

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000151315
Name:	E & E COMPANY LTD	
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING	
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"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING
City/State/Zip:	711	Appointment Time: 12:00 <sup>AM</sup> <sub>PM</sub> Actual Driver Arrival Time: 10:00 <sup>AM</sup> <sub>PM</sub> Driver Departure Time: 12:20 <sup>AM</sup> <sub>PM</sub>
<b>SPECIAL INSTRUCTIONS:</b>		
Load #: 50061445		

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
2748304	3	43.57	Y	N	06757164000151162	CD	1 PLT
2748326	6	51.81	Y	N	06757164000150981	HA	
2748304	9	83.70	Y	N	06757164000151155	AZ	1 PLT
2748326	4	19.05	Y	N	06757164000150967	DV	
2748326	9	83.95	Y	N	06757164000151032	SW	
9437301	23	388.96	Y	N	06757164000151100	BA	
2748326	18	167.39	Y	N	06757164000151001	JP	
9437308	39	653.43	Y	N	06757164000151216	PD	3 PLTS
2748326	12	128.14	Y	N	06757164000150929	AZ	
2748326	16	183.01	Y	N	06757164000151025	ST	
9437301	16	263.58	Y	N	06757164000151148	GN	
2748326	50	412.69	Y	N	06757164000150943	CI	
2748326	26	224.83	Y	N	06757164000150998	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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

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

<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.  Scott 7/1/19	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input 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.  XJE 07-01-19
			<b>Shipper Signature</b>

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000151315	
Name:	E & E COMPANY LTD		
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		
<b>SHIP TO</b>		<b>CARRIER NAME: NEW LEGEND TRUCKING</b>	
Name:	Macy's /Bloom Consolidation Center DC#:	Trailer number: L7348	
	Div.	Seal number(s): 0972884	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	SCAC: LEGS	
City/State/Zip:	Santa Fe Spgs, CA 90670	Pro Number:	
SID#:	FOB: <input type="checkbox"/>		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip:	7/1	Appointment Time Actual Driver Arrival Time Driver Departure Time	
<b>SPECIAL INSTRUCTIONS:</b>	Load #: 50061445	12:00 <sup>AM</sup> <sub>PM</sub> 10:00 <sup>AM</sup> <sub>PM</sub> 12:20 <sup>AM</sup> <sub>PM</sub>	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9437301	58	894.93	Y	N	06757164000151094	SC	
9437301	15	243.31	Y	N	06757164000151131	JP	
2748326	20	152.00	Y	N	06757164000150950	CL	
2748326	24	284.31	Y	N	06757164000150974	GN	
2748810	59	827.10	Y	N	06757164000151070	JP	
9437301	20	323.52	Y	N	06757164000151124	SW	
9437308	44	736.29	Y	N	06757164000151223	MB	3 PLTS
2748326	20	246.96	Y	N	06757164000151049	TU	
2748810	185	2854.10	Y	N	06757164000151056	SC	
2748304	13	113.30	Y	N	06757164000151186	OK	1 PLT
2748304	7	75.25	Y	N	06757164000151193	PD	1 PLT
2748810	89	1280.95	Y	N	06757164000151063	BA	
2748810	86	1276.13	Y	N	06757164000151087	GN	

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

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

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

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

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

<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. Scott 7/1/19	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input 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. [Signature] 07-01-19
	<b>Shipper Signature</b>		

Date: 7/1/2019 11:50:33 AM

# Master Bill Of Lading

Page 3 of 4

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

Master Bill of Lading Number: 06767164000151315

**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:** NEW LEGEND TRUCKING  
**Trailer number:** L7348  
**Seal number(s):** 0972894  
**SCAC:** LEGS  
**Pro Number:** \_\_\_\_\_

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

**Freight Charge Terms:**  
 Prepaid:  Collect:  3rd Party:   
 **MASTER BILL OF LADING: WITH ATTACHED UNDERLYING BILLS OF LANDING**

**SPECIAL INSTRUCTIONS:**  
 Load #: 50061445

Appointment Time: 12:00 AM  
 Actual Driver Arrival Time: 1000 AM  
 Driver Departure Time: 12:20 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
2748304	9	42.56	Y	N	06767164000151179	MB	1 PLT
2748326	29	244.06	Y	N	08757164000150938	BA	
2748326	106	1002.33	Y	N	06757164000151018	SC	
9437301	18	304.79	Y	N	06757164000151117	ST	
9437308	5	80.88	Y	N	06757164000151209	CD	1 PLT
<b>Grand Total</b>	<b>1038</b>	<b>13686.88</b>					

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 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
47	Pallet			2350.00		Pallet		70
		238	ctns	3889.60		Comforters, Bedspreads	49017	200
		356	ctns	5943.08		Mattress Pads	149265	100
		391	ctns	3500.94		Pillows, Valance, Towels	49390	100

