

Date: 6/10/2019 11:31:09 AM

Master Bill Of Lading

Page 1 of 4

SHIP FROM		Master Bill of Lading Number: 06757164000146663	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Schnelder	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	TA-143908
		Seal number(s):	0972856
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
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	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41625127		11:00 AM	11:00 AM
			12:20 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8065901	10	113.52	Y	N	06757164000146410	HA	
8067035	1	3.00	Y	N	06757164000146243	BA	
8065901	5	59.48	Y	N	06757164000146366	AZ	
8057068	1	7.71	Y	N	06757164000146359	TU	
8065901	10	80.12	Y	N	06757164000146397	DV	
8065901	11	96.14	Y	N	06757164000146441	SW	
8057035	3	9.50	Y	N	06757164000146267	CL	
8057035	3	9.40	Y	N	06757164000146304	TU	
8057068	1	7.71	Y	N	06757164000146335	JP	
8057035	3	9.60	Y	N	06757164000146298	SW	
8057068	2	14.32	Y	N	06757164000146328	CL	
8065901	40	470.18	Y	N	06757164000146403	GN	
8065901	30	376.13	Y	N	06757164000146380	CL	

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 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.
Scott 6/10/19

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 permits. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
[Signature] 06.10.19

Date: 6/10/2019 11:31:09 AM

Master Bill Of Lading

Page 2 of 4

SHIP FROM		Master Bill of Lading Number: 06757164000146663	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: Schnelder	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.:	
Address:	O/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	TA-143008
		Seal number(s):	0972866
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
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 #: 41625127		11:00 AM	11:00 AM
			12:20 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8066649	115	1666.29	Y	N	067571640001466502	SW	3 PLTS
8067068	2	15.42	Y	N	06757164000146311	AZ	
8065879	25	385.94	Y	N	06757164000146533	OK	1 PLT
8066649	135	2092.82	Y	N	06757164000146496	JP	4 PLTS
8057035	6	18.50	Y	N	06757164000146281	JP	
8057068	4	26.55	Y	N	06757164000146342	SW	
8065879	79	1206.32	Y	N	06757164000146526	AZ	1 PLT
8065879	35	443.62	Y	N	06757164000146540	PD	1 PLT
8065901	23	194.87	Y	N	06757164000146427	HU	
8080355	3	16.53	Y	N	06757164000146519	OK	1 PLT
8057035	6	19.00	Y	N	06757164000146250	GN	
8066649	175	2499.74	Y	N	06757164000146489	GN	5 PLTS
8065901	19	239.39	Y	N	06757164000146434	JP	

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.

 6/10/19

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 glassware. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

 06/10/19

SHIP FROM		Master Bill of Lading Number: 06757164000146663	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA-143908 Seal number(s): 0972856 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 41625127		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time: 11:00 AM Actual Driver Arrival Time: 11:00 AM Driver Departure Time: 12:20 PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
8086638	159	2268.93	Y	N	06757164000146465	PD	6 PLTS
8057035	4	12.50	Y	N	06757164000146274	HU	
8065901	44	488.00	Y	N	06757164000146373	BA	
8065901	19	157.49	Y	N	06757164000146458	TU	
8066649	165	2523.30	Y	N	06757164000146472	BA	5 PLTS
Grand Total		1138	15531.02				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
49	Pallet			2450.00		Pallet		70
		9	ctns	66.09		Comforters, Bedspreads	49017	200
		610	ctns	10421.57		Mattress Pads	149265	100
		404	ctns	4273.04		Pillows, Valance, Towels	49390	100

