

Chargebacks and RTVs

Macy's, Inc. (MacysNet)
 Valid as of: 8/8/2019 8:55:05 PM EST
 Division: Macy's Account #: 05390993890
 Vendor Name: E & E CO LTD
 Document Number: 4750973
 Department/Vendor: 602/935

Check Summary

Check Number: 1798034
 Check Date: 7/31/2019
 Purchase Order Number: 6580964

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND
 RESPONSIBLE
 Total Cost: (\$31)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
 Total Cost: (\$1.45)

Style Summary

Receipt Number: 3722020-000
 Carrier:
 Freight Bill:
 Bill of Lading: 0675718400
 Cartons: 0
 Weight: 0
 Total Cost: (\$31)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT250,	0	-1	\$31.00	\$0.00		\$0.00	-31

Document Number: 4751051
 Department/Vendor: 602/935

Check Summary

Check Number: 1798034
 Check Date: 7/31/2019
 Purchase Order Number: 6580964

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND
 RESPONSIBLE
 Total Cost: (\$25.2)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
 Total Cost: (\$16.26)

Style Summary

Receipt Number: 3722024-000
 Carrier:

Freight Bill:
 Bill of Lading: 0675716400
 Cartons: 0
 Weight: 0
 Total Cost: (\$25.2)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT250.	0	-1	\$25.20	\$0.00		\$0.00	-25.2

Document Number: 4776535
 Department/Vendor: 602/935

Check Summary

Check Number: 1798034
 Check Date: 7/31/2019
 Purchase Order Number: 8065901

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
 Total Cost: (\$24)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
 Total Cost: (\$0)

Style Summary

Receipt Number: 3958937-000
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716400
 Cartons: 0
 Weight: 0
 Total Cost: (\$24)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT 250	0	-1	\$24.00	\$0.00		\$0.00	-24

Document Number: 4776637
 Department/Vendor: 510/938

Check Summary

Check Number: 1798034
 Check Date: 7/31/2019
 Purchase Order Number: 7695188

Transaction Summary

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
 Total Cost: (\$28.43)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
 Total Cost: (\$22.5)

Style Summary

Receipt Number: 3957320-000
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716400
 Cartons: 0
 Weight: 0
 Total Cost: (\$22.5)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT 250	0	-1	\$22.50	\$0.00		\$0.00	-22.5

Receipt Number: 3958941-001
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716400
 Cartons: 0
 Weight: 0
 Total Cost: \$0

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
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No further detail exists for this transaction.

Receipt Number: 3957320-001
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716400
 Cartons: 0
 Weight: 0
 Total Cost: \$0

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
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No further detail exists for this transaction.

Receipt Number: 3958941-000
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716400
 Cartons: 0
 Weight: 0
 Total Cost: \$0

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
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No further detail exists for this transaction.

Date: 6/16/2019 8:44:44 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757164000139177	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	City/State/Zip: Woodland, CA 95776	SID#: <input type="checkbox"/> FOB:
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's /Bloom Consolidation Center	DC#: Div.	Trailer number: TA-177974	Seal number(s): 09665373
Address: C/O Dynamic Santa Fe Springs	14141 Alondra Boulevard,	SCAC: SCNN	Pro Number:
City/State/Zip: Santa Fe Spgs, CA 90670	SID#: <input type="checkbox"/> FOB:	Freight Charge Terms:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Name:	Address:	<input checked="" type="checkbox"/> MASTER BILL OF LANDING; WITH ATTACHED UNDERLYING BILLS OF LANDING	
City/State/Zip:	SPECIAL INSTRUCTIONS:	Appointment Time	Actual Driver Arrival Time
Load #: 41660873		11:00 AM	7:40 AM
		Driver Departure Time	9:40 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO			
				BOL#	DC#	Supplier#	
6270798	23	158.41	Y N	06757164000138729	CD	1 PLT	
6270853	20	144.74	Y N	06757164000138934	GN		
6580964	48	464.73	Y N	06757164000139139	TU		
6242033	2	9.96	Y N	06757164000138712	OK	1 PLT	
6270853	27	189.25	Y N	06757164000138910	CL		
6270853	5	33.93	Y N	06757164000138927	DV		
6270853	7	50.01	Y N	06757164000138958	HU		
6580964	29	268.69	Y N	06757164000139054	DV		
6242209	3	9.40	Y N	06757164000138811	GN		
6270853	8	56.40	Y N	06757164000138880	AZ		
6270853	44	311.08	Y N	06757164000138903	CI		
6270853	13	90.99	Y N	06757164000139009	TU		
6580964	44	424.43	Y N	06757164000139122	SW		

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 \$ _____

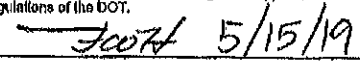

Fee Terms: Collect: Prepaid:

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 / 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>  5/15/19	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>  5-15-19
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Date: 5/15/2019 8:44:44 AM

Master Bill Of Lading

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

Master Bill of Lading Number: 06757164000139177

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: Schneider

Trailer number: TA-177974

Seal number(s): 00665373

SCAC: SCNN

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 #: 41560873

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
11:00 AM	7:40 AM	9:40 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
6242209	4	12.40	Y	N	06757164000138873	TU	
6270798	1	6.83	Y	N	06757164000138743	PD	1 PLT
6270853	7	50.89	Y	N	06757164000138941	HA	
6270853	27	186.83	Y	N	06757164000138996	SW	
6242033	1	2.90	Y	N	06757164000138699	CD	1 PLT
6242209	4	12.60	Y	N	06757164000138859	ST	
6242209	3	9.30	Y	N	06757164000138866	SW	
6270853	33	228.91	Y	N	06757164000138972	SC	
6580964	92	1132.57	Y	N	06757164000139023	BA	
6580964	136	1512.33	Y	N	06757164000139030	CI	
1732616	3	54.88	Y	N	06757164000138767	SC	
6580964	47	460.89	Y	N	06757164000139092	JP	
6581756	32	384.15	Y	N	06757164000138750	AZ	2 PLTS

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

COD Amount \$ _____

Fee Terms: **Collect:** **Prepaid:**

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Scott 5/15/19

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.

XZ [Signature] 5-15-19

Date: 5/16/2019 8:44:44 AM

Master Bill Of Lading

SHIP FROM

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

Master Bill of Lading Number: **06757164000139177**

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-177974**

Seal number(s): **09665373**

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 #: **41560873**

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
11:00 AM	7:40 AM	9:40 AM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
6580964	113	1358.42	Y	N	06757164000139061	GN	
6581778	156	1816.09	Y	N	06757164000139163	CI	
1732616	13	186.44	Y	N	06757164000138774	SW	
6242209	2	6.30	Y	N	06757164000138835	JP	
6580964	112	1201.86	Y	N	06757164000139047	CL	
6270798	49	335.55	Y	N	06757164000138736	OK	1 PLT
6580964	16	156.76	Y	N	06757164000139016	AZ	
6580964	95	1066.51	Y	N	06757164000139085	HU	
6580964	62	607.11	Y	N	06757164000139108	SC	
6581778	6	91.35	Y	N	06757164000139146	AZ	
Grand Total	1598	16042.93					

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] 5/15/19

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.

[Signature] 5-15-19

Date: 5/16/2019 8:44:44 AM

Master Bill Of Lading

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

Master Bill of Lading Number: 06757164000139177

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: Schneider
 Trailer number: TA-177974
 Seal number(s): 09665373
 SCAC: SCNN
 Pro Number: _____

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

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 41680873

MASTER BILL OF LANDING; WITH ATTACHED UNDERLYING BILLS OF LANDING
 Appointment Time: 11:00 AM
 Actual Driver Arrival Time: 7:40 AM
 Driver Departure Time: 9:40 AM

HANDLING UNIT						PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS							
60	Pallet			3000.00		Pallet					70	
		190	ctns	2923.68		Mattress Pads		149265		100		
		905	ctns	9492.75		Pillows,Valance,Towels		49390		100		
		126	ctns	1186.24		Shower curtain		49385		77.5		
		377	ctns	2440.26		Throws,Blankets		49040		150		
60				19042.93		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: 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] 5/15/19

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] 5-25-19

Date: 5/16/2019 8:40:14 AM

Bill Of Lading

Page 1 of 1


SHIP FROM		SHIP TO		THIRD PARTY/FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION						
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Cheshire DC Location #: CD	Name:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO		
Address:	1680 Tide Court	Address:	c/o Cheshire DC	Address:		6270798	23	158.41	Y N	1 PLT		
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	475 Knotter Drive, Cheshire, CT 06410	City/State/Zip:		Grand Total	23	158.41				
SID#:		CID#:				CARRIER INFORMATION						
PHONE:		Dept:	0784			HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
VENDOR:		FOB: <input type="checkbox"/>				QTY	TYPE	QTY	TYPE	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(b) of NMFC Item 350.	NMFC #	CLASS
						1	Pallet			Pallet		
								23	ctns	Throws, Blankets	49040	150
						1		23		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____	
		Fee Terms: Collect: <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(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 / 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: 5/15/2019 8:43:00 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION		CARRIER INFORMATION	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Gandy DC	Name:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP
Address:	1880 Tide Court	Address:	o/o Gandy DC	Address:		6270853	20	144.74	Y N
City/State/Zip:	Woodland, CA 96778	City/State/Zip:	4130 Gandy Blvd.,	City/State/Zip:		Grand Total	20	144.74	
SID#:		City/State/Zip:	Tampa, FL 33611	City/State/Zip:		ADDITIONAL SHIPPER INFO			
PHONE:		OID#:		City/State/Zip:		CARRIER INFORMATION			
VENDOR:		Dept:	0784	City/State/Zip:		HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)
	FOB: <input type="checkbox"/>			City/State/Zip:		QTY	TYPE	QTY	TYPE
Bill of Lading Number: 06757184000138934		Trailer number: TA-177874		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		COMMODITY DESCRIPTION		PACKAGE	
		Seal number(s): 09865373		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>		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		NMFC # CLASS	
(402)06757184000138934		SCAC: SCNN		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>		Pallet			
Pro Number:		Pro Number:		Appointment Time		Throws, Blankets		49040 150	
				AM		Grand Total			
				PM					
				AM					
				PM					

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: 5/15/2019 8:42:21 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Tukwila DC Location #: TU
Address:	1680 Tide Court	Address:	c/o Tukwila DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Tukwila, WA 98188
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000139139		Trailer number: TA-177874	
		Seal number(s): 09665373	
(402)06757164000139139		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:	
Address:	
City/State/Zip:	
SPECIAL INSTRUCTIONS:	
Load #: 41580873	
Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6580964	46	464.73	Y	N	
Grand Total	46	464.73			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		39	ctns	403.31		Pillows,Valance,Towels	49390	100
		7	ctns	61.42		Shower curtain	49385	77,5
1		46		514.73		Grand Total		

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

COD Amount: _____

Fee Terms:

Collect: 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: 5/15/2019 8:40:47 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Magy's Home Store Tulsa DC Location #: OK
Address:	1680 Tide Court	Address:	o/o Tulsa DC
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	Owasso, OK 74065
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000138712		Trailer number: TA-177974	
		Seal number(s): 09865373	
(402)06767164000138712		SCAC: SONN	
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 underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	AM
Load #: 41660873			PM
Packing List Is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6242033	2	9.95	Y	N	1 PLT
Grand Total	2	9.95			


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 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	otns	7.05		Pillows,Valance,Towels	49390	100
		1	otns	2.90		Throws,Blankets	49040	150
1		2		59.95		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.	<table border="0"> <tr> <td>Trailer Loaded:</td> <td>Freight Counted:</td> </tr> <tr> <td><input type="checkbox"/> By Shipper</td> <td><input type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets said to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Pieces</td> </tr> </table>	Trailer Loaded:	Freight Counted:	<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain		<input type="checkbox"/> By Driver/Pieces
Trailer Loaded:	Freight Counted:								
<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper								
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain								
	<input type="checkbox"/> By Driver/Pieces								
	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.								

