

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

Master Bill of Lading Number: 06757164000145488

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

CARRIER NAME: Schnelder
 Trailer number: TA-151352
 Seal number(s): 0972833
 SCAC: SCNN
 Pro Number: _____

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

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

SPECIAL INSTRUCTIONS:
 Load #: 41611892

Appointment Time: 1:00 AM/PM
 Actual Driver Arrival Time: 1:00 AM/PM
 Driver Departure Time: 2:20 AM/PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS OTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3677363	1	6.81	Y	N	06757164000144691	BA	
3683248	7	60.34	Y	N	06757164000144614	DV	
3677363	3	22.03	Y	N	06757164000144660	HU	
3683248	10	120.42	Y	N	06757164000144621	GN	
3687802	116	1555.31	Y	N	06757164000144713	HA	
3677363	10	61.24	Y	N	06757164000144577	CI	
3683193	7	91.37	Y	N	06757164000144492	CD	1 PLT
3683193	45	694.86	Y	N	06757164000144608	AZ	1 PLT
3683248	43	445.04	Y	N	06757164000144669	CI	
3683248	26	294.65	Y	N	06757164000144676	CL	
3677319	8	58.93	Y	N	06757164000144546	CI	
3687802	22	297.03	Y	N	06757164000144683	DV	
3687802	97	1507.07	Y	N	06757164000144720	HU	

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 / 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 6/5/19

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.
 [Signature] 06/05/19

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1000 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 08757164000145488

SHIP TO
 Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____
 Address: C/O Dynamic Santa Fe Springs
 14141 Alondra Boulevard,
 City/State/Zip: Santa Fe Spgs, CA 90870
 SID#: _____ FOB:

CARRIER NAME: Schnolder

Trailer number: TA-151352

Seal number(s): 0972833

SCAC: SCNN

Pro Number:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

(check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

Load #: 41611882

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1:00 ^{AM} _{PM}	1:00 ^{AM} _{PM}	2:20 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO		Supplier#
						DC#		
3683248	24	282.93	Y	N	06757164000144607	BA		
3687802	104	1435.55	Y	N	06757164000144751	BA		
3677363	2	14.32	Y	N	06757164000144553	GN		
3683248	4	54.33	Y	N	06757164000144638	AZ		
3687802	256	3040.50	Y	N	06757164000144737	CI		
3701366	5	33.93	Y	N	06757164000144539	CD		1 PLT
3677308	1	8.30	Y	N	06757164000144478	CD		1 PLT
3683248	23	236.12	Y	N	06757164000144645	HA		
3683248	31	308.56	Y	N	06757164000144652	HU		
3687791	41	460.00	Y	N	06757164000144515	CD		2 PLTS
3687802	25	395.38	Y	N	06757164000144706	AZ		
3687802	118	1507.12	Y	N	06757164000144744	CL		
3677308	9	113.73	Y	N	06757164000144485	AZ		1 PLT

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.G. 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.
 [Signature] 6/5/19

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.
 [Signature] 06/05/19

SHIP FROM		Master Bill of Lading Number: 06757164000144588
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#:	Trailer number: TA-151352
	Div.	Seal number(s): 0972833
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	SCAC: SCNN
City/State/Zip:	Santa Fe Spgs, CA 90670	Pro Number:
SID#:		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 41611892		Appointment Time 1:00 ^{AM} PM	Actual Driver Arrival Time 1:00 ^{AM} PM
		Driver Departure Time 2:20 ^{AM} PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3677363	1	6.81	Y	N	06757164000144584	CL	
3687791	104	1281.84	Y	N	06757164000144522	AZ	4 PLTS
3687802	132	1920.53	Y	N	06757164000144690	GN	
Grand Total	1274	16314.65					

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 359</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
48	Pallet			2400.00		Pallet		70
		754	ctns	12246.54		Mattress Pads	149265	100
		15	ctns	106.85		Comforters, Bedspreads	49017	200
		406	ctns	3218.11		Pillows, Valance, Towels	49390	100
		21	ctns	118.29		Throws, Blankets	49040	150
		78	ctns	624.86		Shower curtain	49386	77.5

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to applicable regulations of the DOT. <i>Scott 6/5/19</i>	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. <i>[Signature]</i> 06/05/19
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Date: 6/5/2019 1:46:06 PM

Master Bill Of Lading

Page 4 of 4

SHIP FROM		Master Bill of Lading Number: 06757164000145468	
Name:	E & E COMPANY LTD		
Address:	1880 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-151352	
		Seal number(s): 0972833	
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: SCNN	
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		1:00 AM	1:00 AM
Load #: 41611892			2:20 AM
48		Grand Total	
	18714.65		

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.

Scott 6/5/19

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] 06/05/19

SHIP FROM		Bill of Lading Number: 08767164000144708	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08767164000144708	
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's Home MMG Goodyear DC Location #: AZ Address: o/o Goodyear DC 16575 West Commerce Lane, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA-161962 Seal number(s): 0972833 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	
SPECIAL INSTRUCTIONS: Load #: 41811892 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
3687802	26	395.38	Y N	
Grand Total	26	395.38		

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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		23	ctns	387.02		Mattress Pads	149265	100
		2	ctns	8.36		Pillows, Valance, Towels	49390	100
1		26		446.38		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: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

SHIP FROM		Bill of Lading Number: 06757164000144652
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000144652
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schneider
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-151362
Name: Macy's Home Store Houston DC Location #: HU	Address: c/o Houston DC	Seal number(s): 0872838
City/State/Zip: Houston, TX 77023	CID#:	SCAC: SCNN
Dept: 0602	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY/FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:
City/State/Zip:		Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS: Load #: 41611892 Packing List is Attached		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3683248	31	308.56	Y N	
Grand Total	31	308.56		