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(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. <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 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. <i>X 12/2/19 06-10-19</i>
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Date: 6/10/2019 11:31:09 AM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757164000148883					
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ FOB: <input type="checkbox"/>							
SHIP TO		CARRIER NAME: Schnelder					
Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA-143908 Seal number(s): 0972856 SCAC: SCNN Pro Number:					
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:					
Name: Address: City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>					
SPECIAL INSTRUCTIONS: Load #: 41825127		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING					
		<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;">11:00 AM PM</td> <td style="text-align: center;">11:00 AM PM</td> <td style="text-align: center;">12:20 AM PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	11:00 AM PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time					
11:00 AM PM	11:00 AM PM	12:20 AM 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 stowing must be so marked and packaged as to insure safe transportation with ordinary care. See Section 2(e) of NMFC Item 558</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		86	ctns	672.29		Shower curtain	49385	77.5
		29	ctns	98.03		Throws, Blankets	49040	150
49				17981.02		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: Prepaid:

Customer check acceptable:

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

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


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

Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
Scott 6/10/19

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

SHIP FROM		Bill of Lading Number: 06767164000146410										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000146410										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home Store Hayward DC Location #: HA Address: c/o Hayward DC 28701 Hall Road, City/State/Zip: Hayward, CA 94546 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA-143908 Seal number(s): 0972868 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 #: 41625127 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
8065901	10	113.52	Y N	
Grand Total	10	113.52		


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		
		8	ctns	105.05		Pillows, Valance, Towels	49390	100
		2	ctns	8.47		Shower curtain	49385	77.5
1		10		163.52		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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: 06757164000146243	
Name:	E & E COMPANY LTD	 (402)06757164000146243	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-143908	
Name:	Macy's Home Store Bailey Rd. DC Location #: BA	Seal number(s): 0972856	
Address:	Bailey Rd DC Pool Stock 300 South Bailey Road, North Jackson, OH 44451	SCAC: SCNN	
City/State/Zip:	North Jackson, OH 44451	Pro Number:	
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 (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41625127		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8057036	1	3.00	Y N	
Grand Total	1	3.00		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		1	ctns	3.00		Throws, Blankets	49040	150
1		1		63.00		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 _____"


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.	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		

SHIP FROM		Bill of Lading Number: 08757164000148366
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06787164000148366
City/State/Zip: Woodland, CA 96776	SID#:	
PHONE:	VENDOR:	
FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: Schnelder
Name: Macy's Home Store Goodyear DC Location #: AZ	Address: Goodyear DC Pool Stock	Responsible Acct.No:
City/State/Zip: 16675 West Commerce Drive, Goodyear, AZ 85338	CID#:	Trailer number: TA-143908
Dept: 0802	FOB: <input type="checkbox"/>	Seal number(s): 0872858
		SCAC: SCNN
		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:
City/State/Zip:		Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS: Load #: 41625127 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
8065901	5	59.48	Y N	
Grand Total	5	59.48		


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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	59.48		Pillows, Vaiance, Towels	4939D	100
1		5		109.48		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	
		GARRIER 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 11:29:31 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Joppa DC Location #: JP
Address:	1680 Tide Court	Address:	c/o Joppa DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	3300 Fashion Way, Joppa, MD 21085
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000146335		Trailer number: TA-143908	
		Seal number(s): 0972856	
(402)08767164000146335		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 #: 41625127 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
8057068	1	7.71	Y N	
Grand Total	1	7.71		

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		
		1	ctns	7.71		Comforters, Bedspreads	49017	200
1		1		57.71		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: 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		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home Store Denver DC Location #: DV
Address:	1680 Tide Court	Address:	c/o Denver DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	510 East 61st Avenue, Denver, CO 80216
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000146397		Trailer number: TA-143908	
		Seal number(s): 0972868	
(402)08767164000146397		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:		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	
SPECIAL INSTRUCTIONS:		THIRD PARTY FREIGHT CHARGES BILL TO:	
Load #: 41626127		Name:	
Packing List is Attached		Address:	
		City/State/Zip:	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8065901	10	80.12	Y N	
Grand Total	10	80.12		

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	45.09		Pillows, Valance, Towels	49390	100
		5	ctns	36.03		Shower curtain	49385	77.5
1		10		130.12		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 papers. 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: 06767164000146441										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000146441										
SHIP TO		CARRIER NAME: Schnelder Responsible Acct.No: _____ Trailer number: TA-143908 Seal number(s): 0972856										
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: 0602		SCAC: SCNN 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 (check box) underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41626127 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
8065901	11	96.14	Y N	
Grand Total	11	96.14		

