

Recipient:
Fargo, ND US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166354515812
PO9346041
MCG50-384

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **715293610219152**.

Delivery Information:

Status:	Delivered	Delivery location:	Fargo, ND
Signed for by:	RMCFARLAND	Delivery date:	Apr 30, 2019 11:53
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610219152	Ship date:	Apr 24, 2019
		Weight:	10.0 lbs/4.5 kg

Recipient:
Fargo, ND US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166354515829
PO9346041
MCG50-529

Thank you for choosing FedEx.



July 30, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number 715293610219169.

Delivery Information:

Status:	Delivered	Delivery location:	Fargo, ND
Signed for by:	RMCFARLAND	Delivery date:	Apr 30, 2019 11:53
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	715293610219169	Ship date:	Apr 24, 2019
		Weight:	11.0 lbs/5.0 kg

Recipient:
Fargo, ND US

Shipper:
Woodland, CA US

Reference
Purchase order number:
Invoice number

SI00006757166354515836
PO9346041
MCG50-544

Thank you for choosing FedEx.

SHIP FROM		Master Bill of Lading Number: 06757164000136071	
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 Dynamio Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	TA-178723
		Seal number(s):	0966564
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:	4/29	Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41614688		9:00 AM	7:15 AM
			Driver Departure Time
			9:15 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9397411	5	33.05	Y	N	06757164000135087	SW	
9397411	3	19.83	Y	N	06757164000135063	BA	
1255908	53	638.32	Y	N	06757164000134929	MB	1 PLT
9346041	22	232.76	Y	N	06757164000135049	BA	
1255941	36	407.23	Y	N	06757164000134981	SW	
9342941	54	1018.70	Y	N	06757164000135018	BA	
1256700	2	8.46	Y	N	06757164000134936	MB	1 PLT
1256711	140	2292.45	Y	N	06757164000135001	SW	
9342948	43	842.28	Y	N	06757164000134943	MB	3 PLT
9346041	17	179.42	Y	N	06757164000135056	SW	
1256711	174	2846.94	Y	N	06757164000134998	BA	
1127136	86	1026.81	Y	N	06757164000134899	MB	1 PLT
1255941	106	998.03	Y	N	06757164000134974	CI	

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"/>
--	--

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. <i>Scott 4/29/19</i>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>x Scott Hay 4/29/19</i>
---	--	--	--

SHIP FROM		Master Bill of Lading Number: 06767164000135071
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#:	
Address:	G/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	
City/State/Zip:	Santa Fe Spgs, CA 90670	
SID#:	FOB: <input type="checkbox"/>	Trailer number: TA-178723
		Seal number(s): 0966664
		SGAC: SCNN
		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:	4/29	3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 41614860		Appointment Time 9:00 AM	Actual Driver Arrival Time 7:15 PM
		Driver Departure Time 9:15 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#	
9342941	33	610.82	Y N	06757164000135025	SW		
1127136	84	986.84	Y N	06757164000134905	PD		1 PLT
1255941	38	470.80	Y N	06757164000134967	BA		
9342941	28	496.00	Y N	06757164000135032	ST		
9342948	39	775.73	Y N	06757164000134950	PD		3 PLTS
9397411	148	978.28	Y N	06757164000135070	GN		
Grand Total	1111	14862.75					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
35	Pallet			1750.00		Pallet		70
		197	ctns	3743.53		Comforters, Bedspreads	49017	200
		284	ctns	4998.94		Mattress Pads	149265	100

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

Date: 4/29/2019 8:46:18 AM

Master Bill Of Lading

Page 3 of 3

SHIP FROM				Master Bill of Lading Number: 06757164000135071					
Name: E & E COMPANY LTD Address: 1660 Tide Court City/State/Zip: Woodland, CA 95778 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, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>				Trailer number: TA-178723 Seal number(s): 0986564 SCAC: SCNN Pro Number: _____					
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms:					
Name: _____ Address: _____ City/State/Zip: _____				Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
SPECIAL INSTRUCTIONS: Load #: 41514658				<input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING					
				Appointment Time 9:00 AM		Actual Driver Arrival Time 7:15 AM		Driver Departure Time 9:15 AM	
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 589</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
		376	ctns	4051.97		Pillows, Valance, Towels	49390	100	
		59	ctns	624.97		Shower curtain	49385	77.5	
		195	ctns	1443.34		Throws, Blankets	49040	150	
36				16612.75		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.

