

Date: 6/19/2019 9:40:04 AM

Master Bill Of Lading

Page 1 of 2

SHIP FROM		Master Bill of Lading Number: 06767164000149176
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	Trailer number: LHC-8280
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Seal number(s): 0972687
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: LEGS
SID#:		Pro Number:
		DC#: Div.

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50044749		12:00 ^{AM} _{PM}	8:00 ^{AM} _{PM}
		Driver Departure Time	10:00 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
2340083	12	53.20	Y	N	06757164000148896	MB	1 PLT
2244031	16	113.02	Y	N	06757164000148827	HU	
2340083	37	256.80	Y	N	06757164000148889	PD	1 PLT
2340083	44	276.39	Y	N	06757164000148902	OK	1 PLT
2229665	193	2436.94	Y	N	06757164000148872	HU	
2229665	523	6225.90	Y	N	06757164000148865	SC	
2244031	16	109.50	Y	N	06757164000148810	SC	
2340699	14	111.02	Y	N	06757164000148919	PD	1 PLT
Grand Total	855	9582.77					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of HMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
22	Pallet			1100.00		Pallet		70

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.
SHIPPER SIGNATURE / DATE <i>Scott 6/19/19</i>	SHIPPER SIGNATURE / PICKUP DATE <i>HA 06-19-2019</i>

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

Date: 8/19/2019 9:40:04 AM

Master Bill Of Lading

Page 2 of 2

SHIP FROM		Master Bill of Lading Number: 06757164000149176									
Name:	E & E COMPANY LTD										
Address:	1680 Tide Court										
City/State/Zip:	Woodland, CA 95776										
SID#:		FOB: <input type="checkbox"/>									
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING									
Name:	Macy's /Bloom Consolidation Center	DC#:									
		Div.									
Address:	G/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	LHC-8280								
		Seal number(s):	0972887								
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 (check box) UNDERLYING BILLS OF LANDING									
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time								
Load #: 50044749		12:00 AM PM	8:00 AM PM								
		Driver Departure Time	10:00 AM PM								
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT		H.M.		COMMODITY DESCRIPTION		LTN ONLY	
QTY	TYPE	QTY	TYPE	LBS	(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(c) of NIMD Item 330		NMFC #	CLASS		
		676	ctns	8468.55		Mattress Pads		149265	100		
		130	ctns	747.73		Pillows,Valance,Towels		49390	100		
		3	ctns	34.95		Shower curtain		49385	77.5		
		46	ctns	333.54		Throws,Blankets		49040	150		
22				10682.77		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 in all applicable state and federal regulations.

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Scott 6/19/19

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.

06-19-2019

SHIP FROM		Bill of Lading Number: 08767164000148896	
Name: E & E COMPANY LTD Address: 1680 Tido Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08767164000148896	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No: _____ Trailer number: LHC-8280 Seal number(s): 0972887	
Name: Macy's Home Store Martinsburg Location #: MB DC Address: c/o Martinsburg DC - MB City/State/Zip: 333 Caperton Blvd, Martinsburg, WV 25403 CID#: _____ Dept: 0602		SCAC: LEGS Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
Name: _____ Address: _____ City/State/Zip: _____		<input type="checkbox"/> 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	
SPECIAL INSTRUCTIONS: Load #: 60044749 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2340083	12	53.20	Y N	1 PLT
Grand Total	12	53.20		

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 500</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	53.20		Pillows,Valance,Towels	49390	100
1		12		103.20		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"/>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