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 NIMPO Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		24	ctns	247.19		Pillows,Valance,Towels	49390	100
		7	ctns	61.37		Shower curtain	49385	77.5
1		31		358.56		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:
<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Pieces

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

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

Bill of Lading Number: 08757164000144737



CARRIER NAME: Schnelder
 Responsible Acct.No:

SHIP TO
 Name: Macy's Home MMG Los Angeles Location #: CI DC
 Address: Los Angeles Peak Fulfillment Center
 City/State/Zip: 15541 East Gale Ave, City of Industry, CA 91746
 CID#:
 Dept: 0614 FOB:

Trailer number: TA-151352
 Seal number(s): 0972833

SCAC: SCNN
 Pro Number:

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: 41611892
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3687802	256	3040.60	Y	N	
Grand Total	256	3040.60			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		185	otns	2718.78		Mattress Pads	149265	100
		71	otns	321.72		Pillows,Valance,Towels	49390	100
5		256		3290.50		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 rules, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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

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

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

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

SHIP FROM		Bill of Lading Number: 06757164000144713	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08757164000144713	
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's Home MMG Hayward DC Location #: HA Address: o/o Hayward DC 28701 Hall Road, City/State/Zip: Hayward, CA 94546 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA-161362 Seal number(s): 0872838 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	
SPECIAL INSTRUCTIONS: Load #: 41611892 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3687802	115	1555.31	Y N	
Grand Total	115	1555.31		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFPA Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		92	ctns	1452.74		Mattress Pads	149265	100
		23	ctns	102.57		Pillows, Valance, Towels	49390	100
3		115		1705.31		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757164000144638	
Name:	E & E COMPANY LTD	 (402)06757164000144638	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-161352	
Name:	Macy's Home Store Goodyear DC Location #: AZ	Seal number(s): 0972838	
Address:	Goodyear DC Pool Stock 18575 West Commerce Drive,	SCAC: 8CNN	
City/State/Zip:	Goodyear, AZ 85338	Pro Number:	
CID#:			
Dept:	0802		
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 #: 41611892		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
3683248	4	54.33	Y N	
Grand Total	4	54.33		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	50.26		Pillows,Valance,Towels	49390	100
		1	ctns	4.07		Shower curtain	49385	77.5
1		4		104.33		Grand Total		

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

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: 06757164000144616



(402)06757164000144616

SHIP TO

Name: Macy's Home MMG Cheshire DC Location #: CD
 Address: o/o Cheshire DC
 476 Knotter Drive,
 City/State/Zip: Cheshire, CT 06410
 CID#:
 Dept: 0614 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-161362
 Seal number(s): 0872833
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41611892
 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
3687791	41	460.00	Y	N	2 PLTS
Grand Total	41	460.00			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		23	ctns	381.64		Mattress Pads	149265	100
		18	ctns	78.36		Pillows, Valance, Towels	49390	100
2		41		560.00		Grand Total		

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

COD Amount: _____
 Fee Terms: Collect: 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 rates that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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

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

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

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

SHIP FROM		Bill of Lading Number: 08767164000144584	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)08767164000144584	
City/State/Zip: Woodland, CA 95778	SID#:		
PHONE:	FOB: <input type="checkbox"/>		
VENDOR:			
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's Home Store Minooka DC Location #: CL	Address: c/o Minooka DC	Responsible Acct.No:	
City/State/Zip: Minooka, IL 60447	CID#:	Trailer number: TA-161352	
Dept: 0510	FOB: <input type="checkbox"/>	Seal number(s): 0872833	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN	
Name:	Address:	Pro Number:	
City/State/Zip:	SPECIAL INSTRUCTIONS:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Load #: 41611892	Packing List is Attached	Prepaid: Collect: X 3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3677363	1	6.61	Y N	
Grand Total	1	6.61		


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(c) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	6.61		Comforters, Bedspreads	49017	200
1		1		56.61		Grand Total		

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

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

SHIP FROM		Bill of Lading Number: 08757164000144621	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000144621	
Name: Macy's Home Store Gandy DC Location #: GN Address: o/o Gandy DC City/State/Zip: Tampa, FL 33611 CID#: _____ Dept: 0602		CARRIER NAME: Schnelder Responsible Acct.No: _____ Trailer number: TA-161362 Seal number(s): 0872833 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41611892 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3683248	10	120.42	Y N	
Grand Total	10	120.42		


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(c) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	56.43		Pillows, Valance, Towels	49390	100
		6	ctns	83.99		Shower curtain	49385	77.5
1		10		170.42		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757164000144676	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: PHONE: VENDOR:		 (402)06757164000144676	
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's Home Store Mlnooka DC Location #: CL Address: o/o Mlnooka DC 601 Midpoint Rd., City/State/Zip: Mlnooka, IL 60447 CID#: Dept: 0602		Responsible Acct.No: Trailer number: TA-151352 Seal number(s): 0972833 SCAC: SONN Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM	
SPECIAL INSTRUCTIONS: Load #: 41611892 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3683248	26	294.65	Y N	
Grand Total	26	294.65		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	156.37		Pillows, Valance, Towels	49390	100
		15	ctns	138.28		Shower curtain	49385	77.5
1		26		344.65		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> 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.
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SHIP FROM		Bill of Lading Number: 08757164000144522	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000144522	
SHIP TO		GARRIER NAME: Schelder	
Name: Macy's Home MMG Goodyear DC Location #: AZ Address: o/o Goodyear DC 16575 West Commerce Lane, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA-161362 Seal number(s): 0972833 SCAC: SONN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 41611892 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
3687791	104	1281.84	Y N	4 PLTS	
Grand Total	104	1281.84			


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 NMPO Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		69	ctns	1127.55		Mattress Pads	149265	100
		36	ctns	154.29		Pillows, Valance, Towels	49390	100
4		104		1481.84		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 _____	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.	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.	

