


Date: 6/20/2019 7:54:28 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757166000414810										
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757166000414810										
<b>SHIP TO</b>		CARRIER NAME: UPS Responsible Acct.No: 5R12Y0 Trailer number: 1801243 Seal number(s): 2200847										
Name: Macy's Home MMG Goodyear DC Location #: AZ Address: c/o Goodyear DC 16575 West Commerce Lane, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0784		SCAC: UPSN Pro Number: _____										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: Macy's c/o Hub Group Address: 2000 Clearwater Dr City/State/Zip: Oak Brook, IL 60523		Prepaid: _____ Collect: _____ 3rd Party: <b>X</b> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50039828 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
8080399	21	271.46	Y N	
<b>Grand Total</b>	21	271.46		

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		
		21	ctns	271.46		Runners, Placemats, Napkins	49505	77.5
1		21		321.46		<b>Grand Total</b>		

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

**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.

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>ddg 6-20-19</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 6/20/2019 8:59:52 AM

# Bill Of Lading

Page 1 of 1

**SHIP FROM**

Name: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: \_\_\_\_\_

Bill of Lading Number: 06757166000414834



CARRIER NAME: UPS  
 Responsible Acct.No: 5R12Y0

**SHIP TO**

Name: MB Location #: MB  
 Address: 333 Caperton Blvd  
 MB  
 City/State/Zip: Martinsburg, WV 25403  
 CID#: \_\_\_\_\_  
 Dept: 0784 FOB:

Trailer number: 1801243  
 Seal number(s): 2200847

SCAC: UPSN  
 Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: Macy's c/o Hub Group  
 Address: 2000 Clearwater Dr  
 City/State/Zip: Oak Brook, IL 60523

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

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

SPECIAL INSTRUCTIONS:  
 Load #: 50039828  
 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
8080399	28	360.92	Y N	
<b>Grand Total</b>	<b>28</b>	<b>360.92</b>		

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		28	ctns	360.92		Runners, Placemats, Napkins	49505	77.5
2		28		460.92		<b>Grand Total</b>		

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

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

Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

Shipper Signature

**SHIPPER SIGNATURE / DATE**

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

*[Signature]* 6-20-19

**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.

**Bill of Lading** Page 1 of 1

Date: 6/19/2019 2:23:20 PM SHIP FROM

Name: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_

Bill of Lading Number: 06757166000414658  
  
 (402)06757166000414658

CARRIER NAME: UPS  
 Responsible Acct.No: 5R12Y0  
 Trailer number: 1601243  
 Seal number(s): 2200847  
 SCAC: UFSN  
 Pro Number: \_\_\_\_\_

VENDOR: \_\_\_\_\_ FOB:   
 Name: Macey's Home MMG Portland DC Location #: PD  
 Address: c/o Portland DC  
 1155 Vaughn Parkway,  
 City/State/Zip: Portland, TN 37148  
 CID#: \_\_\_\_\_  
 Dept: 0784 FOB:

**THIRD PARTY FREIGHT CHARGES/BILL TO**  
 Name: Macey's c/o Hub Group  
 Address: 2000 Clearwater Dr  
 City/State/Zip: Oak Brook, IL 60523

SPECIAL INSTRUCTIONS:  
 Load #: 50039832  
 38779499  
 Packing List is Attached

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLETS/SLIP	ADDITIONAL SHIPPER INFO	
8080399		20	262.42	Y N		
<b>Grand Total</b>		20	262.42			

HANDLING UNIT		PACKAGE	WEIGHT	H.M. (X)	PACKAGE
QTY	TYPE	TYPE			NMFC # CLASS
1	Pallet		50.00		
			262.42		
1			312.42		49505 77.5
<b>Grand Total</b>					

**CARRIER INFORMATION**  
 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 105, Uniform Bill of Lading)

**CUSTOMER ORDER INFORMATION**

Prepaid:  Collect:  3rd Party:  X  
 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

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

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

Where the rate is dependent on value, shippers are required to select specifically in writing the amount 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 \_\_\_\_\_

**SHIPPER SIGNATURE / DATE**  
 Condition for transportation according to the applicable carrier's tariff.  
 Checked, packed, marked and labeled, and are in proper condition for transportation.  
 By Shipper  By Driver   
 By Driver/Pallets sealed to contain  By Driver/Pieces

**Trailer Loaded:** Freight Counted:  
 By Shipper  By Driver  
 By Driver/Pallets sealed to contain  By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier's receipt of goods or packages and required permits. Carrier and/or shipper responsible for emergency response. Emergency response information must be provided in emergency response guidebook or equivalent documentation in the vehicle.  
 \_\_\_\_\_ 6-19-19

**SHIPPER SIGNATURE**  
 \_\_\_\_\_

CB1902101

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757166000414841  
  
 (402)06757166000414841

**SHIP TO**  
 Name: Macy's Logistics Distribution C Location #: OK  
 Address: 7120 E.76th Street North  
 City/State/Zip: Owasso, OK 74055  
 CID#: \_\_\_\_\_  
 Dept: 0784 FOB:

**CARRIER NAME:** UPS  
 Responsible Acct.No: 5R12Y0  
 Trailer number: 1801243  
 Seal number(s): 2200847  
**SCAC:** UPSN  
**Pro Number:** \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: Macy's c/o Hub Group  
 Address: 2000 Clearwater Dr  
 City/State/Zip: Oak Brook, IL 60523

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

**SPECIAL INSTRUCTIONS:**  
 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
8080399	22	282.04	Y	N	
<b>Grand Total</b>	22	282.04			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		22	ctns	282.04		Runners, Placemats, Napkins	49505	77.5
1		22		332.04		<b>Grand Total</b>		

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

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

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

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

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

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  
*[Signature]* 6-20-19.

**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.  
 \_\_\_\_\_

Date: 6/20/2019 7:47:29 AM

# Bill Of Lading

**SHIP FROM**  
 Name: E & E COMPANY LTD  
 Address: 550 Northport Pkwy  
 City/State/Zip: Port Wentworth, GA 31407  
 SID#: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 VENDOR: \_\_\_\_\_ FOB:

Bill of Lading Number: 06757166000414827  
  
 (402)06757166000414827

**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: 0784 FOB:

**CARRIER NAME:** UPS  
 Responsible Acct.No: 5R12Y0  
 Trailer number: 1801243  
 Seal number(s): 2200847

**SCAC:** UPSN  
**Pro Number:** \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: Macy's c/o Hub Group  
 Address: 2000 Clearwater Dr  
 City/State/Zip: Oak Brook, IL 60523  
**SPECIAL INSTRUCTIONS:**  
 Load #: 00050017872S  
 38779347  
 Packing List is Attached

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**  
**Prepaid:** \_\_\_\_\_ **Collect:** \_\_\_\_\_ **3rd Party:** X

Master Bill of Lading: with attached underlying Bills of Lading  

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

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
8080399	1	12.12	Y	N	
<b>Grand Total</b>	1	12.12			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	12.12		Runners, Placemats, Napkins	49505	77.5
1		1		62.12		<b>Grand Total</b>		

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

**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.