

Chargebacks and RTVs

Macy's, Inc. (MacysNet)
Valid as of: 8/14/2019 6:43:30 PM EST
Division: Macy's Account #: 05390993890
Vendor Name: E & E CO LTD
Document Number: 13228950
Department/Vendor: 510/938

Check Summary

Check Number: 1799666
Check Date: 8/7/2019
Reason Code: 4 ADMINISTRATIVE FEE
Purchase Order Number: 3677363

Transaction Summary

Transaction Type: 989 - DM-FREIGHT FEE CHARGE TO VENDOR/MTO
Total Cost: (\$50)

Violation Summary

Style	Merchandise Number	Units	Unit Cost	Total Cost
No further detail exists for this transaction.				
This is an Expense Offset for failure to meet Macy's Vendor Standards				

Document Number: 53228961
Department/Vendor: 602/935

Check Summary

Check Number: 1799666
Check Date: 8/7/2019
Reason Code: 4 ADMINISTRATIVE FEE
Purchase Order Number: 7319396

Transaction Summary

Transaction Type: 989 - DM-FREIGHT FEE CHARGE TO VENDOR/MTO
Total Cost: (\$50)

Violation Summary

Style	Merchandise Number	Units	Unit Cost	Total Cost
No further detail exists for this transaction.				
This is an Expense Offset for failure to meet Macy's Vendor Standards				

Document Number: 13228949
Department/Vendor: 510/938

Check Summary

Check Number: 1799666
Check Date: 8/7/2019
Reason Code: 42 DETENTION AT VENDOR
Remarks: EMUL - PO 3677363; .75 HRS DETENTION APPROVED BY MTO APPT 41611894 FB 20191306 BOL N/A
Purchase Order Number: 3677363

Transaction Summary

Transaction Type: 582 - DM-FREIGHT TO VENDOR
Total Cost: (\$37.5)

Document Number: 53226960

Department/Vendor: 602/935

Check Summary

Check Number: 1799666

Check Date: 8/7/2019

Reason Code: 42 DETENTION AT VENDOR

Remarks: EMUL - PO 7319396; .25 HR DETENTION APPROVED BY MTO APPT 41595292 FB 20191906 BOL N/A

Purchase Order Number: 7319396

Transaction Summary

Transaction Type: 582 - DM-FREIGHT TO VENDOR

Total Cost: (\$12.5)

Date: 6/6/2019 7:59:56 AM

Master Bill Of Lading

SHIP FROM
Name: E & E COMPANY LTD
Address: 1600 Tide Court
City/State/Zip: Woodland, CA 95776
SID#: **FOB:**

Master Bill of Lading Number: 06757164000145475

SHIP TO
Name: Macy's /Bloom Consolidation Center **DC#:**
Div.:
Address: C/O Dynamic Santa Fe Springs
 14141 Alondra Boulevard,
City/State/Zip: Santa Fe Spgs, CA 90670
SID#: **FOB:**

CARRIER NAME: Schneider
Trailer number: TA-164158
Seal number(s): 0872836
SCAC: SCNN
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
Name:
Address:
City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 41611894

Freight Charge Terms:
Prepaid: **Collect:** **3rd Party:**
 MASTER BILL OF LANDING: WITH ATTACHED
 UNDERLYING BILLS OF LANDING
Appointment Time **Actual Driver Arrival Time** **Driver Departure Time**
 3:00 AM PM 6:30 AM PM 8:30 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3677319	8	18.80	Y	N	06757164000144904	TU	
3677308	8	462.36	Y	N	06757164000144775	OK	1 PLT
3677363	19	125.69	Y	N	06757164000144928	SC	
3677363	1	1.98	Y	N	06757164000144959	TU	
3701365	10	56.42	Y	N	06757164000144867	PD	1 PLT
3677363	1	6.61	Y	N	06757164000144942	SW	
3683248	18	143.53	Y	N	06757164000144997	SW	
3683248	16	153.13	Y	N	06757164000145000	TU	
3683193	27	284.37	Y	N	06757164000144812	PD	1 PLT
3683248	22	274.98	Y	N	06757164000144980	ST	
3701365	80	542.00	Y	N	06757164000144850	OK	1 PLT
3687802	92	1312.39	Y	N	06757164000145048	SW	
3677308	10	421.91	Y	N	06757164000144782	PD	1 PLT

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

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

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

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

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

SHIPPER SIGNATURE / 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 6/6/19

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

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

Date: 6/6/2019 7:59:55 AM

Master Bill Of Lading

Page 2 of 4

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:	E & E COMPANY LTD	Name:	Macy's /Bloom Consolidation Center	Name:			
Address:	1680 Tide Court	DC#:		Address:			
City/State/Zip:	Woodland, CA 95776	Div.		City/State/Zip:			
SID#:		FOB: <input type="checkbox"/>		SID#:			
Master Bill of Lading Number: 06767164000145478		CARRIER NAME: Schnelder		Freight Charge Terms:			
		Trailer number: TA-164158		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>			
		Seal number(s): 0972836		<input checked="" type="checkbox"/> MASTER BILL OF LANDING; WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING			
		SCAC: SCNN		Appointment Time			
		Pro Number:		Actual Driver Arrival Time			
				Driver Departure Time			
				3:00 AM PM			
				6:30 AM PM			
				8:30 AM PM			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	Supplier#
3677319	11	102.66	Y	N	06757164000144874	SC	
3677319	1	3.20	Y	N	06757164000144898	SW	
3683248	18	179.17	Y	N	06757164000144966	JP	
3687791	59	834.96	Y	N	06757164000144843	PD	2 PLTS
3677308	7	368.08	Y	N	06757164000144768	MB	1 PLT
3677319	2	6.10	Y	N	06757164000144881	ST	
3677363	1	7.71	Y	N	06757164000144911	JP	
3677363	1	7.71	Y	N	06757164000144935	ST	
3683193	37	506.37	Y	N	06757164000144799	MB	1 PLT
3687802	67	987.29	Y	N	06757164000145017	JP	
3687791	30	410.11	Y	N	06757164000144836	OK	1 PLT
3687802	94	1445.39	Y	N	06757164000145031	ST	
3687802	71	959.51	Y	N	06757164000145055	TU	

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 6/6/19

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

x Jerry Bell 6-6-19

Date: 6/6/2019 7:59:55 AM

Master Bill Of Lading

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

Master Bill of Lading Number: 06757164000145476

SHIP TO
 Name: Macy's /Bloom Consolidation Center DC#: _____
 Div. _____
 Address: C/O Dynamic Santa Fe Springs
 14141 Alondra Boulevard,
 City/State/Zip: Santa Fe Spgs, CA 90670
 SID#: _____ FOB:

CARRIER NAME: Schneider

Trailer number: TA-164158

Seal number(s): 0972836

SCAC: SCNN

Pro Number:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:

Load #: 41611884

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
3:00 ^{AM} _{PM}	6:30 ^{AM} _{PM}	8:30 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
3683193	32	462.23	Y	N	06757164000144805	OK	1 PLT
3683248	47	432.83	Y	N	06757164000144973	SC	
3687791	28	428.99	Y	N	06757164000144829	MB	1 PLT
3687802	372	5726.95	Y	N	06757164000145024	SC	
Grand Total	1188	16672.43					

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 969</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
47	Pallet			2350.00		Pallet		70
		18	ctns	128.88		Comforters, Bedspreads	49017	200
		79	ctns	673.30		Shower curtain	49385	77.5
		677	ctns	11466.16		Mattress Pads	149265	100
		302	ctns	3738.51		Pillows, Valance, Towels	49390	100

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

COD Amount \$ _____

Fee Terms: Collect: 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.

John 6/6/19

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

x John 6/6/19

Date: 8/6/2019 7:59:55 AM


Master Bill Of Lading

SHIP FROM		Name: E & E COMPANY LTD		Address: 1680 Tide Court		City/State/Zip: Woodland, CA 95776		SID#: _____		FOB: <input type="checkbox"/>		Master Bill of Lading Number: 06787164000148476													
SHIP TO		Name: Macy's /Bloom Consolidation Center		DC#: _____		Div. _____		Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,		City/State/Zip: Santa Fe Spgs, CA 90670		SID#: _____		FOB: <input type="checkbox"/>		CARRIER NAME: Schnelder		Trailer number: TA-164158		Seal number(s): 0972836					
THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____		Address: _____		City/State/Zip: _____		SPECIAL INSTRUCTIONS: Load #: 41611894		Freight Charge Terms:		Prepaid: <input type="checkbox"/>		Collect: <input checked="" type="checkbox"/>		3rd Party: <input type="checkbox"/>		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		Appointment Time: 3:00 AM		Actual Driver Arrival Time: 6:30 AM		Driver Departure Time: 8:30 AM	
CARRIER INFORMATION												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>		LTL ONLY									
HANDLING UNIT		PACKAGE		WEIGHT LBS		H.M. (X)		COMMODITY DESCRIPTION		NMFC #		CLASS													
QTY	TYPE	QTY	TYPE					Throws, Blankets		49040		150													
47		112	ctns	675.58																					
Grand Total																									

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>		<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>	
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>			
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>		<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>	
<p>SHIPPER SIGNATURE / DATE 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 8/6/19</i></p>		<p>Trailer Loaded: Freight Counted:</p> <p><input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets sold 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 driver has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>X Jerry Bell 8/6/19</i></p>	

Date: 6/6/2019 7:59:14 AM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06767164000144776	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		 (402)06767164000144776	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home Store Tulsa DC Location #: OK Address: o/o Tulsa DC 7120 E 76th St North, City/State/Zip: Owasso, OK 74055 CID#: Dept: 0610 FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: TA-164168 Seal number(s): 0872836 SCAC: SCNN Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: Collect: X 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41611894 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
3677308	8	462.36	Y N	1 PLT
Grand Total	8	462.36		

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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	462.36		Pillows, Valance, Towels	49390	100
1		8		512.36		Grand Total		


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets used 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 used 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 used 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: 6/6/2019 7:59:04 AM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 08767164000144928

 (402)08767164000144928

SHIP TO
 Name: Macy's Home Store Secaucus DC Location #: SC
 Address: c/o Secaucus DC
 500 Meadowlands Parkway,
 City/State/Zip: Secaucus, NJ 07094
 CID#:
 Dept: 0510 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-164158
 Seal number(s): 0972836
SCAC: SCNN
Pro Number:

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

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

SPECIAL INSTRUCTIONS:
 Load #: 41611894
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3677363	19	125.69	Y N	
Grand Total	19	125.69		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NIMMO Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		15	ctns	106.85		Comforters, Bedspreads	49017	200
		3	ctns	16.86		Pillows, Valance, Towels	49390	100
		1	ctns	1.98		Throws, Blankets	49040	150
1		19		175.69		Grand Total		

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

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

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

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

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


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

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

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

Bill Of Lading

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

Bill of Lading Number: 06757164000144969

 (402)06757164000144969

SHIP TO
 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: 0610 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-164158
 Seal number(s): 0672836
SCAC: SCNN
Pro Number:

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

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

SPECIAL INSTRUCTIONS:
 Load #: 41611894
 Packing List Is Attached

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3677363	1	1.98	Y N	
Grand Total	1	1.98		

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 329</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	1.98		Throws,Blankets	49040	150
1		1		51.98		Grand Total		

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

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

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

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

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

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


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

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

Date: 6/6/2019 7:59:07 AM

Bill Of Lading

Page 1 of 1


SHIP FROM		SHIP TO		CUSTOMER ORDER INFORMATION		CARRIER INFORMATION	
Name: E & E COMPANY LTD		Name: Macy's Home MMG Portland DC Location #: PD		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP
Address: 1680 Tide Court		Address: o/o Portland DC		3701365	10	56.42	Y N
City/State/Zip: Woodland, GA 96776		City/State/Zip: Portland, TN 37148		ADDITIONAL SHIPPER INFO			
SID#:		CID#:		1 PLT			
PHONE:		Dept: 0784		Grand Total			
VENDOR:		FOB: <input type="checkbox"/>		H.M. (X)			
Bill of Lading Number: 08757164000144867		Trailer number: TA-164168		COMMODITY DESCRIPTION			
		Seal number(s): 0972836		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.			
CARRIER NAME: Schnelder		SCAC: SCNN		PACKAGE			
Responsible Acct.No:		Pro Number:		NMFC # CLASS			
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		Prepaid: <input type="checkbox"/>		1 Pallet			
Collect: X		3rd Party: <input type="checkbox"/>		Throws, Blankets			
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time		49040 160			
(check box)		Actual Driver Arrival Time		Grand Total			
AM		AM					
PM		PM					
Driver Departure Time		AM					
		PM					
SPECIAL INSTRUCTIONS:		Packaging List is Attached					
Load #: 41611894							

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

Date: 6/6/2019 7:58:57 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000144942	
Name: E & E COMPANY LTD		 (402)06757164000144942	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-164150	
Name: Macy's Home Store South Windsor DC		Seal number(s): 0972836	
Address: c/o South Windsor DC		SCAC: SCNN	
City/State/Zip: 301 Governor's Hwy, South Windsor, CT 06074		Pro Number:	
CID#:			
Dept: 0510			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41811894		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3677363	1	6.61	Y N	
Grand Total	1	6.61		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFO Item 380.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	6.61		Comforters, Bedspreads	49017	200
1		1		56.61		Grand Total		

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

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>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 sold 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>	

Date: 6/6/2019 7:59:46 AM

Bill Of Lading

Page 1 of 1

SHIP FROM

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

Bill of Lading Number: 06757184000144997



CARRIER NAME: Schnelder

Responsible Acct.No:

Trailer number: TA-164158

Seal number(s): 0972836

SCAC: SCNN

Pro Number:

SHIP TO

Name: Macy's Home Store South Windsor DC Location #: SW
 Address: c/o South Windsor DC
 City/State/Zip: 301 Governor'a Hwy, South Windsor, CT 06074
 CID#:
 Dept: 0602

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 41611894

Packing List is Attached

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

Prepaid: Collect: X 3rd Party:

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

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3683248	18	143.53	Y N	
Grand Total	18	143.53		

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 so to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 389.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	69.23		Pillows, Valance, Towels	49390	100
		10	ctns	74.30		Shower curtain	49365	77.5
1		18		193.53		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

COD Amount:

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 6/6/2019 7:58:45 AM

Bill Of Lading


Page 1 of 1

SHIP FROM		Bill of Lading Number: 08767164000145000	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000145000	
SHIP TO		CARRIER NAME: Schnelder	
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		Responsible Acct.No: _____ Trailer number: TA-164168 Seal number(s): 0972836	
		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 #: 41611894 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
3683248	16	153.13	Y N	
Grand Total	16	153.13		

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 330</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	otns	78.71		Pillows, Valance, Towels	49390	100
		9	otns	74.42		Shower curtain	49386	77.5
1		16		203.13		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 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 style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said 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 said 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 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: 06757164000144812	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000144812	
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's Home Store Portland DC Location #: PD Address: c/o Portland DC 1155 Vaughn Parkway, City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0802		Responsible Acct.No: _____ Trailer number: TA-164158 Seal number(s): 0972838 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 #: 41611894 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
3683193	27	284.37	Y	N	1 PLT
Grand Total	27	284.37			

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 insure 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		
		27	ctns	284.37		Pillows,Valance,Towels	49390	100
1		27		334.37		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 sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
--	---	---

Date: 6/6/2019 7:59:30 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Stone Mountain DC
Address:	1680 Tide Court	Address:	c/o Stone Mountain DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	4401 Sarr Parkway, Stone Mountain, GA 30083
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000144980		Trailer number: TA-164150	
		Seal number(s): 0972836	
(402)06767164000144980		SCAC: SONN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Address:		(check box)	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41611894		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3683248	22	274.98	Y N	
Grand Total	22	274.98		

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 NMFO Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		12	ctns	162.08		Pillows,Valance,Towels	49390	100
		10	ctns	112.90		Shower curtain	49385	77.6
1		22		324.98		Grand Total		