Date: 5/15/2019 8:43:19 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMQ Mlnooka DC Location #: CL
Address:	1680 Tide Court	Address:	o/o Mlnooka DC
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	Mlnooka, IL 60447
SID#:		OID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000138810		Trailer number: TA-177874	
		Seal number(s): 09665373	
(402)08767164000138810		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 #: 41560673 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
6270853	27	189.25	Y N	
Grand Total	27	189.25		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to insure safe transportation with ordinary care. See Section 2(e) of NMFC Item 310</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		27	ctns	189.25		Throws,Blankets	49040	150
1		27		239.25		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: 5/15/2019 8:41:40 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION							
Name:	E & E COMPANY LTD	Name:	Maoy's Home MMG Denver DC	Name:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
Address:	1680 Tide Court	Address:	c/o Denver DC	Address:		6270853	5	33.93	Y N				
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	510 East 51st Ave, Denver, CO 80216	City/State/Zip:		Grand Total	5	33.93					
SID#:		CID#:		SPECIAL INSTRUCTIONS:		CARRIER INFORMATION							
PHONE:		Dept:	0784	Load #: 41680873		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 359</small>	PACKAGE	
VENDOR:		FOB: <input type="checkbox"/>		Packing List is Attached		QTY	TYPE	QTY				TYPE	NMFC #
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)						Appointment Time	Actual Driver Arrival Time	Driver Departure Time					
Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>						AM	AM	AM					
Master Bill of Lading: with attached underlying Bills of Lading						PM	PM	PM					
Trailer number: TA-177974													
Seal number(s): 09685373													
SCAC: SCNN													
Pro Number:													

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 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: 06757164000138958	
Name: E & E COMPANY LTD		 (402)06757164000138958	
Address: 1880 Tide Court			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA-177974	
VENDOR:		Seal number(s): 09665373	
FOB: <input type="checkbox"/>		SCAC: SCNN	
SHIP TO		Pro Number:	
Name: Macy's Home MMG Houston DC Location #: HU		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: a/o Houston DC		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip: Houston, TX 77023		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CID#:		(check box)	
Dept: 0784 FOB: <input type="checkbox"/>		Appointment Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		Actual Driver Arrival Time	
Name:		Driver Departure Time	
Address:		AM AM AM	
City/State/Zip:		PM PM PM	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41560873		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6270853	7	50.01	Y N	
Grand Total	7	50.01		


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 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	50.01		Throws,Blankets	49040	150
1		7		100.01		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 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: 6/15/2019 8:40:19 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Denver DC Location #: DV
Address:	1880 Tide Court	Address:	c/o Denver DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Denver, CO 80216
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000139054		Trailer number: TA-177974	
		Seal number(s): 09665373	
(402)06767164000139054		SCAC: SCNN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party: <input type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 41560873		PM	
Packing List is Attached		AM	
		PM	


CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6580964	29	268.69	Y N	
Grand Total	29	268.69		

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 309.</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1		Pallet	50.00		Pallet		
	28	ctns	269.44		Pillows,Valance,Towels	49390	100
	1	ctns	9.25		Shower curtain	49385	77.5
1			318.69		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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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: 06767164000138811										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000138811										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home Store Gandy DC Location #: GN Address: o/o Gandy DC 4130 Gandy Blvd., City/State/Zip: Tampa, FL 33811 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA-177974 Seal number(s): 09066373 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: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 41560879 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
8242209	3	9.40	Y N	
Grand Total	3	9.40		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	9.40		Throws, Blankets	49040	150
1		3		59.40		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
--	---

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	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: 06757164000138880
Name: E & E COMPANY LTD		 (402)06757164000138880
Address: 1680 Tide Court		
City/State/Zip: Woodland, CA 96776		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schnelder

SHIP TO		Trailer number: TA-177974
Name: Macy's Home MMO Goodyear DC Location #: AZ		Seal number(s): 09685373
Address: c/o Goodyear DC		SCAC: SCNN
City/State/Zip: 16676 West Commerce Lane, Goodyear, AZ 85338		Pro Number:
CID#:		
Dept: 0784	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid:	Collect: X	3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)		
SPECIAL INSTRUCTIONS: Load #: 41580873		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Packing List is Attached		AM	AM	AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6270853	8	56.40	Y N	
Grand Total	8	56.40		

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small>			
1	Pallet			50.00		Pallet			
		8	ctns	56.40		Throws, Blankets		49040	150
1		8		106.40		Grand Total			

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

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
--	---

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 5/15/2019 8:43:34 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757184000138903	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757184000138903	
SHIP TO		CARRIER NAME: Schnelder	
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 91745 CID#: _____ Dept: 0784		Responsible Acct, No: _____ Trailer number: TA-177974 Seal number(s): 09685373	
		SCAC: SCNN	
		Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41560873 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
6270853	44	311.08	Y N	
Grand Total	44	311.08		

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		
		44	ctns	311.08		Throws, Blankets	49040	150
1		44		361.08		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.
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Date: 6/15/2019 8:40:51 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Tukwila DC Location #: TU
Address:	1680 Tide Court	Address:	c/o Tukwila DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Tukwila, WA 98188
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000139009		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
(402)06767164000139009		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/>	
CARRIER NAME: Schnelder		Appointment Time	
Responsible Acct.No:		Actual Driver Arrival Time	
Trailer number: TA-177874		Driver Departure Time	
Seal number(s): 09666373		AM	AM
SCAC: SCNN		PM	PM
Pro Number:			
THIRD PARTY FREIGHT CHARGES BILL TO:		SPECIAL INSTRUCTIONS:	
Name:		Load #: 41560673	
Address:		Packing List is Attached	
City/State/Zip:			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6270853	13	90.99	Y N	
Grand Total	13	90.99		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	ctns	90.99		Throws,Blankets	49040	150
1		13		140.99		Grand Total		

When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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: 08757164000139122	
Name:	E & E COMPANY LTD	 (402)06757164000139122	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-177974	
Name:	Macy's Home Store South Windsor DC	Seal number(s): 09665373	
Address:	c/o South Windsor DC	SCAC: SCNN	
City/State/Zip:	301 Governor's Hwy, South Windsor, CT 06074	Pro Number:	
CID#:			
Dept:	0602		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41560873		PM	PM
Packing List Is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6580964	44	424.43	Y N	
Grand Total	44	424.43		

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 100</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		36	ctns	322.07		Pillows,Valance,Towels	49390	100
		9	ctns	102.36		Shower curtain	49385	77.5
1		44		474.43		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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


Shipper Signature

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

Date: 5/15/2019 8:43:45 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home Store Goodyear DC Location #: AZ
Address:	1680 Tide Court	Address:	Goodyear DC Pool Stock
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0610
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000138781		Trailer number: TA-177874	
		Seal number(s): 08685373	
(402)06757164000138781		SCAC: SCNN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
<input type="checkbox"/>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	
Load #: 41580873		AM	
Packaging List is Attached		PM	

CUSTOMER ORDER INFORMATION


CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6242209	1	3.20	Y N	
Grand Total	1	3.20		

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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	3.20		Throws, Blankets	49040	150
1		1		53.20		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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

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

Bill of Lading Number: 06757164000138804

 (402)06757164000138804

SHIP TO
 Name: Macy's Home Store Minooka DC Location #: CL
 Address: o/o Minooka DC
 601 Midpoint Rd.,
 City/State/Zip: Minooka, IL 60447
 CID#:
 Dept: 0510 FOB:

CARRIER NAME: Schnelder
 Responsible Aoot.No:
 Trailer number: TA-177974
 Seal number(s): 09685973
 SCAC: SONN
 Pro Number:

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

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

SPECIAL INSTRUCTIONS:
 Load #: 41560873
 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
6242209	1	3.20	Y N	
Grand Total	1	3.20		

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 560</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	3.20		Throws, Blankets	49040	150
1		1		53.20		Grand Total		

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

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

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


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

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

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

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

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

SHIP FROM		Bill of Lading Number: 06757164000138828	
Name: E & E COMPANY LTD		 (402)06757164000138828	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 96776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA-177974	
VENDOR:		Seal number(s): 09665873	
SHIP TO		SCAC: SCNN	
Name: Macy's Home Store Houston DC Location #: HU		Pro Number:	
Address: o/o Houston DC			
City/State/Zip: Houston, TX 77023			
CID#:			
Dept: 0510			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS: Load #: 41660873 Packing List is Attached		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6242209	7	21.90	Y N	
Grand Total	7	21.90		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	21.90		Throws, Blankets	49040	160
1		7		71.90		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
--	--


SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	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: 06757164000139078										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000139078										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home Store Hayward DC Location #: HA Address: c/o Hayward DC 20701 Hall Road, City/State/Zip: Hayward, CA 94545 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA-177974 Seal number(s): 09665373 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 #: 41560873 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
6580964	65	673.71	Y N	
Grand Total	65	673.71		

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 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		64	ctns	667.98		Pillows, Valance, Towels	49390	100
		1	ctns	5.73		Shower curtain	49385	77.5
1		65		723.71		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.	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required 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: 06757164000138882	
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000138882	
City/State/Zip: Woodland, CA 96778	SID#:		
PHONE:	VENDOR:	CARRIER NAME: Schnelder	
	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: TA-177974	
Name: Macy's Home Store Goodyear DC Location #: AZ	Address: o/o Goodyear DC	Seal number(s): 09865373	
City/State/Zip: Goodyear, AZ 85338	CID#:	SCAC: SCNN	
Dept: 0610	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	
SPECIAL INSTRUCTIONS: Load #: 41660873 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
6242033	3	12.85	Y N	1 PLT
Grand Total	3	12.85		


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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	7.05		Pillows, Valance, Towels	49390	100
		2	ctns	5.80		Throws, Blankets	49040	150
1		3		62.85		Grand Total		

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

Date: 5/18/2019 8:42:17 AM

Bill Of Lading

Page 1 of 1


SHIP FROM		SHIP TO		BILL OF LADING NUMBER: 06757164000138897										
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Bailey Rd DC Location #: BA	 (402)06757164000138897										
Address:	1680 Tide Court	Address:	o/o Bailey Rd DC	CARRIER NAME: Schnelder										
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	300 South Bailey Road, North Jackson, OH 44451	Responsible Acct.No:										
SID#:		CID#:		Trailer number: TA-177974										
PHONE:		Dept:	0784	Seal number(s): 09865373										
VENDOR:		FOB:	<input type="checkbox"/>	SCAC: SCNN										
THIRD PARTY FREIGHT CHARGES BILL TO:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)											
Name:			Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>											
Address:			<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading											
City/State/Zip:			<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												
SPECIAL INSTRUCTIONS: Load #: 41560873 Packing List Is Attached														
CUSTOMER ORDER INFORMATION														
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO									
6270853	29	205.33	Y	N										
Grand Total		29	205.33											
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 380</small>	PACKAGE							
QTY	TYPE	QTY	TYPE				NMFC #	CLASS						
1	Pallet			50.00		Pallet								
		29	ctns	205.33		Throws, Blankets	49040	150						
1		29		255.33		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 _____	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>	<table border="1"> <tr> <td>Trailer Loaded:</td> <td>Freight Counted:</td> </tr> <tr> <td><input checked="" type="checkbox"/> By Shipper</td> <td><input checked="" type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets said to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Pieces</td> </tr> </table>	Trailer Loaded:	Freight Counted:	<input 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
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 <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: 5/15/2019 8:40:25 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000138965										
Name:	E & E COMPANY LTD	 (402)06757164000138965										
Address:	1680 Tide Court											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:		CARRIER NAME: Schneider										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: TA-177974										
Name:	Macy's Home MMG Joppa DC Location #: JP	Seal number(s): 00865373										
Address:	c/o Joppa DC	SCAC: SCNN										
City/State/Zip:	3300 Fashion Way, Joppa, MD 21085	Pro Number:										
GID#:												
Dept:	0784											
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:		<table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 41680873 Packing List is Attached												

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6270853	23	157.31	Y N	
Grand Total	23	157.31		

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 NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		23	ctns	157.31		Throws, Blankets	49040	150
1		23		207.31		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"/>				
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.	<table border="1"> <tr> <td>Trailer Loaded:</td> <td>Freight Counted:</td> </tr> <tr> <td><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</td> <td><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:	Freight Counted:	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded:	Freight Counted:				
<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces				
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.					