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 800.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	60.52		Pillows, Valance, Towels	49390	100
		7	ctns	36.62		Shower curtain	49385	77.5
1		11		146.14		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 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: 08757164000146267	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000146267	
SHIP TO		CARRIER NAME: Schneider	
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: 0510		Responsible Acct.No: _____ Trailer number: TA-143908 Seal number(s): 0972856 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 41626127 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8067036	3	9.50	Y N	
Grand Total	3	9.50		


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 340</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	9.50		Throws,Blankets	49040	150
1		3		59.50		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. <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.	

Date: 6/10/2019 11:30:33 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:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08767164000146359		Trailer number: TA-143908	
		Seal number(s): 0972858	
(402)06767164000146359		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 #: 41626127		AM	AM
Packing List is Attached		PM	PM
Driver Departure Time		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8057068	1	7.71	Y N	
Grand Total	1	7.71		

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		
		1	ctns	7.71		Comforters, Bedspreads	49017	200
1		1		57.71		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: Prepaid: Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(a)(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 11:30:16 AM

Bill Of Lading


Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store South Windsor DC
Address:	1680 Tide Court	Location #:	SW
City/State/Zip:	Woodland, CA 95776	Address:	c/o South Windsor DC
SID#:		City/State/Zip:	301 Governor's Hwy, South Windsor, CT 06074
PHONE:		CID#:	
VENDOR:		Dept:	0610
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
Bill of Lading Number: 06757164000146298		Trailer number: TA-143908	
		Seal number(s): 0972856	
(402)06757164000146298		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 #: 41625127		AM	
Packaging List is Attached		PM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8057035	3	9.60	Y N	
Grand Total	3	9.60		

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	9.60		Throws, Blankets	49040	150
1		3		59.60		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

SHIP FROM		Bill of Lading Number: 06767164000146328	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000146328	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home Store Minooka DC Location #: CL Address: c/o Minooka DC 601 Midpoint Rd., City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA-143908 Seal number(s): 0972868 SCAO: 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 (check box)	
SPECIAL INSTRUCTIONS: Load #: 41626127 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
8067068	2	14.32	Y N	
Grand Total	2	14.32		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing 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		
		2	ctns	14.32		Comforters, Bedspreads	49017	200
1		2		64.32		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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: 6/10/2019 11:29:53 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#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000146403		Trailer number: TA-143908	
		Seal number(s): 0872858	
(402)06757164000146403		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	
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	AM
PM	PM	PM	PM
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		SPECIAL INSTRUCTIONS:	
Address:		Load #: 41026127	
City/State/Zip:		Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8065901	40	470.18	Y N	
Grand Total	40	470.18		

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		30	ctns	382.72		Pillows, Valance, Towels	49390	100
		10	ctns	87.46		Shower curtain	49385	77.5
1		40		520.18		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 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: 08767164000146380	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06767164000146380	
SHIP TO		CARRIER NAME: Schneider	
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: 0602 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA-143908 Seal number(s): 0872868 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 (check box)	
SPECIAL INSTRUCTIONS: Load #: 41626127 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8065901	30	376.13	Y N	
Grand Total	30	376.13		


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		
		19	ctns	290.08		Pillows,Valance,Towels	49390	100
		11	ctns	86.05		Shower curtain	49385	77.6
1		30		426.13		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 Title 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: 06757164000146602	
Name:	E & E COMPANY LTD	 (402)06757164000146602	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	GARRIER NAME: Schneider
SHIP TO		Responsible Acct.No:	
Name:	Maoy's Home MMG South Windsor DC	Location #:	SW
Address:	o/o South Windsor DC		
City/State/Zip:	301 Governors Hwy, South Windsor, CT 06074		
CID#:			
Dept:	0614	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:	Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>		
Load #: 41626127	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
Packing List is Attached	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			
8066649	115	1685.29	Y N	3 PLTS		
Grand Total	115	1685.29				