Scott 4/29/19

Trailer Loaded:

- By Shipper
 By Driver


Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

x Jeff Hay 04-29-19

SHIP FROM		Bill of Lading Number: 06767164000136087	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06767164000136087	
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: 0689 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA-178723 Seal number(s): 0966564	
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	
SPECIAL INSTRUCTIONS: Load #: 41614658 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
9397411	5	33.05	Y N	
Grand Total	5	33.05		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity 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(c) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	33.05		Throws, Blankets	49040	150
1		5		83.05		Grand Total		

Where the rate is dependant on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <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.
--	---	---	---

Date: 4/29/2019 8:46:13 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08767184000136083	
Name:	E & E COMPANY LTD	 (402)06767184000136083	
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 Bailey Rd DC Location #: BA	Trailer number: TA-178723	
Address:	a/o Bailey Rd DC	Seal number(s): 0986664	
City/State/Zip:	300 South Bailey Road,	SCAC: SONN	
CID#:	North Jackson, OH 44451	Pro Number:	
Dept:	0889	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	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41514658		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
9397411	3	19.83	Y N	
Grand Total	3	19.83		

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(b) of NMFC Item 340</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		3	ctns	19.83		Throws,Blankets	49040	150
1		3		69.83		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.	

Date: 4/29/2019 8:46:01 AM

Bill Of Lading

Page 1 of 1


SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Martinsburg Location #: MB DC
Address:	1880 Tide Court	Address:	c/o Martinsburg DC - MB
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	333 Caperton Blvd, Martinsburg, WV 25403
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000134929		CARRIER NAME: Schnelder	
		Responsible Acct.No:	
(402)06767164000134929		Trailer number: TA-178723	
		Seal number(s): 0986664	
		SCAC: SCNN	
		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 #: 41614668		Actual Driver Arrival Time	
Backlog List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
1255908	53	638.32	Y N	1 PLT		
Grand Total	53	638.32				

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			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			
1	Pallet			50.00		Pallet			
		49	ctns	617.08		Pillows,Valance,Towels		49390	100
		4	ctns	21.26		Shower curtain		49385	77.5
1		53		688.32		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"/>	
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 / 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 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.	

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: 06757164000135049

 (402)08787164000135049

SHIP TO
 Name: Macy's Home MMG Bailey Rd DC Location #: BA
 Address: c/o Bailey Rd DC
 300 South Bailey Road,
 City/State/Zip: North Jackson, OH 44461
 CID#:
 Dept: 0611 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-178723
 Seal number(s): 0966564
 SGAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41514658
 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
9348041	22	232.76	Y N	
Grand Total	22	232.76		

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
1	Pallet			50.00		Pallet		
		22	otns	232.76		Throws, Blankets	49040	150
1		22		282.76		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(a)(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/Planes

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 95778
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06757164000134981

 (402)06757164000134981

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: 0602 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-178723
 Seal number(s): 0988584
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41514858
 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
1255941	36	407.23	Y N	
Grand Total	36	407.23		