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 6/6/2019 7:59:21 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767164000144860	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		 (402)06767164000144860	
SHIP TO		CARRIER NAME: Schnelder Responsible Acct.No: Trailer number: TA-164158 Seal number(s): 0972836	
Name: OK Location #: OK Address: c/o Macy's Logistics Distribution C 7120 E.78th Street North, OK City/State/Zip: Owasso, OK 74055 CID#: Dept: 0784		SCAC: SCNN Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: Collect: X 3rd Party:	
Name: Address: City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41611894 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
3701365	80	542.00	Y N	PLT
Grand Total	80	542.00		

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 NMF0 Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		80	ctns	542.00		Throws, Blankets	49040	150
1		80		592.00		Grand Total		

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

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

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


SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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: 6/6/2019 7:58:20 AM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757164000146048

 (402)06757164000146048

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

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-164168
 Seal number(s): 0972836
SCAC: SCNN
Pro Number:

THIRD PARTY/FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 41611894
 Packing List is Attached

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3687802	92	1312.39	Y N	
Grand Total	92	1312.39		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		74	ctns	1235.59		Mattress Pads	149265	100
		18	ctns	76.80		Pillows, Valance, Towels	49390	100
3		92		1462.39		Grand Total		

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

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

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

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

The carrier shall not make delivery of this shipment without payment of freight and 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: 6/6/2019 7:58:41 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000144782	
Name:	E & E COMPANY LTD	 (402)08757164000144782	
Address:	1600 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-164158	
Name:	Macy's Home Store Portland DC Location #: PD	Seal number(s): 0972836	
Address:	c/o Portland DC	SCAC: SCNN	
City/State/Zip:	1155 Vaughn Parkway, Portland, TN 37148	Pro Number:	
CID#:			
Depl:	0610		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 41611894		PM	PM
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
3677308	10	421.91	Y N	1 PLT	
Grand Total	10	421.91			

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 308</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		8	ctns	405.31		Pillows, Valance, Towels	49390	100
		2	ctns	16.60		Throws, Blankets	49040	150
1		10		471.91		Grand Total		

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

per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 6/6/2019 7:58:20 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Secaucus DC Location #: SC
Address:	1680 Tide Court	Address:	a/o Secaucus DC
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	500 Meadowlands Parkway, Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000144874		Trailer number: TA-164158	
		Seal number(s): 0972836	
(402)06767164000144874		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:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SPECIAL INSTRUCTIONS:		SPECIAL INSTRUCTIONS:	
Load #: 41811894		Load #: 41811894	
Packing List is Attached		Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3677319	11	102.66	Y N	
Grand Total	11	102.66		

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 385</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	74.16		Pillows,Valance,Towels	49390	100
		9	ctns	28.50		Throws,Blankets	49040	150
1		11		152.66		Grand Total		

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

per

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06767164000144898	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000144898	
SHIP TO		CARRIER NAME: Schnelder	
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: 0610		Responsible Acct.No: _____ Trailer number: TA-164158 Seal number(s): 0972838	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAG: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 41611894 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
3677319	1	3.20	Y N	
Grand Total	1	3.20		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	3.20		Throws, Blankets	49040	150
1		1		53.20		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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


Shipper Signature

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

Trailer Loaded: 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:	Macy's Home Store Joppa DC Location #: JP
Address:	1880 Tide Court	Address:	c/o Joppa DC
City/State/Zip:	Woodland, CA 96778	City/State/Zip:	3300 Fashion Way, Joppa, MD 21085
SID#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757184000144966		Trailer number: TA-164158	
		Seal number(s): 0972836	
(402)06757184000144966		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	
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
3683248	18	179.17	Y N	
Grand Total	18	179.17		

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 NMFPA Item 390</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	67.96		Pillows,Valance,Towels	49390	100
		13	ctns	111.21		Shower curtain	49385	77.5
1		18		229.17		Grand Total		

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

SHIP FROM		Bill of Lading Number: 06757164000144843
Name:	E & E COMPANY LTD	 (402)06757164000144843
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:		CARRIER NAME: Schneider
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-164158
Name:	Macy's Home MMG Portland DC Location #: PD	Seal number(s): 0972838
Address:	c/o Portland DC	SCAC: SCNN
City/State/Zip:	1155 Vaughn Parkway, Portland, TN 37148	Pro Number:
CID#:		
Dept:	0614	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 #: 41611894		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
3687791	59	834.98	Y N	2 PLTS	
Grand Total	59	834.98			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		53	ctns	788.70		Mattress Pads	149265	100
		6	ctns	46.26		Pillows, Valance, Towels	49390	100
2		59		934.96		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 rules, classifications and rates 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: 06767164000144768													
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000144768													
SHIP TO		CARRIER NAME: Schnelder Responsible Acct.No: _____ Trailer number: TA-164158 Seal number(s): 0972836													
Name: Macy's Home Store Martinsburg Location #: MB DC Address: c/o Martinsburg DC - MB City/State/Zip: 333 Caperton Blvd, Martinsburg, WV 25403 CID#: _____ Dept: 0510		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 underlying Bills of Lading (check box)													
SPECIAL INSTRUCTIONS: Load #: 41611894 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Appointment Time</td> <td style="width:25%;">Actual Driver Arrival Time</td> <td style="width:25%;">Driver Departure Time</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;">AM</td> <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> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time		AM	AM	AM	AM	PM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time													
AM	AM	AM	AM												
PM	PM	PM	PM												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
3677308	7	368.08	Y N	1 PLT	
Grand Total	7	368.08			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	368.08		Pillows,Valance,Towels	49390	100
1		7		418.08		Grand Total		

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


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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<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 said 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 said 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 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: 6/6/2019 7:59:32 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Stone Mountain DC Location #: ST
Address:	1680 Tide Court	Address:	c/o Stone Mountain DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	4401 Sarr Parkway, Stone Mountain, GA 30083
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000144881		Trailer number: TA-164158	
		Seal number(s): 0972836	
(402)06757164000144881		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	
AM		AM	
PM		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		SPECIAL INSTRUCTIONS:	
Address:		Load #: 41611894	
City/State/Zip:		Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3677319	2	6.10	Y N	
Grand Total	2	6.10		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	6.10		Throws, Blankets	49040	150
1		2		56.10		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:

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: 6/6/2019 7:58:31 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000144911	
Name: E & E COMPANY LTD		 (402)08757164000144911	
Address: 1880 Tide Court			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA-184158	
VENDOR:		Seal number(s): 0872836	
FOB: <input type="checkbox"/>		SCAC: SCNN	
SHIP TO		Pro Number:	
Name: Macy's Home Store Joppa DC Location #: JP		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: o/o Joppa DC		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
3300 Fashion Way,		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip: Joppa, MD 21085		Appointment Time	
CID#:		Actual Driver Arrival Time	
Dept: 0510		Driver Departure Time	
FOB: <input type="checkbox"/>		AM AM AM	
THIRD PARTY/FREIGHT CHARGES BILL TO:		PM PM PM	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 41611884			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3677383	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 stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NIMC Item 536</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

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 used to contain
 By Driver/Pieces


CARRIER SIGNATURE / PICKUP DATE

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

Date: 6/6/2019 7:58:23 AM

Bill Of Lading

Page 1 of 1

SHIP FROM:		Bill of Lading Number: 08757164000144936	
Name:	E & E COMPANY LTD	 (402)06757164000144936	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schneider Responsible Acct.No:	
SHIP TO:		Trailer number: TA-164150	Seal number(s): 0972836
Name:	Maoy's Home Store Stone Mountain DC	Location #: ST	
Address:	o/o Stone Mountain DC		
City/State/Zip:	4401 Sarr Parkway, Stone Mountain, GA 30083		
CID#:			
Dept:	0510	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 41611894			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3877363	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 366</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

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:


 By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE

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

Date: 6/6/2019 7:59:36 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000144799	
Name:	E & E COMPANY LTD	 (402)06757164000144799	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: Schneider
SHIP TO		Responsible Acct.No:	
Name:	Macy's Home Store Martinsburg Location #: MB DC	Trailer number: TA-164158	
Address:	c/o Martinsburg DC - MB	Seal number(s): 0972836	
City/State/Zip:	333 Caperton Blvd, Martinsburg, WV 26403	SCAC: SCNN	
CID#:		Pro Number:	
Dept:	0602	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Address:		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
Load #: 41611894		PM	PM
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3683193	37	505.37	Y N	1 PLT
Grand Total	37	505.37		

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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		36	ctns	492.05		Pillows, Valance, Towels	49390	100
		2	ctns	13.32		Shower curtain	49385	77.5
1		37		555.37		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 6/6/2019 7:58:38 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Joppa DC Location #: JP
Address:	1880 Tide Court	Address:	o/o Joppa DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	3300 Fashion Way, Joppa, MD 21085
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000145017		CARRIER NAME: Schnelder	
		Responsible Acct.No:	
(402)06757164000145017		Trailer number: TA-164158	
Seal number(s): 0972836		SCAC: SCNN	
Pro Number:		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:		Address:	
City/State/Zip:		SPECIAL INSTRUCTIONS:	
Load #: 41811894		Packing List Is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3687802	67	987.29	Y N	
Grand Total	67	987.29		

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 NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		55	otns	931.72		Mattress Pads	149265	100
		12	otns	55.57		Pillows, Valance, Towels	49390	100
2		67		1087.29		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: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 6/6/2019 7:58:53 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757164000144836	
Name:	E & E COMPANY LTD	 (402)06757164000144836	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schnelder Responsible Acct.No: Trailer number: TA-164168 Seal number(s): 0972836	
SHIP TO		SCAC: SCNN	
Name:	OK Location #: OK	Pro Number:	
Address:	c/o Macy's Logistics Distribution C 7120 E.76th Street North, OK		
City/State/Zip:	Owasso, OK 74066		
GID#:			
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: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading; with attached underlying Bills of Lading (check box)	
City/State/Zip:		Appointment Time AM PM	Actual Driver Arrival Time AM PM
SPECIAL INSTRUCTIONS:		Driver Departure Time AM PM	
Load #: 41611894			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3687791	30	410.11	Y N	1 PLT
Grand Total	30	410.11		

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		
		27	ctns	386.32		Mattress Pads	149265	100
		3	ctns	23.79		Pillows, Valance, Towels	49390	100
1		30		460.11		Grand Total		

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

_____ per _____

COD Amount: _____

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

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Date: 6/6/2019 7:59:00 AM

Bill Of Lading

Page 1 of 1


SHIP FROM		SHIP TO		CUSTOMER ORDER INFORMATION	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Stone Mountain DC	CUSTOMER ORDER NUMBER	# PKGS
Address:	1680 Tide Court	Address:	c/o Stone Mountain DC	3687802	94
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	4401 Sarr Parkway, Stone Mountain, GA 30083	Weight	1445.39
SID#:		CID#:	0814	PALLET/SLIP	Y N
PHONE:		Dept:		ADDITIONAL SHIPPER INFO	
VENDOR:		FOB:	<input type="checkbox"/>	Grand Total	
				94 1445.39	
				CARRIER INFORMATION	
				HANDLING UNIT	
				PACKAGE	
				WEIGHT	
				H.M. (X)	
				COMMODITY DESCRIPTION	
				PACKAGE	
				QTY TYPE	
				QTY TYPE	
				3 Pallet	
				79 ctns	
				15 ctns	
				3 94 1595.39	
				Grand Total	

Where the rate is dependant 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.	
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/Places	
		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: 6/6/2019 7:59:10 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000145056	
Name:	E & E COMPANY LTD	 (402)06757164000145056	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-164158	
Name:	Macy's Home MMG Tukwila DC Location #: TU	Seal number(s): 0972838	
Address:	o/o Tukwila DC	SCAC: SCNN	
City/State/Zip:	17000 Southcenter Parkway, Tukwila, WA 98188	Pro Number:	
CID#:			
Dept:	0614		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 41611894 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
3687802	71	959.51	Y N	
Grand Total	71	959.51		


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 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		49	ctns	857.27		Mattress Pads	149265	100
		22	ctns	102.24		Pillows,Valance,Towels	49390	100
2		71		1059.51		Grand Total		

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

Date: 6/6/2019 7:58:26 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home Store Tulsa DC Location #: OK
Address:	1880 Tide Court	Address:	c/o Tulsa DC
City/State/Zip:	Woodland, CA 98778	City/State/Zip:	7120 E 76th St North, Owasso, OK 74056
SID#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000144806		Trailer number: TA-164168	
		Seal number(s): 0872836	
(402)08757164000144806		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	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 41811894			
Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3883193	32	482.23	Y N	1 PLT
Grand Total	32	482.23		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		28	ctns	411.85		Pillows,Valance,Towels	49390	100
		4	ctns	50.38		Shower curtain	49385	77.5
1		32		512.23		Grand Total		

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Plates

CARRIER SIGNATURE / PICKUP DATE

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

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

Bill of Lading Number: 08767164000144973



CARRIER NAME: Schnelder
 Responsible Acct.No:

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

Trailer number: TA-184158
 Seal number(s): 0872838

SCAC: SCNN
 Pro Number:

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

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 41611894

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

Packing List Is Attached

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3683248	47	432.83	Y N	
Grand Total	47	432.83		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	198.06		Pillows,Valance,Towels	49390	100
		31	ctns	236.77		Shower curtain	49385	77.5
1		47		482.83		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 6/6/2019 7:59:50 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000144829	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, GA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000144829	
SHIP TO		CARRIER NAME: Schnelder Responsible Acct.No: _____ Trailer number: TA-164158 Seal number(s): 0972836	
Name: MB Location #: MB Address: 333 Caperton Blvd City/State/Zip: Marlinsburg, WV 25403 CID#: _____ Dept: 0614		SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading	
Name: _____ Address: _____ City/State/Zip: _____		Appointment Time: AM _____ PM _____ Actual Driver Arrival Time: AM _____ PM _____ Driver Departure Time: AM _____ PM _____	
SPECIAL INSTRUCTIONS: Load #: 41611894 Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3687791	28	428.99	Y N	1 PLT
Grand Total	28	428.99		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		27	ctns	421.50		Mattress Pads	149265	100
		1	ctns	7.49		Pillows, Valance, Towels	49390	100
1		28		478.99		Grand Total		

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

Date: 6/6/2019 7:58:13 AM

Bill Of Lading

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

Bill of Lading Number: 08757164000145024

 (402)08757164000145024

SHIP TO
 Name: Macy's Home MMG Secaucus DC Location #: SC
 Address: o/o Secaucus DC
 500 Meadowlands Parkway,
 City/State/Zip: Secaucus, NJ 07094
 CID#: _____
 Dept: 0814

CARRIER NAME: Schnelder
 Responsible Acct.No: _____
 Trailer number: TA-164168
 Seal number(s): 0972836
 SCAC: SCNN
 Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 41611894
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time: 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
3687802	372	5726.95	Y N	
Grand Total	372	5726.95		

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 36)</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
11	Pallet			550.00		Pallet		
		313	ctns	5458.02		Mattress Pads	149265	100
		59	ctns	268.93		Pillows,Valance,Towels	49390	100
11		372		6276.95		Grand Total		

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

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

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

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

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

SHIPPER SIGNATURE / 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 sack 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.