Bill Of Lading

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

Bill of Lading Number: 06757164000138889

 (402)06757164000138889

SHIP TO
 Name: Macy's Home MMG Stone Mountain DC Location #: ST
 Address: o/o Stone Mountain DC
 City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083
 CID#: _____
 Dept: 0784

CARRIER NAME: Schnelder
 Responsible Acct.No: _____
 Trailer number: TA-177974
 Seal number(s): 09668373

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: X 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS:
 Load #: 41560873
 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
8270863	10	74.90	Y N	
Grand Total	10	74.90		

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		
		10	otns	74.90		Throws, Blankets	49040	150
1		10		124.90		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: 5/15/2019 8:41:17 AM

Bill Of Lading


Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION		CARRIER INFORMATION	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		Name: Macy's Home Store Stone Mountain DC Address: o/o Stone Mountain DC City/State/Zip: 4401 Barr Parkway, Stone Mountain, GA 30083 CID#: Dept: 0602		Name: Address: City/State/Zip:		CUSTOMER ORDER NUMBER # PKGS WEIGHT PALLET/SLIP ADDITIONAL SHIPPER INFO		HANDLING UNIT PACKAGE WEIGHT H.M. (X) COMMODITY DESCRIPTION PACKAGE	
Bill of Lading Number: 06767164000139116  (402)06767164000139116		Location #: ST		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		92 976.60 Y N		Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 369	
CARRIER NAME: Schnelder Responsible Acct.No: Trailer number: TA-177974 Seal number(s): 09665373		FOB: <input type="checkbox"/>		Prepaid: Collect: X 3rd Party:		Grand Total 92 976.60		Pallet	
SCAC: SCNN Pro Number:		FOB: <input type="checkbox"/>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				Pillows, Valance, Towels	
Appointment Time AM PM				Actual Driver Arrival Time AM PM				Shower curtain	
Driver Departure Time AM PM								Grand Total	
SPECIAL INSTRUCTIONS: Load #: 41660873 Packing List is Attached									
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	
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: 5/15/2019 8:43:13 AM

Bill Of Lading


Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000139160								
Name:	E & E COMPANY LTD	 (402)08757164000139160								
Address:	1680 Tide Court									
City/State/Zip:	Woodland, CA 96776									
SID#:										
PHONE:										
VENDOR:		CARRIER NAME: Schnelder Responsible Acct.No:								
SHIP TO		Trailer number: TA-177974	Seal number(s): 09866373							
Name:	Macy's Home MMG Hayward DC Location #: HA	SCAC: SCNN								
Address:	c/o Hayward DC	Pro Number:								
City/State/Zip:	28701 Hall Road, Hayward, CA 94545									
CID#:										
Dept:	0614									
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)								
Name:		Prepaid:	Collect: <input checked="" type="checkbox"/> 3rd Party:							
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading								
City/State/Zip:		Appointment Time	Actual Driver Arrival Time							
SPECIAL INSTRUCTIONS: Load #: 41560873 Packing List Is Attached		AM	AM							
		PM	PM							
CUSTOMER ORDER INFORMATION										
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO						
868177B	61	761.05	Y N							
Grand Total	61	761.05								
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		
2	Pallet			100.00		Pallet				
		42	ctns	687.54		Mattress Pads	149265	100		
		19	ctns	83.51		Pillows,Valance,Towels	49390	100		
2		61		851.05		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					SHIPPER SIGNATURE					
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: 6/15/2019 8:44:25 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000138706	
Name:	E & E COMPANY LTD	 (402)06757164000138706	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 96778		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: Schnelder
SHIP TO		Responsible Acct.No:	
Name:	Maoy'a Home Store Martinsburg DC	Location #:	MB
Address:	c/o Martinsburg DC - MB		
City/State/Zip:	333 Caperton Blvd, Martinsburg, WV 25403		
CID#:			
Dept:	0610	FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 41560873		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		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
6242033	2	5.80	Y N	1 PLT
Grand Total	2	5.80		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	5.80		Throws, Blankets	49040	150
1		2		55.80		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per _____

COD Amount: _____

Fee Terms:

Collect: 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: 5/15/2019 8:42:34 AM

Bill Of Lading

Page 1 of 1


SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION				
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: PHONE: VENDOR:		Name: Macy's Home Store Los Angeles Location #: CI DC Address: o/o Los Angeles DC City/State/Zip: 15541 East Gale Avenue, City of Industry, CA 91745 CID#: Dept: 0510		Name: Address: City/State/Zip:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
Bill of Lading Number: 06757164000138798  (402)06757164000138798		GARRIER NAME: Schneider Responsible Acct.No: Trailer number: TA-177974 Seal number(s): 09666373 SCAC: SCNN Pro Number:		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		6242209	7	22.20	Y N	
SPECIAL INSTRUCTIONS: Load #: 41660873 Packing List is Attached		Appointment Time AM PM		Actual Driver Arrival Time AM PM		Driver Departure Time AM PM		Grand Total		
SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION				
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: PHONE: VENDOR:		Name: Macy's Home Store Los Angeles Location #: CI DC Address: o/o Los Angeles DC City/State/Zip: 15541 East Gale Avenue, City of Industry, CA 91745 CID#: Dept: 0510		Name: Address: City/State/Zip:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
Bill of Lading Number: 06757164000138798  (402)06757164000138798		GARRIER NAME: Schneider Responsible Acct.No: Trailer number: TA-177974 Seal number(s): 09666373 SCAC: SCNN Pro Number:		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		6242209	7	22.20	Y N	
SPECIAL INSTRUCTIONS: Load #: 41660873 Packing List is Attached		Appointment Time AM PM		Actual Driver Arrival Time AM PM		Driver Departure Time AM PM		Grand Total		
SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION				
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: PHONE: VENDOR:		Name: Macy's Home Store Los Angeles Location #: CI DC Address: o/o Los Angeles DC City/State/Zip: 15541 East Gale Avenue, City of Industry, CA 91745 CID#: Dept: 0510		Name: Address: City/State/Zip:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
Bill of Lading Number: 06757164000138798  (402)06757164000138798		GARRIER NAME: Schneider Responsible Acct.No: Trailer number: TA-177974 Seal number(s): 09666373 SCAC: SCNN Pro Number:		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		6242209	7	22.20	Y N	
SPECIAL INSTRUCTIONS: Load #: 41660873 Packing List is Attached		Appointment Time AM PM		Actual Driver Arrival Time AM PM		Driver Departure Time AM PM		Grand Total		
SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION				
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: PHONE: VENDOR:		Name: Macy's Home Store Los Angeles Location #: CI DC Address: o/o Los Angeles DC City/State/Zip: 15541 East Gale Avenue, City of Industry, CA 91745 CID#: Dept: 0510		Name: Address: City/State/Zip:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
Bill of Lading Number: 06757164000138798  (402)06757164000138798		GARRIER NAME: Schneider Responsible Acct.No: Trailer number: TA-177974 Seal number(s): 09666373 SCAC: SCNN Pro Number:		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		6242209	7	22.20	Y N	
SPECIAL INSTRUCTIONS: Load #: 41660873 Packing List is Attached		Appointment Time AM PM		Actual Driver Arrival Time AM PM		Driver Departure Time AM PM		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.			

Date: 5/15/2019 8:41:08 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000138842	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08757164000138842	
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's Home Store Secaucus DC Location #: 8C Address: c/o Secaucus DC 500 Meadowlands Parkway, City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA-177974 Seal number(s): 09865373 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 #: 41560873 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
6242209	13	41.00	Y N	
Grand Total	13	41.00		


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		
		13	ctns	41.00		Throws,Blankets	49040	150
1		13		91.00		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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: 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: 06757164000138873



(402)06757164000138873

SHIP TO

Name: Macy's Home Store Tukwila DC Location #: TU
 Address: c/o Tukwila DC
 17000 Southcenter Parkway,
 City/State/Zip: Tukwila, WA 98188
 CID#:
 Dept: 0510 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-177974
 Seal number(s): 09685373
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41580873
 Packing List is Attached

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

Prepaid: Collect: 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6242209	4	12.40	Y N	
Grand Total	4	12.40		

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	12.40		Throws, Blankets	49040	150
1		4		62.40		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: 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: 5/15/2019 8:41:13 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home MMG Portland DC Location #: PD
Address:	1680 Tide Court	Address:	c/o Portland DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	1155 Vaughn Parkway, Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000138743		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
 (402)06757164000138743		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
CARRIER NAME: Schneider		Responsible Acct.No:	
Trailer number: TA-177974		Seal number(s): 09865373	
SCAC: SCNN		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Appointment Time	
Name:		Actual Driver Arrival Time	Driver Departure Time
Address:		AM	AM
City/State/Zip:		PM	PM
SPECIAL INSTRUCTIONS:		Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 41560873		<input type="checkbox"/> (check box)	
Packing List is Attached		Grand Total	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6270798	1	6.83	Y N	1 PLT
Grand Total	1	6.83		

CARRIER INFORMATION


HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	6.83		Throws, Blankets	49040	150
1		1		56.83		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / 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 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: 5/15/2019 8:43:05 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home MMG Hayward DC Location #: HA
Address:	1680 Tide Court	Address:	o/o Hayward DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Hayward, CA 94546
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000138941		Trailer number: TA-177974	
		Seal number(s): 09665873	
(402)06757164000138941		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:		Master Bill of Lading: with attached underlying Bills of Lading	
<input type="checkbox"/>		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41560873		Actual Driver Arrival Time	
Packaging List is Attached		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6270853	7	50.89	Y	N	
Grand Total	7	50.89			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	50.89		Throws, Blankets	49040	150
1		7		100.89		Grand Total		

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 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: 5/15/2019 8:40:33 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG South Windsor DC
Address:	1680 Tide Court	Address:	o/o South Windsor DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	301 Governors Hwy, South Windsor, CT 06074
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000138996		Trailer number: TA-177974	
		Seal number(s): 09065873	
(402)08757164000138996		SCAC: SONN	
CARRIER NAME: Schnelder		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 underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
THIRD PARTY FREIGHT CHARGES BILL TO:		Driver Departure Time	
Name:		AM	AM
Address:		PM	PM
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Packlist List Is Attached	
Load #: 41560873			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6270853	27	186.83	Y N	
Grand Total	27	186.83		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 330</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		27	ctns	186.83		Throws, Blankets	49040	150
1		27		236.83		Grand Total		

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

per _____

COD Amount: _____

Fee Terms:

Collect: 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: 6/15/2019 8:43:08 AM

Bill Of Lading

Page 1 of 1


SHIP FROM		SHIP TO		CUSTOMER ORDER INFORMATION	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Cheshire DC Location #: CD	CUSTOMER ORDER NUMBER	6242033
Address:	1680 Tide Court	Address:	c/o Cheshire DC	# PKGS	1
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	475 Knotter Drive, Cheshire, CT 06410	WEIGHT	2.90
SID#:		CID#:		PALLET/SLIP	Y N
PHONE:		Dept:	0610	ADDITIONAL SHIPPER INFO	
VENDOR:		FOB: <input type="checkbox"/>		1 PLT	
Bill of Lading Number: 06757164000138699		Trailer number: TA-177974		Grand Total	
		Seal number(s): 09666373		1 2.90	
(402)06757164000138699		SCAC: SCNN			
CARRIER NAME: Schneider		Pro Number:			
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Prepaid: <input type="checkbox"/>		Collect: X		3rd Party: <input type="checkbox"/>	
<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time		Actual Driver Arrival Time	
(check box)		AM		AM	
		PM		PM	
SPECIAL INSTRUCTIONS:		Driver Departure Time		AM	
Load #: 41580873		AM		PM	
Packing List is Attached		PM		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:			
Address:		Address:			
City/State/Zip:		City/State/Zip:			

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.	