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		18	ctns	217.71		Pillows,Valance,Towels	49390	100		
		17	ctns	189.52		Shower curtain	49385	77.5		
1		36		457.23		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: Freight Counted:
 By Shipper By Shipper
 By Driver By Driver/pallets said to contain
 By Driver 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: 08757164000138018	
Name:	E & E COMPANY LTD	 (402)08757164000138018	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95778	CARRIER NAME: Schnelder	
SHIP TO		Responsible Acct.No:	
Name:	Macy's Home MMG Bailey Rd DC Location #: BA	Trailer number: TA-178723	
Address:	c/o Bailey Rd DC	Seal number(s): 0988564	
City/State/Zip:	300 South Bailey Road, North Jackson, OH 44461	SCAC: SCNN	
OID#:		Pro Number:	
Dept:	0703		
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 (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41614858		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9342941	54	1018.70	Y N	
Grand Total	54	1018.70		

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(e) of NMFC Item 300</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
2	Pallet			100.00		Pallet				
		54	ctns	1018.70		Comforters, Bedspreads	49017	200		
2		54		1118.70		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: 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

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: 06757164000134936
Name: E & E COMPANY LTD		 (402)06757164000134936
Address: 1800 Tide Court		
City/State/Zip: Woodland, CA 95778		
SID#:		
PHONE:		CARRIER NAME: Schneider
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-178723
Name: MB	Location #: MB	Seal number(s): 0966564
Address: 333 Caperton Blvd		SCAC: SCNN
City/State/Zip: Marlinsburg, WV 25403		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:		Master Bill of Lading: with attached underlying Bills of Lading		
City/State/Zip:		(check box)		
SPECIAL INSTRUCTIONS: Load #: 41514658		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Packing List is Attached		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
1258700	2	8.46	Y N	1 PLT		
Grand Total	2	8.46				

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	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 369		NMFC #	CLASS
QTY	TYPE	QTY	TYPE						
1	Pallet			50.00		Pallet			
		2	ctns	8.46		Mattress Pads	149265	100	
1		2		58.46		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: 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 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.

Date: 4/29/2019 8:44:58 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000135001	
Name:	E & E COMPANY LTD	 (402)06757164000135001	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-178723	
Name:	Macy's Home MMG South Windsor DC	Seal number(s): 0986664	
Address:	c/o South Windsor DC	SCAC: SCNN	
City/State/Zip:	301 Governor's Hwy, South Windsor, CT 06074	Pro Number:	
CID#:			
Dept:	0614		
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: Load #: 41514858 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1256711	140	2292.45	Y N	
Grand Total	140	2292.45		

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 358</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		126	ctns	2228.28		Mattress Pads	149265	100
		14	ctns	64.17		Pillows,Valance,Towels	49390	100
4		140		2492.45		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 _____ par _____

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 permits. 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: 06757164000134943										
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000134943										
SHIP TO		CARRIER NAME: Schnelder										
Name: MB Location #: MB Address: 333 Caperton Blvd MB City/State/Zip: Martinsburg, WV 25403 CID#: _____ Dept: 0703		Responsible Acct.No: Trailer number: TA-178723 Seal number(s): 0906564 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 (check box)										
SPECIAL INSTRUCTIONS: Load #: 41514658 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	
9342948	43	842.28	Y N	3 PLTS	
Grand Total	43	842.28			

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
3	Pallet			150.00		Pallet		
		43	ctns	842.28		Comforters, Bedspreads	49017	200
3		43		992.28		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.	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.
--	---	---	---

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1880 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 06767164000136056

 (402)06757164000136056

SHIP TO
 Name: Macy's Home MMG South Windsor DC Location #: SW
 Address: o/o South Windsor CT
 City/State/Zip: 301 Governors Hwy, South Windsor, CT 06074
 CID#:
 Dept: 0611 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-176723
 Seal number(s): 0966564
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41514658
 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
9346041	17	179.42	Y N	
Grand Total	17	179.42		