Date: 6/5/2019 1:44:29 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767164000144683										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000144683										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home MMG Denver DC Location #: DV Address: c/o Denver DC 510 East 51st Ave, City/State/Zip: Denver, CO 80216 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA-151362 Seal number(s): 0972833 SCAG: 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										
SPECIAL INSTRUCTIONS: Load #: 4161892 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3687802	22	297.03	Y N	
Grand Total	22	297.03		


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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	275.35		Mattress Pads	149265	100
		5	ctns	21.68		Pillows, Valance, Towels	49390	100
1		22		347.03		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 _____."	GOD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 08757164000144720	
Name: E & E COMPANY LTD Address: 1890 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (492)08757164000144720	
SHIP TO		CARRIER NAME: Schelder	
Name: Macy's Home MMG Houston DC Location #: HU Address: c/o Houston DC 2103 Ernestine, City/State/Zip: Houston, TX 77023 CID#: _____ Dept: 0814 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA-151352 Seal number(s): 0972838 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 4161892 Packing List Is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3687802	97	1507.07	Y N	
Grand Total	97	1607.07		


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(p) of NMFO Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		85	ctns	1455.35		Mattress Pads	149265	100
		12	ctns	51.72		Pillows, Valance, Towels	49390	100
3		97		1657.07		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 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: 6/5/2019 1:45:28 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Los Angeles Location #: CI DC
Address:	1680 Tide Court	Address:	c/o Los Angeles DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	15541 East Gale Avenue, City of Industry, CA 91746
SID#:		CID#:	
PHONE:		Dept:	0610
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000144677		Trailer number: TA-161352	
		Seal number(s): 0872833	
(402)06757164000144677		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
3rd Party:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41611892		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3677363	10	61.24	Y N	
Grand Total	10	61.24		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	N.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			60.00		Pallet		
		8	ctns	57.28		Comforters, Bedspreads	49017	200
		2	ctns	3.96		Throws, Blankets	49040	150
1		10		111.24		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."		COD Amount: _____ Fee Terms: Collect: <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: Freight Counted: <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: 6/8/2019 1:44:43 PM

Bill Of Lading


Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Gandy DC Location #: GN
Address:	1680 Tide Court	Address:	o/o Gandy DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	4130 Gandy Blvd., Tampa, FL 33611
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000144690		Trailer number: TA-151352	
		Seal number(s): 0972833	
(402)06757164000144690		SCAC: SCNN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3687802	132	1920.53	Y N	
Grand Total	132	1920.53		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care of attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		106	ctns	1804.64		Mattress Pads	149265	100
		26	ctns	115.89		Pillows, Valance, Towels	49390	100
4		132		2120.53		Grand Total		

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

SHIP FROM		Bill of Lading Number: 08757164000144744										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08767164000144744										
Name: Macy's Home MMG Mlnooka DC Location #: CL Address: o/o Mlnooka DC 601 Midpoint Rd., City/State/Zip: Mlnooka, IL 60447 CID#: _____ Dept: 0814		CARRIER NAME: Schnelder Responsible Acct.No: _____ Trailer number: TA-151352 Seal number(s): 0972833 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										
SPECIAL INSTRUCTIONS: Load #: 41611892 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
3687802	118	1507.12	Y N	
Grand Total	118	1507.12		


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 303</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		79	ctns	1337.67		Mattress Pads	149285	100
		39	ctns	169.45		Pillows, Valance, Towels	49390	100
3		118		1667.12		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		SHIP TO		CUSTOMER ORDER INFORMATION		CARRIER INFORMATION										
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Name: Macy's Home Store Los Angeles Location #: CI DC Address: c/o Los Angeles DC City/State/Zip: 16641 East Gate Avenue, City of Industry, CA 91746 CID#: _____ Dept: 0510		Bill of Lading Number: 06767164000144548  (402)06767164000144548		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA-161352 Seal number(s): 0972833										
Name: _____ Address: _____ City/State/Zip: _____		SPECIAL INSTRUCTIONS: Load #: 41611892 Packing List Is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		<table border="1"> <thead> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> </thead> <tbody> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </tbody> </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 NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO												
3677319	8	58.93	Y N													
Grand Total		8	58.93													
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE										
QTY	TYPE	QTY	TYPE		<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small>	NMFC #	CLASS									
1	Pallet			50.00	Pallet											
		1	ctns	36.63	Pillows,Valance,Towels	49390	100									
		7	ctns	22.30	Throws,Blankets	49040	150									
1		8		108.93	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 said to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

SHIP FROM		Bill of Lading Number: 06757164000144751	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		 (402)06757164000144751	
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's Home MMQ Bailey Rd DC Location #: BA Address: o/o Bailey Rd DC 300 South Bailey Road, City/State/Zip: North Jackson, OH 44451 CID#: Dept: 0614		Responsible Acct.No: Trailer number: TA-151352 Seal number(s): 0972833 SCAC: SCNN Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM	
SPECIAL INSTRUCTIONS: Load #: 41611892 Packing List Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3687802	104	1435.55	Y N	
Grand Total	104	1435.55		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFO Item 388</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			160.00		Pallet		
		75	ctns	1305.80		Mattress Pads	149265	100
		29	ctns	129.75		Pillows, Valance, Towels	49390	100
3		104		1585.55		Grand Total		