Date: 8/15/2019 8:40:10 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08767164000138869	
Name:	E & E COMPANY LTD	 (402)06767164000138869	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 96776		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: Schnelder
SHIP TO		Responsible Acct.No:	Trailer number: TA-177974
Name:	Maoy's Home Store Stone Mountain DC	Location #: ST	Seal number(s): 09666376
Address:	c/o Stone Mountain DC		SCAC: SCNN
City/State/Zip:	4401 Sarr Parkway, Stone Mountain, GA 30083		Pro Number:
CID#:			
Dept:	0510	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>
Address:			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41560873		AM	Actual Driver Arrival Time
Packing List is Attached		PM	AM
			Driver Departure Time
			AM
			PM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6242209	4	12.60	Y N	
Grand Total	4	12.60		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	12.60		Throws, Blankets	49040	150
1		4		62.60		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

- By Shipper
 By Driver

Freight Counted:

- By Shipper
 By Driver/pallets 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: 6/15/2019 8:44:11 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08767164000138866										
Name:	E & E COMPANY LTD	 (402)06767164000138866										
Address:	1680 Tide Court											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:		CARRIER NAME: Schnelder										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: TA-177974										
Name:	Macy's Home Store South Windsor DC	Seal number(s): 09868373										
Address:	c/o South Windsor DC	SCAG: SCNN										
City/State/Zip:	301 Governor's Hwy, South Windsor, CT 06074	Pro Number:										
CID#:												
Dept:	0510	FOB: <input type="checkbox"/>										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:		<table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS:												
Load #: 41560873												
Packaging List is Attached												

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
6242209	3	9.30	Y	N	
Grand Total	3	9.30			

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 880</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	9.30		Throws, Blankets	49040	150
1		3		59.30		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.

Date: 5/15/2019 8:44:31 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000138972	
Name: E & E COMPANY LTD		 (402)06757164000138972	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
FOB: <input type="checkbox"/>		Trailer number: TA-177974	
SHIP TO		Seal number(s): 09665373	
Name: Macy's Home MMG Secaucus DC Location #: SC		SCAC: SCNN	
Address: c/o Secaucus DC		Pro Number:	
500 Meadowlands Parkway,			
City/State/Zip: Secaucus, NJ 07094			
CID#:			
Dept: 0784		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41560873		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
6270853	33	228.91	Y N	
Grand Total	33	228.91		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		33	ctns	228.91		Throws, Blankets	49040	150
1		33		278.91		Grand Total		

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

Date: 6/15/2019 8:41:04 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Bailey Rd. DC Location #: BA
Address:	1680 Tide Court	Address:	Bailey Rd DC Pool Stock
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	300 South Bailey Road, North Jackson, OH 44461
SID#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000139023		Trailer number: TA-177974	
		Seal number(s): 09665378	
(402)06757164000139023		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:		Master Bill of Lading: with attached	
<input type="checkbox"/>		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41680873		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
6580984	92	1132.57	Y N	
Grand Total	92	1132.57		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		87	ctns	1079.48		Pillows,Valance,Towels	49390	100
		5	ctns	53.09		Shower curtain	49385	77.5
2		92		1232.57		Grand Total		

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

per _____

COD Amount: _____

Fee Terms:

Collect: 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: 5/15/2019 8:43:37 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000139030	
Name:	E & E COMPANY LTD	 (402)06757164000139030	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-177974	
Name:	Macy's Home Store Los Angeles DC	Seal number(s): 00666378	
Address:	o/o Los Angeles DC	SCAC: SCNN	
City/State/Zip:	15541 East Gale Avenue, City of Industry, CA 91745	Pro Number:	
CID#:			
Dept:	0602		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41560873		AM	AM
Packing List is Attached		PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6580964	136	1512.33	Y N	
Grand Total	136	1512.33		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		122	ctns	1419.57		Pillows, Valance, Towels	49390	100
		14	ctns	92.76		Shower curtain	49385	77.5
2		136		1612.33		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

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: 06767164000138767										
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000138767										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home MMG Secaucus DC Location #: SC Address: c/o Secaucus DC 500 Meadowlands Parkway, City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0614		Responsible Acct. No: _____ Trailer number: TA-177874 Seal number(s): 09866373 SCAC: SQNN 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 #: 41560873 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
1732616	3	64.88	Y N	
Grand Total	3	64.88		

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 as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 390</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	64.88		Mattress Pads	149265	100
1		3		104.88		Grand Total		

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

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

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

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

Shipper Signature _____

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

Date: 5/15/2010 8:45:03 AM

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 08757164000139092



CARRIER NAME: Schnelder
 Responsible Acct.No: _____

SHIP TO

Name: Macy's Home Store Joppa DC Location #: JP
 Address: c/o Joppa DC
 3300 Fashion Way,
 City/State/Zip: Joppa, MD 21086
 CID#: _____
 Dept: 0602

Trailer number: TA-177974
 Seal number(s): 09865373
 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 #: 41680873
 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
6580964	47	460.89	Y N	
Grand Total	47	460.89		

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		
		40	ctns	380.02		Pillows,Valance,Towels	49390	100
		7	ctns	80.87		Shower curtain	49385	77.5
1		47		510.89		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

- 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: 6/15/2019 8:44:34 AM

Bill Of Lading


Page 1 of 1

SHIP FROM				SHIP TO					
Name: E & E COMPANY LTD				Name: Macy's Home MMG Goodyear DC Location #: AZ					
Address: 1680 Tide Court				Address: o/o Goodyear DC					
City/State/Zip: Woodland, CA 95776				City/State/Zip: Goodyear, AZ 85338					
SID#:				CID#:					
PHONE:				Dept: 0814					
VENDOR:				FOB: <input type="checkbox"/>					
Bill of Lading Number: 06757164000138750				Trailer number: TA-177974					
				Seal number(s): 09066373					
(402)06757164000138750				SCAC: SCNN					
CARRIER NAME: Sohnelder				Pro Number:					
Responsible Acct.No:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
Prepaid: <input type="checkbox"/>				Collect: X					
(check box)				3rd Party: <input type="checkbox"/>					
Master Bill of Lading: with attached underlying Bills of Lading				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
				AM		AM		AM	
				PM		PM		PM	
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
6581756			32	384.15	Y	N	2 PLTS		
Grand Total			32	384.15					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
2	Pallet			100.00		Pallet			
		23	ctns	335.66		Mattress Pads	149265	100	
		9	ctns	48.49		Pillows, Valance, Towels	49390	100	
2		32		484.15		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>					Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>
					<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces		

Date: 5/15/2019 8:44:37 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Gandy DC Location #: GN
Address:	1680 Tide Court	Address:	c/o Gandy DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	4130 Gandy Blvd., Tampa, FL 33611
SID#:		OID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000139061		CARRIER NAME: Schnelder	
		Responsible Acct.No:	
(402)06757164000139061		Trailer number: TA-177974	
Seal number(s): 09666373		SCAC: SCNN	
Pro Number:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
<input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	
Load #: 41560873		AM	
Packing List Is Attached		PM	

THIRD PARTY FREIGHT CHARGES BILL TO:

CUSTOMER ORDER INFORMATION	
CUSTOMER ORDER NUMBER	# PKGS
6580964	113
WEIGHT	PALLET/SLIP
1358.42	Y N
ADDITIONAL SHIPPER INFO	
Grand Total	113
1358.42	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6580964	113	1358.42	Y N	
Grand Total	113	1358.42		

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
3	Pallet			150.00		Pallet		
		97	ctns	1190.08		Pillows,Valance,Towels	49390	100
		16	ctns	168.36		Shower curtain	49385	77.5
3		113		1608.42		Grand Total		

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 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: 5/16/2019 8:40:36 AM

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: 06767164000139163



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 91745
 CID#: _____
 Dept: 0614

Trailer number: TA-177974
 Seal number(s): 09665373

SCAC: SCNN
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

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

Prepaid: Collect: X 3rd Party: _____

Master Bill of Lading: with attached
 (check box) underlying Bills of Lading

SPECIAL INSTRUCTIONS:

Load #: 41560873

Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6581778	156	1816.09	Y N	
Grand Total	156	1816.09		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		106	ctns	1596.17		Mattress Pads	149285	100
		50	ctns	219.92		Pillows,Valance,Towels	49390	100
3		156		1966.09		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: 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: 5/15/2019 8:40:43 AM

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: 06757164000138774



CARRIER NAME: Schneider

Responsible Acct.No: _____

SHIP TO

Name: Macy's Home MMG South Windsor DC Location #: SW
 Address: c/o South Windsor DC
 City/State/Zip: 301 Governors Hwy, South Windsor, CT 06074
 CID#: _____
 Dept: 0614 FOB:

Trailer number: TA-177974

Seal number(s): 09665373

SCAC: SCNN

Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: Collect: X 3rd Party: _____

(check box) Master Bill of Lading: with attached underlying Bills of Lading

City/State/Zip: _____

SPECIAL INSTRUCTIONS:

Load #: 41580873

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
1732616	13	186.44	Y N	
Grand Total	13	186.44		

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(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	178.08		Mattress Pads	149265	100
		2	ctns	8.36		Pillows, Valance, Towels	49390	100
1		13		236.44		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 delineated rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM

Name: E & E COMPANY LTD
 Address: 1660 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 08757164000138835



CARRIER NAME: Schnelder
 Responsible Acct.No:

SHIP TO

Name: Macy's Home Store Joppa DC Location #: JP
 Address: o/o Joppa DC
 3300 Fashion Way,
 City/State/Zip: Joppa, MD 21085
 CID#:
 Dept: 0510 FOB:

Trailer number: TA-177974
 Seal number(s): 09866373
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

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

SPECIAL INSTRUCTIONS:
 Load #: 41680873
 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
6242209	2	6.30	Y N	
Grand Total	2	6.30		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	6.30		Throws, Blankets	49040	150
1		2		56.30		Grand Total		

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

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: 6/15/2019 8:43:48 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06757164000139047



CARRIER NAME: Schnelder
 Responsible Acct.No:

SHIP TO

Name: Macy's Home Store Mlnooka DC Location #: CL
 Address: c/o Mlnooka DC
 601 Midpoint Rd.,
 City/State/Zip: Mlnooka, IL 60447
 CID#:
 Dept: 0602

Trailer number: TA-177974
 Seal number(s): 09865373

SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

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

Prepaid: Collect: X 3rd Party:

City/State/Zip:

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 41560873

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

Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6580964	112	1201.86	Y N	
Grand Total	112	1201.86		

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(e) of NMFCA Item 960</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		100	ctns	1060.28		Pillows, Valance, Towels	49390	100
		12	ctns	141.60		Shower curtain	49385	77.5
2		112		1301.86		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

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: 5/15/2019 8:43:39 AM

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: 06767184000138738

 (402)06767184000138738

SHIP TO
 Name: OK Location #: OK
 Address: o/o Maoy's Logistics Distribution C
 7120 E.78th Street North, OK
 City/State/Zip: Owasso, OK 74055
 CID#: _____
 Dept: 0784

CARRIER NAME: Schnelder
 Responsible Acct.No: _____
 Trailer number: TA-177974
 Seal number(s): 09685973
 SCAC: SCNN
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 41680873
 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
6270798	49	335.55	Y	N	1 PLT
Grand Total	49	335.55			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		49	ctns	335.55		Throws, Blankets	49040	150
1		49		335.55		Grand Total		

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

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

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

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

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

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


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

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

Date: 5/15/2019 8:40:40 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Goodyear DC Location #: AZ
Address:	1680 Tide Court	Address:	Goodyear DC Pool Stock 16576 West Commerce Drive,
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000139016		CARRIER NAME: Schnelder	
		Responsible Acct.No:	
(402)06757164000139016		Trailer number: TA-177974	
		Seal number(s): 09865373	
		SCAC: SCNN	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time Driver Departure Time
Load #: 41560873		AM	AM AM
Packing List is Attached		PM	PM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
6580964	16	156.76	Y N	
Grand Total	16	156.76		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	151.03		Pillows, Valance, Towels	49390	100
		1	ctns	5.73		Shower curtain	49386	77.5
1		16		206.76		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

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/pellets 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: 5/15/2019 8:40:29 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06767164000139085										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 BID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000139085										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home Store Houston DC Location #: HU Address: o/o Houston DC 2103 Ernestine, City/State/Zip: Houston, TX 77023 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA-177974 Seal number(s): 00665373										
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 #: 41680879 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
6580984	95	1066.51	Y N	
Grand Total	95	1066.51		

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 HMRD Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		85	ctns	992.87		Pillows,Valance,Towels	49390	100
		10	ctns	73.84		Shower curtain	49385	77.5
2		95		1166.51		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: _____ Freight Counted: _____ <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
--	---	---

Date: 6/16/2019 8:40:54 AM

Bill Of Lading


Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767164000139108	
Name:	E & E COMPANY LTD	 (402)06767164000139108	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SIC#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-177974	
Name:	Maoy's Home Store Secaucus DC Location #: SC	Seal number(s): 08666373	
Address:	c/o Secaucus DC	SCAC: SCNN	
City/State/Zip:	500 Meadowlands Parkway, Secaucus, NJ 07094	Pro Number:	
CID#:			
Dept:	0602		
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: Load #: 41560873		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
6580964	62	607.11	Y N	
Grand Total	62	607.11		

CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFPA Item 399</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		42	ctns	410.82		Pillows, Valance, Towels	49390	100		
		20	ctns	196.29		Shower curtain	49385	77.5		
1		62		657.11		Grand Total				

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____	
		Fee Terms: Collect: <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: 08767164000139148										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08767164000139148										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home MMG Goodyear DC Location #: AZ Address: c/o Goodyear DC 16675 West Commerce Lane, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA-177874 Seal number(s): 09886373 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 #: 41560873 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
6581778	5	91.35	Y N	
Grand Total	5	91.35		

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 500</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	91.35		Matress Pads	149265	100
1		5		141.35		Grand Total		

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

EEC Show cartons Scanned, loaded and billed correct.