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 NMF3 Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	179.42		Throws, Blankets	49040	150
1		17		229.42		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 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 carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 4/29/2019 8:45:14 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Mary's Home MMG Balley Rd DC Location #: BA
Address:	1680 Tide Court	Address:	c/o Balley Rd DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	300 South Balley Road, North Jackson, OH 44451
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000134998		Trailer number: TA-178723	
		Seal number(s): 0966864	
(402)06767164000134998		SCAC: SCNN	
CARRIER NAME: Schnalder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party:	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:	
Address:	
City/State/Zip:	
SPECIAL INSTRUCTIONS:	
Load #: 41614658	
Packing List Is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1256711	174	2846.94	Y	N	
Grand Total	174	2846.94			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		156	ctns	2762.20		Matress Pads	149265	100
		18	ctns	84.74		Pillows, Valance, Towels	49390	100
5		174		3096.94		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 consignee By Driver/Pieces


CARRIER SIGNATURE / PICKUP DATE

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

Date: 4/29/2019 8:45:17 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757184000134899	
Name:	E & E COMPANY LTD	 (402)06757184000134899	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: TA-178723	
Name:	Maoy's Home Store Martinsburg Location #: MB DC	Seal number(s): 0966664	
Address:	c/o Martinsburg DC - MB	SCAC: SONN	
City/State/Zip:	333 Caperton Blvd, Martinsburg, WV 26403	Pro Number:	
OID#:			
Dept:	0602 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 (check box)	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41614668		PM	PM
Packing List Is Attached		PM	PM


CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
1127136	86	1026.81	Y N	1 PLT		
Grand Total	86	1026.81				

CARRIER INFORMATION						COMMODITY DESCRIPTION		PACKAGE	
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	Commodity 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		NMFC #	CLASS
QTY	TYPE	QTY	TYPE						
1	Pallet			50.00		Pallet			
		86	ctns	1026.81		Pillows,Valance,Towels	49390	100	
1		86		1076.81		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.	
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 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.	

Date: 4/29/2019 8:45:35 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757164000134974
Name:	E & E COMPANY LTD	 (402)06757164000134974
Address:	1880 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:		CARRIER NAME: Schnelder Responsible Acct.No:

SHIP TO		Trailer number: TA-178723
Name:	Macy's Home Store Los Angeles Location #: CI DC	Seal number(s): 0906564
Address:	c/o Los Angeles DC	SGAC: SCNN Pro Number:
City/State/Zip:	15541 East Gale Avenue, City of Industry, CA 91745	
OID#:		
Dopt:	0802	

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 (check box) underlying Bills of Lading		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:	Load #: 41514868	AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1255941	106	998.03	Y N	
Grand Total	106	998.03		


HANDLING UNIT					PACKAGE		WEIGHT		H.M. (X)		COMMODITY DESCRIPTION		PACKAGE	
QTY	TYPE	QTY	TYPE									NMFC #	CLASS	
1	Pallet			50.00							Pallet			
		74	ctns	701.64							Pillows,Valance,Towels	49390	100	
		32	ctns	296.39							Shower curtain	49385	77.5	
1		106		1048.03							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 in 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.	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: 06757164000135026
Name: E & E COMPANY LTD		 (402)06757164000135026
Address: 1880 Tide Court		
City/State/Zip: Woodland, CA 96776		
SID#:		
PHONE:		CARRIER NAME: Schnelder
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-170723
Name: Macy's Home MMG South Windsor DC	Location #: SW	Seal number(s): 0986584
Address: c/o South Windsor DC		
City/State/Zip: 301 Governors Hwy, South Windsor, CT 06074		SCAC: SCNN
CID#:		Pro Number:
Dept: 0703	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: <input checked="" type="checkbox"/> 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
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41614658		PM	PM
Packing List is Attached			

CUSTOMER ORDER INFORMATION				ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
9342941	33	610.82	Y N		
Grand Total	33	610.82			

HANDLING UNIT						PACKAGE		WEIGHT		H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE								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 NMFPA Item 380	NMFC #	CLASS
2	Pallet			100.00							Pallet		
		33	ctns	610.82							Comforters, Bedspreads	49017	200
2		33		710.82							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 _____	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.
--	---