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 NIMCO Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			160.00		Pallet		
		90	ctns	1553.58		Mattress Pads	149285	100
		25	ctns	111.71		Pillows, Valance, Towels	49390	100
3		115		1815.29		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 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: 06757164000146311	
Name:	E & E COMPANY LTD	 (402)06757164000146311	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: Schneider
			Responsible Acct.No:

SHIP TO		Trailer number: TA-143908	
Name:	Macy's Home Store Goodyear DC Location #: AZ	Seal number(s): 0972858	
Address:	Goodyear DC Pool Stock	SCAC: SCNN	
	18576 West Commerce Drive,	Pro Number:	
City/State/Zip:	Goodyear, AZ 85338		
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:	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	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 41626127		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8057068	2	16.42	Y N	
Grand Total	2	16.42		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	15.42		Comforters, Bedspreads	49017	200
1		2		65.42		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 _____

GOD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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


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

Shipper Signature

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

Trailer Loaded:	Freight Counted:
<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets 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: 06767164000146533										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06767164000146533										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home Store Tulsa DC Location #: OK Address: c/o Tulsa DC 7120 E 76th St North, City/State/Zip: Owasso, OK 74065 CID#: _____ Dept: 0602 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: TA-143908 Seal number(s): 0872856 SCAC: SONN Pro Number:										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: Address: City/State/Zip:		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 41625127 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	
8065879	25	385.94	Y N	1 PLT	
Grand Total	25	385.94			

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		
		21	ctns	342.07		Pillows,Valance,Towels	49390	100
		4	ctns	43.87		Shower curtain	49385	77.5
1		26		435.94		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 _____	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. <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 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: 06757164000146498	
Name:	E & E COMPANY LTD	 (402)06757164000146498	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 96776		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schneider Responsible Acct.No:	
SHIP TO		Trailer number: TA-143808	
Name:	Macy's Home MMG Joppa DC	Location #:	JP
Address:	c/o Joppa DC		
	3300 Fashion Way,		
City/State/Zip:	Joppa, MD 21085		
CID#:			
Dept:	0614	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:	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)		
Load #: 41625127	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
8066649	135	2092.82	Y N	4 PLTS
Grand Total	135	2092.82		

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 NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		115	ctns	2006.13		Mattress Pads	149265	100
		20	ctns	87.69		Pillows,Valance,Towels	49390	100
4		136		2292.82		Grand Total		

Where the rate is dependant on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14708(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE 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.		CARRIER SIGNATURE _____	

SHIP FROM		Bill of Lading Number: 06757164000146281	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000146281	
SHIP TO		CARRIER NAME: Schnelder	
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: 0610 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: TA-143908 Seal number(s): 0972856 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"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41625127 Packing List Is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8057036	6	18.60	Y N	
Grand Total	6	18.60		

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 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	18.60		Throws, Blankets	49040	150
1		6		68.60		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 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: 06767164000146342	
Name:	E & E COMPANY LTD	 (402)06767164000146342	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SIC#:			
PHONE:			
VENDOR:		CARRIER NAME: Schneider Responsible Acct.No:	
SHIP TO		Trailer number: TA-143908	Seal number(s): 0972856
Name:	Macy's Home Store South Windsor DC	Location #: SW	
Address:	o/o South Windsor DC		
City/State/Zip:	301 Governor's Hwy, South Windsor, CT 06074		
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:	Collect: X 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 Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM AM
Load #: 41625127		PM	PM PM
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8067068	4	26.55	Y N	
Grand Total	4	26.55		