ShipmentCartonDetail(400014493)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
3677363	5033270	R201905290724368	MCH10-1158	Q.Safari Time Comforter Mini	00106757164001230818	0636605276	00006757166366052763	0735	Loaded

ShipmentCartonDetail(400014491)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
3677363	5033255	R201905290724356	MCH10-1158	Q Safari Time Comforter Mini	00106757164001228907	0636605256	00006757166366052565	0045	Loaded

ShipmentCartonDetail(400014495)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
3677363	5033258	R2019052907243610	MCH50-1161	Safari Time Throw	00106757164001230597	0636605260	00006757166366052602	0435	Loaded

ShipmentCartonDetail(400014494)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
3677363	5033257	R201905290724369	MCH10-1157	T Safar! Time Comforter Mini	00106757164001230801	0636605259	00006757166366052596	0114	Loaded

ShipmentCartonDetail(400014492)

Customer PO No.	E&E SO No.	Routing No.	Rev No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
3677363	5033252	R201905290724357	MCH10-1158	Q Safari Time Comforter Mini	00106757164001230924	0636605239	00006757166366052398	0002	Loaded
3677363	5033252	R201905290724357	MCH50-1161	Safari Time Throw	00106757164001230924	0636605240	00006757166366052404	0002	Loaded
3677363	5033253	R201905290724357	MCH10-1157	T Safari Time Comforter Mini	00106757164001230924	0636605241	00006757166366052411	0003	Loaded
3677363	5033253	R201905290724357	MCH10-1157	T Safari Time Comforter Mini	00106757164001230924	0636605242	00006757166366052428	0003	Loaded
3677363	5033253	R201905290724357	MCH10-1157	T Safari Time Comforter Mini	00106757164001230924	0636605243	00006757166366052435	0003	Loaded
3677363	5033253	R201905290724357	MCH10-1157	T Safari Time Comforter Mini	00106757164001230924	0636605244	00006757166366052442	0003	Loaded
3677363	5033253	R201905290724357	MCH10-1157	T Safari Time Comforter Mini	00106757164001230924	0636605245	00006757166366052459	0003	Loaded
3677363	5033253	R201905290724357	MCH10-1157	T Safari Time Comforter Mini	00106757164001230924	0636605246	00006757166366052466	0003	Loaded
3677363	5033253	R201905290724357	MCH10-1158	Q Safari Time Comforter Mini	00106757164001230924	0636605247	00006757166366052473	0003	Loaded
3677363	5033253	R201905290724357	MCH10-1158	Q Safari Time Comforter Mini	00106757164001230924	0636605248	00006757166366052480	0003	Loaded
3677363	5033253	R201905290724357	MCH10-1158	Q Safari Time Comforter Mini	00106757164001230924	0636605249	00006757166366052497	0003	Loaded
3677363	5033253	R201905290724357	MCH10-1158	Q Safari Time Comforter Mini	00106757164001230924	0636605250	00006757166366052503	0003	Loaded
3677363	5033253	R201905290724357	MCH10-1158	Q Safari Time Comforter Mini	00106757164001230924	0636605251	00006757166366052510	0003	Loaded
3677363	5033253	R201905290724357	MCH10-1158	Q Safari Time Comforter Mini	00106757164001230924	0636605252	00006757166366052527	0003	Loaded
3677363	5033253	R201905290724357	MCH20-1160	F Safari Time Sheet Set	00106757164001230924	0636605253	00006757166366052534	0003	Loaded
3677363	5033253	R201905290724357	MCH20-1160	F Safari Time Sheet Set	00106757164001230924	0636605254	00006757166366052541	0003	Loaded
3677363	5033254	R201905290724357	MCH10-1157	T Safari Time Comforter Mini	00106757164001230924	0636605255	00006757166366052558	0019	Loaded
3677363	5033256	R201905290724357	MCH10-1157	T Safari Time Comforter Mini	00106757164001230924	0636605257	00006757166366052572	0082	Loaded
3677363	5033256	R201905290724357	MCH20-1160	F Safari Time Sheet Set	00106757164001230924	0636605258	00006757166366052589	0082	Loaded

Date: 5/29/2019 3:05:59 PM

Master Bill Of Lading

Page 1 of 5

SHIP FROM		Master Bill of Lading Number: 06757164000143682	
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:	G/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	TA-142676
		Seal number(s):	0972814
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"/>	Collect: <input checked="" type="checkbox"/>
Address:			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 #: 41596292		2:00 ^{AM} _{PM}	2:00 ^{AM} _{PM}
		Driver Departure Time	4:00 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS GTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
7310816	3	16.53	Y	N	06757164000142474	DV	
7319396	16	100.01	Y	N	06757164000142269	SW	
7397397	4	7.92	Y	N	06757164000142573	MB	1 PLT
7310794	2	13.33	Y	N	06757164000142351	DV	
7319396	5	44.66	Y	N	06757164000142153	AZ	
7319396	35	392.93	Y	N	06757164000142184	CL	
7310794	15	101.79	Y	N	06757164000142412	SW	
7310816	1	5.51	Y	N	06757164000142436	AZ	
7310816	50	273.19	Y	N	06757164000142504	HU	
7310816	18	99.18	Y	N	06757164000142498	HA	
7319396	26	210.42	Y	N	06757164000142160	BA	
7319396	30	188.35	Y	N	06757164000142252	ST	
7337876	6	33.06	Y	N	06757164000142665	PD	1 PLT

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

per

COD Amount \$

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

3074 5/29/19

Trailer Loaded:


- By Shipper
 By Driver

Freight Counted:

- By Shipper
 By Driver/pallets said to contain
 By Driver/Places

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.

 5/29/19

SHIP FROM		Master Bill of Lading Number: 06757164000143862
Name:	E & E COMPANY LTD	
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		GARRIER NAME: Schnelder
Name:	Macy's /Bloom Consolidation Center DC#:	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	
City/State/Zip:	Santa Fe Spgs, CA 90670	
SID#:	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
City/State/Zip:		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
Load #: 41595292		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	
		AM PM	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	Supplier#
						DO#	
7310794	11	69.39	Y	N	06757164000142382	JP	
7319396	22	186.20	Y	N	06757164000142221	HU	
7397397	13	25.74	Y	N	06757164000142580	PD	1 PLT
9401148	50	841.19	Y	N	06757164000142306	OK	3 PLTS
7310761	1	37.23	Y	N	06757164000142634	MB	1 PLT
7310794	20	126.88	Y	N	06757164000142320	BA	
7319396	26	200.70	Y	N	06757164000142207	GN	
7319396	62	541.00	Y	N	06757164000142245	SC	
7310794	26	166.99	Y	N	06757164000142337	CI	
7310794	6	38.44	Y	N	06757164000142368	GN	
7310794	73	455.51	Y	N	06757164000142399	SC	
7310794	4	17.29	Y	N	06757164000142405	ST	
7310794	16	112.69	Y	N	06757164000142375	HU	

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

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 Scott 5/29/19

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.
 [Signature] 5/29/19

SHIP FROM		Master Bill of Lading Number: 06757164000143682
Name:	E & E COMPANY LTD	
Address:	1600 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,	
City/State/Zip:	Santa Fe Spgs, CA 90670	
SID#:		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41696292		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
7310816	81	468.99	Y	N	06757164000142450	CI	
7319396	8	45.75	Y	N	06757164000142191	DV	
7319374	46	769.88	Y	N	06757164000142610	OK	1 PLT
7319396	30	227.03	Y	N	06757164000142177	CI	
9401148	49	817.17	Y	N	06757164000142283	AZ	
9401148	45	760.31	Y	N	06757164000142313	PD	3 PLTS
7310794	7	43.84	Y	N	06757164000142429	TU	1 PLT
7310816	22	118.91	Y	N	06757164000142511	JP	
7310816	69	376.57	Y	N	06757164000142528	SC	
7319374	60	764.77	Y	N	06757164000142627	PD	1 PLT
7337876	4	26.00	Y	N	06757164000142658	OK	1 PLT
9401148	47	782.57	Y	N	06757164000142290	MB	3 PLTS
7310761	7	54.63	Y	N	06757164000142641	OK	1 PLT

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

COD Amount \$ _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Scott 5/29/19

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Plates

CARRIER SIGNATURE / PICKUP DATE

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

[Signature] 5/29/19

SHIP FROM		Master Bill of Lading Number: 06757164000143862	
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, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA-142676 Seal number(s): 0972814 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 #: 41596292		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
7310794	11	67.30	Y	N	06757164000142344	CL	
7310816	21	116.71	Y	N	06757164000142443	BA	
7310816	40	213.37	Y	N	06757164000142467	CL	
7310816	58	314.86	Y	N	06757164000142481	GN	
7397397	14	27.72	Y	N	06757164000142566	AZ	1 PLT
3160769	96	1015.48	Y	N	06757164000143655	AZ	3 PLTS
7319374	56	613.48	Y	N	06757164000142597	AZ	1 PLT
7319374	54	833.72	Y	N	06757164000142603	MB	1 PLT
7319396	11	89.55	Y	N	06757164000142214	HA	
7319396	31	236.74	Y	N	06757164000142238	JP	
7319396	15	147.10	Y	N	06767164000142276	TU	
Grand Total	1423	13435.38					

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.G. 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. _____ 5/29/19	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE 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. _____ 5/29/19
---	---	---	--

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

Master Bill of Lading Number: 06757164000143682

SHIP TO
 Name: Macy's /Bloom Consolidation Center DC#: _____ Div, _____
 Address: C/O Dynamic Santa Fe Springs
 14141 Alondra Boulevard,
 City/State/Zip: Santa Fe Spgs, CA 90670
 SID#: _____ FOB:

CARRIER NAME: Schneider

Trailer number: TA-142676

Seal number(s): 0972814

SCAC: SCNN

Pro Number:

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING; WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 41695292

Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time 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 stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
63	Pallet			3150.00		Pallet		70	
		48	ctns	785.94		Mattress Pads	149265	100	
		678	ctns	6114.51		Comforters, Bedspreads	49017	200	
		151	ctns	1231.79		Shower curtain	49385	77.5	
		470	ctns	5092.32		Pillows, Valance, Towels	49390	100	
		76	ctns	210.82		Throws, Blankets	49040	150	
63				16585.38		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 5/29/19

Trailer Loaded:
 By Shipper
 By Driver

Freight Counted:
 By Shipper
 By Driver/pallets used to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
 [Signature] 5/29/19

Date: 5/29/2019 2:55:32 PM

Master Bill Of Lading

Page 1 of 1

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

Master Bill of Lading Number: 06757164000143938

SHIP TO
 Name: Macy's / Bin Consolidation Center DC#: _____
 Div. _____
 Address: C/O Dynamic Santa Fe Springs
 14141 Alondra Boulevard,
 City/State/Zip: Santa Fe Spgs, CA 90670
 SID#: _____ FOB:

CARRIER NAME: Schneider

Trailer number: TA-142876

Seal number(s): 0972814

SCAC: SCNN

Pro Number: _____

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

Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:
 Load #: 41596292

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

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
7310816	23	126.73	Y	N	06757164000142542	SW	
7310816	33	179.62	Y	N	06757164000142559	TU	
7310816	16	88.16	Y	N	06757164000142535	ST	
Grand Total	72	394.41					

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(c) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		70
		71	ctns	391.21		Comforters, Bedspreads	49017	200
		1	ctns	3.20		Throws, Blankets	49040	150
3				544.41		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 applicable 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 applicable regulations of the DOT.


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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
[Signature] 5/29/19

Date: 5/29/2019 2:57:24 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Denver DC Location #: DV
Address:	1680 Tide Court	Address:	c/o Denver DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	610 East 51st Avenue, Denver, CO 80216
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000142474		Trailer number: TA-142676	
		Seal number(s): 0972814	
(402)06757164000142474		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:		Address:	
City/State/Zip:		SPECIAL INSTRUCTIONS:	
Load #: 41695292		Packing List is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310816	3	16.53	Y N	
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(a) of NMFC Item 369.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	16.53		Comforters, Bedspreads	49017	200
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: 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: 06757164000142269	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000142269	
		CARRIER NAME: Schnelder	
		Responsible Acct.No: _____	
SHIP TO		Trailer number: TA-142676	
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 FOB: <input type="checkbox"/>		Seal number(s): 0972814	
		SCAC: SCNN	
		Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
City/State/Zip: _____		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 41595292		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7319396	16	100.01	Y N	
Grand Total	16	100.01		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	35.39		Pillows,Valance,Towels	49390	100
		11	ctns	64.62		Shower curtain	49385	77.5
1		16		150.01		Grand Total		


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	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 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
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, GA 95778
 SID#:
 PHONE:
 VENDOR: FOB:

Bill of Lading Number: 08757164000142673

 (402)06757164000142673

SHIP TO
 Name: Macy's Home Store Martinsburg Location #: MB
 DC
 Address: c/o Martinsburg DC - MB
 City/State/Zip: 333 Caperton Blvd,
 Martinsburg, WV 25403
 CID#:
 Dept: 0610 FOB:

CARRIER NAME: Schneider
 Responsible Acct.No:
 Trailer number: TA-142676
 Seal number(s): 0972814
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41696292
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time Actual Driver Arrival Time Driver Departure Time
 AM AM AM
 PM PM PM

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7397397	4	7.92	Y N	
Grand Total	4	7.92		

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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	7.92		Throws,Blankets	49040	150
1		4		57.92		Grand Total		

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

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

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

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

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

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


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

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

Date: 5/29/2019 3:06:30 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Denver DC Location #: DV
Address:	1680 Tide Court	Address:	c/o Denver DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Denver, CO 80216
SID#:		CID#:	
PHONE:		Dept:	0810
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000142351		Trailer number: TA-142878	
		Seal number(s): 0872814	
(402)06757164000142351		SCAC: 8CNN	
CARRIER NAME: Schnelder		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached (check box)		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:	
Address:	
City/State/Zip:	
SPECIAL INSTRUCTIONS:	
Load #: 41596292	
Packing List Is Attached	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310794	2	13.33	Y N	
Grand Total	2	13.33		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFCA Item 900</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	7.71		Comforters, Bedspreads	49017	200
		1	ctns	5.62		Pillows, Valance, Towels	49390	100
1		2		63.33		Grand Total		

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

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 5/29/2019 2:58:30 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767164000142153	
Name:	E & E COMPANY LTD	 (402)06767164000142153	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: Schnelder
SHIP TO		Responsible Acct.No:	Trailer number: TA-142676
Name:	Macy's Home Store Goodyear DC Location #: AZ	Seal number(s): 0972814	SCAC: SCNN
Address:	Goodyear DC Pool Stock	Pro Number:	
City/State/Zip:	16676 West Commerce Drive, Goodyear, AZ 86338		
CID#:			
Dept:	0602	FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41695292		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
7319396	5	44.66	Y N	
Grand Total	5	44.66		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 390</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	44.66		Pillows, Valance, Towels	49390	100
1		6		94.66		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 used to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
--	---	---	---

Date: 5/29/2019 2:58:01 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08757164000142184										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06767164000142184										
SHIP TO		CARRIER NAME: Schnelder										
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: 0602 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA-142676 Seal number(s): 0872814 SCAC: SCNN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 41686292 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Appointment Time</th> <th style="width:33%;">Actual Driver Arrival Time</th> <th style="width:33%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7319396	35	392.93	Y N	
Grand Total	35	392.93		

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 530.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		21	ctns	199.24		Pillows, Valance, Towels	49390	100
		14	ctns	193.69		Shower curtain	49385	77.5
1		35		442.93		Grand Total		

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

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

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

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


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

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

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

Bill of Lading Number: 06757164000142412

 (402)06757164000142412

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

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-142876
 Seal number(s): 0972814
 SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 41696292
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
 Prepaid: Collect: X 3rd Party:
 Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310794	15	101.79	Y N	
Grand Total	15	101.79		

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 assure safe transportation with ordinary care. See Section 2(c) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	otns	79.31		Comforters, Bedspreads	49017	200
		4	otns	22.48		Pillows, Valance, Towels	49390	100
1		15		151.79		Grand Total		

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

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

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

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

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

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


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

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

Date: 5/29/2019 3:00:09 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home Store Goodyear DC Location #: AZ
Address:	1680 Tide Court	Address:	Goodyear DC Pool Stock
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0610
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000142436		Trailer number: TA-142876	
		Seal number(s): 0972814	
(402)06757164000142436		SCAC: SONN	
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 #: 41695292		PM	
Packing List is Attached		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310816	1	5.51	Y N	
Grand Total	1	5.51		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or allowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	5.51		Comforters, Bedspreads	49017	200
1		1		55.51		Grand Total		

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

per _____

GOD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 5/29/2019 3:00:25 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home Store Houston DC Location #: HU
Address:	1680 Tide Court	Address:	c/o Houston DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	2103 Ernestine, Houston, TX 77023
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000142604		Trailer number: TA-142876	
		Seal number(s): 0872814	
(402)06767164000142604		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	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 41696292		Appointment Time	Actual Driver Arrival Time
Packing List Is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310816	50	273.19	Y N	
Grand Total	50	273.19		

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 NMFQ Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		49	ctns	269.99		Comforters, Bedspreads	49017	200
		1	ctns	3.20		Throws, Blankets	49040	150
2		50		373.19		Grand Total		

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

per

COD Amount:

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757164000142498										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000142498										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home Store Hayward DC Location #: HA Address: c/o Hayward DC 28701 Hall Road, City/State/Zip: Hayward, CA 94545 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA-142876 Seal number(s): 0872814 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 #: 41695292 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
7310816	18	99.18	Y N	
Grand Total	18	99.18		


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(a) of NMFC Rate 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		18	ctns	99.18		Comforters, Bedspreads	49017	200
1		18		149.18		Grand Total		

Where the rate is dependant on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <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 style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces </td> </tr> </table>	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			

Date: 5/29/2019 2:59:36 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Bailey Rd. DC Location #: BA
Address:	1680 Tide Court	Address:	Bayley Rd DC Pool Stock
City/State/Zip:	Woodland, CA 96778	City/State/Zip:	300 South Bailey Road, North Jackson, OH 44451
SID#:		OID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000142160		CARRIER NAME: Schneider	
		Responsible Acct.No:	
(402)06757164000142160		Trailer number: TA-142676	
		Seal number(s): 0972814	
		SCAC: SCNN	
		Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41596292		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
7319396	26	210.42	Y N	
Grand Total	26	210.42		

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		
		20	ctns	147.37		Pillows,Valance,Towels	49390	100
		6	ctns	63.05		Shower curtain	49385	77.5
1		26		260.42		Grand Total		

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

per _____

COD Amount: _____

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

Bill of Lading Number: 06757164000142252

 (402)06757164000142252

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

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-142676
 Seal number(s): 0872814
SCAC: SCNN
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 41695292
 Packing List Is Attached

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

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

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP			
7319396	30	188.35	Y	N		
Grand Total	30	188.35				

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		
		9	ctns	48.41		Pillows, Valances, Towels	49390	100
		21	ctns	139.94		Shower curtain	49385	77.5
1		30		238.35		Grand Total		

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

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

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

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

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

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

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

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

Date: 5/29/2019 2:58:20 PM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757164000142665

 (402)06757164000142665

SHIP TO
 Name: Macy's Home MMG Portland DC Location #: PD
 Address: o/o Portland DC
 1165 Vaughn Parkway,
 City/State/Zip: Portland, TN 37148
 CID#:
 Dept: 0784 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No:
 Trailer number: TA-142678
 Seal number(s): 0972814
SCAC: SONN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
SPECIAL INSTRUCTIONS:
 Load #: 41695292
 Packing List is Attached

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7337878	6	33.06	Y N	
Grand Total	6	33.06		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	33.06		Throws, Blankets	49040	150
1		6		83.06		Grand Total		

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

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

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


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

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

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

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets 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: 06757164000142382	
Name:	E & E COMPANY LTD	 (402)06757164000142382	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-142676	
Name:	Macy's Home Store Joppa DC Location #: JP	Seal number(s): 0872814	
Address:	c/o Joppa DC	SCAC: SCNN	
City/State/Zip:	3300 Fashion Way, Joppa, MD 21086	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:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41595282		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
7310794	11	69.39	Y N	
Grand Total	11	69.39		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFPA Item 380.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	57.28		Comforters, Bedspreads	49017	200
		2	ctns	10.13		Pillows, Valance, Towels	49390	100
		1	ctns	1.98		Throws, Blankets	49040	150
1		11		119.39		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: <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 controls that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		SHIPPER SIGNATURE Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

Date: 5/29/2019 2:57:38 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000142221	
Name:	E & E COMPANY LTD	 (402)06757164000142221	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-142676	
Name:	Macy's Home Store Houston DC Location #: HU	Seal number(s): 0872814	
Address:	o/o Houston DC	SCAC: SCNN	
City/State/Zip:	Houston, TX 77023	Pro Number:	
OID#:			
Dept:	0802		
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 #: 41695292		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
7319396	22	186.20	Y N	
Grand Total	22	186.20		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	144.06		Pillows,Valance,Towels	49390	100
		6	ctns	42.14		Shower curtain	49385	77.6
1		22		236.20		Grand Total		

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

per _____

COD Amount: _____

Fee Terms: _____

Collect: Prepaid: Customer check acceptable:

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise 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
 Name: E & E COMPANY LTD
 Address: 1680 Tide Court
 City/State/Zip: Woodland, CA 95778
 SID#: _____
 PHONE: _____
 VENDOR: _____
 FOB:

SHIP TO
 Name: Macy's Home Store Portland DC Location #: PD
 Address: c/o Portland DC
 1166 Vaughn Parkway,
 City/State/Zip: Portland, TN 37148
 CID#: _____
 Dept: 0610
 FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: _____
 Address: _____
 City/State/Zip: _____
SPECIAL INSTRUCTIONS:
 Load #: 41596292
 Packing List is Attached

CUSTOMER ORDER INFORMATION
 Appointment Time: AM
 Actual Driver Arrival Time: AM
 Driver Departure Time: PM

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7397397	13	26.74	Y	N
Grand Total	13	26.74		

HANDLING UNIT	PACKAGE	QTY	TYPE	QTY	TYPE	WEIGHT	H.M.	COMMODITY DESCRIPTION	NMFC #	CLASS
1	Pallet	13	oths			26.74		Throws, Blankets	49040	150
1	Pallet					50.00		Pallet		
Grand Total						76.74		Grand Total		

Where the rate is dependent on value, shipper 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 _____

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

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: By Shipper
 By Driver
 By Driver/Pieces

TRAILER LOADED: By Driver/Pieces
 By Driver


Freight Counted: By Driver/Pieces
 By Driver

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.

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(e)(1)(A) and (B).
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE

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

SHIP FROM		Bill of Lading Number: 06757164000142306	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000142306	
SHIP TO		CARRIER NAME: Schnelder	
Name: OK Location #: OK Address: c/o Maoy's Logistics Distribution C 7120 E.76th Street North, OK City/State/Zip: Owasso, OK 74055 CID#: _____ Dept: 0703		Responsible Acct.No: _____ Trailer number: TA-142676 Seal number(s): 0972814	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		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 (check box)	
SPECIAL INSTRUCTIONS: Load #: 41695292 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
9401148	60	841.19	Y N	
Grand Total	60	841.19		

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
3	Pallet			150.00		Pallet		
		50	ctns	841.19		Comforters, Bedspreads	49017	200
3		50		991.19		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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

Date: 5/29/2019 2:59:11 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08757184000142834	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757184000142834	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home Store Martinsburg Location #: MB DC Address: o/o Martinsburg DC - MB City/State/Zip: 333 Caperton Blvd, Martinsburg, WV 25403 CID#: _____ Dept: 0610		Responsible Acct.No: _____ Trailer number: TA-142676 Seal number(s): 0972814	
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 41595292 Backlog 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
7310761	1	37.23	Y N	
Grand Total	1	37.23		


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 330.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	37.23		Pillows, Valance, Towels	49390	100
1		1		87.23		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said 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 said 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 said to contain <input type="checkbox"/> By Driver/Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			

Date: 5/29/2019 2:58:27 PM

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:	o/o Gandy DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Tampa, FL 33611
SID#:		Dept:	0802
PHONE:		FOB:	<input type="checkbox"/>
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000142207		Trailer number: TA-142876	
		Seal number(s): 0972814	
(402)06767164000142207		SCAC: 5CNN	
CARRIER NAME: Schneider		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 #: 41695292		PM	
Packing List is Attached		AM	
		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7319396	26	200.70	Y N	
Grand Total	26	200.70		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	121.79		Pillows, Valance, Towels	49390	100
		10	ctns	78.91		Shower curtain	49385	77.5
1		26		250.70		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:


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

CARRIER SIGNATURE / PICKUP DATE

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

Date: 5/29/2019 2:57:42 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757164000142320	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000142320	
SHIP TO		CARRIER NAME: Schnelder Responsible Acct.No: _____ Trailer number: TA-142876 Seal number(s): 0972814 SCAC: SCNN Pro Number: _____	
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 44461 CID#: _____ Dept: 0610		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____ AM AM AM PM PM PM	
Name: _____ Address: _____ City/State/Zip: _____		SPECIAL INSTRUCTIONS: Load #: 41595292 Packing List is Attached	


CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310794	20	126.68	Y N	
Grand Total	20	126.68		

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 348</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		14	ctns	100.24		Comforters, Bedspreads	49017	200
		4	ctns	22.48		Pillows, Valance, Towels	49390	100
		2	ctns	3.96		Throws, Blankets	49040	150
1		20		176.68		Grand Total		

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

Date: 5/29/2019 2:59:16 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 08767164000142245										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08767164000142245										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home Store Secaucus DC Location #: SC Address: o/o Secaucus DC 500 Meadowlands Parkway, City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA-142678 Seal number(s): 0972814 SCAC: SCNN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41695292 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Appointment Time</th> <th style="width:33%;">Actual Driver Arrival Time</th> <th style="width:33%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7319396	62	541.00	Y N	
Grand Total	62	541.00		


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(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		28	ctns	291.22		Pillows,Valance,Towels	49390	100
		36	ctns	249.78		Shower curtain	49385	77.5
1		62		591.00		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature _____</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said 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 said 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 said to contain <input type="checkbox"/> By Driver/Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.			

Date: 5/29/2019 2:59:27 PM

Bill Of Lading


Page 1 of 1

SHIP FROM		Bill of Lading Number: 06767164000142337	
Name:	E & E COMPANY LTD	 (402)06767164000142337	
Address:	1880 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-142676	
Name:	Maoy's Home Store Los Angeles Location #: CI DC	Seal number(s): 0972814	
Address:	c/o Los Angeles DC	SCAC: SCNN	
City/State/Zip:	16641 East Gale Avenue, City of Industry, CA 91746	Pro Number:	
CID#:			
Dept:	0510		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41596292		AM	AM
Packaging List is Attached		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310794	26	166.99	Y N	
Grand Total	26	166.99		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care, See Section 2(a) of NMFC Item 340</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		21	ctns	149.81		Comforters, Bedspreads	49017	200
		2	ctns	11.24		Pillows, Valance, Towels	49390	100
		3	ctns	5.94		Throws, Blankets	49040	150
1		26		216.99		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/Places	
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 / PICKUP DATE	

SHIP FROM		Bill of Lading Number: 06757164000142368										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000142368										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home Store Gandy DC Location #: GN Address: o/o Gandy DC City/State/Zip: Tampa, FL 33611 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA-142876 Seal number(s): 0872814 SCAC: SCNN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41595292 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
7310794	6	38.44	Y N	
Grand Total	6	38.44		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	30.84		Comforters, Bedspreads	49017	200
		1	ctns	5.62		Pillows, Valance, Towels	49390	100
		1	ctns	1.98		Throws, Blankets	49040	150
1		6		88.44		Grand Total		

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

Date: 5/29/2019 2:59:59 PM

Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757164000142399
Name:	E & E COMPANY LTD	 (402)06757164000142399
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95778	
SID#:		
PHONE:		CARRIER NAME: Schnelder
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-142876
Name:	Macy's Home Store Secaucus DC Location #: SC	Seal number(s): 0972814
Address:	c/o Secaucus DC	SCAC: SCNN
City/State/Zip:	600 Meadowlands Parkway, Secaucus, NJ 07094	Pro Number:
OID#:		
Dept:	0610	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 #: 41895292		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310794	73	455.51	Y N	
Grand Total	73	455.51		

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 339.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		52	ctns	370.12		Comforters, Bedspreads	49017	200
		16	ctns	75.49		Pillows,Valance,Towels	49390	100
		5	ctns	9.90		Throws,Blankets	49040	150
2		73		555.51		Grand Total		

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

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

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

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


Shipper Signature

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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Date: 5/29/2019 3:00:03 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Stone Mountain DC
Address:	1680 Tide Court	Location #:	ST
City/State/Zip:	Woodland, CA 95776	Address:	c/o Stone Mountain DC
SID#:		City/State/Zip:	4401 Sarr Parkway, Stone Mountain, GA 30089
PHONE:		CID#:	
VENDOR:		Dept:	0510
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
Bill of Lading Number: 06757164000142405		Trailer number: TA-142876	
		Seal number(s): 0972814	
(402)06757164000142405		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	
		AM	
		AM	
		PM	
		PM	
SPECIAL INSTRUCTIONS: Load #: 41595292		CUSTOMER ORDER INFORMATION	
Packing List is Attached		CUSTOMER ORDER NUMBER	
		# PKGS	
		WEIGHT	
		PALLET/SLIP	
		ADDITIONAL SHIPPER INFO	
		7310794	
		4	
		17.29	
		Y N	
		Grand Total	
		4	
		17.29	

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 389</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1		Pallet	50.00		Pallet		
		1	ctns	7.71	Comforters, Bedspreads	49017	200
		1	ctns	5.62	Pillows, Valance, Towels	49390	100
		2	ctns	3.96	Throws, Blankets	49040	150
1		4		67.29	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: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757164000142375	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000142375	
SHIP TO		CARRIER NAME: Schnelder	
Name: Macy's Home Store Houston DC Location #: HU Address: o/o Houston DC 2103 Ernestine, City/State/Zip: Houston, TX 77023 CID#: _____ Dept: 0610		Responsible Acct.No: _____ Trailer number: TA-142876 Seal number(s): 0872814	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 41595292 Packing List is Attached		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
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310794	16	112.69	Y N	
Grand Total	16	112.69		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(b) of NMFO Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	ctns	95.83		Comforters, Bedspreads	49017	200
		3	ctns	16.86		Pillows, Valance, Towels	49390	100
1		16		162.69		Grand Total		

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

Date: 5/29/2019 3:00:13 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000142450	
Name:	E & E COMPANY LTD	 (402)06757164000142450	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schnelder	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-142676	
Name:	Macy's Home Store Los Angeles DC	Seal number(s): 0972814	
Address:	c/o Los Angeles DC	SCAC: SONN	
City/State/Zip:	16541 East Gale Avenue, City of Industry, CA 91745	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: <input checked="" type="checkbox"/> 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41595292		AM	AM
Packaging List Is Attached		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310816	81	488.99	Y N	
Grand Total	81	488.99		

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		76	ctns	418.76		Comforters, Bedspreads	49017	200
		1	ctns	37.53		Pillows, Valance, Towels	49390	100
		4	ctns	12.70		Throws, Blankets	49040	150
2		81		568.99		Grand Total		

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

per _____

GOD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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


CARRIER SIGNATURE / PICKUP DATE

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

Date: 6/29/2019 2:58:09 PM

Bill Of Lading


Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Denver DC Location #: DV
Address:	1680 Tide Court	Address:	c/o Denver DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Denver, CO 80216
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000142191		Trailer number: TA-142876	
		Seal number(s): 0972814	
(402)06757164000142191		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:
<input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	AM
Load #: 41595292			PM
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7319396	8	45.75	Y N	
Grand Total	8	45.75		

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 NMFPA Item 380</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		5	ctns	18.00		Pillows,Valance,Towels	49390		100	
		3	ctns	27.75		Shower curtain	49385		77.5	
1		8		95.75		Grand Total				

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

SHIP FROM		Bill of Lading Number: 08757164000142810	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)08757164000142810	
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		Responsible Acct.No: _____ Trailer number: TA-142678 Seal number(s): 0872814 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 (check box)	
SPECIAL INSTRUCTIONS: Load #: 41695292 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
7319374	48	769.88	Y N	
Grand Total	48	769.88		