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

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


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

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


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

Shipper Signature _____

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757164000144591	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000144591	
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 44451 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA-151352 Seal number(s): 0972833 SCAC: SONN 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	
SPECIAL INSTRUCTIONS: Load #: 41611892 Packing List Is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP
3677363	1	6.61	Y N
Grand Total		1	6.61
CARRIER INFORMATION			
HANDLING UNIT		PACKAGE	
QTY	TYPE	QTY	TYPE
1	Pallet	50.00	Pallet
1	ctns	6.61	Comforters, Bedspreads
1	1	56.61	Grand Total
COMMODITY DESCRIPTION		PACKAGE	
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 350.		NMFC #	CLASS
		49017	200

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 sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Shipper Signature _____	

SHIP FROM		Bill of Lading Number: 06757164000144645
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000144645
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schnelder
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-151352
Name: Macy's Home Store Hayward DC Location #: HA	Address: c/o Hayward DC	Seal number(s): 0872833
City/State/Zip: Hayward, CA 94545	CID#:	SCAC: SONN
Dept: 0602	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY, FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
SPECIAL INSTRUCTIONS: Load #: 41611892 Packing List is Attached		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3683248	23	236.12	Y N	
Grand Total	23	236.12		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFO Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	153.70		Pillows,Valance,Towels	49390	100
		11	ctns	82.42		Shower curtain	49385	77.5
1		23		286.12		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:
<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Pieces

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

SHIP FROM		Bill of Lading Number: 06767164000144485										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000144485										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home Store Goodyear DC Location #: AZ Address: c/o Goodyear DC 18576 West Commerce Drive, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA-161352 Seal number(s): 0972833 SCAC: SCNN Pro Number: _____										
THIRD PARTY/FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41611892 Packing List Is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Appointment Time</th> <th style="width: 25%;">Actual Driver Arrival Time</th> <th style="width: 25%;">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	
3677308	9	113.73	Y N	1 PLT	
Grand Total	9	113.73			


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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	63.93		Pillows,Valance,Towels	49390	100
		6	ctns	49.80		Throws,Blankets	49040	150
1		9		163.73		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 _____	GOD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 08757164000144614
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)08757164000144614
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schnelder
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-151352
Name: Macy's Home Store Denver DC	Location #: DV	Seal number(s): 0972833
Address: o/o Denver DC	510 East 51st Avenue,	SCAC: SCNN
City/State/Zip: Denver, CO 80216	CID#:	Pro Number:
Dept: 0602	FOB: <input type="checkbox"/>	

THIRD PARTY/FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid:	Collect: X	3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 41611892		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3683248	7	60.34	Y N	
Grand Total	7	60.34		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity description 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		
		1	ctns	13.21		Pillows,Valance,Towels	49390	100
		6	ctns	47.13		Shower curtain	49385	77.5
1		7		110.34		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 sold to contain
	<input type="checkbox"/> By Driver/Pieces

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

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

Bill of Lading Number: 06767164000144553

 (402)06767164000144553

SHIP TO
 Name: Macy's Home Store Gandy DC Location #: ON
 Address: c/o Gandy DC
 4130 Gandy Blvd.,
 City/State/Zip: Tampa, FL 33611
 CID#:
 Dept: 0610 FOB:

CARRIER NAME: Schnelker
 Responsible Acct.No:
 Trailer number: TA-161352
 Seal number(s): 0972833
 SCAC: SCNN
 Pro Number:

THIRD PARTY/FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41011892
 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
3677363	2	14.32	Y N	
Grand Total	2	14.32		

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(b) of NMFO Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	14.32		Comforters, Bedspreads	49017	200
1		2		64.32		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: 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: 6/6/2019 1:45:21 PM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 08757164000144508



GARRIER NAME: Schnelder
 Responsible Acct.No:

SHIP TO
 Name: Macy's Home Store Goodyear DC Location #: AZ
 Address: c/o Goodyear DC
 16675 West Commerce Drive,
 City/State/Zip: Goodyear, AZ 85338
 CID#:
 Dept: 0802

Trailer number: TA-151362
 Seal number(s): 0972833

SCAG: SCNN
 Pro Number:

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 41611892
 Packing List Is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3683193	45	694.86	Y N	1 PLT
Grand Total	45	694.86		

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 Form 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		45	ctns	694.86		Pillows,Valance,Towels	49390	100
1		45		744.86		Grand Total		

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

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

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

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

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

Shipper Signature

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


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

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

Date: 6/5/2019 1:45:24 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Cheshire DC Location #: GD
Address:	1680 Tide Court	Address:	c/o Cheshire DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	475 Knotter Drive, Cheshire, CT 06410
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000144492		Trailer number: TA-161352	
		Seal number(s): 0972833	
(402)06757164000144492		SCAC: 8CNN	
CARRIER NAME: Schnelder		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 #: 41611892 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
3683193	7	91.37	Y N	1 PLT
Grand Total	7	91.37		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention to handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 340</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	62.27		Pillows,Valance,Towels	49390	100
		3	ctns	39.10		Shower curtain	49385	77.5
1		7		141.37		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 <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>		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 eald to contain <input type="checkbox"/> By Driver/Pieces	
		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>	

SHIP FROM		Bill of Lading Number: 08757184000144807	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757184000144807	
SHIP TO		CARRIER NAME: Schnelder	
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 44451 CID#: _____ Dept: 0802		Responsible Acct.No: _____ Trailer number: TA-161362 Seal number(s): 0972B33 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41611892 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3683248	24	282.93	Y N	
Grand Total	24	282.93		