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

**COD Amount \$** \_\_\_\_\_  
**Fee Terms:** Collect:  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 7/1/19

**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 J E 07-01-19

Date: 7/1/2019 11:50:33 AM

# Master Bill Of Lading

Page 4 of 4


<b>SHIP FROM</b>		Master Bill of Lading Number: 06757164000151315						
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>1680 Tide Court</b> City/State/Zip: <b>Woodland, CA 95778</b> SID#: _____ FOB: <input type="checkbox"/>								
<b>SHIP TO</b>		<b>CARRIER NAME: NEW LEGEND TRUCKING</b>						
Name: <b>Maoy's /Bloom Consolidation Center</b> DC#: _____ Div. _____ Address: <b>C/O Dynamic Santa Fe Springs</b> <b>14141 Alondra Boulevard,</b> City/State/Zip: <b>Santa Fe Spgs, CA 90670</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>L7348</b> Seal number(s): <b>0972894</b> SCAC: <b>LEGS</b> Pro Number: _____						
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>						
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>						
<b>SPECIAL INSTRUCTIONS:</b> Load #: 60061445 <div style="text-align: right; font-size: 2em; font-weight: bold;">7/1</div>		<input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>						
		Appointment Time <div style="font-size: 1.5em; font-weight: bold;">12:00 <sup>AM</sup> <sub>PM</sub></div>	Actual Driver Arrival Time <div style="font-size: 1.5em; font-weight: bold;">10:00 <sup>AM</sup> <sub>PM</sub></div>	Driver Departure Time <div style="font-size: 1.5em; font-weight: bold;">12:20 <sup>AM</sup> <sub>PM</sub></div>				
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(a) of NMFC Form 388.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		53	ctns	355.16		Shower curtain	49385	77.5
47				16038.88		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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>		
<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. <div style="font-size: 1.5em; font-weight: bold;">Stoll 7/1/19</div>	<table style="width:100%;"> <tr> <td style="width: 50%;"> <b>Trailer Loaded:</b>  <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver                     </td> <td style="width: 50%;"> <b>Freight Counted:</b>  <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces                     </td> </tr> </table>	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input 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. <div style="font-size: 2em; font-weight: bold;">JL 07-01-19</div>			

Date: 7/1/2019 11:48:39 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM				SHIP TO					
Name: E & E COMPANY LTD				Name: Macy's Home Store Cheshire DC Location #: CD					
Address: 1680 Tide Court				Address: c/o Cheshire DC					
City/State/Zip: Woodland, CA 95776				City/State/Zip: Cheshire, CT 06410					
SID#:				CID#:					
PHONE:				Dept: 0802					
VENDOR:				FOB: <input type="checkbox"/>					
Bill of Lading Number: 06757164000151182				Trailer number: L7348					
				Seal number(s): 0872894					
(402)06757164000151182				SCAC: LEGS					
CARRIER NAME: NEW LEGEND TRUCKING				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 #: 50081446 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		
2748304			3	43.57	Y	N			
<b>Grand Total</b>			<b>3</b>	<b>43.57</b>					
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			
		3	ctns	43.57		Pillows, Valance, Towels	49390	100	
1		3		93.57		<b>Grand Total</b>			

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount:

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

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: 7/1/2019 11:49:11 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Hayward DC Location #: HA
Address:	1600 Tide Court	Address:	o/o Hayward DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Hayward, CA 94545
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000150981		Trailer number: L7348	
		Seal number(s): 0972804	
(402)06757164000150981		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		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 #: 50061445		Packing List is Attached	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2748326	6	51.81	Y N	
<b>Grand Total</b>	<b>6</b>	<b>51.81</b>		


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		
		3	ctns	34.22		Pillows,Valance,Towels	49390	100
		3	ctns	17.59		Shower curtain	49386	77.5
1		6		101.81		<b>Grand Total</b>		

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

Date: 7/1/2019 11:50:04 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Goodyear DC Location #: AZ
Address:	1880 Tide Court	Address:	a/o Goodyear DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	16676 West Commerce Drive, Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000151155		Trailer number: L7348	
		Seal number(s): 0972894	
(402)06757164000151155		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		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 #: 50081445			AM
Packing List is Attached			PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2748304	9	83.70	Y N	
<b>Grand Total</b>	<b>9</b>	<b>83.70</b>		

## 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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	74.90		Pillows,Valance,Towels	49390	100
		2	ctns	8.80		Shower curtain	49386	77.5
1		9		133.70		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature \_\_\_\_\_

SHIPPER SIGNATURE / DATE

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

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: 7/1/2019 11:48:50 AM

## 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:	o/o Denver DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	510 East 51st Avenue, Denver, CO 80216
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000150067		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
 (402)06757164000150067		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
CARRIER NAME: NEW LEGEND TRUCKING		Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Responsible Acct.No:		Appointment Time	
Trailer number: L7348		Actual Driver Arrival Time	
Seal number(s): 0972894		Driver Departure Time	
SCAC: LEOS		AM AM AM	
Pro Number:		PM PM PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		SPECIAL INSTRUCTIONS:	
Address:		Load #: 50061445	
City/State/Zip:		Packaging List is Attached	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
2748326	4	19.05	Y	N	
<b>Grand Total</b>	<b>4</b>	<b>19.05</b>			