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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		46	ctns	760.83		Pillows, Valance, Towels	49390	100
		1	ctns	9.25		Shower curtain	49385	77.5
1		46		819.88		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <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: 5/29/2019 2:59:32 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		BILL OF LADING NUMBER: 06757164000142177			
Name:	E & E COMPANY LTD	Name:	Maoy's Home Store Los Angeles DC	 (402)06757164000142177			
Address:	1680 Tide Court	Address:	c/o Los Angeles DC	CARRIER NAME: Schnelder			
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	15541 East Gale Avenue, City of Industry, CA 91745	Responsible Acct.No:			
SID#:		Dept:	0602	Trailer number: TA-142676			
PHONE:				Seal number(s): 0972814			
VENDOR:				SCAG: SCNN			
				Pro Number:			
THIRD PARTY FREIGHT CHARGES BILL TO:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Name:			Prepaid:	Collect: X	3rd Party:		
Address:			<input type="checkbox"/>	Master Bill of Lading: with attached			
City/State/Zip:			(check box)	underlying Bills of Lading			
SPECIAL INSTRUCTIONS:			Appointment Time	Actual Driver Arrival Time	Driver Departure Time		
Load #: 41695292			AM	AM	AM		
Packing List is Attached			PM	PM	PM		
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
7319396	30	227.03	Y N				
Grand Total	30	227.03					
CARRIER INFORMATION							
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE		<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	NMFC #	CLASS
1	Pallet			50.00	Pallet		
		18	ctns	100.82	Pillows,Valance,Towels	49390	100
		12	ctns	126.21	Shower curtain	49385	77.5
1		30		277.03	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 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: 06757164000142283										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000142283										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home MMG Goodyear DC Location #: AZ Address: o/o Goodyear DC 16676 West Commerce Lane, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0703		Responsible Asst.No: _____ Trailer number: TA-142676 Seal number(s): 0972814 SGAC: SCNN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41596292 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
9401148	49	817.17	Y N	
Grand Total	49	817.17		

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 563</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		49	ctns	817.17		Comforters, Bedspreads	49017	200
3		49		967.17		Grand Total		


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature _____</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width:50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width:50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said 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 said 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 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: 06757164000142313	
Name:	E & E COMPANY LTD	 (402)08757164000142313	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 96776	CARRIER NAME: Schnelder	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA-142876	
VENDOR:		Seal number(s): 0872814	
	FOB: <input type="checkbox"/>	SCAC: SCNN	
SHIP TO		Pro Number:	
Name:	Maoy's Home MMG Portland DG Location #: PD	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:	o/o Portland DC	Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip:	1166 Vaughn Parkway, Portland, TN 37148	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CID#:		Appointment Time	
Dept:	0703 FOB: <input type="checkbox"/>	Actual Driver Arrival Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		Driver Departure Time	
Name:		AM	AM
Address:		PM	PM
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 41695292			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9401148	45	760.31	Y N	
Grand Total	45	760.31		

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		
3	Pallet			150.00		Pallet				
		45	ctns	760.31		Comforters, Bedspreads	49017	200		
3		45		910.31		Grand Total				


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / 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: 06757164000142429	
Name:	E & E COMPANY LTD	 (402)06757164000142429	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-142673	
Name:	Macy's Home Store Tukwila DC Location #: TU	Seal number(s): 0972814	
Address:	o/o Tukwila DC	SCAC: SCNN	
City/State/Zip:	17000 Southcenter Parkway, Tukwila, WA 98188	Pro Number:	
CID#:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Dept:	0610	Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
THIRD PARTY FREIGHT CHARGES BILL TO:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
Name:		Appointment Time	Actual Driver Arrival Time
Address:		AM	AM
City/State/Zip:		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	AM
Load #: 41595282			PM
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310794	7	43.84	Y N	
Grand Total	7	43.84		

CARRIER INFORMATION					PACKAGE		
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>	NMFC #	CLASS
QTY	TYPE	QTY					
1	Pallet			50.00	Pallet		
		6	ctns	41.86	Comforters, Bedspreads	49017	200
		1	ctns	1.98	Throws, Blankets	49040	150
1		7		93.84	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: 06757164000142511	
Name: E & E COMPANY LTD		 (402)06757164000142511	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA-142876	
VENDOR:		Seal number(s): 0972814	
SHIP TO		SCAC: SCNN	
Name: Macy's Home Store Joppa DC Location #: JP		Pro Number:	
Address: c/o Joppa DC			
3300 Fashion Way,			
City/State/Zip: Joppa, MD 21085			
CID#:			
Dept: 0510			
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: X 3rd Party:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 41595292		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
7310816	22	118.91	Y N	
Grand Total	22	118.91		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		21	ctns	115.71		Comforters, Bedspreads	49017	200
		1	ctns	3.20		Throws, Blankets	49040	150
1		22		168.91		Grand Total		

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

SHIP FROM		Bill of Lading Number: 06767164000142528										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000142528										
SHIP TO		CARRIER NAME: Schnelder										
Name: Macy's Home Store Secaucus DC Location #: SC Address: c/o Secaucus DC 500 Meadowlands Parkway, City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0510		Responsible Acct.No: _____ Trailer number: TA-142676 Seal number(s): 0972814 SCAC: SCNN Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 41596292 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
7310816	69	375.67	Y N	
Grand Total	69	375.67		

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 insure safe transportation with ordinary care. See Section 2(c) of NMFC Item 550</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		87	ctns	369.17		Comforters, Bedspreads	49017	200
		2	ctns	6.40		Throws, Blankets	49040	150
1		69		425.57		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <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. <p style="text-align: right;">Shipper Signature</p>
--	---

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

Date: 5/29/2019 3:00:30 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Portland DC Location #: PD
Address:	1680 Tide Court	Address:	o/o Portland DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000142627		Trailer number: TA-142878	
		Seal number(s): 0972814	
(402)06757164000142627		SCAC: SONN	
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:		Appointment Time	Actual Driver Arrival Time
Load #: 41696292		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
7319374	60	764.77	Y N	
Grand Total	60	764.77		

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(a) of NMFQ Item 380.</small>	PACKAGE	
	QTY	TYPE				NMFC #	CLASS
1	Pallet		60.00		Pallet		
		69	ctns	755.52	Pillows, Valance, Towels	49390	100
		1	ctns	9.25	Shower curtain	49385	77.5
1		60		814.77	Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE


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

SHIP FROM		Bill of Lading Number: 06757164000142658	
Name: E & E COMPANY LTD		 (402)06757164000142658	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-142678	
Name: OK Location #: OK		Seal number(s): 0972014	
Address: o/o Macy's Logistics Distribution C		SCAC: SCNN Pro Number:	
7120 E.76th Street North, OK			
City/State/Zip: Owasso, OK 74056			
CID#:			
Dept: 0784		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS: Load #: 41695292 Packing List is Attached		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
7337876	4	28.00	Y N	
Grand Total	4	28.00		

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(a) of NMFC Item 350</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
1	Pallet			50.00		Pallet				
		4	ctns	26.00		Throws, Blankets	49040	150		
1		4		76.00		Grand Total				

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
<p>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>	
<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p 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: Freight Counted:</p> <p><input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets tied to contain</p> <p><input type="checkbox"/> By Driver <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: 06757164000142290	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000142290	
SHIP TO		CARRIER NAME: Schnelder	
Name: MB Location #: MB Address: 333 Caperton Blvd MB City/State/Zip: Martinsburg, WV 26403 CID#: _____ Dept: 0703		Responsible Acct.No: _____ Trailer number: TA-142876 Seal number(s): 0872814	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 41695292 Packing List is Attached		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
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9401148	47	782.57	Y	N	
Grand Total	47	782.57			


CARRIER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
3	Pallet			150.00		Pallet				
		47	ctns	782.57		Comforters, Bedspreads	49017	200		
3		47		932.57		Grand Total				

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

Date: 6/29/2019 2:57:54 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home Store Tulsa DC Location #: OK
Address:	1680 Tide Court	Address:	c/o Tulsa DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	7120 E 76th St North, Owasso, OK 74066
SID#:		CID#:	
PHONE:		Dept:	0510
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000142641		Trailer number: TA-142676	
		Seal number(s): 0972814	
(402)06767164000142641		SCAC: SCNN	
CARRIER NAME: Schnolder		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	
Appointment Time		Actual Driver Arrival Time	Driver Departure Time
AM		AM	AM
PM		PM	PM
SPECIAL INSTRUCTIONS:			
Load #: 41596292			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310761	7	54.63	Y N	
Grand Total	7	54.63		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NIMMO Item 369.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	37.23		Pillows,Valance,Towels	49390	100
		6	ctns	17.40		Throws,Blankets	49040	150
1		7		104.63		Grand Total		

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

Date: 5/29/2019 2:59:19 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Minooka DC Location #: CL
Address:	1680 Tide Court	Address:	c/o Minooka DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	601 Midpoint Rd., Minooka, IL 60447
SID#:		CID#:	
PHONE:		Dept:	0610
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000142344		Trailer number: TA-142876	
		Seal number(s): 0972814	
(402)06757164000142344		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(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 #: 41595292		PM	
Packing List Is Attached		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310794	11	67.30	Y N	
Grand Total	11	67.30		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	49.57		Comforters, Bedspreads	49017	200
		3	ctns	16.75		Pillows, Valance, Towels	49390	100
		1	ctns	1.98		Throws, Blankets	49040	150
1		11		117.30		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE


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

SHIP FROM		Bill of Lading Number: 06757164000142443	
Name:	E & E COMPANY LTD	 (402)06757164000142443	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA-142676	
Name:	Maoy's Home Store Bailey Rd. DC Location #: BA	Seal number(s): 0972814	
Address:	Balley Rd DC Pool Stock	SCAC: SCNN	
City/State/Zip:	300 South Balley Road, North Jackson, OH 44461	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: <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: Load #: 41595292 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
7310816	21	115.71	Y N	
Grand Total	21	115.71		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		21	ctns	115.71		Comforters, Bedspreads	49017	200
1		21		165.71		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		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				SHIP TO					
Name: E & E COMPANY LTD				Bill of Lading Number: 06767164000142467					
Address: 1680 Tide Court				 (402)06757164000142467					
City/State/Zip: Woodland, CA 96776									
SID#:				CARRIER NAME: Schneider					
PHONE:				Responsible Acct.No:					
VENDOR:				Trailer number: TA-142676					
FOB: <input type="checkbox"/>				Seal number(s): 0972814					
Name: Macy's Home Store Minooka DC Location #: CL				SCAC: SCNN					
Address: o/o Minooka DC				Pro Number:					
601 Midpoint Rd.,									
City/State/Zip: Minooka, IL 60447									
CID#:									
Dept: 0610									
FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
Name:				Prepaid: <input type="checkbox"/> Collect: X 3rd Party:					
Address:				Master Bill of Lading: with attached					
City/State/Zip:				(check box) underlying Bills of Lading					
SPECIAL INSTRUCTIONS:				Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
Load #: 41695292				AM		AM		AM	
Packing List is Attached				PM		PM		PM	
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
7310816			40	213.37	Y N				
Grand Total			40	213.37					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFPA Item 380</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			60.00		Pallet			
		37	ctns	203.87		Comforters, Bedspreads	49017	200	
		3	ctns	9.50		Throws, Blankets	49040	150	
1		40		263.37		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: 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: 06767164000142481
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06767164000142481
City/State/Zip: Woodland, CA 95778	SID#:	
PHONE:	VENDOR:	CARRIER NAME: Schneider
	FOB: <input type="checkbox"/>	Responsible Acct.No:

SHIP TO		Trailer number: TA-142876
Name: Macy's Home Store Gandy DC	Location #: GN	Seal number(s): 0972814
Address: c/o Gandy DC	4130 Gandy Blvd.,	SCAC: SCNN
City/State/Zip: Tampa, FL 33611	CID#:	Pro Number:
Dept: 0510	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid:	Collect: X	3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 41596292		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310816	68	314.86	Y N	
Grand Total		68	314.86	


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		68	ctns	308.66		Comforters, Bedspreads	49017	200
		2	ctns	6.30		Throws, Blankets	49040	150
1		68		364.86		Grand Total		

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

SHIP FROM		Bill of Lading Number: 06757164000142566
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000142566
Name: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA-142676 Seal number(s): 0872814 SCAC: SCNN Pro Number: _____
SHIP TO		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: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____ AM _____ AM _____ AM _____ PM _____ PM _____ PM _____

THIRD PARTY FREIGHT CHARGES BILL TO:		Name: _____ Address: _____ City/State/Zip: _____	
SPECIAL INSTRUCTIONS: Load #: 41595292 Packing List is Attached		Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____ AM _____ AM _____ AM _____ PM _____ PM _____ PM _____	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7397397	14	27.72	Y N	
Grand Total	14	27.72		


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 NIMPG Item 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	27.72		Throws, Blankets	49040	150
1		14		77.72		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. <p style="text-align: right;">Shipper Signature</p>
--	---

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets 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		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Goodyear DC Location #: AZ
Address:	1680 Tide Court	Address:	o/o Goodyear DC 18576 West Commerce Lane,
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0814
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757164000143656		Trailer number: TA-142676	
		Seal number(s): 0972814	
(402)06757164000143656		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	
(check box)		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 41595292		PM	
Packing List Is Attached		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3160769	96	1015.48	Y N	
Grand Total	98	1015.48		

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(a) of NMFC Item 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			160.00		Pallet		
		48	ctns	785.94		Mattress Pads	149265	100
		48	ctns	229.54		Pillows,Valance,Towels	49390	100
3		96		1165.48		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: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE


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

SHIP FROM		Bill of Lading Number: 08767164000142597	
Name:	E & E COMPANY LTD	 (402)08767164000142597	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schneider Responsible Acct.No:	
SHIP TO		Trailer number: TA-142876	
Name:	Macy's Home Store Goodyear DC Location #: AZ	Seal number(s): 0972814	
Address:	a/o Goodyear DC 16575 West Commerce Drive,	SCAC: SCNN	
City/State/Zip:	Goodyear, AZ 85338	Pro Number:	
CID#:			
Dept:	0602	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Address:		Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM	
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 41695292			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7319374	58	813.48	Y N	
Grand Total	58	813.48		

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(b) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		53	ctns	785.73		Pillows,Valance,Towels	49390	100
		3	ctns	27.75		Shower curtain	49386	77.5
1		58		863.48		Grand Total		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		SHIPPER SIGNATURE Trailer Loaded: Freight Counted: <input 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 <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: 06757164000142603
Name: E & E COMPANY LTD	Address: 1680 Tide Court	 (402)06757164000142603
City/State/Zip: Woodland, CA 95776	SID#:	
PHONE:	VENDOR:	
	FOB: <input type="checkbox"/>	

SHIP TO		GARRIER NAME: Schnelder
Name: Macy's Home Store Martinsburg DC	Location #: MB	Responsible Acct.No:
Address: o/o Martinsburg DC - MB	City/State/Zip: 333 Caperton Blvd, Martinsburg, WV 26403	Trailer number: TA-142676
CID#:	Dept: 0602	Seal number(s): 0972814
	FOB: <input type="checkbox"/>	SCAC: SCNN
		Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:	Address:	Prepaid:	Collect: X	3rd Party:
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
SPECIAL INSTRUCTIONS: Load #: 41696292		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Packing List is Attached		AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7319374	54	833.72	Y N	
Grand Total	54	833.72		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity description 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 389</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			60.00		Pallet		
		51	ctns	815.67		Pillows,Valance,Towels	49390	100
		3	ctns	18.05		Shower curtain	49385	77.5
1		54		833.72		Grand Total		

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

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

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

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

Bill of Lading Number: 06757164000142214



GARRIER NAME: Schneider

Responsible Acct.No:

Trailer number: TA-142876

Seal number(s): 0972814

SCAC: SCNN

Pro Number:

SHIP TO
 Name: Macy's Home Store Hayward DC Location #: HA
 Address: o/o Hayward DC
 28701 Hall Road,
 City/State/Zip: Hayward, CA 94545
 CID#:
 Dept: 0802

FOB:

FOB:

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

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

Prepaid: Collect: X 3rd Party:

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

SPECIAL INSTRUCTIONS:
 Load #: 41595292
 Packing List Is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7319396	11	89.55	Y N	
Grand Total	11	89.55		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	otns	72.16		Pillows, Valance, Towels	49390	100
		3	otns	17.39		Shower curtain	49385	77.5
1		11		139.55		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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Date: 5/29/2019 2:59:40 PM

Bill Of Lading

Page 1 of 1

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7319396	31	235.74	Y N	
Grand Total		31	235.74	

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(e) of NMFC Item 340</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	139.67		Pillows,Valance,Towels	49390	100
		14	ctns	96.07		Shower curtain	49385	77.6
1		31		285.74		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: 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.