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


Shipper Signature _____

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 6/19/2019 9:39:49 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:		FOB: <input type="checkbox"/>		Bill of Lading Number: 06767164000148827		 (402)06767164000148827	
SHIP TO		Name: Macy's Home MMG Houston DC		Address: c/o Houston DC		City/State/Zip: Houston, TX 77023		CID#:		Dept: 0784		FOB: <input type="checkbox"/>		Location #: HU		Trailer number: LHC-8280		Seal number(s): 0972887	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:		Address:		City/State/Zip:		SPECIAL INSTRUCTIONS: Load #: 60044749 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		Prepaid: <input type="checkbox"/>		Collect: X		3rd Party:		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (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									
2244031				16		113.02		Y N											
Grand Total				16		113.02													
CARRIER INFORMATION																			
HANDLING UNIT		PACKAGE				WEIGHT		H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>								PACKAGE		
QTY	TYPE	QTY		TYPE													NMFC #	CLASS	
1	Pallet					50.00			Pallet										
		16		ctns		113.02			Throws, Blankets								49040	150	
1		16				163.02			Grand Total										
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"										COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>									
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).																			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.										The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature									
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>					Trailer Loaded: <input 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 <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: 8/19/2019 9:39:58 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08767164000148889	
Name:	E & E COMPANY LTD	 (402)06767164000148889	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: NEW LEGEND TRUCKING
SHIP TO		Responsible Acct.No:	
Name:	Maoy's Home Store Portland DC Location #: PD	Trailer number: LHC-8280	
Address:	c/o Portland DC	Seal number(s): 0872887	
City/State/Zip:	1166 Vaughn Parkway,	SCAC: LEGS	
City/State/Zip:	Portland, TN 37148	Pro Number:	
CID#:			
Dept:	0602	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50044749		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
2340083	37	266.80	Y N	1 PLT
Grand Total	37	266.80		

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			60.00		Pallet		
		36	ctns	230.65		Pillows, Valance, Towels	49390	100
		1	ctns	26.15		Shower curtain	49385	77.5
1		37		306.80		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 _____		GOD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>	

Date: 6/19/2019 9:39:46 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Tulsa DC Location #: OK
Address:	1880 Tide Court	Address:	o/o Tulsa DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	7120 E 76th St North, Owasso, OK 74056
SID#:		GID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767184000148902		Trailer number: LHC-8280	
		Seal number(s): 0872887	
(402)06757184000148902		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
3rd Party:		Master Bill of Lading: with attached underlying Bills of Lading	
<input type="checkbox"/> (check box)		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
AM		AM	
PM		PM	
SPECIAL INSTRUCTIONS: Load #: 60044749 Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2340083	44	276.39	Y N	1 PLT
Grand Total	44	276.39		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFO Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		42	ctns	267.59		Pillows, Valance, Towels	49390	100
		2	ctns	8.80		Shower curtain	49385	77.5
1		44		326.39		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 of other lawful charges.

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 08757184000148872	
Name:	E & E COMPANY LTD	 (402)06757184000148872	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: LHC-8280	
Name:	Maoy's Home MMG Houston DC Location #: HU	Seal number(s): 0872887	
Address:	c/o Houston DC	SCAC: LEGS	
City/State/Zip:	2108 Ernestine, Houston, TX 77023	Pro Number:	
OID#:			
Dept:	0614		
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	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 60044749		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
2229885	193	2436.94	Y N	
Grand Total	193	2436.94		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 302</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		185	ctns	2400.38		Mattress Pads	149265	100
		8	ctns	36.56		Pillows, Valance, Towels	49390	100
5		193		2886.94		Grand Total		

Where the rate is dependent on value, shippers are required to elated 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.	

Date: 6/19/2019 9:39:43 AM

Bill Of Lading

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SHIP FROM		Bill of Lading Number: 08757164000148866	
Name:	E & E COMPANY LTD	 (402)06757164000148866	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No:	
SHIP TO		Trailer number: LHC-8280	Seal number(s): 0972887
Name:	Macy's Home MMG Secaucus DC Location #: SC	SCAC: LEGS	
Address:	c/o Secaucus DC	Pro Number:	
City/State/Zip:	600 Meadowlands Parkway, Secaucus, NJ 07094		
CID#:			
Dept:	0814		
THIRD PARTY-FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 60044749		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
2229665	523	6225.90	Y	N	
Grand Total	523	6225.90			

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 500</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	Pallet			550.00		Pallet		
		491	ctns	6066.17		Mattress Pads	149265	100
		32	ctns	159.73		Pillows,Valance,Towels	49390	100
11		523		6776.90		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 sold to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 08767164000148810
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06767164000148810
City/State/Zip: Woodland, CA 96776	SID#:	
PHONE:	VENDOR:	CARRIER NAME: NEW LEGEND TRUCKING
	FOB: <input type="checkbox"/>	Responsible Acct.No:


SHIP TO		Trailer number: LHC-8280
Name: Macy's Home MMG Seoaucous DC Location #: SC	Address: c/o Seoaucous DC	Seal number(s): 0972987
City/State/Zip: 500 Meadowlands Parkway, Seoaucous, NJ 07094	CID#:	SCAC: LEGS
Dept: 0784	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid:	Collect: X	3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 60044749		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
2244031	16	109.50	Y N	
Grand Total	16	109.50		

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 NIMMO Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	109.50		Throws, Blankets	49040	150
1		16		169.50		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <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="0"> <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>								

SHIP FROM		Bill of Lading Number: 08767164000148919	
Name:	E & E COMPANY LTD	 (402)06767164000148919	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95776		
8ID#:			
PHONE:			
VENDOR:		CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No:	
SHIP TO		Trailer number: LHC-8280	Seal number(s): 0872887
Name:	Macy's Home MMG Portland DC Location #: PD	SCAG: LEGS	
Address:	o/o Portland DC	Pro Number:	
City/State/Zip:	1166 Vaughn Parkway, Portland, TN 37148		
CID#:			
Dept:	0784		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Address:		Appointment Time AM PM	Actual Driver Arrival Time AM PM
City/State/Zip:		Driver Departure Time AM PM	
SPECIAL INSTRUCTIONS: Load #: 50044749 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2340699	14	111.02	Y N	1 PLT
Grand Total	14	111.02		

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 960</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	111.02		Throws,Blankets	49040	150
1		14		161.02		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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

EEC Show Cartons Scanned,
loaded and billed correct.

ShipmentCartonDetail(400014881)

Customer PO No.	EBE SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
2244031	5052240	R2019061406525810	MCG51-239	T Microfleece Solid Blanket	00106757164001247083	0637142841	00006757166371428416	0001	Loaded
2244031	5052242	R2019061406525810	MCG51-241	F/Q Microfleece Solid Blanket	00106757164001247083	0637142843	00006757166371428430	0007	Loaded
2244031	5052242	R2019061406525810	MCG51-244	F/Q Micro Fleece Knitted Blank	00106757164001247083	0637142844	00006757166371428447	0007	Loaded
2244031	5052242	R2019061406525810	MCG51-244	F/Q Micro Fleece Knitted Blank	00106757164001247083	0637142845	00006757166371428454	0007	Loaded
2244031	5052243	R2019061406525810	MCG51-251	K Microfleece Solid Blanket	00106757164001247083	0637142846	00006757166371428461	0008	Loaded
2244031	5052244	R2019061406525810	MCG51-251	K Microfleece Solid Blanket	00106757164001247083	0637142847	00006757166371428478	0016	Loaded
2244031	5052250	R2019061406525810	MCG51-238	T Micro Fleece Knitted Blanket	00106757164001247083	0637142854	00006757166371428546	0053	Loaded
2244031	5052251	R2019061406525810	MCG51-241	F/Q Microfleece Solid Blanket	00106757164001247083	0637142855	00006757166371428553	0080	Loaded
2244031	5052252	R2019061406525810	MCG51-240	T Micro Fleece Knitted Blanket	00106757164001247083	0637142856	00006757166371428560	0081	Loaded
2244031	5052259	R2019061406525810	MCG51-250	K Micro Fleece Knitted Blanket	00106757164001247083	0637142865	00006757166371428652	0171	Loaded
2244031	5052259	R2019061406525810	MCG51-250	K Micro Fleece Knitted Blanket	00106757164001247083	0637142866	00006757166371428669	0171	Loaded
2244031	5052260	R2019061406525810	MCG51-238	T Micro Fleece Knitted Blanket	00106757164001247083	0637142867	00006757166371428676	0173	Loaded
2244031	5052260	R2019061406525810	MCG51-245	F/Q Microfleece Solid Blanket	00106757164001247083	0637142868	00006757166371428683	0173	Loaded
2244031	5052261	R2019061406525810	MCG51-246	F/Q Micro Fleece Knitted Blank	00106757164001247083	0637142869	00006757166371428690	0174	Loaded
2244031	5052266	R2019061406525810	MCG51-252	K Micro Fleece Knitted Blanket	00106757164001247083	0637142875	00006757166371428751	0197	Loaded
2244031	5052269	R2019061406525810	MCG51-245	F/Q Microfleece Solid Blanket	00106757164001247083	0637142879	00006757166371428799	0213	Loaded

