

SHIP FROM		Master Bill of Lading Number: 06757164000135071
Name:	E & E COMPANY LTD	
Address:	1600 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-178723
		Seal number(s): 0986864
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"/>	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:		Appointment Time	Actual Driver Arrival Time
Load #: 41514658		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	38	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	2292.46	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	

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

COD Amount \$ \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Scott 4/29/19</i>	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. <i>[Signature] 4/29/19</i>
	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

SHIP FROM		Master Bill of Lading Number: 06757164000135071	
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-170723
		Seal number(s):	0966664
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:		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	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41614668		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#
9342941	33	610.82	Y	N	06757164000135025	SW	
1127136	84	986.84	Y	N	06757164000134905	PD	1 PLT
1255941	36	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	
<b>Grand Total</b>	<b>1111</b>	<b>14862.75</b>					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</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:  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 [Signature] 04-29-19

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

# Master Bill Of Lading

Page 3 of 3

SHIP FROM		Master Bill of Lading Number: 08757164000135071
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-178723
City/State/Zip:	Santa Fe Spgs, CA 90670	Seal number(s): 0986564
SID#:		SCAC: SCNN
		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:	4/29	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
City/State/Zip:		Appointment Time: 9:00 AM Actual Driver Arrival Time: 7:15 AM Driver Departure Time: 9:15 AM
SPECIAL INSTRUCTIONS: Load #: 41514658		

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 880</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
35				18612.75		<b>Grand Total</b>		

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

COD Amount \$ \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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


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

**Shipper Signature**

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  
*Scott 4/29/19*

<b>Trailer Loaded:</b>	<b>Freight Counted:</b>
<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.  
*x Jeff Hay 04-29-19*

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000136087
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06767164000136087
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR:	<b>CARRIER NAME:</b> Schnelder
	FOB: <input type="checkbox"/>	Responsible Acct.No:

<b>SHIP TO</b>		Trailer number: TA-178723
Name: Macy's Home MMG South Windsor DC	Location #: SW	Seal number(s): 0966564
Address: o/o South Windsor DC	City/State/Zip: 301 Governors Hwy, South Windsor, CT 06074	<b>SCAC:</b> SCNN
CID#:	Dept: 0889	<b>Pro Number:</b>
	FOB: <input type="checkbox"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41514658		Appointment Time	Actual Driver Arrival Time
Packing List Is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9397411	5	33.05	Y N	
<b>Grand Total</b>	<b>5</b>	<b>33.05</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 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		<b>Grand Total</b>		

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

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

**Fee Terms:** Collect:  Prepaid:

**Customer check acceptable:**

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

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

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

**Shipper Signature**


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

**Trailer Loaded:**  By Shipper  
 By Driver

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

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



<b>SHIP FROM</b>		Bill of Lading Number: 08757184000134929
Name: E & E COMPANY LTD	Address: 1880 Tide Court	 (402)08757184000134929
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR:	
FOB: <input type="checkbox"/>		
<b>SHIP TO</b>		CARRIER NAME: Schneider
Name: Macy's Home Store Martinsburg Location #: MB DC	Address: c/o Martinsburg DC - MB	Responsible Acct.No:
City/State/Zip: 333 Caperton Blvd, Martinsburg, WV 26403	CID#:	Trailer number: TA-178723
Dept: 0802	FOB: <input type="checkbox"/>	Seal number(s): 0868664
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN
Name:	Address:	Pro Number:
City/State/Zip:	SPECIAL INSTRUCTIONS:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Load #: 41514668	Backlog List Is Attached	Prepaid: <input type="checkbox"/> Collect: X 3rd Party:
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
		Appointment Time Actual Driver Arrival Time Driver Departure Time
		AM AM AM
		PM PM PM

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

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

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

COD Amount: \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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


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

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

Date: 4/29/2019 8:45:58 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Bailey Rd DC Location #: BA
Address:	1680 Tide Court	Address:	c/o Bailey Rd DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	300 South Bailey Road, North Jackson, OH 44451
SID#:		CID#:	
PHONE:		Dept:	0811
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000136049		Trailer number: TA-178723	
		Seal number(s): 0968564	
(402)06757164000136049		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: <input checked="" type="checkbox"/> 3rd Party:	
<input type="checkbox"/> (check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41514658 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
9346041	22	232.76	Y N	
<b>Grand Total</b>	<b>22</b>	<b>232.76</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		22	ctns	232.76		Throws, Blankets	49040	150
1		22		282.76		<b>Grand Total</b>		