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: 4/29/2019 8:45:29 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home Store Portland DC Location #: PD
Address:	1680 Tide Court	Address:	c/o Portland DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000134905		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)08757164000134905		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: Schnelder		Appointment Time	
Responsible Acct.No:		Actual Driver Arrival Time	
Trailer number: TA-176723		Driver Departure Time	
Seal number(s): 0986564		AM	AM
SCAC: SCNN		PM	PM
Pro Number:			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS:		SPECIAL INSTRUCTIONS:	
Load #: 41614858		Load #: 41614858	
Packing List is Attached		Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1127136	84	986.84	Y N	1 PLT
Grand Total	84	986.84		

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		
		84	ctns	986.84		Pillows, Valance, Towels	49390	100
1		84		1036.84		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 used to contain
 By Driver/Pieces


CARRIER SIGNATURE / PICKUP DATE

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

Date: 4/29/2019 8:45:51 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000134967										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000134967										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home Store Bailey Rd. DC Location #: BA Address: Bailey Rd DC Pool Stock 300 South Bailey Road, City/State/Zip: North Jackson, OH 44461 CID#: _____ Dept: 0802		Responsible Acct.No: _____ Trailer number: TA-178723 Seal number(s): 0966564 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 #: 41514668 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Appointment Time</th> <th style="width:33%;">Actual Driver Arrival Time</th> <th style="width:33%;">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
1255941	38	470.80	Y N	
Grand Total	38	470.80		


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(e) of NMFC Item 130</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		32	ctns	353.00		Pillows, Valance, Towels	49390	100
		6	ctns	117.80		Shower curtain	49385	77.5
1		38		520.80		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.	Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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: 06767164000134960	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06767164000134960	
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 Portland DC	Location #: PD	Trailer number: TA-176723	
Address: o/o Portland DC	1156 Vaughn Parkway,	Seal number(s): 0966564	
City/State/Zip: Portland, TN 37148	CID#:	SCAC: SONN	
Dept: 0703	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: Load #: 41514658		Master Bill of Lading: with attached underlying Bills of Lading	
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
9342948	39	775.73	Y N	3 PLTS
Grand Total	39	775.73		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		39	ctns	775.73		Comforters, Bedspreads	49017	200
3		39		925.73		Grand Total		

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

EEC Show Cartons Scanned, loaded and billed correct.

ShipmentCartonDetail(400013508)

Customer PO No.	EBE SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
9397411	4984719	R2019042306433011	MCG51-1036	Water Repellent Beach Blanket	00106757164001179971	0635529060	00006757166355290602	3	Loaded
9397411	4984720	R2019042306433011	MCG51-1036	Water Repellent Beach Blanket	00106757164001179971	0635529061	00006757166355290619	3	Loaded
9397411	4984720	R2019042306433011	MCG51-1036	Water Repellent Beach Blanket	00106757164001179971	0635529062	00006757166355290626	3	Loaded
9397411	4984721	R2019042306433011	MCG51-1036	Water Repellent Beach Blanket	00106757164001179971	0635529063	00006757166355290633	3	Loaded
9397411	4984723	R2019042306433011	MCG51-1036	Water Repellent Beach Blanket	00106757164001179971	0635529070	00006757166355290701	3	Loaded

Etc show cartons Scanned,
loaded and billed correct.