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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	199.05		Pillows,Valance,Towels	49390	100
		10	ctns	83.88		Shower curtain	49385	77.5
1		24		332.93		Grand Total		

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 6/5/2019 1:45:37 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Houston DC Location #: HU
Address:	1680 Tide Court	Address:	c/o Houston DC 2103 Ernestine,
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Houston, TX 77023
SID#:		CID#:	
PHONE:		Dept:	0610
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000144560		Trailer number: TA-151362	
		Seal number(s): 0972833	
(402)06757164000144560		SCAC: BCNN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41611892		Appointment Time	Actual Driver Arrival Time
Packing List Is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3677363	3	22.03	Y N	
Grand Total	3	22.03		

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 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		3	ctns	22.03		Comforters, Bedspreads	49017	200
1		3		72.03		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 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 <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: <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 <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>

Date: 6/6/2019 1:46:44 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD.	Name:	Maoy's Home Store Cheshire DC Location #: CD
Address:	1880 Tide Court	Address:	c/o Cheshire DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	475 Knotter Drive, Cheshire, CT 06410
SID#:		CID#:	
PHONE:		Dept:	0610
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000144478		Trailer number: TA-151352	
		Seal number(s): 0972833	
(402)08767164000144478		SCAC: SCNN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41611892 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
3677308	1	8.30	Y N	1 PLT
Grand Total	1	8.30		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFCA Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	olns	8.30		Throws, Blankets	49040	150
1		1		58.30		Grand Total		

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

per

COD Amount:

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757164000144669
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000144669
City/State/Zip: Woodland, CA 96776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schnelder
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-151362
Name: Macy's Home Store Los Angeles Location #: CI DC	Address: o/c Los Angeles DC	Seal number(s): 0972833
City/State/Zip: 15541 East Gale Avenue, City of Industry, CA 91746	CID#:	SCAC: SCNN
Dept: 0602	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	Address:	Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 41611892		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
3683248	43	445.04	Y N	
Grand Total	43	445.04		

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		
		24	ctns	340.42		Pillows,Valance,Towels	49390	100
		19	ctns	104.62		Shower curtain	49385	77.5
1		43		495.04		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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: 06757164000144539



CARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA-151352

Seal number(s): 0972833

SCAC: SONN

Pro Number:

SHIP TO:
 Name: Macy's Home MMG Cheshire DC Location #: OD
 Address: c/o Cheshire DC
 475 Knotter Drive,
 City/State/Zip: Cheshire, CT 06410
 CID#:
 Dept: 0784 FOB:

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

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 41611892
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3701365	5	33.93	Y N	1 PLT
Grand Total	5	33.93		

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	33.93		Throws, Blankets	49040	150
1		5		83.93		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: 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.

EEC Show Cartons Scanned, loaded and billed correct.

ShipmentCartonDetail(400014475)