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(c) of NMFC Item 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	20.93		Comforters, Bedspreads	49017	200
		1	ctns	5.62		Pillows, Valance, Towels	49390	100
1		4		76.55		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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: 08767164000146626	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000146626	
SHIP TO		CARRIER NAME: Schnelder Responsible Aool, No: _____ Trailer number: TA-143808 Seal number(s): 0972866 SCAC: SCNN Pro Number: _____	
Name: Macy's Home Store Goodyear DC Location #: AZ Address: o/o Goodyear DC 16575 West Commerce Drive, City/State/Zip: Goodyear, AZ 86338 CID#: _____ Dept: 0802		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: AM _____ PM _____ Actual Driver Arrival Time: AM _____ PM _____ Driver Departure Time: AM _____ PM _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 41625127 Packing List Is Attached	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8065879	79	1206.32	Y N	1 PLT
Grand Total	79	1206.32		

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		
		75	ctns	1174.17		Pillows, Valance, Towels	49390	100
		4	ctns	32.16		Shower curtain	49385	77.5
1		79		1266.32		Grand Total		

Where the rate is dependent on value, shippers are required to enter 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/Placas	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: 06757164000146540	
Name:	E & E COMPANY LTD	 (402)06757164000146540	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-143908	
Name:	Maoy's Home Store Portland DC Location #: PD	Seal number(s): 0972856	
Address:	o/o Portland DC	SCAC: SCNN	
City/State/Zip:	1166 Vaughn Parkway, Portland, TN 37148	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: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
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 #: 41626127		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
8066879	35	443.62	Y	N	1 PLT
Grand Total	35	443.62			

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		
		31	ctns	410.14		Pillows,Valance,Towels	49390	100
		4	ctns	33.48		Shower curtain	49385	77.5
1		35		493.62		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: 06767164000146427										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000146427										
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-143908 Seal number(s): 0872866 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 #: 41625127 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
8065901	23	194.87	Y N	
Grand Total	23	194.87		

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 so to ensure safe transportation with ordinary care. See Section 2(e) of NMFQ Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		15	ctns	136.94		Pillows, Valance, Towels	49390	100
		8	ctns	57.93		Shower curtain	49385	77.5
1		23		244.87		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: <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: 08757184000146519	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08757184000146519	
SHIP TO		CARRIER NAME: Sohnelder	
Name: OK Location #: OK Address: c/o Macy's Logistics Distribution C 7120 E.76th Street North, OK City/State/Zip: Owasso, OK 74065 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: TA-143908 Seal number(s): 0972858 SCAC: SONN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading	
SPECIAL INSTRUCTIONS: Load #: 41625127 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
8080365	3	16.53	Y N	1 PLT
Grand Total	3	16.53		

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(e) of NMFC Item 388</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	16.53		Throws, Blankets	49040	150
1		3		66.53		Grand Total		


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

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

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

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


SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	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: 06757164000146489	
Name: E & E COMPANY LTD		 (402)06757164000146489	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-143908	
Name: Macy's Home MMG Gandy DC Location #: GN		Seal number(s): 0972856	
Address: o/o Gandy DC		SCAG: SCNN	
City/State/Zip: 4130 Gandy Blvd., Tampa, FL 33611		Pro Number:	
CID#:			
Dept: 0614			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41626127 Packing List is Attached		Appointment Time	
		Actual Driver Arrival Time	Driver Departure Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
8066649	175	2499.74	Y N	5 PLTS
Grand Total	175	2499.74		

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 500.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		143	ctns	2356.62		Mattress Pads	149265	100
		32	ctns	143.12		Pillows, Valance, Towels	49390	100
6		175		2749.74		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/Planes
		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: 08757164000146434	
Name:	E & E COMPANY LTD	 (402)06757164000146434	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 96776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-143908	
Name:	Macy's Home Store Joppa DC Location #: JP	Seal number(s): 0972856	
Address:	c/o Joppa DC	SCAC: SCNN	
	3300 Fashion Way,	Pro Number:	
City/State/Zip:	Joppa, MD 21086		
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: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
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 #: 41626127		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
8065901	19	239.39	Y N	
Grand Total	19	239.39		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFO Item 388</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	161.48		Pilcws,Valance,Towels	49390	100
		9	ctns	77.91		Shower curtain	49385	77.5
1		19		289.39		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(e)(1)(A) and (B).