Bill Of Lading

SHIP FROM

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

Bill of Lading Number: 08767164000142276



CARRIER NAME: Schnelder
 Responsible Acct.No:

SHIP TO

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: 0802

Trailer number: TA-142676
 Seal number(s): 0972814

SCAC: SCNN
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:
 City/State/Zip:

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

Prepaid: Collect: X 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:
 Load #: 41595292
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7319396	15	147.10	Y N	
Grand Total	15	147.10		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	79.16		Pillows,Valance,Towels	49390	100
		7	ctns	67.94		Shower curtain	49385	77.5
1		15		197.10		Grand Total		

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

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

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

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

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


Shipper Signature

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

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

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


Bill Of Lading

SHIP FROM		Bill of Lading Number: 08757164000142535													
Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000142535													
SHIP TO		CARRIER NAME: Schnelder													
Name: Macy's Home Store Stone Mountain DC Address: o/o Stone Mountain DC City/State/Zip: 4401 Barr Parkway, Stone Mountain, GA 30083 CID#: _____ Dept: 0510		Location #: ST Trailer number: TA-142878 Seal number(s): 0972814 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 #: 41595292 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Appointment Time</td> <td style="width:25%;">Actual Driver Arrival Time</td> <td style="width:25%;">Driver Departure Time</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;">AM</td> <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> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time		AM	AM	AM	AM	PM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time													
AM	AM	AM	AM												
PM	PM	PM	PM												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310816	16	88.16	Y N	
Grand Total	16	88.16		

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 NIMD Item 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	88.16		Comforters, Bedspreads	49017	200
1		16		138.16		Grand Total		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">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: 08767164000142659	
Name: E & E COMPANY LTD	Address: 1880 Tide Court	City/State/Zip: Woodland, CA 95776	 (402)06767164000142659
SID#:	PHONE:	VENDOR:	
CARRIER NAME: Schnelder Responsible Acct.No:			
Trailer number: TA-142876 Seal number(s): 0972814			
SHIP TO		SCAC: SCNN	
Name: Macy's Home Store Tukwila DC	Location #: TU	Address: o/o Tukwila DC	Pro Number:
City/State/Zip: Tukwila, WA 98108	CID#:	Dept: 0510	
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: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41595292		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
7310816	33	179.52	Y N	
Grand Total	33	179.52		


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(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		32	ctns	176.32		Comforters, Bedspreads	49017	200
		1	ctns	3.20		Throws, Blankets	49040	150
1		33		229.52		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"/>
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 applicable 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.	

Date: 5/29/2019 2:56:27 PM

Bill Of Lading

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

Bill of Lading Number: 08757164000142542

 (402)08757164000142542

SHIP TO:
 Name: Macy's Home Store South Windsor DC Location #: SW
 Address: c/o South Windsor DC
 City/State/Zip: 301 Governor's Hwy, South Windsor, CT 06074
 CID#: _____
 Dept: 0610 FOB:

CARRIER NAME: Schnelder
 Responsible Acct.No: _____
 Trailer number: TA-142676
 Seal number(s): 0972814
SCAC: SCNN
Pro Number: _____

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

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

SPECIAL INSTRUCTIONS:
 Load #: 41595292
 Packing List Is Attached

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7310818	23	126.73	Y N	
Grand Total	23	126.73		

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 NMFCA Item 339</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		23	ctns	126.73		Comforters, Bedspreads	49017	200
1		23		176.73		Grand Total		

Where the rate is dependent on value, all types 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 applicable 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 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.

ShipmentCartonDetail(400014222)

Customer PO No.	ERE SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020347	R201905210718418	MCH70-978	Harbor Shower Curtain	00106757164001220475	0636321894	00006757166363218940	0455	Loaded
7319396	5020401	R201905210718418	MCH71-501	Cape Mosaic Wastebasket	00106757164001220475	0636321946	00006757166363219466	0667	Loaded
7319396	5020403	R201905210718418	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220475	0636321947	00006757166363219473	0671	Loaded
7319396	5020404	R201905210718418	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001220475	0636321948	00006757166363219480	0675	Loaded
7319396	5020405	R201905210718418	MCH71-501	Cape Mosaic Wastebasket	00106757164001220475	0636321949	00006757166363219497	0677	Loaded
7319396	5020406	R201905210718418	MCH70-977	Parls Shower Curtain	00106757164001220475	0636321950	00006757166363219503	0678	Loaded
7319396	5020407	R201905210718418	MCH71-833	Sunset Ombre Toothbrush Holder	00106757164001220475	0636321951	00006757166363219510	0687	Loaded
7319396	5020409	R201905210718418	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220475	0636321952	00006757166363219527	0701	Loaded
7319396	5020410	R201905210718418	MCH70-1138	Melody Shower Curtain	00106757164001220475	0636321953	00006757166363219534	0702	Loaded
7319396	5020411	R201905210718418	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220475	0636321954	00006757166363219541	0703	Loaded
7319396	5020411	R201905210718418	MCH71-489	Hotel Glass Cotton Jar	00106757164001220475	0636321955	00006757166363219558	0703	Loaded
7319396	5020411	R201905210718418	MCH71-500	Cape Mosaic Tissue Cover	00106757164001220475	0636321956	00006757166363219565	0703	Loaded
7319396	5020412	R201905210718418	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001220475	0636321957	00006757166363219572	0704	Loaded
7319396	5020413	R201905210718418	MCH70-998	Deillah Shower Curtain	00106757164001220475	0636321958	00006757166363219589	0706	Loaded
7319396	5020413	R201905210718418	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220475	0636321959	00006757166363219596	0706	Loaded
7319396	5020414	R201905210718418	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220475	0636321960	00006757166363219602	0708	Loaded
7319396	5020414	R201905210718418	MCH71-499	Cape Mosaic Tray	00106757164001220475	0636321961	00006757166363219619	0708	Loaded
7319396	5020415	R201905210718418	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220475	0636321962	00006757166363219626	0709	Loaded
7319396	5020416	R201905210718418	MCH70-998	Deillah Shower Curtain	00106757164001220475	0636321963	00006757166363219633	0711	Loaded
7319396	5020418	R201905210718418	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220475	0636321964	00006757166363219640	0718	Loaded
7319396	5020419	R201905210718418	MCH70-998	Deillah Shower Curtain	00106757164001220475	0636321965	00006757166363219657	0724	Loaded
7319396	5020419	R201905210718418	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220475	0636321966	00006757166363219664	0724	Loaded

ShipmentCartonDetail(400014227)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020329	R2019052107184313	MCH70-1134	Kandula Shower Curtain	00106757164001219332	0636321869	00006757166363218698	0367	Loaded
7319396	5020329	R2019052107184313	MCH70-1140	Elm Waffle Shower Curtain	00106757164001219332	0636321870	00006757166363218704	0367	Loaded
7319396	5020329	R2019052107184313	MCH70-998	Dellah Shower Curtain	00106757164001219332	0636321871	00006757166363218711	0367	Loaded
7319396	5020330	R2019052107184313	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219332	0636321872	00006757166363218728	0368	Loaded
7319396	5020331	R2019052107184313	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219332	0636321873	00006757166363218735	0372	Loaded
7319396	5020331	R2019052107184313	MCH71-1424	Hotel Glass Lotion Pump	00106757164001219332	0636321874	00006757166363218742	0372	Loaded
7319396	5020332	R2019052107184313	MCH71-500	Cape Mosaic Tissue Cover	00106757164001219332	0636321875	00006757166363218759	0384	Loaded
7319396	5020334	R2019052107184313	MCH70-1140	Elm Waffle Shower Curtain	00106757164001219332	0636321877	00006757166363218773	0392	Loaded
7319396	5020334	R2019052107184313	MCH70-978	Harbor Shower Curtain	00106757164001219332	0636321878	00006757166363218780	0392	Loaded
7319396	5020335	R2019052107184313	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001219332	0636321879	00006757166363218797	0393	Loaded
7319396	5020335	R2019052107184313	MCH71-832	Sunset Ombre Lotion Pump	00106757164001219332	0636321880	00006757166363218803	0393	Loaded
7319396	5020340	R2019052107184313	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219332	0636321886	00006757166363218865	0434	Loaded
7319396	5020341	R2019052107184313	MCH70-1141	Elm Waffle Shower Curtain	00106757164001219332	0636321887	00006757166363218872	0435	Loaded
7319396	5020341	R2019052107184313	MCH71-832	Sunset Ombre Lotion Pump	00106757164001219332	0636321888	00006757166363218889	0435	Loaded
7319396	5020342	R2019052107184313	MCH70-988	Spa Waffle Shower Curtain	00106757164001219332	0636321889	00006757166363218896	0438	Loaded

ShipmentCartonDetail(400014216)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020271	R201905210718322	MCH70-988	Spa Waffle Shower Curtain	00106757164001220079	0636321786	00006757166363217868	0132	Loaded
7319396	5020272	R201905210718322	MCH71-501	Cape Mosaic Wastebasket	00106757164001220079	0636321787	00006757166363217875	0146	Loaded
7319396	5020273	R201905210718322	MCH70-1001	Serene Shower Curtain	00106757164001220079	0636321788	00006757166363217882	0147	Loaded
7319396	5020307	R201905210718322	MCH70-1140	Elm Waffle Shower Curtain	00106757164001220079	0636321837	00006757166363218377	0301	Loaded
7319396	5020308	R201905210718322	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001220079	0636321838	00006757166363218384	0302	Loaded
7319396	5020308	R201905210718322	MCH71-501	Cape Mosaic Wastebasket	00106757164001220079	0636321839	00006757166363218391	0302	Loaded
7319396	5020309	R201905210718322	MCH71-829	Atlantic Mosaic Soap Dish--Ova	00106757164001220079	0636321840	00006757166363218407	0304	Loaded
7319396	5020310	R201905210718322	MCH71-499	Cape Mosaic Tray	00106757164001220079	0636321841	00006757166363218414	0305	Loaded
7319396	5020310	R201905210718322	MCH71-500	Cape Mosaic Tissue Cover	00106757164001220079	0636321842	00006757166363218421	0305	Loaded
7319396	5020310	R201905210718322	MCH71-501	Cape Mosaic Wastebasket	00106757164001220079	0636321843	00006757166363218438	0305	Loaded
7319396	5020311	R201905210718322	MCH70-1138	Melody Shower Curtain	00106757164001220079	0636321844	00006757166363218445	0308	Loaded
7319396	5020311	R201905210718322	MCH71-500	Cape Mosaic Tissue Cover	00106757164001220079	0636321845	00006757166363218452	0308	Loaded
7319396	5020311	R201905210718322	MCH71-501	Cape Mosaic Wastebasket	00106757164001220079	0636321846	00006757166363218469	0308	Loaded
7319396	5020378	R201905210718322	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220079	0636321925	00006757166363219251	0560	Loaded
7319396	5020379	R201905210718322	MCH71-486	Hotel Glass Soap Dish	00106757164001220079	0636321926	00006757166363219268	0561	Loaded
7319396	5020382	R201905210718322	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220079	0636321928	00006757166363219282	0567	Loaded
7319396	5020383	R201905210718322	MCH70-1137	Elodie Shower Curtain	00106757164001220079	0636321929	00006757166363219299	0574	Loaded
7319396	5020383	R201905210718322	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220079	0636321930	00006757166363219305	0574	Loaded
7319396	5020384	R201905210718322	MCH70-1135	Kalapi Shower Curtain	00106757164001220079	0636321931	00006757166363219312	0581	Loaded
7319396	5020384	R201905210718322	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220079	0636321932	00006757166363219329	0581	Loaded
7319396	5020384	R201905210718322	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220079	0636321933	00006757166363219336	0581	Loaded
7319396	5020386	R201905210718322	MCH71-829	Atlantic Mosaic Soap Dish--Ova	00106757164001220079	0636321934	00006757166363219343	0585	Loaded
7319396	5020389	R201905210718322	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220079	0636321935	00006757166363219350	0592	Loaded
7319396	5020389	R201905210718322	MCH71-501	Cape Mosaic Wastebasket	00106757164001220079	0636321936	00006757166363219367	0592	Loaded
7319396	5020396	R201905210718322	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220079	0636321940	00006757166363219404	0621	Loaded
7319396	5020397	R201905210718322	MCH71-501	Cape Mosaic Wastebasket	00106757164001220079	0636321941	00006757166363219411	0632	Loaded