Customer PO No.	EQ/ESC No.	Rolling No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
3687802	5034113	R201905290754512	MCG16-1044	Mattress Pad	00106757164001229317	0636615387	00006757166366153873	0132	Loaded
3687802	5034113	R201905290754512	MCG16-1044	Mattress Pad	00106757164001229317	0636615388	00006757166366153880	0132	Loaded
3687802	5034113	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636615389	00006757166366153897	0132	Loaded
3687802	5034113	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636615390	00006757166366153903	0132	Loaded
3687802	5034113	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636615391	00006757166366153910	0132	Loaded
3687802	5034113	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636615392	00006757166366153927	0132	Loaded
3687802	5034114	R201905290754512	MCG16-1044	Mattress Pad	00106757164001229317	0636615393	00006757166366153934	0143	Loaded
3687802	5034114	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636615394	00006757166366153941	0143	Loaded
3687802	5034114	R201905290754512	MCG16-1054	Waterproof Mattress Pad	00106757164001229331	0636615395	00006757166366153958	0143	Loaded
3687802	5034115	R201905290754512	MCG16-1046	Mattress Pad	00106757164001229317	0636615396	00006757166366153965	0146	Loaded
3687802	5034115	R201905290754512	MCG16-1055	Waterproof Mattress Pad	00106757164001229331	0636615397	00006757166366153972	0146	Loaded
3687802	5034116	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636615398	00006757166366153989	0147	Loaded
3687802	5034116	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229317	0636615399	00006757166366153996	0147	Loaded
3687802	5034116	R201905290754512	MCG16-1046	Mattress Pad	00106757164001229317	0636615400	00006757166366154009	0147	Loaded
3687802	5034178	R201905290754512	MCG16-1043	Mattress Pad	00106757164001229331	0636615580	00006757166366155808	0301	Loaded
3687802	5034178	R201905290754512	MCG16-1044	Mattress Pad	00106757164001229317	0636615581	00006757166366155815	0301	Loaded
3687802	5034178	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229317	0636615582	00006757166366155822	0301	Loaded
3687802	5034178	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229317	0636615583	00006757166366155839	0301	Loaded
3687802	5034178	R201905290754512	MCG16-1046	Mattress Pad	00106757164001229317	0636615584	00006757166366155846	0301	Loaded
3687802	5034178	R201905290754512	MCG16-1054	Waterproof Mattress Pad	00106757164001229331	0636615585	00006757166366155853	0301	Loaded
3687802	5034178	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636615586	00006757166366155860	0301	Loaded
3687802	5034178	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636615587	00006757166366155877	0301	Loaded
3687802	5034178	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636615588	00006757166366155884	0301	Loaded
3687802	5034179	R201905290754512	MCG21-1049	Pillow Protector	00106757164001229331	0636615589	00006757166366155891	0301	Loaded
3687802	5034179	R201905290754512	MCG16-1044	Mattress Pad	00106757164001229317	0636615590	00006757166366155907	0302	Loaded
3687802	5034179	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229317	0636615591	00006757166366155914	0302	Loaded
3687802	5034179	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229317	0636615592	00006757166366155921	0302	Loaded
3687802	5034179	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636615593	00006757166366155938	0302	Loaded
3687802	5034180	R201905290754512	MCG16-1044	Mattress Pad	00106757164001229317	0636615594	00006757166366155945	0303	Loaded
3687802	5034180	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229317	0636615595	00006757166366155952	0303	Loaded
3687802	5034180	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229317	0636615596	00006757166366155969	0303	Loaded
3687802	5034180	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636615597	00006757166366155976	0303	Loaded
3687802	5034181	R201905290754512	MCG16-1042	Mattress Pad	00106757164001229317	0636615598	00006757166366155983	0304	Loaded
3687802	5034181	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636615599	00006757166366155990	0304	Loaded
3687802	5034181	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229317	0636615600	00006757166366156003	0304	Loaded
3687802	5034182	R201905290754512	MCG16-1042	Mattress Pad	00106757164001229317	0636615601	00006757166366156010	0305	Loaded
3687802	5034183	R201905290754512	MCG21-1049	Pillow Protector	00106757164001229331	0636615602	00006757166366156027	0308	Loaded
3687802	5034184	R201905290754512	MCG16-1042	Mattress Pad	00106757164001229317	0636615603	00006757166366156034	0309	Loaded
3687802	5034184	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636615604	00006757166366156041	0309	Loaded
3687802	5034184	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636615605	00006757166366156058	0309	Loaded
3687802	5034184	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636615606	00006757166366156065	0309	Loaded
3687802	5034185	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636615607	00006757166366156072	0312	Loaded
3687802	5034186	R201905290754512	MCG16-1042	Mattress Pad	00106757164001229317	0636615608	00006757166366156089	0315	Loaded
3687802	5034186	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229317	0636615609	00006757166366156096	0315	Loaded
3687802	5034186	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636615610	00006757166366156102	0315	Loaded
3687802	5034186	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636615611	00006757166366156119	0315	Loaded
3687802	5034186	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636615612	00006757166366156126	0315	Loaded
3687802	5034339	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616120	00006757166366161205	0560	Loaded
3687802	5034339	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616121	00006757166366161212	0560	Loaded
3687802	5034339	R201905290754512	MCG21-1049	Pillow Protector	00106757164001229331	0636616122	00006757166366161229	0560	Loaded
3687802	5034340	R201905290754512	MCG16-1046	Mattress Pad	00106757164001229317	0636616123	00006757166366161236	0561	Loaded
3687802	5034342	R201905290754512	MCG16-1044	Mattress Pad	00106757164001229317	0636616130	00006757166366161304	0564	Loaded
3687802	5034342	R201905290754512	MCG16-1054	Waterproof Mattress Pad	00106757164001229331	0636616131	00006757166366161311	0564	Loaded
3687802	5034343	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616132	00006757166366161328	0565	Loaded
3687802	5034343	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616133	00006757166366161335	0565	Loaded
3687802	5034343	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616134	00006757166366161342	0565	Loaded
3687802	5034345	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616135	00006757166366161359	0572	Loaded
3687802	5034346	R201905290754512	MCG16-1043	Mattress Pad	00106757164001229317	0636616136	00006757166366161366	0573	Loaded
3687802	5034346	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616137	00006757166366161373	0573	Loaded
3687802	5034346	R201905290754512	MCG16-1054	Waterproof Mattress Pad	00106757164001229331	0636616138	00006757166366161380	0573	Loaded
3687802	5034347	R201905290754512	MCG16-1044	Mattress Pad	00106757164001229317	0636616139	00006757166366161397	0574	Loaded
3687802	5034347	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616140	00006757166366161403	0574	Loaded
3687802	5034348	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616141	00006757166366161410	0575	Loaded
3687802	5034349	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616142	00006757166366161427	0576	Loaded
3687802	5034350	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616143	00006757166366161434	0578	Loaded
3687802	5034350	R201905290754512	MCG16-1046	Mattress Pad	00106757164001229317	0636616144	00006757166366161441	0578	Loaded
3687802	5034350	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616145	00006757166366161458	0578	Loaded
3687802	5034351	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616146	00006757166366161465	0581	Loaded
3687802	5034351	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616147	00006757166366161472	0581	Loaded
3687802	5034352	R201905290754512	MCG16-1044	Mattress Pad	00106757164001229317	0636616148	00006757166366161489	0584	Loaded
3687802	5034352	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229317	0636616149	00006757166366161496	0584	Loaded
3687802	5034352	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616150	00006757166366161502	0584	Loaded
3687802	5034352	R201905290754512	MCG16-1046	Mattress Pad	00106757164001229317	0636616151	00006757166366161519	0584	Loaded
3687802	5034352	R201905290754512	MCG16-1055	Waterproof Mattress Pad	00106757164001229331	0636616152	00006757166366161526	0584	Loaded
3687802	5034352	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616153	00006757166366161533	0584	Loaded