ShipmentCartonDetail(400013902)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
6580964	4999894	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891189	00006757166358911894	0132	Loaded
6580964	4999894	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891190	00006757166358911900	0132	Loaded
6580964	4999895	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891191	00006757166358911917	0148	Loaded
6580964	4999895	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891192	00006757166358911924	0148	Loaded
6580964	4999896	R201905061147222	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196343	0635891193	00006757166358911931	0147	Loaded
6580964	4999896	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891194	00006757166358911948	0147	Loaded
6580964	4999899	R201905061147222	MCH70-1141	Elm Waffle Shower Curtain	00106757164001196381	0635891268	00006757166358912686	0301	Loaded
6580964	4999959	R201905061147222	MCH71-1109	Genevieve Toothbrush Holder W/	00106757164001196343	0635891269	00006757166358912693	0301	Loaded
6580964	4999959	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891270	00006757166358912709	0301	Loaded
6580964	4999960	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891271	00006757166358912716	0302	Loaded
6580964	4999960	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196343	0635891272	00006757166358912723	0302	Loaded
6580964	4999961	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891273	00006757166358912730	0303	Loaded
6580964	4999963	R201905061147222	MCH70-977	Paris Shower Curtain	00106757164001196381	0635891274	00006757166358912747	0305	Loaded
6580964	4999963	R201905061147222	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196343	0635891275	00006757166358912754	0305	Loaded
6580964	4999963	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196343	0635891276	00006757166358912761	0305	Loaded
6580964	4999966	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891279	00006757166358912792	0309	Loaded
6580964	4999967	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891280	00006757166358912808	0312	Loaded
6580964	4999967	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196343	0635891281	00006757166358912815	0312	Loaded
6580964	4999969	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891285	00006757166358912853	0315	Loaded
6580964	4999969	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196343	0635891286	00006757166358912860	0315	Loaded
6580964	4999971	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891288	00006757166358912884	0317	Loaded
6580964	4999971	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891289	00006757166358912891	0317	Loaded
6580964	5000111	R201905061147222	MCH71-835	Sunset Ombre Tissue Cover	00106757164001196343	0635891598	00006757166358915984	0560	Loaded
6580964	5000112	R201905061147222	MCH70-1140	Elm Waffle Shower Curtain	00106757164001196381	0635891599	00006757166358915991	0561	Loaded
6580964	5000112	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891600	00006757166358916004	0561	Loaded
6580964	5000114	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196343	0635891607	00006757166358916073	0563	Loaded
6580964	5000114	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891608	00006757166358916080	0563	Loaded
6580964	5000115	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891609	00006757166358916097	0564	Loaded
6580964	5000115	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196381	0635891610	00006757166358916103	0564	Loaded
6580964	5000115	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891611	00006757166358916110	0564	Loaded
6580964	5000116	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891612	00006757166358916127	0565	Loaded
6580964	5000117	R201905061147222	MCH70-981	Sanibel Shower Curtain	00106757164001196381	0635891613	00006757166358916134	0567	Loaded
6580964	5000117	R201905061147222	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196343	0635891614	00006757166358916141	0567	Loaded
6580964	5000117	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891615	00006757166358916158	0567	Loaded
6580964	5000117	R201905061147222	MCH71-503	Stowe Toothbrush Holder	00106757164001196381	0635891616	00006757166358916165	0567	Loaded
6580964	5000117	R201905061147222	MCH71-835	Sunset Ombre Tissue Cover	00106757164001196343	0635891617	00006757166358916172	0567	Loaded
6580964	5000118	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891618	00006757166358916189	0568	Loaded
6580964	5000119	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891619	00006757166358916196	0573	Loaded
6580964	5000119	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891620	00006757166358916202	0573	Loaded
6580964	5000120	R201905061147222	MCH70-1140	Elm Waffle Shower Curtain	00106757164001196381	0635891621	00006757166358916219	0574	Loaded
6580964	5000120	R201905061147222	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001196381	0635891622	00006757166358916226	0574	Loaded
6580964	5000120	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891623	00006757166358916233	0574	Loaded
6580964	5000120	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891624	00006757166358916240	0574	Loaded
6580964	5000120	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891625	00006757166358916257	0574	Loaded
6580964	5000121	R201905061147222	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196343	0635891626	00006757166358916264	0575	Loaded
6580964	5000121	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196343	0635891627	00006757166358916271	0575	Loaded
6580964	5000122	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891628	00006757166358916288	0576	Loaded
6580964	5000123	R201905061147222	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196343	0635891629	00006757166358916295	0578	Loaded
6580964	5000123	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891630	00006757166358916301	0578	Loaded
6580964	5000123	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891631	00006757166358916318	0578	Loaded
6580964	5000124	R201905061147222	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196343	0635891632	00006757166358916325	0581	Loaded
6580964	5000125	R201905061147222	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196343	0635891633	00006757166358916332	0584	Loaded
6580964	5000125	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891634	00006757166358916349	0584	Loaded
6580964	5000125	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196343	0635891635	00006757166358916356	0584	Loaded
6580964	5000126	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891636	00006757166358916363	0585	Loaded
6580964	5000126	R201905061147222	MCH71-489	Hotel Glass Cotton Jar	00106757164001196381	0635891637	00006757166358916370	0585	Loaded
6580964	5000126	R201905061147222	MCH71-499	Cape Mosaic Tray	00106757164001196381	0635891638	00006757166358916387	0585	Loaded
6580964	5000127	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891639	00006757166358916394	0586	Loaded
6580964	5000127	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891640	00006757166358916400	0586	Loaded
6580964	5000127	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891641	00006757166358916417	0586	Loaded
6580964	5000127	R201905061147222	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001196381	0635891642	00006757166358916424	0586	Loaded
6580964	5000127	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196343	0635891643	00006757166358916431	0586	Loaded
6580964	5000127	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891644	00006757166358916448	0586	Loaded
6580964	5000128	R201905061147222	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196343	0635891645	00006757166358916455	0587	Loaded
6580964	5000128	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891646	00006757166358916462	0587	Loaded
6580964	5000128	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891647	00006757166358916479	0587	Loaded
6580964	5000128	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196343	0635891648	00006757166358916486	0587	Loaded
6580964	5000128	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891649	00006757166358916493	0587	Loaded
6580964	5000129	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891650	00006757166358916509	0589	Loaded
6580964	5000130	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891651	00006757166358916516	0590	Loaded
6580964	5000131	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891652	00006757166358916523	0592	Loaded
6580964	5000131	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891653	00006757166358916530	0592	Loaded
6580964	5000131	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891654	00006757166358916547	0592	Loaded
6580964	5000146	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891659	00006757166358916595	0620	Loaded
6580964	5000147	R201905061147222	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196343	0635891691	00006757166358916912	0623	Loaded
6580964	5000147	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891692	00006757166358916929	0623	Loaded
6580964	5000147	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891693	00006757166358916936	0623	Loaded

6580964	5000147	R201905061147222	MCH71-835	Sunset Ombre Tissue Cover	00106757164001196343	0635891694	00006757166358916943	0623	Loaded
6580964	5000147	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891695	00006757166358916950	0623	Loaded
6580964	5000148	R201905061147222	MCH71-501	Cape Mosaic Wastebasket	00106757164001196343	0635891696	00006757166358916957	0626	Loaded
6580964	5000148	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891697	00006757166358916974	0626	Loaded
6580964	5000149	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891698	00006757166358916981	0632	Loaded
6580964	5000150	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891699	00006757166358916998	0634	Loaded
6580964	5000150	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891700	00006757166358917001	0634	Loaded
6580964	5000151	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891701	00006757166358917018	0635	Loaded
6580964	5000151	R201905061147222	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196343	0635891702	00006757166358917025	0636	Loaded
6580964	5000151	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891703	00006757166358917032	0636	Loaded
6580964	5000152	R201905061147222	MCH71-1103	Atlantic Mosaic Waste	00106757164001196343	0635891704	00006757166358917049	0637	Loaded
6580964	5000152	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196343	0635891705	00006757166358917056	0637	Loaded
6580964	5000152	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891706	00006757166358917063	0637	Loaded
6580964	5000153	R201905061147222	MCH71-837	Sunset Ombre Wastebasket	00106757164001196381	0635891707	00006757166358917070	0640	Loaded
6580964	5000154	R201905061147222	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196343	0635891708	00006757166358917087	0641	Loaded

Etc Show Cartons Scanned, loaded and billed Correct.

ShipmentCartonDetail(400013906)