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver


Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1680 Tide Court  
 City/State/Zip: Woodland, CA 95776  
 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:** Schneider  
 Responsible Acct.No:  
 Trailer number: TA-178723  
 Seal number(s): 0968564  
**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:** 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

**SPECIAL INSTRUCTIONS:**  
 Load #: 41514658  
 Packing List Is Attached

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
1255941	36	407.23	Y N			
<b>Grand Total</b>	<b>36</b>	<b>407.23</b>				

CARRIER INFORMATION						PACKAGE		
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>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1	Pallet			50.00		Pallet		
		19	ctns	217.71		Pillows,Valance,Towels	49390	100
		17	ctns	189.52		Shower curtain	49385	77.5
1		36		457.23		<b>Grand Total</b>		

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

**COD Amount:** \_\_\_\_\_  
**Fee Terms:**  Collect:   Prepaid:   
**Customer check acceptable:**

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

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

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

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


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

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

Date: 4/29/2019 8:45:10 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000135018	
Name:	E & E COMPANY LTD	 (402)08757164000135018	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schnelder	Responsible Acct.No:
SHIP TO		Trailer number: TA-178723	Seal number(s): 0986564
Name:	Macy's Home MMG Bailey Rd DC Location #: BA	SCAC: SCNN	Pro Number:
Address:	o/o Bailey Rd DC		
	300 South Bailey Road,		
City/State/Zip:	North Jackson, OH 44461		
CID#:			
Dept:	0703		
	FOB: <input type="checkbox"/>		
THIRD PARTY-FREIGHT CHARGES BILL TO:			
Name:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:	Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:
City/State/Zip:	Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 41614658	AM	AM	AM
Packing List is Attached	PM	PM	PM


CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
9342941		64	1018.70	Y N				
<b>Grand Total</b>		<b>64</b>	<b>1018.70</b>					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		54	otns	1018.70		Comforters, Bedspreads	49017	200
2		54		1118.70		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	GOD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  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 8:45:54 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000134936	
Name:	E & E COMPANY LTD	 (402)06757164000134936	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA-178723	
Name:	MB	Seal number(s): 0986564	
Address:	333 Caperton Blvd	SCAC: SCNN	
	MB	Pro Number:	
City/State/Zip:	Marlinsburg, WV 25403		
OID#:			
Dept:	0614		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 41514668 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
1256700	2	8.46	Y N	1 PLT
<b>Grand Total</b>	<b>2</b>	<b>8.46</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFCA Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	8.46		Matress Pads	149265	100
1		2		58.46		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

GOD Amount: \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:


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

## CARRIER SIGNATURE / PICKUP DATE

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



**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 1880 Tide Court  
 City/State/Zip: Woodland, GA 95778  
 SID#:  
 PHONE:  
 VENDOR:  FOB:

Bill of Lading Number: 06757164000134943  
  
 (402)06757164000134943

**SHIP TO**  
 Name: MB Location #: MB  
 Address: 333 Caperton Blvd  
 MB  
 City/State/Zip: Martinsburg, WV 25403  
 CID#:  
 Dept: 0703  FOB:

**CARRIER NAME:** Schneider  
 Responsible Acct.No:  
 Trailer number: TA-178723  
 Seal number(s): 0966664  
**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					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
9342948	43	842.28	Y N	3 PLTS		
<b>Grand Total</b>	43	842.28				

CARRIER INFORMATION							PACKAGE	
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 350</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
3	Pallet			150.00		Pallet		
		43	ctns	842.28		Comforters, Bedspreads	49017	200
3		43		992.28		<b>Grand Total</b>		

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

**COD Amount:** \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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


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

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

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

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

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

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000136056
Name:	E & E COMPANY LTD	 (402)06767164000136056
Address:	1600 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schneider
		Responsible Acct.No:

<b>SHIP TO</b>		Trailer number: TA-178723
Name:	Macy's Home MMG South Windsor DC	Seal number(s): 09066664
Address:	o/o South Windsor DC	SCAC: SCNN
City/State/Zip:	301 Governors Hwy, South Windsor, CT 06074	Pro Number:
GID#:		
Dept:	0611	FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X
Address:			3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 41514668		Appointment Time	Actual Driver Arrival Time
Packaging List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9346041	17	179.42	Y N	
<b>Grand Total</b>		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(e) of NMFC Item 360</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		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	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 <small>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.</small>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <small>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.</small>
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000134998	
Name:	E & E COMPANY LTD	 (402)06757164000134998	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		<b>CARRIER NAME:</b> Schnelder	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA-178723	
Name:	Maoy's Home MMG Bailey Rd DC Location #: BA	Seal number(s): 086864	
Address:	c/o Bailey Rd DC	<b>SCAC:</b> SCNN	
City/State/Zip:	300 South Bailey Road, North Jackson, OH 44461	<b>Pro Number:</b>	
CID#:			
Dept:	0614		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 41614658		AM	AM
Packing List is Attached		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1256711	174	2846.94	Y N	
<b>Grand Total</b>	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 stowage must be so marked and packaged as to require 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		
		156	ctns	2762.20		Mattress Pads	149265	100
		18	ctns	84.74		Pillows, Valance, Towels	49390	100
5		174		3096.94		<b>Grand Total</b>		


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

<b>SHIP FROM</b>		Bill of Lading Number: 08757184000134899	
Name:	E & E COMPANY LTD	 (402)08767184000134899	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SiD#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA-178723	
Name:	Macy's Home Store Martinsburg Location #: MB DC	Seal number(s): 0988664	
Address:	c/o Martinsburg DC - MB	SCAC: SCNN	
City/State/Zip:	333 Caperton Blvd, Martinsburg, WV 25403	Pro Number:	
CID#:			
Dept:	0802		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 41614668		PM	PM
Packing List is Attached			

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

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 NIMFC Item 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		86	ctns	1026.81		Pillows,Valance,Towels	49390	100
1		86		1076.81		<b>Grand Total</b>		

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

<b>SHIP FROM</b>		Bill of Lading Number: 08757164000134974
Name:	E & E COMPANY LTD	 (402)08757164000134974
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		<b>CARRIER NAME:</b> Schneider
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

<b>SHIP TO</b>		Trailer number: TA-178723
Name:	Macy's Home Store Los Angeles Location #: CI DC	Seal number(s): 0966664
Address:	o/o Los Angeles DC	<b>SCAC:</b> SCNN
City/State/Zip:	16641 East Gale Avenue, City of Industry, CA 91745	Pro Number:
CID#:		
Dept:	0802 FOB: <input type="checkbox"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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	Driver Departure Time
SPECIAL INSTRUCTIONS: Load #: 41514668		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	
<b>Grand Total</b>		106	998.03	

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		
		74	ctns	701.64		Pillows,Valance,Towels	49390	100
		32	ctns	296.39		Shower curtain	49385	77.5
1		106		1048.03		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
---	--

**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.
--	---

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

**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: 08757164000135026  
  
 (402)08757164000135026

**SHIP TO**  
 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: 0703 FOB:

CARRIER NAME: Schnelder  
 Responsible Acct.No:  
 Trailer number: TA-178723  
 Seal number(s): 0908564  
 SCAC: SCNN  
 Pro Number:

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:  
 SPECIAL INSTRUCTIONS:  
 Load #: 41614658  
 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 NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9342941	33	610.82	Y N	
<b>Grand Total</b>	<b>33</b>	<b>610.82</b>		

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS						
2	Pallet					100.00		Pallet			
		33	ctns			610.82		Comforters, Bedspreads	49017	200	
2		33				710.82		<b>Grand Total</b>			

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

GOD Amount: \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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

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


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



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

## 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 Stock 300 South Bailey Road,
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	North Jackson, OH 44461
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000134967		CARRIER NAME: Schneider	
		Responsible Acct.No:	
(402)08787164000134967		Trailer number: TA-178723	
		Seal number(s): 0968564	
		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 #: 41514668		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
1255941	38	470.80	Y N	
<b>Grand Total</b>	<b>38</b>	<b>470.80</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</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		<b>Grand Total</b>		