ShipmentCartonDetail(400013502)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
9342941	4985798	R2019041907185211	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178431	0635451798	00006757166354517984	2	Loaded
9342941	4985798	R2019041907185211	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178431	0635451799	00006757166354517991	2	Loaded
9342941	4985799	R2019041907185211	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178431	0635451800	00006757166354518004	2	Loaded
9342941	4985800	R2019041907185211	MCG10-1030	T Seersucker White Comf Set	00106757164001178431	0635451801	00006757166354518011	2	Loaded
9342941	4985801	R2019041907185211	MCG10-1035	K Seersucker Gray Comf Set	00106757164001178431	0635451802	00006757166354518028	2	Loaded
9342941	4985802	R2019041907185211	MCG10-1030	T Seersucker White Comf Set	00106757164001178431	0635451803	00006757166354518035	2	Loaded
9342941	4985802	R2019041907185211	MCG10-1033	T Seersucker Gray Comf Set	00106757164001178431	0635451804	00006757166354518042	2	Loaded
9342941	4985802	R2019041907185211	MCG10-1033	T Seersucker Gray Comf Set	00106757164001178431	0635451805	00006757166354518059	2	Loaded
9342941	4985803	R2019041907185211	MCG10-1032	K Seersucker White Comf Set	00106757164001178431	0635451806	00006757166354518066	2	Loaded
9342941	4985803	R2019041907185211	MCG10-1035	K Seersucker Gray Comf Set	00106757164001178431	0635451807	00006757166354518073	2	Loaded
9342941	4985805	R2019041907185211	MCG10-1030	T Seersucker White Comf Set	00106757164001178431	0635451810	00006757166354518103	2	Loaded
9342941	4985805	R2019041907185211	MCG10-1030	T Seersucker White Comf Set	00106757164001178431	0635451811	00006757166354518110	2	Loaded
9342941	4985805	R2019041907185211	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178431	0635451812	00006757166354518127	2	Loaded
9342941	4985805	R2019041907185211	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178431	0635451813	00006757166354518134	2	Loaded
9342941	4985805	R2019041907185211	MCG10-1032	K Seersucker White Comf Set	00106757164001178431	0635451814	00006757166354518141	2	Loaded
9342941	4985815	R2019041907185211	MCG10-1032	K Seersucker White Comf Set	00106757164001178431	0635451835	00006757166354518356	2	Loaded
9342941	4985816	R2019041907185211	MCG10-1030	T Seersucker White Comf Set	00106757164001178431	0635451836	00006757166354518363	2	Loaded
9342941	4985816	R2019041907185211	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178431	0635451837	00006757166354518370	2	Loaded
9342941	4985816	R2019041907185211	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178431	0635451838	00006757166354518387	2	Loaded
9342941	4985816	R2019041907185211	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178431	0635451839	00006757166354518394	2	Loaded
9342941	4985816	R2019041907185211	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178431	0635451840	00006757166354518400	2	Loaded
9342941	4985817	R2019041907185211	MCG10-1035	K Seersucker Gray Comf Set	00106757164001178431	0635451841	00006757166354518417	2	Loaded
9342941	4985818	R2019041907185211	MCG10-1030	T Seersucker White Comf Set	00106757164001178431	0635451842	00006757166354518424	2	Loaded
9342941	4985818	R2019041907185211	MCG10-1030	T Seersucker White Comf Set	00106757164001178431	0635451849	00006757166354518431	2	Loaded
9342941	4985818	R2019041907185211	MCG10-1030	T Seersucker White Comf Set	00106757164001178431	0635451844	00006757166354518448	2	Loaded
9342941	4985818	R2019041907185211	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178431	0635451845	00006757166354518455	2	Loaded
9342941	4985818	R2019041907185211	MCG10-1033	T Seersucker Gray Comf Set	00106757164001178431	0635451846	00006757166354518462	2	Loaded
9342941	4985818	R2019041907185211	MCG10-1033	T Seersucker Gray Comf Set	00106757164001178431	0635451847	00006757166354518479	2	Loaded
9342941	4985818	R2019041907185211	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178431	0635451848	00006757166354518486	2	Loaded
9342941	4985826	R2019041907185211	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178431	0635451865	00006757166354518653	2	Loaded
9342941	4985826	R2019041907185211	MCG10-1032	K Seersucker White Comf Set	00106757164001178431	0635451866	00006757166354518660	2	Loaded
9342941	4985826	R2019041907185211	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178431	0635451867	00006757166354518677	2	Loaded
9342941	4985826	R2019041907185211	MCG10-1035	K Seersucker Gray Comf Set	00106757164001178431	0635451868	00006757166354518684	2	Loaded