Customer PO No.	ERF SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
6580964	5000214	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891869	00006757166358918695	0757	Loaded
6580964	5000215	R201905061147246	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196763	0635891870	00006757166358918701	0758	Loaded
6580964	5000215	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891871	00006757166358918718	0758	Loaded
6580964	5000215	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891872	00006757166358918725	0758	Loaded
6580964	5000215	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891873	00006757166358918732	0758	Loaded
6580964	5000216	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891874	00006757166358918749	0759	Loaded
6580964	5000217	R201905061147246	MCH70-1140	Elm Waffle Shower Curtain	00106757164001196763	0635891875	00006757166358918756	0760	Loaded
6580964	5000217	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635891876	00006757166358918763	0760	Loaded
6580964	5000217	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891877	00006757166358918770	0760	Loaded
6580964	5000218	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635891878	00006757166358918787	0761	Loaded
6580964	5000218	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891879	00006757166358918794	0761	Loaded
6580964	5000219	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891880	00006757166358918800	0762	Loaded
6580964	5000219	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891881	00006757166358918817	0762	Loaded
6580964	5000220	R201905061147246	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196763	0635891882	00006757166358918824	0763	Loaded
6580964	5000220	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635891883	00006757166358918831	0763	Loaded
6580964	5000220	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891884	00006757166358918848	0763	Loaded
6580964	5000221	R201905061147246	MCH70-1001	Serene Shower Curtain	00106757164001196978	0635891885	00006757166358918855	0764	Loaded
6580964	5000221	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891886	00006757166358918862	0764	Loaded
6580964	5000221	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635891887	00006757166358918879	0764	Loaded
6580964	5000222	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891888	00006757166358918886	0765	Loaded
6580964	5000222	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891889	00006757166358918893	0765	Loaded
6580964	5000222	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891890	00006757166358918909	0765	Loaded
6580964	5000222	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891891	00006757166358918916	0765	Loaded
6580964	5000223	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891892	00006757166358918923	0769	Loaded
6580964	5000224	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891893	00006757166358918930	0770	Loaded
6580964	5000224	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891894	00006757166358918947	0770	Loaded
6580964	5000225	R201905061147246	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196763	0635891895	00006757166358918954	0772	Loaded
6580964	5000225	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891896	00006757166358918961	0772	Loaded
6580964	5000225	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635891897	00006757166358918978	0772	Loaded
6580964	5000225	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891898	00006757166358918985	0772	Loaded
6580964	5000225	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891899	00006757166358918992	0772	Loaded
6580964	5000226	R201905061147246	MCH70-1001	Serene Shower Curtain	00106757164001196763	0635891900	00006757166358919005	0773	Loaded
6580964	5000226	R201905061147246	MCH70-977	Paris Shower Curtain	00106757164001196763	0635891901	00006757166358919012	0773	Loaded
6580964	5000226	R201905061147246	MCH70-981	Sanibel Shower Curtain	00106757164001196763	0635891902	00006757166358919029	0773	Loaded
6580964	5000226	R201905061147246	MCH70-984	Orlando Shower Curtain	00106757164001196763	0635891903	00006757166358919036	0773	Loaded
6580964	5000226	R201905061147246	MCH70-986	Fiona Shower Curtain	00106757164001196763	0635891904	00006757166358919043	0773	Loaded
6580964	5000226	R201905061147246	MCH70-988	Spa Waffle Shower Curtain	00106757164001196763	0635891905	00006757166358919050	0773	Loaded
6580964	5000226	R201905061147246	MCH70-994	Sorrel Shower Curtain	00106757164001196763	0635891906	00006757166358919067	0773	Loaded
6580964	5000226	R201905061147246	MCH70-998	Delliah Shower Curtain	00106757164001196763	0635891907	00006757166358919074	0773	Loaded
6580964	5000226	R201905061147246	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001196763	0635891908	00006757166358919081	0773	Loaded
6580964	5000226	R201905061147246	MCH71-828	Atlantic Mosaic Toothbrush Hol	00106757164001196749	0635891909	00006757166358919098	0773	Loaded
6580964	5000226	R201905061147246	MCH71-829	Atlantic Mosaic Soap Dish--Ova	00106757164001196763	0635891910	00006757166358919104	0773	Loaded
6580964	5000226	R201905061147246	MCH71-831	Atlantic Mosaic Tray	00106757164001196763	0635891911	00006757166358919111	0773	Loaded
6580964	5000227	R201905061147246	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196763	0635891912	00006757166358919128	0777	Loaded
6580964	5000227	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891913	00006757166358919135	0777	Loaded
6580964	5000227	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891914	00006757166358919142	0777	Loaded
6580964	5000227	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891915	00006757166358919159	0777	Loaded
6580964	5000227	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891916	00006757166358919166	0777	Loaded
6580964	5000228	R201905061147246	MCH70-984	Orlando Shower Curtain	00106757164001196763	0635891917	00006757166358919173	0778	Loaded
6580964	5000228	R201905061147246	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196763	0635891918	00006757166358919180	0778	Loaded
6580964	5000228	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635891919	00006757166358919197	0778	Loaded
6580964	5000228	R201905061147246	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001196749	0635891920	00006757166358919203	0778	Loaded
6580964	5000244	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891964	00006757166358919647	0810	Loaded
6580964	5000244	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891965	00006757166358919654	0810	Loaded
6580964	5000244	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891966	00006757166358919661	0810	Loaded
6580964	5000244	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891967	00006757166358919678	0810	Loaded
6580964	5000245	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891968	00006757166358919685	0811	Loaded
6580964	5000246	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635891969	00006757166358919692	0812	Loaded
6580964	5000246	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891970	00006757166358919708	0812	Loaded
6580964	5000246	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891971	00006757166358919715	0812	Loaded
6580964	5000246	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891972	00006757166358919722	0812	Loaded
6580964	5000247	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891973	00006757166358919739	0813	Loaded
6580964	5000247	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891974	00006757166358919746	0813	Loaded
6580964	5000248	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891975	00006757166358919753	0814	Loaded
6580964	5000248	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635891976	00006757166358919760	0814	Loaded
6580964	5000248	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891977	00006757166358919777	0814	Loaded
6580964	5000248	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891978	00006757166358919784	0814	Loaded
6580964	5000249	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891979	00006757166358919791	0815	Loaded
6580964	5000249	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635891980	00006757166358919807	0815	Loaded
6580964	5000249	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891981	00006757166358919814	0815	Loaded
6580964	5000249	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891982	00006757166358919821	0815	Loaded
6580964	5000249	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891983	00006757166358919838	0815	Loaded
6580964	5000250	R201905061147246	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196763	0635891984	00006757166358919845	0816	Loaded
6580964	5000250	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891985	00006757166358919852	0816	Loaded
6580964	5000250	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891986	00006757166358919869	0816	Loaded

6580964	5000251	R201905061147246	MCH70-1141	Elm Waffle Shower Curtain	00106757164001196749	0635891987	00006757166358919876	0817	Loaded
6580964	5000251	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891988	00006757166358919883	0817	Loaded
6580964	5000251	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635891989	00006757166358919890	0817	Loaded
6580964	5000251	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891990	00006757166358919906	0817	Loaded
6580964	5000251	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891991	00006757166358919913	0817	Loaded
6580964	5000252	R201905061147246	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196763	0635891992	00006757166358919920	0821	Loaded
6580964	5000252	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891993	00006757166358919937	0821	Loaded
6580964	5000253	R201905061147246	MCH70-1140	Elm Waffle Shower Curtain	00106757164001196763	0635891994	00006757166358919944	0822	Loaded
6580964	5000253	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891995	00006757166358919951	0822	Loaded
6580964	5000253	R201905061147246	MCH71-827	Atlantic Mosaic Lotlon Pump	00106757164001196749	0635891996	00006757166358919968	0822	Loaded
6580964	5000253	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635891997	00006757166358919975	0822	Loaded
6580964	5000253	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635891998	00006757166358919982	0822	Loaded
6580964	5000254	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635891999	00006757166358919999	0823	Loaded
6580964	5000254	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635892000	00006757166358920001	0823	Loaded
6580964	5000254	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635892001	00006757166358920018	0823	Loaded
6580964	5000254	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635892002	00006757166358920025	0823	Loaded
6580964	5000255	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635892003	00006757166358920032	0824	Loaded
6580964	5000256	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635892004	00006757166358920049	0828	Loaded
6580964	5000256	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635892005	00006757166358920056	0828	Loaded
6580964	5000256	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635892006	00006757166358920063	0828	Loaded
6580964	5000257	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635892007	00006757166358920070	0830	Loaded
6580964	5000258	R201905061147246	MCH70-1140	Elm Waffle Shower Curtain	00106757164001196763	0635892008	00006757166358920087	0831	Loaded
6580964	5000258	R201905061147246	MCH70-1141	Elm Waffle Shower Curtain	00106757164001196763	0635892009	00006757166358920094	0831	Loaded
6580964	5000259	R201905061147246	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196763	0635892010	00006757166358920100	0832	Loaded
6580964	5000259	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635892011	00006757166358920117	0832	Loaded
6580964	5000259	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635892012	00006757166358920124	0832	Loaded
6580964	5000259	R201905061147246	MCH71-502	Stowe Lotlon Pump	00106757164001196749	0635892013	00006757166358920131	0832	Loaded
6580964	5000260	R201905061147246	MCH70-998	Dellah Shower Curtain	00106757164001196763	0635892014	00006757166358920148	0833	Loaded
6580964	5000260	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635892015	00006757166358920155	0833	Loaded
6580964	5000261	R201905061147246	MCH71-836	Sunset Ombre Tissue Cover	00106757164001196749	0635892016	00006757166358920162	0837	Loaded
6580964	5000261	R201905061147246	MCH71-837	Sunset Ombre Wastebasket	00106757164001196749	0635892017	00006757166358920179	0837	Loaded
6580964	5000262	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635892018	00006757166358920186	0838	Loaded
6580964	5000262	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635892019	00006757166358920193	0838	Loaded
6580964	5000262	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635892020	00006757166358920209	0838	Loaded
6580964	5000263	R201905061147246	MCH71-1102	Atlantic Mosaic Tissue cover	00106757164001196763	0635892021	00006757166358920216	0841	Loaded
6580964	5000263	R201905061147246	MCH71-1103	Atlantic Mosaic Waste	00106757164001196749	0635892022	00006757166358920223	0841	Loaded
6580964	5000263	R201905061147246	MCH71-500	Cape Mosaic Tissue Cover	00106757164001196763	0635892023	00006757166358920230	0841	Loaded
6580964	5000263	R201905061147246	MCH71-501	Cape Mosaic Wastebasket	00106757164001196749	0635892024	00006757166358920247	0841	Loaded

SHIP FROM		Master Bill of Lading Number: 08757164000146656	
Name:	E & E COMPANY LTD		
Address:	1880 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:	G/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	L7646
		Seal number(s):	0872848
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	LEGS
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41625181		2:00 AM PM	2:00 AM PM
		Driver Departure Time	5:00 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8057035	10	31.30	Y	N	06757164000146045	ST	
8057068	7	41.97	Y	N	06757164000146069	SC	
8057068	1	7.71	Y	N	06757164000146076	ST	
8066638	42	627.53	Y	N	06757164000146144	CD	2 PLTS
8065901	40	376.63	Y	N	06757164000146120	SC	
8057035	8	59.43	Y	N	06757164000146021	CI	
8057035	10	65.63	Y	N	06757164000146038	SC	
8057068	3	19.83	Y	N	06757164000146052	CI	
8065901	66	543.92	Y	N	06757164000146137	ST	
8065879	49	764.20	Y	N	06757164000146236	MB	1 PLT
8065901	53	478.70	Y	N	06757164000146113	CI	
8066649	281	4533.77	Y	N	06757164000146212	ST	8 PLTS
8065879	12	159.54	Y	N	06757164000146229	CD	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 _____

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. <i>Scott 6/10/19</i>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>X / 6 10 19</i>
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SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#: _____ FOB:

Master Bill of Lading Number: 08757164000146656

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: L7646
 Seal number(s): 0872848
SCAC: LEGS
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**
 Appointment Time: 2:00 AM/PM Actual Driver Arrival Time: 2:00 AM/PM Driver Departure Time: 5:00 AM/PM

SPECIAL INSTRUCTIONS:
 Load #: 41825181

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8086849	421	6662.67	Y N	06757164000146205	SC	12 PLTS
Grand Total	973	14272.83				

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of MMFO Item 302.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
33	Pallet			1650.00		Pallet		70
		90	ctns	640.41		Shower curtain	49385	77.5
		7	ctns	50.67		Comforters, Bedspreads	49017	200
		646	ctns	11372.99		Mattress Pads	149265	100
		27	ctns	83.28		Throws, Blankets	49040	150
		203	ctns	2125.48		Pillows, Valance, Towels	49390	100
33				15922.83		Grand Total		

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

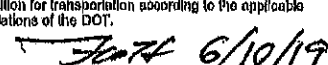
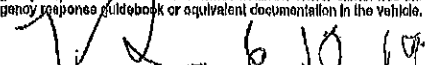
COD Amount \$ _____
Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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 <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>  6/10/19	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>  6/10/19
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Date: 6/10/2019 4:40:41 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 1880 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757184000146045



CARRIER NAME: NEW LEGEND TRUCKING

Responsible Acct.No: _____

Trailer number: L7646

Seal number(s): 0972848

SCAC: LEGS

Pro Number: _____

SHIP TO

Name: Macy's Home Store Stone Mountain DC Location #: ST
 Address: c/o Stone Mountain DC
 City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083
 CID#: _____
 Dept: 0510

FOB:

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 (check box)

SPECIAL INSTRUCTIONS:
 Load #: 41825181

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
8057035	10	31.30	Y	N	
Grand Total	10	31.30			

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 NMFC item 550</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	31.30		Throws, Blankets	49040	150
1		10		81.30		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 sold to contain
 By Driver/Pieces


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

Date: 6/10/2019 4:40:51 PM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757164000146069

 (402)06757164000146069

SHIP TO
 Name: Macy's Home Store Secaucus DC Location #: SC
 Address: c/o Secaucus DC
 500 Meadowlands Parkway,
 City/State/Zip: Secaucus, NJ 07094
 CID#:
 Dept: 0610 _____ FOB:

CARRIER NAME: NEW LEGEND TRUCKING
 Responsible Acct.No:
 Trailer number: L7646
 Seal number(s): 0972848
SCAC: LEGS
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 41625181
 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
8057068	7	41.97	Y N	
Grand Total	7	41.97		

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 399</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	23.13		Comforters, Bedspreads	49017	200
		3	ctns	16.86		Pillows, Valance, Towels	49390	100
		1	ctns	1.98		Throws, Blankets	49040	150
1		7		91.97		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: 6/10/2019 4:40:54 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: 06757164000146144

 (402)06757164000146144

SHIP TO
 Name: Macy's Home MMG Cheshire DC Location #: CD
 Address: c/o Cheshire DC
 475 Knotter Drive,
 City/State/Zip: Cheshire, CT 06410
 CID#:
 Dept: 0814

FOB:
CARRIER NAME: NEW LEGEND TRUCKING
 Responsible Aoot.No:
 Trailer number: L7648
 Seal number(s): 0972848
SCAC: LEGS
 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:

SPECIAL INSTRUCTIONS:
 Load #: 41625181
 Packing List Is Attached

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
8066638	42	627.53	Y N	2 PLTS
Grand Total	42	627.53		

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 388</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		31	ctns	589.28		Mattress Pads	149265	100
		11	ctns	58.25		Pillows, Valance, Towels	49390	100
2		42		727.53		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: 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.