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

per \_\_\_\_\_

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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


## CARRIER SIGNATURE / PICKUP DATE

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

Date: 4/29/2019 8:45:25 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 08757164000136032	
Name:	E & E COMPANY LTD	 (402)08757164000136032	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 96776		
SID#:			
PHONE:		<b>CARRIER NAME:</b> Schnelder	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA-178723	
Name:	Macy's Home MMG Stone Mountain DC	Seal number(s): 0986664	
Address:	c/o Stone Mountain DC	<b>SCAC:</b> SCNN	
City/State/Zip:	4401 Sarr Parkway, Stone Mountain, GA 30083	<b>Pro Number:</b>	
CID#:			
Depl:	0703		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 41514668		AM	AM
Packing List is Attached		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9342941	28	496.00	Y N	
<b>Grand Total</b>	<b>28</b>	<b>496.00</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 330</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		28	otns	496.00		Comforters, Bedspreads	49017	200
2		28		596.00		<b>Grand Total</b>		

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

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(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/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 8:45:21 AM

## 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:	c/o Portland DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	1156 Vaughn Parkway, Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0703
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000134960		CARRIER NAME: Sohnelder	
		Responsible Acct.No:	
(402)06767164000134960		Trailer number: TA-176723	
		Seal number(s): 0966564	
		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	Actual Driver Arrival Time
Load #: 41514668		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
9342948	39	775.73	Y N	3 PLTS
<b>Grand Total</b>	<b>39</b>	<b>775.73</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		39	ctns	775.73		Comforters, Bedspreads	49017	200
3		39		925.73		<b>Grand Total</b>		

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

per \_\_\_\_\_

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

 By Shipper  
 By Driver/pallets 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 8:46:06 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Gandy DC Location #: GN
Address:	1600 Tide Court	Address:	o/o Gandy DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	4130 Gandy Blvd., Tampa, FL 33611
SID#:		CID#:	
PHONE:		Dept:	0889
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000135070		Trailer number: TA-178723	
		Seal number(s): 0966564	
(402)06757164000135070		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: <input checked="" type="checkbox"/>	
3rd Party:		Master Bill of Lading: with attached	
<input type="checkbox"/>		underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	
Load #: 41514658		AM	AM
Packing List is Attached		PM	PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9397411	148	978.28	Y N	
<b>Grand Total</b>	<b>148</b>	<b>978.28</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NIMPC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		148	ctns	978.28		Throws, Blankets	49040	150
3		148		1128.28		<b>Grand Total</b>		

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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

EEC Show Cartons Scanned,  
loaded and billed correct.

ShipmentCartonDetail(400013493)

Customer PO No.	E&S O No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
1256700	4990424	R201904230808192	MCG16-1062	MS Essential Bed Bug Mattress	00106757164001179957	0635537132	00006757166355371325	8	Loaded
1256700	4990424	R201904230808192	MCG16-1062	MS Essential Bed Bug Mattress	00106757164001179957	0635537133	00006757166355371332	8	Loaded

EEC Show Cartons Scanned, loaded and billed correct.

ShipmentCartonDetail(400013494)

