


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

Master Bill of Lading Number: 06757166000422495

**SHIP TO**  
**Name:** Macy's /Bloom Consolidation Center **DC#:**  
 Div.  
**Address:** C/O Dynamic High Point  
 1124 Elon Place,  
**City/State/Zip:** High Point, NC 27260  
**SID#:** FOB:

**CARRIER NAME:** FedEx Freight Economy  
**Trailer number:** X6217  
**Seal number(s):**  
**SCAC:** F)  
**Pro Numbe** **508566637-5**  


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

**Freight Charge**  
**Prepaid:**  **Collect:**  **3rd Party:**

**SPECIAL INSTRUCTIONS:**  
 Load #: 00050028133S;00050026735S

**MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING**  

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

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO		Supplier#
						DC#		
2470609	4	53.10	Y	N	06757166000419020	AZ		
2470609	5	65.22	Y	N	06757166000419099	HU		
2470609	12	151.60	Y	N	06757166000419143	TU		
2470609	38	483.66	Y	N	06757166000419037	BA		
2470609	6	78.88	Y	N	06757166000419068	DV		
2470609	4	53.10	Y	N	06757166000419129	ST		
2470609	28	340.90	Y	N	06757166000419112	SC		
2470609	12	156.22	Y	N	06757166000419136	SW		
2470609	42	536.76	Y	N	06757166000419051	CL		
2470609	26	341.30	Y	N	06757166000419075	GN		
2470609	18	232.02	Y	N	06757166000419082	HA		
2470609	19	244.14	Y	N	06757166000419105	JP		
<b>Grand Total</b>	214	2736.90						

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

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

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

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

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

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  
*[Signature]* 6-27-19

**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.  
*[Signature]* 6-27-19

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757166000422495
Name:	E & E COMPANY LTD	
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		FOB: <input type="checkbox"/>

<b>SHIP TO</b>		CARRIER NAME: FedEx Freight Economy
Name:	Macy's /Bloom Consolidation Center	Trailer number: X6217
	DC#: Div.	Seal number(s):
Address:	C/O Dynamic High Point 1124 Elon Place,	SCAC: FXNL
City/State/Zip:	High Point, NC 27260	Pro Number: 5085666375
SID#:		FOB: <input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 00050028133S;00050026735S		AM PM	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 stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
12	Pallet			600.00		Pallet		70
		214	ctns	2736.90		Runners, Placemats, Napkins	49505	77.5
12				3336.90		<b>Grand Total</b>		

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<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;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b></p> <p><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></p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></p> <p><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></p>
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Date: 6/27/2019 1:06:31 PM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757166000419068	
Name: E & E COMPANY LTD		 (402)06757166000419068	
Address: 550 Northport Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#:			
PHONE:		CARRIER NAME: FedEx Freight Economy	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: X6217	
Name: Macy's Home MMG Denver DC Location #: DV		Seal number(s):	
Address: c/o Denver DC		SCAC: FXNL	
City/State/Zip: Devnver, CO 80216		Pro Number: 5085666375	
CID#:			
Dept: 0784		FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <b>X</b> 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 00050028133S 38832895 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
2470609	6	78.88	Y N	
<b>Grand Total</b>	6	78.88		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	78.88		Runners, Placemats, Napkins	49505	77.5
1		6		128.88		<b>Grand Total</b>		

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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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September 23, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **508566637-5**.

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**Delivery Information:**

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<b>Status:</b>	Delivered	<b>Delivery date:</b>	Jul 9, 2019 08:05
<b>Signed for by:</b>	** DRIVER SPOTTED **		
<b>Service type:</b>	FedEx Freight Economy		
<b>Special Handling:</b>			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

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**Shipping Information:**

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<b>Tracking number:</b>	508566637-5	<b>Ship date:</b>	Jun 27, 2019
		<b>Weight:</b>	3336.0 lbs/1513.2 kg

**Recipient:**  
HIGH POINT, NC US

**Shipper:**  
PORT WENTWORTH, GA US

**Purchase order number:**  
**Purchase order number:**

SEE BELOW  
SEE BELOW

Thank you for choosing FedEx.