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: 6/10/2019 4:41:10 PM

Bill of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757164000146120



CARRIER NAME: NEW LEGEND TRUCKING

Responsible Aoot.No: _____

SHIP TO

Name: Macy's Home Store Secaucus DC Location #: SC
 Address: c/o Secaucus DC
 500 Meadowlands Parkway,
 City/State/Zip: Secaucus, NJ 07094
 CID#: _____
 Dept: 0602

Trailer number: L7648
 Seal number(s): 0972848

SCAC: LEGS
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 41625181

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

Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8065901	40	376.63	Y N	
Grand Total	40	376.63		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	240.19		Pillows,Valance,Towels	49390	100
		25	ctns	136.44		Shower curtain	49385	77.5
1		40		426.63		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 _____

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.

Date: 6/10/2019 4:40:47 PM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 08757164000146021



CARRIER NAME: NEW LEGEND TRUCKING

Responsible Acct.No: _____

SHIP TO

Name: Macy's Home Store Los Angeles Location #: CJ
 DC
 Address: c/o Los Angeles DC
 City/State/Zip: 15641 East Gale Avenue,
 City of Industry, CA 91745
 CID#: _____
 Dept: 0510

Trailer number: L7846

Seal number(s): 0972848

SCAC: LEGS

Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: Collect: 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

City/State/Zip: _____

SPECIAL INSTRUCTIONS:

Load #: 41625181

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
8057035	8	59.43	Y N	
Grand Total	8	59.43		

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 560</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	37.53		Pillows,Valance,Towels	49390	100
		7	ctns	21.90		Throws,Blankets	49040	150
1		8		109.43		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 permits. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Date: 6/10/2019 4:40:38 PM

Bill of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 96778
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 08757164000146038



CARRIER NAME: NEW LEGEND TRUCKING

Responsible Acct.No: _____

Trailer number: L7646

Seal number(s): 0972848

SCAC: LEOS

Pro Number: _____

SHIP TO

Name: Macy's Home Store Secaucus DC Location #: 50
 Address: o/o Secaucus DC
 500 Meadowlands Parkway,
 City/State/Zip: Secaucus, NJ 07094
 CID#: _____
 Dept: 0610

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 41625181

Packing List is Attached

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

Prepaid: _____ Collect: 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading (check box)

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
8057035	10	65.63	Y N	
Grand Total	10	65.63		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	37.53		Pillows,Valance,Towels	49390	100
		9	ctns	28.10		Throws,Blankets	49040	150
1		10		115.63		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:

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: 8/10/2019 4:40:57 PM

Bill Of Lading

Page 1 of 1

SHIP FROM
Name: E & E COMPANY LTD
Address: 1680 Tide Court
City/State/Zip: Woodland, CA 95778
SID#:
PHONE:
VENDOR:

Bill of Lading Number: 08757164000146052

 (402)08767164000146052

SHIP TO
Name: Macy's Home Store Los Angeles Location #: CI DC
Address: c/o Los Angeles DC
City/State/Zip: 15641 East Gale Avenue, City of Industry, CA 91746
CID#:
Dept: 0610

CARRIER NAME: NEW LEGEND TRUCKING
Responsible Acct.No:
Trailer number: L7648
Seal number(s): 0972848
SCAC: LEGS
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
Name:
Address:
City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 41625181
 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
8067068	3	19.83	Y N	
Grand Total	3	19.83		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		3	ctns	19.83		Comforters, Bedspreads	49017	200
1		3		69.83		Grand Total		

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

COD Amount: _____
Fee Terms: **Collect:** **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/Plates


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: 6/10/2019 4:40:28 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: 08767164000146137

 (402)08767164000146137

SHIP TO
 Name: Macy's Home Store Stone Mountain DC Location #: ST
 Address: c/o Stone Mountain DC
 City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083
 CID#: _____
 Dept: 0602

FOB:
CARRIER NAME: NEW LEGEND TRUCKING
 Responsible Acct.No: _____
 Trailer number: L7646
 Seal number(s): 0872848
SCAC: LEGS
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 41625181
 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 PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8066901	56	543.92	Y N	
Grand Total	56	543.92		

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 580</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		30	ctns	351.52		Pillows,Valance,Towels	49390	100
		26	ctns	192.40		Shower curtain	49385	77.5
1		56		593.92		Grand Total		

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

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

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

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

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

SHIPPER SIGNATURE / 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: 6/10/2019 4:40:31 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home Store Martinsburg Location #: MB DC
Address:	1680 Tide Court	Address:	c/o Martinsburg DC - MB
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	333 Caperton Blvd, Martinsburg, WV 25403
SID#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000146236		Trailer number: L7646	
		Seal number(s): 0872848	
(402)06757164000146236		BCAC: 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 #: 41625181 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
THIRD PARTY FREIGHT CHARGES BILL TO:		Driver Departure Time	AM
Name:			PM
Address:			
City/State/Zip:			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
8065879	49	764.20	Y	N	1 PLT
Grand Total	49	764.20			

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		
		45	ctns	740.42		Pillows, Valance, Towels	49390	100
		4	ctns	23.78		Shower curtain	49385	77.5
1		49		814.20		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.

Date: 6/10/2019 4:41:03 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 08767164000146113



CARRIER NAME: NEW LEGEND TRUCKING
 Responsible Acct.No: _____

SHIP TO

Name: Macy's Home Store Los Angeles Location #: CI DC
 Address: c/o Los Angeles DC
 City/State/Zip: 16541 East Gale Avenue, City of Industry, CA 91745
 CID#: _____
 Dept: 0802

Trailer number: L7848
 Seal number(s): 0972848

SCAC: LEGS
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

Prepaid: _____ Collect: X 3rd Party: _____

City/State/Zip: _____

Master Bill of Lading: with attached underlying Bills of Lading (check box)

SPECIAL INSTRUCTIONS:

Load #: 41626181

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
8066901	53	478.70	Y N	
Grand Total	53	478.70		

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 NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		19	ctns	196.64		Pillows,Valance,Towels	49390	100
		34	ctns	282.06		Shower curtain	49385	77.5
1		53		528.70		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Bill of Lading

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, OA 96776
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 08767164000146212

 (402)08767164000146212

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

CARRIER NAME: NEW LEGEND TRUCKING
 Responsible Acct.No:
 Trailer number: L7646
 Seal number(s): 0972848
SCAC: LEGS
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 41626181
 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
8066649	261	4533.77	Y	N	8 PLTS
Grand Total	261	4533.77			

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 580</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			400.00		Pallet		
		252	ctns	4493.81		Mattress Pads	149285	100
		9	ctns	39.96		Pillows, Valance, Towels	49390	100
8		261		4933.77		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: 06757184000146229	
Name: E & E COMPANY LTD		 (402)06757184000146229	
Address: 1880 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
VENDOR:		Responsible Aoot.No:	
SHIP TO		Trailer number: L7648	
Name: Macy's Home Store Cheshire DC Location #: CD		Seal number(s): 0972848	
Address: c/o Cheshire DC		SCAC: LEGS	
475 Knottor Drive,		Pro Number:	
City/State/Zip: Cheshire, CT 06410			
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	
Load #: 41626181		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	
8065879	12	159.54	Y N	1 PLT	
Grand Total	12	159.54			


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		
		11	ctns	153.81		Pillows, Valance, Towels	49390	100
		1	ctns	6.73		Shower curtain	49386	77.5
1		12		209.54		Grand Total		

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

Date: 6/10/2019 4:40:35 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Name: E & E COMPANY LTD Address: 1680 Tida Court City/State/Zip: Woodland, CA 96776 SID#: PHONE: VENDOR:		Bill of Lading Number: 06757164000146205  (402)06757164000146205	
SHIP TO		Name: Macy's Home MMG Secaucus DC Location #: SC Address: c/o Secaucus DC 500 Meadowlands Parkway, City/State/Zip: Secaucus, NJ 07094 CID#: Dept: 0614		GARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No: Trailer number: L7646 Seal number(s): 0672646 SCAC: LEGS Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41626181 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
8066649	421	6562.67	Y	N	12 PLTS
Grand Total	421	6562.67			

HANDLING UNIT						PACKAGE				CARRIER INFORMATION		COMMODITY DESCRIPTION		PACKAGE	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380.						NMFC #	CLASS		
12	Pallet			600.00		Pallet									
		363	ctns	6309.90		Mattress Pads						149265	100		
		58	ctns	252.77		Pillows, Valance, Towels						49390	100		
12		421		7162.67		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.

Etc Show cartons Scanned, loaded and billed correct.

ShipmentCartonDetail(400014611)