Customer PO No.	E&S No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
9342948	4957958	R201904190649463	MCC10-1118	T Seersucker Blue Comf Set	00106757164001178301	0635451326	00006757166354513269	2	Loaded
9342948	4957958	R201904190649463	MCC10-1119	F/Q Seersucker Blue Comf Set	00106757164001178288	0635451327	00006757166354513276	2	Loaded
9342948	4957958	R201904190649463	MCC10-1119	F/Q Seersucker Blue Comf Set	00106757164001178288	0635451328	00006757166354513283	2	Loaded
9342948	4957958	R201904190649463	MCC10-1119	F/Q Seersucker Blue Comf Set	00106757164001178301	0635451329	00006757166354513290	2	Loaded
9342948	4957958	R201904190649463	MCC10-1119	F/Q Seersucker Blue Comf Set	00106757164001178288	0635451330	00006757166354513306	2	Loaded
9342948	4957958	R201904190649463	MCC10-1119	F/Q Seersucker Blue Comf Set	00106757164001178288	0635451331	00006757166354513313	2	Loaded
9342948	4957958	R201904190649463	MCC10-1120	K Seersucker Blue Comf Set	00106757164001178301	0635451332	00006757166354513320	2	Loaded
9342948	4957958	R201904190649463	MCC10-1120	K Seersucker Blue Comf Set	00106757164001178301	0635451333	00006757166354513337	2	Loaded
9342948	4957958	R201904190649463	MCG10-1030	T Seersucker White Comf Set	00106757164001178295	0635451334	00006757166354513344	2	Loaded
9342948	4957958	R201904190649463	MCG10-1030	T Seersucker White Comf Set	00106757164001178295	0635451335	00006757166354513351	2	Loaded
9342948	4957958	R201904190649463	MCG10-1030	T Seersucker White Comf Set	00106757164001178295	0635451336	00006757166354513368	2	Loaded
9342948	4957958	R201904190649463	MCG10-1030	T Seersucker White Comf Set	00106757164001178295	0635451337	00006757166354513375	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178301	0635451338	00006757166354513382	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178301	0635451339	00006757166354513399	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451340	00006757166354513405	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451341	00006757166354513412	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451342	00006757166354513429	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451343	00006757166354513436	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451344	00006757166354513443	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451345	00006757166354513450	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451346	00006757166354513467	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451347	00006757166354513474	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451348	00006757166354513481	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451349	00006757166354513498	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451350	00006757166354513504	2	Loaded
9342948	4957958	R201904190649463	MCG10-1031	F/Q Seersucker White Comf Set	00106757164001178288	0635451351	00006757166354513511	2	Loaded
9342948	4957958	R201904190649463	MCG10-1032	K Seersucker White Comf Set	00106757164001178295	0635451352	00006757166354513528	2	Loaded
9342948	4957958	R201904190649463	MCG10-1032	K Seersucker White Comf Set	00106757164001178295	0635451353	00006757166354513535	2	Loaded
9342948	4957958	R201904190649463	MCG10-1032	K Seersucker White Comf Set	00106757164001178295	0635451354	00006757166354513542	2	Loaded
9342948	4957958	R201904190649463	MCG10-1032	K Seersucker White Comf Set	00106757164001178295	0635451355	00006757166354513559	2	Loaded
9342948	4957958	R201904190649463	MCG10-1033	T Seersucker Gray Comf Set	00106757164001178301	0635451356	00006757166354513566	2	Loaded
9342948	4957958	R201904190649463	MCG10-1033	T Seersucker Gray Comf Set	00106757164001178301	0635451357	00006757166354513573	2	Loaded
9342948	4957958	R201904190649463	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178295	0635451358	00006757166354513580	2	Loaded
9342948	4957958	R201904190649463	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178295	0635451359	00006757166354513597	2	Loaded
9342948	4957958	R201904190649463	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178295	0635451360	00006757166354513603	2	Loaded
9342948	4957958	R201904190649463	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178295	0635451361	00006757166354513610	2	Loaded
9342948	4957958	R201904190649463	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178295	0635451362	00006757166354513627	2	Loaded
9342948	4957958	R201904190649463	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178295	0635451363	00006757166354513634	2	Loaded
9342948	4957958	R201904190649463	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178295	0635451364	00006757166354513641	2	Loaded
9342948	4957958	R201904190649463	MCG10-1034	F/Q Seersucker Gray Comf Set	00106757164001178295	0635451365	00006757166354513658	2	Loaded
9342948	4957958	R201904190649463	MCG10-1035	K Seersucker Gray Comf Set	00106757164001178301	0635451366	00006757166354513665	2	Loaded
9342948	4957958	R201904190649463	MCG10-1035	K Seersucker Gray Comf Set	00106757164001178301	0635451367	00006757166354513672	2	Loaded
9342948	4957958	R201904190649463	MCG10-1035	K Seersucker Gray Comf Set	00106757164001178301	0635451368	00006757166354513689	2	Loaded