3687802	5034352	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616154	00006757166366161540	0584	Loaded
3687802	5034353	R201905290754512	MCG16-1042	Mattress Pad	00106757164001229300	0636616155	00006757166366161557	0585	Loaded
3687802	5034353	R201905290754512	MCG16-1053	Waterproof Mattress Protector	00106757164001229331	0636616156	00006757166366161564	0585	Loaded
3687802	5034353	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616157	00006757166366161571	0585	Loaded
3687802	5034354	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616158	00006757166366161588	0586	Loaded
3687802	5034354	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616159	00006757166366161595	0586	Loaded
3687802	5034355	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616160	00006757166366161601	0587	Loaded
3687802	5034356	R201905290754512	MCG16-1042	Mattress Pad	00106757164001229300	0636616161	00006757166366161618	0589	Loaded
3687802	5034356	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616162	00006757166366161625	0589	Loaded
3687802	5034356	R201905290754512	MCG21-1049	Pillow Protector	00106757164001229331	0636616163	00006757166366161632	0589	Loaded
3687802	5034357	R201905290754512	MCG16-1042	Mattress Pad	00106757164001229300	0636616164	00006757166366161649	0590	Loaded
3687802	5034358	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616165	00006757166366161656	0592	Loaded
3687802	5034373	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616183	00006757166366161830	0620	Loaded
3687802	5034374	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229317	0636616184	00006757166366161847	0621	Loaded
3687802	5034374	R201905290754512	MCG16-1054	Waterproof Mattress Pad	00106757164001229331	0636616185	00006757166366161854	0621	Loaded
3687802	5034374	R201905290754512	MCG21-1041	MS Essential Bed Bug Pillow Pr	00106757164001229331	0636616186	00006757166366161861	0621	Loaded
3687802	5034374	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616187	00006757166366161878	0621	Loaded
3687802	5034375	R201905290754512	MCG16-1044	Mattress Pad	00106757164001229317	0636616188	00006757166366161885	0622	Loaded
3687802	5034375	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616189	00006757166366161892	0622	Loaded
3687802	5034376	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616190	00006757166366161908	0623	Loaded
3687802	5034378	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616191	00006757166366161915	0626	Loaded
3687802	5034380	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616192	00006757166366161922	0632	Loaded
3687802	5034380	R201905290754512	MCG21-1048	Pillow Protector	00106757164001229331	0636616193	00006757166366161939	0632	Loaded
3687802	5034380	R201905290754512	MCG21-1049	Pillow Protector	00106757164001229331	0636616194	00006757166366161946	0632	Loaded
3687802	5034381	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616195	00006757166366161953	0634	Loaded
3687802	5034382	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616195	00006757166366161960	0636	Loaded
3687802	5034382	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616197	00006757166366161977	0636	Loaded
3687802	5034383	R201905290754512	MCG16-1045	Mattress Pad	00106757164001229300	0636616198	00006757166366161984	0637	Loaded
3687802	5034384	R201905290754512	MCG16-1043	Mattress Pad	00106757164001229317	0636616199	00006757166366161991	0641	Loaded

Date: 6/5/2019 9:28:41 AM

Master Bill Of Lading

Page 1 of 2

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

Master Bill of Lading Number: 06757164000144014

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

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number: LHC-8664
Seal number(s): 0972838

SCAC: LEGS
Pro Number:

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

Freight Charge Terms:

Prepaid: **Collect:** **3rd Party:**

MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 41609545

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1:00 ^{AM} _{PM}	9:00 ^{AM} _{PM}	9:55 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
7337909	20	141.88	Y	N	06757164000144430	GN	
7337909	60	420.80	Y	N	06757164000144447	SC	
4946278	151	2229.31	Y	N	06757164000144416	GN	
7320243	167	2166.86	Y	N	06757164000144454	SC	
4946278	317	4987.09	Y	N	06757164000144423	SC	
7320232	221	3175.76	Y	N	06757164000144461	OK	7 PLTS
Grand Total	936	13121.70					

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(c) of NMFQ Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
25	Pallet			1250.00		Pallet		70
		110	ctns	498.63		Pillows,Valance,Towels	49390	100
		80	ctns	562.68		Throws,Blankets	49040	150

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

COD Amount \$ _____

Fee Terms: **Collect:** **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.
 [Signature] 6/5/19

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.
 [Signature]
 06/05/19

Date: 6/5/2019 9:28:41 AM

Master Bill Of Lading


Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757164000146014	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
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: LHC-8864 Seal number(s): 0972838 SCAC: LEGS 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 #: 41609545		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time 1:00 ^{AM} _{PM}	Actual Driver Arrival Time 9:00 ^{AM} _{PM}

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to assure safe transportation with ordinary care. See Section 2(a) of NMFC Item 365</small>		
		746	ctns	12060.39		Mattress Packs	NMFC #	CLASS
							149265	100
25				14371.70		Grand Total		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(e)(1)(A) and (B).</p>	
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
<p>SHIPPER SIGNATURE / DATE <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></p> <p><i>Jcott 6/5/19</i></p>	<p>Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p>CARRIER SIGNATURE / PICKUP DATE <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></p> <p style="text-align: right;">X</p>	

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: 06757164000144430

 (402)06767164000144430

SHIP TO
 Name: Macy's Home MMG Gandy DC Location #: GN
 Address: o/o Gandy DC
 4130 Gandy Blvd.,
 City/State/Zip: Tampa, FL 33611
 CID#:
 Dept: 0784 FOB:

CARRIER NAME: NEW LEGEND TRUCKING
 Responsible Acct.No:
 Trailer number: LHC-8664
 Seal number(s): 0972838
 SCAC: LEGS
 Pro Number:

THIRD PARTY/FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41609545
 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
7337909	20	141.88	Y N	
Grand Total	20	141.88		

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged so 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			
		20	ctns	141.88		Throws, Blankets	49040	150	
1		20		191.88		Grand Total			