ShipmentCartonDetail(400014224)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020225	R2019052107184210	MCH70-1001	Serene Shower Curtain	00106757164001219387	0636321703	00006757166363217035	0001	Loaded
7319396	5020225	R2019052107184210	MCH70-1136	Newton Shower Curtain	00106757164001219387	0636321704	00006757166363217042	0001	Loaded
7319396	5020225	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321705	00006757166363217059	0001	Loaded
7319396	5020225	R2019052107184210	MCH71-503	Stowe Toothbrush Holder	00106757164001219387	0636321706	00006757166363217066	0001	Loaded
7319396	5020226	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321707	00006757166363217073	0002	Loaded
7319396	5020226	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321708	00006757166363217080	0002	Loaded
7319396	5020227	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321709	00006757166363217097	0003	Loaded
7319396	5020227	R2019052107184210	MCH70-1143	Johnston Shower Curtain	00106757164001219387	0636321710	00006757166363217103	0003	Loaded
7319396	5020227	R2019052107184210	MCH70-977	Paris Shower Curtain	00106757164001219387	0636321711	00006757166363217110	0003	Loaded
7319396	5020227	R2019052107184210	MCH70-998	Delliah Shower Curtain	00106757164001219387	0636321712	00006757166363217127	0003	Loaded
7319396	5020227	R2019052107184210	MCH70-998	Delliah Shower Curtain	00106757164001219387	0636321713	00006757166363217134	0003	Loaded
7319396	5020227	R2019052107184210	MCH71-500	Cape Mosaic Tissue Cover	00106757164001219387	0636321714	00006757166363217141	0003	Loaded
7319396	5020227	R2019052107184210	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001219387	0636321715	00006757166363217158	0003	Loaded
7319396	5020228	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321716	00006757166363217165	0005	Loaded
7319396	5020228	R2019052107184210	MCH71-501	Cape Mosaic Wastebasket	00106757164001219387	0636321717	00006757166363217172	0005	Loaded
7319396	5020229	R2019052107184210	MCH70-1135	Kalapi Shower Curtain	00106757164001219387	0636321718	00006757166363217189	0006	Loaded
7319396	5020229	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321719	00006757166363217196	0006	Loaded
7319396	5020230	R2019052107184210	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219387	0636321720	00006757166363217202	0007	Loaded
7319396	5020231	R2019052107184210	MCH70-998	Delliah Shower Curtain	00106757164001219387	0636321721	00006757166363217219	0008	Loaded
7319396	5020231	R2019052107184210	MCH71-489	Hotel Glass Cotton Jar	00106757164001219387	0636321722	00006757166363217225	0008	Loaded
7319396	5020232	R2019052107184210	MCH70-988	Spa Waffle Shower Curtain	00106757164001219387	0636321723	00006757166363217233	0010	Loaded
7319396	5020232	R2019052107184210	MCH71-476	Serene Toothbrush Holder	00106757164001219387	0636321724	00006757166363217240	0010	Loaded
7319396	5020232	R2019052107184210	MCH71-503	Stowe Toothbrush Holder	00106757164001219387	0636321725	00006757166363217257	0010	Loaded
7319396	5020233	R2019052107184210	MCH70-1136	Newton Shower Curtain	00106757164001219387	0636321726	00006757166363217264	0013	Loaded
7319396	5020237	R2019052107184210	MCH70-1136	Newton Shower Curtain	00106757164001219387	0636321731	00006757166363217318	0022	Loaded
7319396	5020237	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321732	00006757166363217325	0022	Loaded
7319396	5020237	R2019052107184210	MCH70-981	Sanibel Shower Curtain	00106757164001219387	0636321734	00006757166363217349	0022	Loaded
7319396	5020237	R2019052107184210	MCH70-986	Fiona Shower Curtain	00106757164001219387	0636321735	00006757166363217356	0022	Loaded
7319396	5020237	R2019052107184210	MCH71-501	Cape Mosaic Wastebasket	00106757164001219387	0636321736	00006757166363217363	0022	Loaded
7319396	5020240	R2019052107184210	MCH71-500	Cape Mosaic Tissue Cover	00106757164001219387	0636321740	00006757166363217400	0032	Loaded
7319396	5020240	R2019052107184210	MCH71-501	Cape Mosaic Wastebasket	00106757164001219387	0636321741	00006757166363217417	0032	Loaded
7319396	5020240	R2019052107184210	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001219387	0636321742	00006757166363217424	0032	Loaded
7319396	5020250	R2019052107184210	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219387	0636321755	00006757166363217554	0055	Loaded
7319396	5020251	R2019052107184210	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001219387	0636321756	00006757166363217561	0056	Loaded
7319396	5020255	R2019052107184210	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219387	0636321763	00006757166363217639	0073	Loaded
7319396	5020257	R2019052107184210	MCH71-501	Cape Mosaic Wastebasket	00106757164001219387	0636321765	00006757166363217653	0076	Loaded
7319396	5020258	R2019052107184210	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001219387	0636321766	00006757166363217660	0080	Loaded
7319396	5020258	R2019052107184210	MCH71-499	Cape Mosaic Tray	00106757164001219387	0636321767	00006757166363217677	0080	Loaded
7319396	5020258	R2019052107184210	MCH71-501	Cape Mosaic Wastebasket	00106757164001219387	0636321768	00006757166363217684	0080	Loaded
7319396	5020259	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321769	00006757166363217691	0081	Loaded
7319396	5020260	R2019052107184210	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219387	0636321770	00006757166363217707	0082	Loaded
7319396	5020260	R2019052107184210	MCH71-476	Serene Toothbrush Holder	00106757164001219387	0636321771	00006757166363217714	0082	Loaded
7319396	5020261	R2019052107184210	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219387	0636321772	00006757166363217721	0088	Loaded
7319396	5020261	R2019052107184210	MCH71-502	Stowe Lotion Pump	00106757164001219387	0636321773	00006757166363217738	0088	Loaded
7319396	5020267	R2019052107184210	MCH70-1141	Elm Waffle Shower Curtain	00106757164001219387	0636321782	00006757166363217820	0102	Loaded
7319396	5020275	R2019052107184210	MCH70-998	Delliah Shower Curtain	00106757164001219387	0636321790	00006757166363217905	0185	Loaded
7319396	5020277	R2019052107184210	MCH70-978	Harbor Shower Curtain	00106757164001219387	0636321794	00006757166363217943	0170	Loaded
7319396	5020278	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321795	00006757166363217950	0173	Loaded
7319396	5020278	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321796	00006757166363217967	0173	Loaded
7319396	5020278	R2019052107184210	MCH70-1144	Hawthorn Shower Curtain	00106757164001219387	0636321797	00006757166363217974	0173	Loaded
7319396	5020278	R2019052107184210	MCH70-978	Harbor Shower Curtain	00106757164001219387	0636321798	00006757166363217981	0173	Loaded
7319396	5020279	R2019052107184210	MCH70-977	Paris Shower Curtain	00106757164001219387	0636321799	00006757166363217998	0174	Loaded
7319396	5020283	R2019052107184210	MCH70-1136	Newton Shower Curtain	00106757164001219387	0636321802	00006757166363218025	0185	Loaded
7319396	5020283	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321803	00006757166363218032	0185	Loaded
7319396	5020283	R2019052107184210	MCH70-978	Harbor Shower Curtain	00106757164001219387	0636321804	00006757166363218049	0185	Loaded
7319396	5020283	R2019052107184210	MCH70-981	Sanibel Shower Curtain	00106757164001219387	0636321805	00006757166363218056	0185	Loaded
7319396	5020283	R2019052107184210	MCH71-489	Hotel Glass Cotton Jar	00106757164001219387	0636321806	00006757166363218063	0185	Loaded
7319396	5020283	R2019052107184210	MCH71-833	Sunset Ombre Toothbrush Holder	00106757164001219387	0636321807	00006757166363218070	0185	Loaded
7319396	5020288	R2019052107184210	MCH70-1138	Melody Shower Curtain	00106757164001219387	0636321811	00006757166363218117	0202	Loaded
7319396	5020288	R2019052107184210	MCH71-1423	Hotel Glass Tray	00106757164001219387	0636321812	00006757166363218124	0202	Loaded
7319396	5020290	R2019052107184210	MCH70-1137	Elodie Shower Curtain	00106757164001219387	0636321814	00006757166363218148	0213	Loaded

ShipmentCartonDetail(400014223)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020234	R201905210718419	MCH70-1001	Serene Shower Curtain	00106757164001220116	0636321727	00006757166363217271	0014	Loaded
7319396	5020234	R201905210718419	MCH70-1137	Elodie Shower Curtain	00106757164001220116	0636321728	00006757166363217288	0014	Loaded
7319396	5020238	R201905210718419	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001220116	0636321737	00006757166363217370	0023	Loaded
7319396	5020241	R201905210718419	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220116	0636321743	00006757166363217431	0033	Loaded
7319396	5020241	R201905210718419	MCH71-831	Atlantic Mosaic Tray	00106757164001220116	0636321744	00006757166363217448	0033	Loaded
7319396	5020247	R201905210718419	MCH70-1142	Durant Shower Curtain	00106757164001220116	0636321751	00006757166363217516	0047	Loaded
7319396	5020252	R201905210718419	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001220116	0636321757	00006757166363217578	0060	Loaded
7319396	5020252	R201905210718419	MCH71-499	Cape Mosaic Tray	00106757164001220116	0636321758	00006757166363217585	0060	Loaded
7319396	5020252	R201905210718419	MCH71-501	Cape Mosaic Wastebasket	00106757164001220116	0636321759	00006757166363217592	0060	Loaded
7319396	5020253	R201905210718419	MCH70-1137	Elodie Shower Curtain	00106757164001220116	0636321760	00006757166363217608	0068	Loaded
7319396	5020254	R201905210718419	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220116	0636321761	00006757166363217615	0069	Loaded
7319396	5020254	R201905210718419	MCH71-497	Cape Mosaic Lotion Pump	00106757164001220116	0636321762	00006757166363217622	0069	Loaded
7319396	5020256	R201905210718419	MCH71-502	Stowe Lotion Pump	00106757164001220116	0636321764	00006757166363217646	0074	Loaded
7319396	5020262	R201905210718419	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220116	0636321774	00006757166363217745	0089	Loaded
7319396	5020262	R201905210718419	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220116	0636321775	00006757166363217752	0089	Loaded
7319396	5020262	R201905210718419	MCH71-497	Cape Mosaic Lotion Pump	00106757164001220116	0636321776	00006757166363217769	0089	Loaded
7319396	5020262	R201905210718419	MCH71-501	Cape Mosaic Wastebasket	00106757164001220116	0636321777	00006757166363217776	0089	Loaded
7319396	5020264	R201905210718419	MCH71-497	Cape Mosaic Lotion Pump	00106757164001220116	0636321778	00006757166363217783	0091	Loaded
7319396	5020264	R201905210718419	MCH71-500	Cape Mosaic Tissue Cover	00106757164001220116	0636321779	00006757166363217790	0091	Loaded
7319396	5020264	R201905210718419	MCH71-501	Cape Mosaic Wastebasket	00106757164001220116	0636321780	00006757166363217806	0091	Loaded
7319396	5020266	R201905210718419	MCH70-977	Paris Shower Curtain	00106757164001220116	0636321781	00006757166363217813	0098	Loaded
7319396	5020269	R201905210718419	MCH70-978	Harbor Shower Curtain	00106757164001220116	0636321783	00006757166363217837	0113	Loaded
7319396	5020269	R201905210718419	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001220116	0636321784	00006757166363217844	0113	Loaded
7319396	5020274	R201905210718419	MCH70-1140	Elm Waffle Shower Curtain	00106757164001220116	0636321789	00006757166363217899	0162	Loaded
7319396	5020276	R201905210718419	MCH70-1140	Elm Waffle Shower Curtain	00106757164001220116	0636321791	00006757166363217912	0166	Loaded
7319396	5020276	R201905210718419	MCH70-978	Harbor Shower Curtain	00106757164001220116	0636321792	00006757166363217929	0166	Loaded
7319396	5020276	R201905210718419	MCH70-988	Spa Waffle Shower Curtain	00106757164001220116	0636321793	00006757166363217936	0166	Loaded
7319396	5020280	R201905210718419	MCH70-978	Harbor Shower Curtain	00106757164001220116	0636321800	00006757166363218001	0175	Loaded
7319396	5020285	R201905210718419	MCH70-1001	Serene Shower Curtain	00106757164001220116	0636321809	00006757166363218094	0191	Loaded
7319396	5020286	R201905210718419	MCH70-1134	Kendula Shower Curtain	00106757164001220116	0636321810	00006757166363218100	0198	Loaded
7319396	5020293	R201905210718419	MCH70-988	Spa Waffle Shower Curtain	00106757164001220116	0636321816	00006757166363218162	0216	Loaded

ShipmentCartonDetail(400014218)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020292	R201905210718334	MCH70-1137	Elodie Shower Curtain	00106757164001219578	0636321815	00006757166363218155	0215	Loaded
7319396	5020294	R201905210718334	MCH70-1137	Elodie Shower Curtain	00106757164001219578	0636321817	00006757166363218179	0219	Loaded
7319396	5020294	R201905210718334	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219578	0636321818	00006757166363218186	0219	Loaded
7319396	5020296	R201905210718334	MCH70-977	Paris Shower Curtain	00106757164001219578	0636321820	00006757166363218209	0233	Loaded
7319396	5020297	R201905210718334	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219578	0636321821	00006757166363218216	0235	Loaded
7319396	5020297	R201905210718334	MCH71-499	Cape Mosaic Tray	00106757164001219578	0636321822	00006757166363218223	0235	Loaded
7319396	5020297	R201905210718334	MCH71-502	Stowe Lotion Pump	00106757164001219578	0636321823	00006757166363218230	0235	Loaded
7319396	5020298	R201905210718334	MCH70-977	Paris Shower Curtain	00106757164001219578	0636321824	00006757166363218247	0236	Loaded
7319396	5020298	R201905210718334	MCH71-501	Cape Mosaic Wastebasket	00106757164001219578	0636321825	00006757166363218254	0236	Loaded
7319396	5020299	R201905210718334	MCH70-1141	Elm Waffle Shower Curtain	00106757164001219578	0636321826	00006757166363218261	0239	Loaded
7319396	5020299	R201905210718334	MCH70-981	Sanibel Shower Curtain	00106757164001219578	0636321827	00006757166363218278	0239	Loaded
7319396	5020300	R201905210718334	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001219578	0636321828	00006757166363218285	0241	Loaded
7319396	5020302	R201905210718334	MCH70-998	Dellah Shower Curtain	00106757164001219578	0636321829	00006757166363218292	0259	Loaded
7319396	5020302	R201905210718334	MCH71-486	Hotel Glass Soap Dish	00106757164001219578	0636321830	00006757166363218308	0259	Loaded
7319396	5020303	R201905210718334	MCH71-501	Cape Mosaic Wastebasket	00106757164001219578	0636321831	00006757166363218315	0260	Loaded
7319396	5020304	R201905210718334	MCH70-1134	Kandula Shower Curtain	00106757164001219578	0636321832	00006757166363218322	0261	Loaded
7319396	5020304	R201905210718334	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219578	0636321833	00006757166363218339	0261	Loaded
7319396	5020304	R201905210718334	MCH71-477	Serene Cotton Jar	00106757164001219578	0636321834	00006757166363218346	0261	Loaded
7319396	5020305	R201905210718334	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219578	0636321835	00006757166363218353	0262	Loaded
7319396	5020306	R201905210718334	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219578	0636321836	00006757166363218360	0263	Loaded
7319396	5020312	R201905210718334	MCH70-1139	Kennedy Shower Curtain	00106757164001219578	0636321847	00006757166363218476	0313	Loaded
7319396	5020312	R201905210718334	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219578	0636321848	00006757166363218483	0313	Loaded
7319396	5020312	R201905210718334	MCH71-1424	Hotel Glass Lotion Pump	00106757164001219578	0636321849	00006757166363218490	0313	Loaded
7319396	5020314	R201905210718334	MCH70-1141	Elm Waffle Shower Curtain	00106757164001219578	0636321850	00006757166363218506	0316	Loaded
7319396	5020314	R201905210718334	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219578	0636321851	00006757166363218513	0316	Loaded
7319396	5020315	R201905210718334	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219578	0636321852	00006757166363218520	0319	Loaded
7319396	5020315	R201905210718334	MCH71-500	Cape Mosaic Tissue Cover	00106757164001219578	0636321853	00006757166363218537	0319	Loaded
7319396	5020380	R201905210718334	MCH70-1141	Elm Waffle Shower Curtain	00106757164001219578	0636321927	00006757166363219275	0562	Loaded
7319396	5020392	R201905210718334	MCH70-1141	Elm Waffle Shower Curtain	00106757164001219578	0636321937	00006757166363219374	0602	Loaded
7319396	5020393	R201905210718334	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219578	0636321938	00006757166363219381	0607	Loaded
7319396	5020395	R201905210718334	MCH70-1138	Melody Shower Curtain	00106757164001219578	0636321939	00006757166363219398	0610	Loaded
7319396	5020398	R201905210718334	MCH71-501	Cape Mosaic Wastebasket	00106757164001219578	0636321942	00006757166363219428	0645	Loaded
7319396	5020399	R201905210718334	MCH70-994	Sorrel Shower Curtain	00106757164001219578	0636321943	00006757166363219435	0652	Loaded
7319396	5020399	R201905210718334	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001219578	0636321944	00006757166363219442	0652	Loaded
7319396	5020400	R201905210718334	MCH71-501	Cape Mosaic Wastebasket	00106757164001219578	0636321945	00006757166363219459	0655	Loaded

ShipmentCartonDetail(400014226)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020239	R2019052107184212	MCH70-977	Paris Shower Curtain	00106757164001220529	0636321738	00006757166363217387	0031	Loaded
7319396	5020239	R2019052107184212	MCH70-998	Dellah Shower Curtain	00106757164001220529	0636321739	00006757166363217394	0031	Loaded
7319396	5020242	R2019052107184212	MCH70-978	Harbor Shower Curtain	00106757164001220529	0636321745	00006757166363217455	0036	Loaded
7319396	5020243	R2019052107184212	MCH70-1140	Elm Waffle Shower Curtain	00106757164001220529	0636321746	00006757166363217462	0039	Loaded
7319396	5020243	R2019052107184212	MCH70-988	Spa Waffle Shower Curtain	00106757164001220529	0636321747	00006757166363217479	0039	Loaded
7319396	5020243	R2019052107184212	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220529	0636321748	00006757166363217486	0039	Loaded
7319396	5020243	R2019052107184212	MCH71-497	Cape Mosaic Lotion Pump	00106757164001220529	0636321749	00006757166363217493	0039	Loaded
7319396	5020244	R2019052107184212	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220529	0636321750	00006757166363217509	0041	Loaded
7319396	5020248	R2019052107184212	MCH70-1140	Elm Waffle Shower Curtain	00106757164001220529	0636321752	00006757166363217523	0049	Loaded
7319396	5020248	R2019052107184212	MCH70-988	Spa Waffle Shower Curtain	00106757164001220529	0636321753	00006757166363217530	0049	Loaded
7319396	5020249	R2019052107184212	MCH70-977	Paris Shower Curtain	00106757164001220529	0636321754	00006757166363217547	0051	Loaded
7319396	5020270	R2019052107184212	MCH70-977	Paris Shower Curtain	00106757164001220529	0636321785	00006757166363217851	0114	Loaded
7319396	5020282	R2019052107184212	MCH71-828	Atlantic Mosaic Toothbrush Hol	00106757164001220529	0636321801	00006757166363218018	0182	Loaded
7319396	5020284	R2019052107184212	MCH70-978	Harbor Shower Curtain	00106757164001220529	0636321808	00006757166363218087	0189	Loaded
7319396	5020285	R2019052107184212	MCH71-503	Stowe Toothbrush Holder	00106757164001220529	0636321813	00006757166363218131	0207	Loaded
7319396	5020295	R2019052107184212	MCH70-1140	Elm Waffle Shower Curtain	00106757164001220529	0636321819	00006757166363218193	0226	Loaded

ShipmentCartonDetail(400014219)