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

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

Shipper Signature


SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <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: 08767164000146466	
Name: E & E COMPANY LTD		 (402)08767164000146466	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95778			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-143908	
Name: Macy's Home MMG Portland DC Location #: PD		Seal number(s): 0972866	
Address: c/o Portland DC		SCAC: SCNN	
1155 Vaughn Parkway,		Pro Number:	
City/State/Zip: Portland, TN 37148			
CID#:			
Dept: 0614			
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 #: 41625127		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	
8066838	159	2268.93	Y N	6 PLTS	
Grand Total	159	2268.93			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		125	ctns	2105.63		Mattress Pads	149265	100
		34	ctns	163.30		Pillows, Valance, Towels	49390	100
6		159		2588.93		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>GOD 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 style="text-align: right;">Shipper Signature</p>
<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.</p>	<p>Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p>CARRIER SIGNATURE / PICKUP DATE 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.</p>	

SHIP FROM		Bill of Lading Number: 08757164000146274	
Name:	E & E COMPANY LTD	 (402)08757164000146274	
Address:	1080 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-143908	
Name:	Macy's Home Store Houston DC Location #: HU	Seal number(s): 0972856	
Address:	o/o Houston DC	SCAC: SONN	
City/State/Zip:	2103 Ernestine, Houston, TX 77023	Pro Number:	
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:			
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41625127		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
8057035	4	12.50	Y N	
Grand Total	4	12.50		

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
1	Pallet			50.00		Pallet		
		4	ctns	12.50		Throws, Blankets	49040	150
1		4		62.50		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 / 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: 06757164000146373	
Name: E & E COMPANY LTD Address: 1600 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000146373	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home Store Bailey Rd, DC Location #: BA Address: Bailey Rd DC Pool Stock 300 South Bailey Road, City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA-143908 Seal number(s): 0972868 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 (check box)	
SPECIAL INSTRUCTIONS: Load #: 41625127 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
8065901	44	488.00	Y N	
Grand Total	44	488.00		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFO Item 580</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		36	ctns	416.74		Pillows,Valance,Towels	49390	100
		8	ctns	71.26		Shower curtain	49385	77.5
1		44		538.00		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 _____

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 ask 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: 06757164000146458										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000146458										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home Store Tukwila DC Location #: TU Address: o/o Tukwila DC 17000 Southcenter Parkway, City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0602 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA-143908 Seal number(s): 0972858 SCAG: SONN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41625127 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
8065901	19	157.49	Y N	
Grand Total	19	157.49		

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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	54.43		Pillows,Valance,Towels	49390	100
		14	ctns	103.06		Shower curtain	49385	77.5
1		19		207.49		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 / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 6/10/2019 11:30:48 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767164000146472										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000146472										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home MMG Bailey Rd DC Location #: BA Address: c/o Bailey Rd DC 300 South Bailey Road, City/State/Zip: North Jackson, OH 44461 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA-143908 Seal number(s): 0972856 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 #: 41825127 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	
8066649	165	2523.30	Y N	5 PLTS	
Grand Total	165	2523.30			

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
5	Pallet			250.00		Pallet		
		137	ctns	2400.61		Mattress Pads	149265	100
		28	ctns	122.69		Pillows, Valance, Towels	49390	100
5		165		2773.30		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: <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 _____ Title: _____	
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.	