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

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

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


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

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

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

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

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

SHIP FROM		Bill of Lading Number: 06757164000144447										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000144447										
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING										
Name: Macy's Home MMG Secaucus DC Location #: SC Address: o/o Secaucus DC 600 Meadowlands Parkway, City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: LHC-8864 Seal number(s): 0972838 SCAC: LEGS 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: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 41609545 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
7337909	60	420.80	Y N	
Grand Total	60	420.80		


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(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		60	ctns	420.80		Throws, Blankets	49040	150
1		60		470.80		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 _____ for _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature _____</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			

Date: 6/5/2019 9:28:37 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home MMG Gandy DC Location #: GN
Address:	1880 Tide Court	Address:	w/o Gandy DC
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	Tampa, FL 33611
SID#:		GID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000144416		CARRIER NAME: NEW LEGEND TRUCKING	
		Responsible Acct.No:	
(402)06757164000144416		Trailer number: LHC-8884	
		Seal number(s): 0972838	
		SCAC: LEGS	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: 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 #: 41608645		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
4946278	151	2229.31	Y N	
Grand Total	151	2229.31		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 560</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		125	ctns	2115.17		Mattress Pads	149265	100
		26	ctns	114.14		Pillows, Valance, Towels	49390	100
4		151		2429.31		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets 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: 6/5/2019 9:28:21 AM

Bill Of Lading

Page 1 of 1


SHIP FROM		SHIP TO		CUSTOMER ORDER INFORMATION				
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Secaucus DC Location #: SC	CUSTOMER ORDER NUMBER	7320243			
Address:	1680 Tide Court	Address:	c/o Secaucus DC	# PKGS	167			
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	500 Meadowlands Parkway, Secaucus, NJ 07094	WEIGHT	2166.86			
SID#:		CID#:		PALLET/SLIP	Y N			
PHONE:		Dept:	0614	ADDITIONAL SHIPPER INFO				
VENDOR:				Grand Total				
FOB: <input type="checkbox"/>								
Bill of Lading Number: 06757164000144454		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)						
		CARRIER NAME: NEW LEGEND TRUCKING						
(402)06767164000144454		Responsible Acct.No:						
Trailer number: LHC-8664		Prepaid: <input type="checkbox"/>		Collect: X 3rd Party:				
Seal number(s): 0972838		Master Bill of Lading: with attached						
SCAC: LEGS		(check box) underlying Bills of Lading						
Pro Number:		Appointment Time		Actual Driver Arrival Time				
		AM		AM				
		PM		PM				
Packing List is Attached		Driver Departure Time		AM				
				PM				
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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		117	ctns	1943.49		Mattress Pads	149265	100
		50	ctns	223.37		Pillows, Valance, Towels	49390	100
4		167		2366.86		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 <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>		Shipper Signature	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE <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>	

Date: 6/5/2019 9:28:33 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Secaucus DC Location #: SO
Address:	1680 Tide Court	Address:	o/c Secaucus DC 500 Meadowlands Parkway,
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000144423		Trailer number: LHC-8664	
		Seal number(s): 0972838	
(402)08757164000144423		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41609645 Packing List Is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM


CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4946278	317	4987.09	Y N	
Grand Total	317	4987.09		

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 NMF0 Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		
		283	ctns	4825.97		Mattress Pads	149265	100
		34	ctns	161.12		Pillows, Valance, Towels	49390	100
8		317		5387.09		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 <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>		Shipper Signature	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE <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>	

SHIP FROM		Bill of Lading Number: 08757164000144461	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000144461	
City/State/Zip: Woodland, CA 95776	SID#:		
PHONE:	FOB: <input type="checkbox"/>		
VENDOR:			
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: OK	Location #: OK	Responsible Acct.No:	
Address: c/o Macy's Logistics Distribution C	7120 E.76th Street North, OK	Trailer number: LHC-8664	
City/State/Zip: Owasso, OK 74066	CID#:	Seal number(s): 0872838	
Dept: 0814	FOB: <input type="checkbox"/>	SCAC: LEGS	
THIRD PARTY FREIGHT CHARGES BILL TO:		Pro Number:	
Name:	Address:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip:	SPECIAL INSTRUCTIONS:	Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Load #: 41809545	Packing List is Attached	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7320232	221	3175.76	Y N	7 PLTS
Grand Total	221	3175.76		

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 386</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
7	Pallet			350.00		Pallet		
		221	ctns	3175.76		Mattress Pads	149265	100
7		221		3525.76		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 _____		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.		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.	

4946278	5029209	R2019052808013310	MCG16-1042	Mattress Pad	00106757164001228548	0636565896	00006757166365658966	0206	Loaded
4946278	5029209	R2019052808013310	MCG16-1044	Mattress Pad	00106757164001228778	0636565897	00006757166365658973	0206	Loaded
4946278	5029209	R2019052808013310	MCG16-1045	Mattress Pad	00106757164001228570	0636565898	00006757166365658980	0206	Loaded
4946278	5029211	R2019052808013310	MCG16-1044	Mattress Pad	00106757164001228778	0636565901	00006757166365659017	0213	Loaded
4946278	5029211	R2019052808013310	MCG16-1045	Mattress Pad	00106757164001228570	0636565902	00006757166365659024	0213	Loaded
4946278	5029211	R2019052808013310	MCG16-1046	Mattress Pad	00106757164001228747	0636565903	00006757166365659031	0213	Loaded
4946278	5029211	R2019052808013310	MCG16-1057	Waterproof Mattress Pad	00106757164001228747	0636565904	00006757166365659048	0213	Loaded
4946278	5029211	R2019052808013310	MCG16-1057	Waterproof Mattress Pad	00106757164001228778	0636565905	00006757166365659055	0213	Loaded