

CB1902101

| SHIP FROM | | Master Bill of Lading Number: 06757166000419426 | |
|-----------------|--------------------------|---|--------------------------|
| Name: | E & E COMPANY LTD | | |
| Address: | 550 Northport Pkwy | | |
| City/State/Zip: | Port Wentworth, GA 31407 | | |
| SID#: | | FOB: | <input type="checkbox"/> |

| SHIP TO | | CARRIER NAME: FedEx Freight Economy | |
|-----------------|--|-------------------------------------|---------|
| Name: | Macy's /Bloom Consolidation Center | DC#: | |
| | | Div.: | |
| Address: | C/O Dynamic High Point 1124 Elon Place, | Trailer number: | 6218 |
| | | Seal number(s): | 2781902 |
| City/State/Zip: | High Point, NC 27260 | SCAC: FXM | |
| SID#: | | Pro Number: | |



| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Cha |
|--------------------------------------|--|--|
| Name: | | Prepaid: <input type="checkbox"/> |
| Address: | | Collect: <input checked="" type="checkbox"/> |
| City/State/Zip: | | 3rd Party: <input type="checkbox"/> |

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| <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED | |
| <input type="checkbox"/> UNDERLYING BILLS OF LANDING | |
| Appointment Time AM PM | Actual Driver Arrival Time AM PM |
| Driver Departure Time AM PM | |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|----------------|-------------------------|---|-------------------|-------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | BOL# | ADDITIONAL SHIPPER INFO | |
| | | | | | | DC# | Supplier# |
| 1266834 | 27 | 351.88 | Y | N | 06757166000415435 | PD | |
| 1266834 | 36 | 468.66 | Y | N | 06757166000408536 | MB | |
| 1266834 | 32 | 412.48 | Y | N | 06757166000415428 | AZ | |
| Grand Total | 95 | 1233.02 | | | | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|------------|----------|--|----------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 3 | Pallet | | | 150.00 | | Pallet | | 70 |
| | | 95 | ctns | 1233.02 | | Runners, Placemats, Napkins | 49505 | 77.5 |
| 3 | | | | 1383.02 | | Grand Total | | |

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

| | |
|----------------------|---|
| 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.

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| 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> 6-20-19 | 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> |
| | Shipper Signature | | |

CB 1902101

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|------------------|--------------------------|--|--|
| SHIP FROM | | Bill of Lading Number: 06757166000408543 | |
| Name: | E & E COMPANY LTD |  (402)06757166000408543 | |
| Address: | 550 Northport Pkwy | | |
| City/State/Zip: | Port Wentworth, GA 31407 | | |
| SID#: | | | |
| PHONE: | | | |
| VENDOR: | | CARRIER NAME: FedEx Freight Economy Responsible Acct.No: | |

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|-----------------|-------------------------------------|------------------------|--------------------------|
| SHIPO TO | | Trailer number: X4868 | |
| Name: | OK | Location #: | OK |
| Address: | c/o Macy's Logistics Distribution C | | |
| | 7120 E.76th Street North, OK | | |
| City/State/Zip: | Owasso, OK 74055 | | |
| CID#: | | | |
| Dept: | 0784 | FOB: | <input type="checkbox"/> |
| | | Seal number(s): | |
| | | SCAC: FXNL | |
| | | Pro Number: 4983875993 | |

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| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | Prepaid: | Collect: X |
| Address: | | 3rd Party: | |
| City/State/Zip: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | |
| SPECIAL INSTRUCTIONS: Load #: 00041617591S 3763610 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 |
| 1266834 | 36 | 457.88 | Y N | |
| Grand Total | 36 | 457.88 | | |

| 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 360</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 36 | ctns | 457.88 | | Runners, Placemats, Napkins | 49505 | 77.5 |
| 1 | | 36 | | 507.88 | | Grand Total | | |


498387599-3


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|---|--|
| Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | 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 rules, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

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

| | | | |
|--|--|---|--|
| SHIPPER SIGNATURE / 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>[Signature]</i> 6-19-19 | Trailer Loaded: <input checked="" 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>[Signature]</i> 6/19/19 1 SUVS STC 36 CTN |
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X4868