8066649	5039882	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636796809	00006757166367968094	0051	Loaded
8066649	5039904	R2019060410303912	MCG16-1042	Mattress Pad	00106757164001234243	0636796914	00006757166367969145	0083	Loaded
8066649	5039904	R2019060410303912	MCG16-1044	Mattress Pad	00106757164001234281	0636796915	00006757166367969152	0083	Loaded
8066649	5039904	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636796916	00006757166367969169	0083	Loaded
8066649	5039904	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636796917	00006757166367969176	0083	Loaded
8066649	5039913	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636796950	00006757166367969503	0096	Loaded
8066649	5039913	R2019060410303912	MCG21-1048	Pillow Protector	00106757164001234281	0636796951	00006757166367969510	0096	Loaded
8066649	5039921	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636796970	00006757166367969701	0114	Loaded
8066649	5039921	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636796971	00006757166367969718	0114	Loaded
8066649	5039922	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636796972	00006757166367969725	0115	Loaded
8066649	5039922	R2019060410303912	MCG21-1048	Pillow Protector	00106757164001234281	0636796973	00006757166367969732	0115	Loaded
8066649	5039923	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636796974	00006757166367969749	0116	Loaded
8066649	5039929	R2019060410303912	MCG16-1044	Mattress Pad	00106757164001234281	0636797000	00006757166367970004	0148	Loaded
8066649	5039929	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797001	00006757166367970011	0148	Loaded
8066649	5039929	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797002	00006757166367970028	0148	Loaded
8066649	5039929	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797003	00006757166367970035	0148	Loaded
8066649	5039929	R2019060410303912	MCG16-1046	Mattress Pad	00106757164001234281	0636797004	00006757166367970042	0148	Loaded
8066649	5039943	R2019060410303912	MCG16-1043	Mattress Pad	00106757164001234243	0636797083	00006757166367970837	0178	Loaded
8066649	5039943	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797084	00006757166367970844	0178	Loaded
8066649	5039943	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797085	00006757166367970851	0178	Loaded
8066649	5039943	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797086	00006757166367970868	0178	Loaded
8066649	5039943	R2019060410303912	MCG16-1046	Mattress Pad	00106757164001234281	0636797087	00006757166367970875	0178	Loaded
8066649	5039944	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797088	00006757166367970882	0179	Loaded
8066649	5039944	R2019060410303912	MCG21-1040	MS Essential Bed Bug Pillow Pr	00106757164001234281	0636797089	00006757166367970899	0179	Loaded
8066649	5039945	R2019060410303912	MCG16-1044	Mattress Pad	00106757164001234281	0636797090	00006757166367970905	0182	Loaded
8066649	5039945	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797091	00006757166367970912	0182	Loaded
8066649	5039946	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797092	00006757166367970929	0184	Loaded
8066649	5039948	R2019060410303912	MCG16-1042	Mattress Pad	00106757164001234243	0636797098	00006757166367970981	0189	Loaded
8066649	5039948	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797099	00006757166367970998	0189	Loaded
8066649	5039957	R2019060410303912	MCG16-1044	Mattress Pad	00106757164001234281	0636797127	00006757166367971278	0207	Loaded
8066649	5039957	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797128	00006757166367971285	0207	Loaded
8066649	5039957	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797129	00006757166367971292	0207	Loaded
8066649	5039966	R2019060410303912	MCG16-1043	Mattress Pad	00106757164001234243	0636797160	00006757166367971605	0226	Loaded
8066649	5039966	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797161	00006757166367971612	0226	Loaded
8066649	5039966	R2019060410303912	MCG16-1045	Mattress Pad	00106757164001234267	0636797162	00006757166367971629	0226	Loaded
8066649	5039966	R2019060410303912	MCG16-1046	Mattress Pad	00106757164001234281	0636797163	00006757166367971636	0226	Loaded
8066649	5039966	R2019060410303912	MCG16-1046	Mattress Pad	00106757164001234281	0636797164	00006757166367971643	0226	Loaded
8066649	5039966	R2019060410303912	MCG16-1055	Waterproof Mattress Pad	00106757164001234243	0636797165	00006757166367971650	0226	Loaded
8066649	5039966	R2019060410303912	MCG21-1048	Pillow Protector	00106757164001234281	0636797166	00006757166367971667	0226	Loaded
8066649	5039966	R2019060410303912	MCG21-1048	Pillow Protector	00106757164001234281	0636797167	00006757166367971674	0226	Loaded