Customer PO No.	ERE SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
8065901	5039308	R201906040952263	MCH70-1137	Elodie Shower Curtain	00106757164001236216	0636795803	00006757166367958033	0427	Loaded
8065901	5039324	R201906040952263	MCH70-981	Sanibel Shower Curtain	00106757164001236216	0636795817	00006757166367958170	0464	Loaded
8065901	5039325	R201906040952263	MCH70-1137	Elodie Shower Curtain	00106757164001236216	0636795818	00006757166367958187	0466	Loaded
8065901	5039325	R201906040952263	MCH70-998	Delliah Shower Curtain	00106757164001236216	0636795819	00006757166367958194	0466	Loaded
8065901	5039326	R201906040952263	MCH70-1136	Newton Shower Curtain	00106757164001236216	0636795820	00006757166367958200	0467	Loaded
8065901	5039327	R201906040952263	MCH70-978	Harbor Shower Curtain	00106757164001236216	0636795821	00006757166367958217	0468	Loaded
8065901	5039327	R201906040952263	MCH70-994	Sorrel Shower Curtain	00106757164001236216	0636795822	00006757166367958224	0468	Loaded
8065901	5039327	R201906040952263	MCH71-500	Cape Mosaic Tissue Cover	00106757164001236216	0636795823	00006757166367958231	0468	Loaded
8065901	5039328	R201906040952263	MCH70-978	Harbor Shower Curtain	00106757164001236216	0636795824	00006757166367958248	0469	Loaded
8065901	5039328	R201906040952263	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001236216	0636795825	00006757166367958255	0469	Loaded
8065901	5039329	R201906040952263	MCH70-1140	Elm Waffle Shower Curtain	00106757164001236216	0636795826	00006757166367958262	0470	Loaded
8065901	5039330	R201906040952263	MCH70-1140	Elm Waffle Shower Curtain	00106757164001236216	0636795827	00006757166367958279	0471	Loaded
8065901	5039333	R201906040952263	MCH70-1137	Elodie Shower Curtain	00106757164001236216	0636795828	00006757166367958286	0481	Loaded
8065901	5039333	R201906040952263	MCH70-1144	Hawthorn Shower Curtain	00106757164001236216	0636795829	00006757166367958293	0481	Loaded
8065901	5039334	R201906040952263	MCH71-1418	Cape Mosaic Cover Jar	00106757164001236216	0636795830	00006757166367958309	0482	Loaded
8065901	5039334	R201906040952263	MCH71-834	Sunset Ombre Tumbler	00106757164001236216	0636795831	00006757166367958316	0482	Loaded
8065901	5039335	R201906040952263	MCH70-1001	Serene Shower Curtain	00106757164001236216	0636795832	00006757166367958323	0485	Loaded
8065901	5039335	R201906040952263	MCH70-1137	Elodie Shower Curtain	00106757164001236216	0636795833	00006757166367958330	0485	Loaded
8065901	5039336	R201906040952263	MCH71-501	Cape Mosaic Wastebasket	00106757164001236216	0636795834	00006757166367958347	0491	Loaded
8065901	5039337	R201906040952263	MCH70-981	Sanibel Shower Curtain	00106757164001236216	0636795835	00006757166367958354	0499	Loaded
8065901	5039337	R201906040952263	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001236216	0636795836	00006757166367958361	0499	Loaded
8065901	5039338	R201906040952263	MCH70-1136	Newton Shower Curtain	00106757164001236216	0636795837	00006757166367958378	0501	Loaded
8065901	5039339	R201906040952263	MCH70-1136	Newton Shower Curtain	00106757164001236216	0636795838	00006757166367958385	0504	Loaded
8065901	5039339	R201906040952263	MCH70-1137	Elodie Shower Curtain	00106757164001236216	0636795839	00006757166367958392	0504	Loaded
8065901	5039341	R201906040952263	MCH70-988	Spa Waffle Shower Curtain	00106757164001236216	0636795840	00006757166367958408	0509	Loaded
8065901	5039342	R201906040952263	MCH70-1140	Elm Waffle Shower Curtain	00106757164001236216	0636795841	00006757166367958415	0513	Loaded
8065901	5039344	R201906040952263	MCH70-1136	Newton Shower Curtain	00106757164001236216	0636795842	00006757166367958422	0517	Loaded
8065901	5039344	R201906040952263	MCH70-1137	Elodie Shower Curtain	00106757164001236216	0636795843	00006757166367958439	0517	Loaded
8065901	5039345	R201906040952263	MCH70-1136	Newton Shower Curtain	00106757164001236216	0636795844	00006757166367958446	0520	Loaded
8065901	5039345	R201906040952263	MCH70-1139	Kennedy Shower Curtain	00106757164001236216	0636795845	00006757166367958453	0520	Loaded
8065901	5039347	R201906040952263	MCH70-1137	Elodie Shower Curtain	00106757164001236216	0636795847	00006757166367958477	0524	Loaded
8065901	5039347	R201906040952263	MCH70-1138	Melody Shower Curtain	00106757164001236216	0636795848	00006757166367958484	0524	Loaded
8065901	5039347	R201906040952263	MCH70-994	Sorrel Shower Curtain	00106757164001236216	0636795849	00006757166367958491	0524	Loaded
8065901	5039347	R201906040952263	MCH71-501	Cape Mosaic Wastebasket	00106757164001236216	0636795850	00006757166367958507	0524	Loaded
8065901	5039349	R201906040952263	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001236216	0636795851	00006757166367958514	0533	Loaded
8065901	5039349	R201906040952263	MCH71-501	Cape Mosaic Wastebasket	00106757164001236216	0636795852	00006757166367958521	0533	Loaded
8065901	5039350	R201906040952263	MCH70-1137	Elodie Shower Curtain	00106757164001236216	0636795853	00006757166367958538	0535	Loaded
8065901	5039350	R201906040952263	MCH70-998	Delliah Shower Curtain	00106757164001236216	0636795854	00006757166367958545	0535	Loaded
8065901	5039350	R201906040952263	MCH71-1418	Cape Mosaic Cover Jar	00106757164001236216	0636795855	00006757166367958552	0535	Loaded
8065901	5039351	R201906040952263	MCH70-1138	Cape Mosaic Tissue Cover	00106757164001236216	0636795856	00006757166367958569	0535	Loaded
8065901	5039351	R201906040952263	MCH70-1138	Melody Shower Curtain	00106757164001236216	0636795857	00006757166367958576	0536	Loaded
8065901	5039352	R201906040952263	MCH71-497	Cape Mosaic Loton Pump	00106757164001236216	0636795858	00006757166367958583	0537	Loaded
8065901	5039352	R201906040952263	MCH71-501	Cape Mosaic Wastebasket	00106757164001236216	0636795859	00006757166367958590	0537	Loaded
8065901	5039353	R201906040952263	MCH70-1137	Elodie Shower Curtain	00106757164001236216	0636795860	00006757166367958606	0540	Loaded
8065901	5039354	R201906040952263	MCH71-486	Hotel Glass Soap Dish	00106757164001236216	0636795861	00006757166367958613	0547	Loaded
8065901	5039354	R201906040952263	MCH71-502	Stowe Loton Pump	00106757164001236216	0636795862	00006757166367958620	0547	Loaded
8065901	5039355	R201906040952263	MCH70-1137	Elodie Shower Curtain	00106757164001236216	0636795863	00006757166367958637	0548	Loaded
8065901	5039356	R201906040952263	MCH70-998	Delliah Shower Curtain	00106757164001236216	0636795864	00006757166367958644	0554	Loaded
8065901	5039357	R201906040952263	MCH71-1419	Cape Mosaic Soap Dish	00106757164001236216	0636795865	00006757166367958651	0558	Loaded
8065901	5039357	R201906040952263	MCH71-1424	Hotel Glass Loton Pump	00106757164001236216	0636795866	00006757166367958668	0558	Loaded
8065901	5039357	R201906040952263	MCH71-501	Cape Mosaic Wastebasket	00106757164001236216	0636795867	00006757166367958675	0558	Loaded
8065901	5039357	R201906040952263	MCH71-501	Cape Mosaic Wastebasket	00106757164001236216	0636795868	00006757166367958682	0558	Loaded

Date: 6/10/2019 4:55:36 PM

Master Bill Of Lading

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

Master Bill of Lading Number: 06757164000147318

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: L7439
 Seal number(s): 0972853
 SCAC: LEQS
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 41827642

Freight Charge Terms:
 Prepaid: Collect: 3rd Party:
 MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING
 Appointment Time: 3:00 AM/PM
 Actual Driver Arrival Time: 3:00 AM/PM
 Driver Departure Time: 5:00 AM/PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
7695188	241	1834.06	Y	N	06757164000147257	GN	
7695188	234	1776.82	Y	N	06757164000147288	ST	
7695188	240	1829.30	Y	N	06757164000147271	JP	
7695188	251	1923.12	Y	N	06757164000147295	SW	
7695188	305	2313.18	Y	N	06757164000147264	HU	
7695188	203	1544.58	Y	N	06757164000147233	BA	
7695188	528	4014.20	Y	N	06757164000147240	CI	
Grand Total	2002	15234.26					

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 insure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
24	Pallet			1200.00		Pallet		70
		898	ctns	5770.36		Comforters, Bedspreads	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 _____"

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 6/10/19

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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
 [Signature] 6/10/19

Date: 6/10/2019 4:56:35 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757164000147318	
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. _____	Trailer number: L7439	Seal number(s): 0972853
Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	City/State/Zip: Santa Fe Spgs, CA 90670	SCAC: LEGS	Pro Number: _____
SID#: _____ FOB: <input type="checkbox"/>	THIRD PARTY FREIGHT CHARGES BILL TO:		
Name: _____	Address: _____	Freight Charge Terms:	
City/State/Zip: _____	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		
SPECIAL INSTRUCTIONS: Load #: 41627642	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING		
		Appointment Time 3:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Actual Driver Arrival Time 3:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Driver Departure Time 5:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

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 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		972	ctns	8883.10		Pillows,Valance,Towels	49390	100
		132	ctns	580.80		Throws,Blankets	49040	150
24				16434.26		Grand Total		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
<p>SHIPPER SIGNATURE / DATE <small>This is to certify that the above noted 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>John H</i> 6/10/19</p>	<p>Trailer Loaded: Freight Counted:</p> <p> <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 <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><i>David Brooks</i> 6/10/19</p>	

Date: 8/10/2019 4:56:23 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: 08787184000147257



CARRIER NAME: NEW LEGEND TRUCKING

Responsible Acct.No:

Trailer number: L7439

Seal number(s): 0972653

SCAC: LEGS

Pro Number:

SHIP TO

Name: Macy's Home Store Gandy DC Location #: GN
 Address: c/o Gandy DC
 4130 Gandy Blvd.,
 City/State/Zip: Tampa, FL 33611
 CID#:
 Dept: 0510

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41627642

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
 (check box)

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
7695188	241	1834.06	Y	N	
Grand Total	241	1834.06			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		116	ctns	751.96		Comforters, Bedspreads	49017	200
		112	ctns	1024.90		Pillows, Valance, Towels	49390	100
		13	ctns	67.20		Throws, Blankets	49040	150
3		241		1984.06		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: 6/10/2019 4:56:17 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 06767164000147288



(402)06767164000147288

CARRIER NAME: NEW LEGEND TRUCKING

Responsible Acct.No:

Trailer number: L7439

Seal number(s): 0972853

SCAC: LEGS

Pro Number:

SHIP TO

Name: Macy's Home Store Stone Mountain DC Location #: ST
 Address: o/o Stone Mountain DC
 City/State/Zip: 4401 Barr Parkway,
 Stone Mountain, GA 30083
 CID#:
 Dept: 0510

FOB: FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41627642

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
 (check box) 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
7695188	234	1775.82	Y N	
Grand Total	234	1775.82		

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 NMPC Item 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		104	ctns	657.82		Comforters, Bedspreads	49017	200
		116	ctns	1056.40		Pillows, Valance, Towels	49390	100
		14	ctns	61.60		Throws, Blankets	49040	150
3		234		1925.82		Grand Total		

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

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14708(c)(1)(A) and (B).

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 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.

Bill of Lading

SHIP FROM

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

Bill of Lading Number: 06757164000147295



CARRIER NAME: NEW LEGEND TRUCKING

Responsible Acct.No: _____

SHIP TO

Name: Macy's Home Store South Windsor DC Location #: SW
 Address: c/o South Windsor DC
 City/State/Zip: 301 Governor's Hwy, South Windsor, CT 06074
 CID#: _____
 Dept: 0510

Trailer number: L7439

Seal number(s): 0972853

SCAC: LEGS

Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

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

City/State/Zip: _____

SPECIAL INSTRUCTIONS:

Load #: 41627642

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

Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7695188	251	1923.12	Y N	
Grand Total	251	1923.12		

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 NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			160.00		Pallet		
		104	ctns	663.42		Comforters, Bedspreads	49017	200
		127	ctns	1171.70		Pillows, Valance, Towels	49390	100
		20	ctns	88.00		Throws, Blankets	49040	150
3		251		2073.12		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:

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: 6/10/2019 4:55:26 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:	1880 Tide Court	Address:	c/o Houston DC
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	Houston, TX 77023
SID#:		CID#:	
PHONE:		Dept:	0610
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000147264		Trailer number: L7439	
		Seal number(s): 0972863	
(402)06767164000147264		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41827642

Packing List is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7695188	305	2313.18	Y N	
Grand Total	305	2313.18		

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 21(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		144	ctns	929.58		Comforters, Bedspreads	49017	200
		145	ctns	1313.20		Pillows, Valance, Towels	49390	100
		16	ctns	70.40		Throws, Blankets	49040	150
4		305		2613.18		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per _____

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.

Date: 6/10/2019 4:56:13 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

Name: E & E COMPANY LTD
 Address: 1600 Tide Court
 City/State/Zip: Woodland, CA 95776
 SID#:
 PHONE:
 VENDOR:

Bill of Lading Number: 08767164000147233



CARRIER NAME: NEW LEGEND TRUCKING

Responsible Agent No:

Trailer number: L7438

Seal number(s): 0972863

SCAC: LEGS

Pro Number:

SHIP TO

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: 0610

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41627642

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
7695188	203	1644.58	Y	N	
Grand Total	203	1644.58			

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		94	ctns	609.48		Comforters, Bedspreads	49017	200
		98	ctns	886.70		Pillows, Valance, Towels	49390	100
		11	ctns	48.40		Throws, Blankets	49040	150
2		203		1644.58		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: 6/10/2019 4:56:20 PM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

PHONE:

VENDOR:

FOB:

Bill of Lading Number: 06757164000147240



(402)06757164000147240

CARRIER NAME: NEW LEGEND TRUCKING

Responsible Acct.No:

Trailer number: L7439

Seal number(s): 0972853

SCAC: LEGS

Pro Number:

SHIP TO

Name: Macy's Home Store Los Angeles Location #: CI
 DC
 Address: o/o Los Angeles DC
 City/State/Zip: 16641 East Gale Avenue,
 City of Industry, CA 91745
 CID#:
 Dept: 0510

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41627642

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
 (check box) 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
7696188	528	4014.20	Y	N	
Grand Total	528	4014.20			

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
6	Pallet			300.00		Pallet		
		240	ctns	1561.20		Comforters, Bedspreads	49017	200
		249	ctns	2281.40		Pillows, Valance, Towels	49390	100
		39	ctns	171.60		Throws, Blankets	49040	150
6		528		4314.20		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.