Customer PO No.	E&E SD No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020322	R201905210718345	MCH71-828	Atlantic Mosaic Toothbrush Hol	00106757164001220130	0636321859	00006757166363218599	0346	Loaded
7319396	5020324	R201905210718345	MCH70-1140	Elm Waffle Shower Curtain	00106757164001220130	0636321860	00006757166363218605	0350	Loaded
7319396	5020324	R201905210718345	MCH70-1144	Hawthorn Shower Curtain	00106757164001220130	0636321861	00006757166363218612	0350	Loaded
7319396	5020324	R201905210718345	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220130	0636321862	00006757166363218629	0350	Loaded
7319396	5020325	R201905210718345	MCH70-1140	Elm Waffle Shower Curtain	00106757164001220130	0636321863	00006757166363218636	0352	Loaded
7319396	5020325	R201905210718345	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220130	0636321864	00006757166363218643	0352	Loaded
7319396	5020326	R201905210718345	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220130	0636321865	00006757166363218650	0354	Loaded
7319396	5020326	R201905210718345	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001220130	0636321866	00006757166363218667	0354	Loaded

ShipmentCartonDetail(400014225)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020236	R2019052107184211	MCH70-1137	Elodie Shower Curtain	00106757164001219301	0636321729	00006757166363217295	0021	Loaded
7319396	5020236	R2019052107184211	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219301	0636321730	00006757166363217301	0021	Loaded
7319396	5020420	R2019052107184211	MCH70-977	Paris Shower Curtain	00106757164001219301	0636321967	00006757166363219671	0730	Loaded
7319396	5020420	R2019052107184211	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219301	0636321968	00006757166363219688	0730	Loaded
7319396	5020420	R2019052107184211	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219301	0636321969	00006757166363219695	0730	Loaded
7319396	5020421	R2019052107184211	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001219301	0636321970	00006757166363219701	0733	Loaded
7319396	5020421	R2019052107184211	MCH71-500	Cape Mosaic Tissue Cover	00106757164001219301	0636321971	00006757166363219718	0733	Loaded
7319396	5020422	R2019052107184211	MCH70-994	Sorrel Shower Curtain	00106757164001219301	0636321972	00006757166363219725	0734	Loaded
7319396	5020424	R2019052107184211	MCH70-1001	Serene Shower Curtain	00106757164001219301	0636321973	00006757166363219732	0745	Loaded
7319396	5020424	R2019052107184211	MCH70-977	Paris Shower Curtain	00106757164001219301	0636321974	00006757166363219749	0745	Loaded
7319396	5020425	R2019052107184211	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001219301	0636321975	00006757166363219756	0747	Loaded
7319396	5020426	R2019052107184211	MCH70-998	Delliah Shower Curtain	00106757164001219301	0636321976	00006757166363219763	0749	Loaded
7319396	5020427	R2019052107184211	MCH70-1137	Elodie Shower Curtain	00106757164001219301	0636321977	00006757166363219770	0750	Loaded
7319396	5020427	R2019052107184211	MCH71-500	Cape Mosaic Tissue Cover	00106757164001219301	0636321978	00006757166363219787	0750	Loaded
7319396	5020428	R2019052107184211	MCH70-1001	Serene Shower Curtain	00106757164001219301	0636321979	00006757166363219794	0751	Loaded
7319396	5020428	R2019052107184211	MCH70-998	Delliah Shower Curtain	00106757164001219301	0636321980	00006757166363219800	0751	Loaded
7319396	5020428	R2019052107184211	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219301	0636321981	00006757166363219817	0751	Loaded
7319396	5020436	R2019052107184211	MCH70-988	Spa Waffle Shower Curtain	00106757164001219301	0636321990	00006757166363219909	0783	Loaded
7319396	5020437	R2019052107184211	MCH70-1001	Serene Shower Curtain	00106757164001219301	0636321991	00006757166363219916	0785	Loaded
7319396	5020438	R2019052107184211	MCH70-1135	Kalapi Shower Curtain	00106757164001219301	0636321992	00006757166363219923	0789	Loaded
7319396	5020439	R2019052107184211	MCH70-977	Paris Shower Curtain	00106757164001219301	0636321993	00006757166363219930	0792	Loaded
7319396	5020440	R2019052107184211	MCH70-1137	Elodie Shower Curtain	00106757164001219301	0636321994	00006757166363219947	0795	Loaded
7319396	5020441	R2019052107184211	MCH70-998	Delliah Shower Curtain	00106757164001219301	0636321995	00006757166363219954	0796	Loaded
7319396	5020442	R2019052107184211	MCH70-1140	Elm Waffle Shower Curtain	00106757164001219301	0636321996	00006757166363219961	0797	Loaded
7319396	5020443	R2019052107184211	MCH71-500	Cape Mosaic Tissue Cover	00106757164001219301	0636321997	00006757166363219978	0799	Loaded
7319396	5020444	R2019052107184211	MCH70-988	Spa Waffle Shower Curtain	00106757164001219301	0636321998	00006757166363219985	0802	Loaded
7319396	5020445	R2019052107184211	MCH70-1137	Elodie Shower Curtain	00106757164001219301	0636321999	00006757166363219992	0806	Loaded
7319396	5020445	R2019052107184211	MCH70-1140	Elm Waffle Shower Curtain	00106757164001219301	0636322000	00006757166363220004	0806	Loaded
7319396	5020445	R2019052107184211	MCH70-998	Delliah Shower Curtain	00106757164001219301	0636322001	00006757166363220011	0806	Loaded
7319396	5020445	R2019052107184211	MCH70-998	Delliah Shower Curtain	00106757164001219301	0636322002	00006757166363220028	0806	Loaded

ShipmentCartonDetail(400014217)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020339	R201905210718333	MCH70-977	Paris Shower Curtain	00106757164001219417	0636321885	00006757166363218858	0427	Loaded
7319396	5020349	R201905210718333	MCH70-988	Spa Waffle Shower Curtain	00106757164001219417	0636321896	00006757166363218964	0466	Loaded
7319396	5020350	R201905210718333	MCH70-1139	Kennedy Shower Curtain	00106757164001219417	0636321897	00006757166363218971	0467	Loaded
7319396	5020352	R201905210718333	MCH70-1141	Elm Waffle Shower Curtain	00106757164001219417	0636321898	00006757166363218988	0469	Loaded
7319396	5020352	R201905210718333	MCH70-981	Sanibel Shower Curtain	00106757164001219417	0636321899	00006757166363218995	0469	Loaded
7319396	5020353	R201905210718333	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219417	0636321900	00006757166363219008	0470	Loaded
7319396	5020354	R201905210718333	MCH70-979	Coral Bay Shower Curtain	00106757164001219417	0636321901	00006757166363219015	0481	Loaded
7319396	5020354	R201905210718333	MCH71-476	Serene Toothbrush Holder	00106757164001219417	0636321902	00006757166363219022	0481	Loaded
7319396	5020355	R201905210718333	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219417	0636321903	00006757166363219039	0483	Loaded
7319396	5020355	R201905210718333	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219417	0636321904	00006757166363219046	0483	Loaded
7319396	5020356	R201905210718333	MCH70-978	Harbor Shower Curtain	00106757164001219417	0636321905	00006757166363219053	0485	Loaded
7319396	5020358	R201905210718333	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219417	0636321906	00006757166363219060	0491	Loaded
7319396	5020359	R201905210718333	MCH71-831	Atlantic Mosaic Tray	00106757164001219417	0636321907	00006757166363219077	0494	Loaded
7319396	5020360	R201905210718333	MCH70-1135	Kalapl Shower Curtain	00106757164001219417	0636321908	00006757166363219084	0497	Loaded
7319396	5020361	R201905210718333	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219417	0636321909	00006757166363219091	0501	Loaded
7319396	5020362	R201905210718333	MCH70-1138	Melody Shower Curtain	00106757164001219417	0636321910	00006757166363219107	0504	Loaded
7319396	5020363	R201905210718333	MCH70-984	Orlando Shower Curtain	00106757164001219417	0636321911	00006757166363219114	0508	Loaded
7319396	5020364	R201905210718333	MCH71-497	Cape Mosaic Lotion Pump	00106757164001219417	0636321912	00006757166363219121	0509	Loaded
7319396	5020364	R201905210718333	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001219417	0636321913	00006757166363219138	0509	Loaded
7319396	5020365	R201905210718333	MCH70-983	Naples Shower Curtain	00106757164001219417	0636321914	00006757166363219145	0511	Loaded
7319396	5020366	R201905210718333	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219417	0636321915	00006757166363219152	0518	Loaded
7319396	5020368	R201905210718333	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219417	0636321916	00006757166363219169	0525	Loaded
7319396	5020369	R201905210718333	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219417	0636321917	00006757166363219176	0527	Loaded
7319396	5020370	R201905210718333	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219417	0636321918	00006757166363219183	0533	Loaded
7319396	5020371	R201905210718333	MCH71-486	Hotel Glass Soap Dish	00106757164001219417	0636321919	00006757166363219190	0538	Loaded
7319396	5020371	R201905210718333	MCH71-502	Stova Lotion Pump	00106757164001219417	0636321920	00006757166363219206	0538	Loaded
7319396	5020372	R201905210718333	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219417	0636321921	00006757166363219213	0539	Loaded
7319396	5020373	R201905210718333	MCH71-1418	Cape Mosaic Cover Jar	00106757164001219417	0636321922	00006757166363219220	0540	Loaded
7319396	5020374	R201905210718333	MCH71-1419	Cape Mosaic Soap Dish	00106757164001219417	0636321923	00006757166363219237	0543	Loaded
7319396	5020376	R201905210718333	MCH70-1001	Serene Shower Curtain	00106757164001219417	0636321924	00006757166363219244	0553	Loaded

ShipmentCartonDetail(400014220)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020429	R201905210718356	MCH70-1137	Elodie Shower Curtain	00106757164001220536	0636321982	00006757166363219824	0758	Loaded
7319396	5020429	R201905210718356	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220536	0636321983	00006757166363219831	0758	Loaded
7319396	5020430	R201905210718356	MCH71-828	Atlantic Mosaic Toothbrush Hel	00106757164001220536	0636321984	00006757166363219848	0760	Loaded
7319396	5020431	R201905210718356	MCH70-988	Spa Waffle Shower Curtain	00106757164001220536	0636321985	00006757166363219855	0761	Loaded
7319396	5020432	R201905210718356	MCH70-988	Spa Waffle Shower Curtain	00106757164001220536	0636321986	00006757166363219862	0764	Loaded
7319396	5020433	R201905210718356	MCH70-1135	Kalapl Shower Curtain	00106757164001220536	0636321987	00006757166363219879	0772	Loaded
7319396	5020433	R201905210718356	MCH71-486	Hotel Glass Soap Dish	00106757164001220536	0636321988	00006757166363219886	0772	Loaded
7319396	5020435	R201905210718356	MCH71-501	Cape Mosaic Wastebasket	00106757164001220536	0636321989	00006757166363219893	0778	Loaded
7319396	5020446	R201905210718356	MCH71-831	Atlantic Mosaic Tray	00106757164001220536	0636322003	00006757166363220035	0810	Loaded
7319396	5020447	R201905210718356	MCH70-988	Spa Waffle Shower Curtain	00106757164001220536	0636322004	00006757166363220042	0811	Loaded
7319396	5020448	R201905210718356	MCH71-476	Serene Toothbrush Holder	00106757164001220536	0636322005	00006757166363220059	0812	Loaded
7319396	5020448	R201905210718356	MCH71-477	Serene Cotton Jar	00106757164001220536	0636322006	00006757166363220066	0812	Loaded
7319396	5020448	R201905210718356	MCH71-489	Hotel Glass Cotton Jar	00106757164001220536	0636322007	00006757166363220073	0812	Loaded
7319396	5020449	R201905210718356	MCH71-497	Cape Mosaic Lotion Pump	00106757164001220536	0636322008	00006757166363220080	0815	Loaded
7319396	5020450	R201905210718356	MCH71-500	Cape Mosaic Tissue Cover	00106757164001220536	0636322009	00006757166363220097	0817	Loaded
7319396	5020451	R201905210718356	MCH70-977	Paris Shower Curtain	00106757164001220536	0636322010	00006757166363220103	0823	Loaded
7319396	5020451	R201905210718356	MCH71-1423	Hotel Glass Tray	00106757164001220536	0636322011	00006757166363220110	0823	Loaded
7319396	5020452	R201905210718356	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001220536	0636322012	00006757166363220127	0824	Loaded
7319396	5020453	R201905210718356	MCH71-501	Cape Mosaic Wastebasket	00106757164001220536	0636322013	00006757166363220134	0828	Loaded
7319396	5020454	R201905210718356	MCH70-1141	Elm Waffle Shower Curtain	00106757164001220536	0636322014	00006757166363220141	0831	Loaded
7319396	5020455	R201905210718356	MCH70-977	Paris Shower Curtain	00106757164001220536	0636322015	00006757166363220158	0835	Loaded
7319396	5020456	R201905210718356	MCH70-984	Orlando Shower Curtain	00106757164001220536	0636322016	00006757166363220165	0838	Loaded
7319396	5020456	R201905210718356	MCH71-476	Serene Toothbrush Holder	00106757164001220536	0636322017	00006757166363220172	0838	Loaded
7319396	5020456	R201905210718356	MCH71-477	Serene Cotton Jar	00106757164001220536	0636322018	00006757166363220189	0838	Loaded
7319396	5020456	R201905210718356	MCH71-829	Atlantic Mosaic Soap Dish--Ova	00106757164001220536	0636322019	00006757166363220196	0838	Loaded
7319396	5020457	R201905210718356	MCH70-977	Paris Shower Curtain	00106757164001220536	0636322020	00006757166363220202	0841	Loaded

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Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020344	R201905210718311	MCH71-498	Cape Mosaic Toothbrush Holder	00106757164001220383	0636321890	00006757166363218902	0451	Loaded
7319396	5020344	R201905210718311	MCH71-499	Cape Mosaic Tray	00106757164001220383	0636321891	00006757166363218919	0451	Loaded
7319396	5020345	R201905210718311	MCH71-501	Cape Mosaic Wastebasket	00106757164001220383	0636321892	00006757166363218926	0452	Loaded
7319396	5020346	R201905210718311	MCH71-1423	Hotel Glass Tray	00106757164001220383	0636321893	00006757166363218933	0454	Loaded
7319396	5020348	R201905210718311	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220383	0636321895	00006757166363218957	0459	Loaded

ShipmentCartonDetail(400014221)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Status
7319396	5020316	R201905210718367	MCH71-477	Serene Cotton Jar	00106757164001220635	0636321854	00006757166363218544	0324	Loaded
7319396	5020318	R201905210718367	MCH71-500	Cape Mosaic Tissue Cover	00106757164001220635	0636321855	00006757166363218551	0329	Loaded
7319396	5020319	R201905210718367	MCH71-500	Cape Mosaic Tissue Cover	00106757164001220635	0636321856	00006757166363218568	0330	Loaded
7319396	5020320	R201905210718367	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220635	0636321857	00006757166363218575	0331	Loaded
7319396	5020321	R201905210718367	MCH70-998	Dellah Shower Curtain	00106757164001220635	0636321858	00006757166363218582	0338	Loaded
7319396	5020327	R201905210718367	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001220635	0636321867	00006757166363218674	0358	Loaded
7319396	5020328	R201905210718367	MCH70-978	Harbor Shower Curtain	00106757164001220635	0636321868	00006757166363218681	0361	Loaded
7319396	5020333	R201905210718367	MCH71-1419	Cape Mosaic Soap Dish	00106757164001220635	0636321876	00006757166363218766	0386	Loaded
7319396	5020336	R201905210718367	MCH71-501	Cape Mosaic Wastebasket	00106757164001220635	0636321881	00006757166363218810	0409	Loaded
7319396	5020337	R201905210718367	MCH70-1140	Elm Waffle Shower Curtain	00106757164001220635	0636321882	00006757166363218827	0410	Loaded
7319396	5020337	R201905210718367	MCH71-1418	Cape Mosaic Cover Jar	00106757164001220635	0636321883	00006757166363218834	0410	Loaded