## 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		
		2	ctns	7.59		Pillows,Valance,Towels	49390	100
		2	ctns	11.46		Shower curtain	49385	77.5
1		4		69.05		<b>Grand Total</b>		

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

per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature \_\_\_\_\_

## SHIPPER SIGNATURE / DATE

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

## 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: 7/1/2019 11:49:15 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 08767164000161032	
Name:	E & E COMPANY LTD	 (402)08767164000161032	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 96776		
SID#:			
PHONE:			
VENDOR:		<b>CARRIER NAME:</b> NEW LEGEND TRUCKING Responsible Acct.No: Trailer number: L7348 Seal number(s): 0972894	
<b>SHIP TO</b>		<b>SCAC:</b> LEGS	
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"/>
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b> (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)	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 60061445		AM	AM
Packing List Is Attached		PM	PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2748328	9	83.95	Y N	
<b>Grand Total</b>	<b>9</b>	<b>83.95</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	79.88		Pillows,Valance,Towels	49390	100
		1	ctns	4.07		Shower curtain	49385	77.5
1		9		133.95		<b>Grand Total</b>		

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

per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

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.

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000151100	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06767164000151100	
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's Home MMG Bailey Rd DC Location #: BA Address: o/o Bailey Rd DC 300 South Bailey Road, City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0703		Responsible Acct.No: _____ Trailer number: L7348 Seal number(s): 0972894 SCAC: LEGS Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 60061445 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
9437301	23	388.96	Y N	
<b>Grand Total</b>	23	388.96		

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 #	GLASS
1	Pallet			60.00		Pallet		
		23	ctns	388.96		Comforters, Bedspreads	49017	200
1		23		438.96		<b>Grand Total</b>		


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

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Joppa DC Location #: JP
Address:	1680 Tide Court	Address:	c/o Joppa DC 3300 Fashion Way,
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Joppa, MD 21085
SID#:		CID#:	
PHONE:		Dept:	0802
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000161001		CARRIER NAME: NEW LEGEND TRUCKING	
		Responsible Acct.No:	
		Trailer number: L7348	
		Seal number(s): 0972894	
		SCAC: LEGS	
		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 underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time Driver Departure Time
Load #: 50061445		AM	AM AM
Packing List is Attached		PM	PM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2748326	18	167.39	Y N	
<b>Grand Total</b>	<b>18</b>	<b>167.39</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMPO Item 390</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	otns	139.87		Pillows,Valance,Towels	49390	100
		5	otns	27.52		Shower curtain	49385	77.5
1		18		217.39		<b>Grand Total</b>		


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

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000151216	
Name: E & E COMPANY LTD		 (402)06757164000151216	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		<b>CARRIER NAME: NEW LEGEND TRUCKING</b>	
VENDOR:		Responsible Aool.No:	
<b>SHIP TO</b>		Trailer number: L7348	
Name: Macy's Home MMG Portland DC Location #: PD		Seal number(s): 0972894	
Address: o/o Portland DC		<b>SCAC: LEGS</b>	
1155 Vaughn Parkway,		Pro Number:	
City/State/Zip: Portland, TN 37148			
CID#:			
Dept: 0703			
FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
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 (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50061445		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
0437308	39	653.43	Y N	
<b>Grand Total</b>		39	653.43	

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		
		39	ctns	653.43		Comforters, Bedspreads	49017	200
3		39		803.43		<b>Grand Total</b>		


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

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000150929										
Name:	E & E COMPANY LTD	 (402)06767164000150929										
Address:	1680 Tide Court											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:		<b>CARRIER NAME:</b> NEW LEGEND TRUCKING										
VENDOR:		Responsible Acct.No:										
<b>SHIP TO</b>		Trailer number: L7348										
Name:	Macy's Home Store Goodyear DC Location #: AZ	Seal number(s): 0972894										
Address:	Goodyear DC Pool Stock	<b>SCAC:</b> LEOS										
	16676 West Commerce Drive,	<b>Pro Number:</b>										
City/State/Zip:	Goodyear, AZ 85338											
CID#:												
Dept:	0602											
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 (check box)										
City/State/Zip:		<table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>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										
<b>SPECIAL INSTRUCTIONS:</b>												
Load #: 60061446												
Packing List Is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2748326	12	128.14	Y N	
<b>Grand Total</b>	<b>12</b>	<b>128.14</b>		

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			60.00		Pallet		
		12	ctns	128.14		Pillows,Valance,Towels	49390	100
1		12		178.14		<b>Grand Total</b>		

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

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000151026	
Name: E & E COMPANY LTD Address: 1800 Tide Court City/State/Zip: Woodland, CA 95778 SID#: PHONE: VENDOR:		 (402)06757164000151026	
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING	
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		Responsible Aool.No: Trailer number: L7348 Seal number(s): 0972894	
		SCAC: LEGS	
		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BIL. TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 50061445		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
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
2748326	16	183.01	Y    N	
<b>Grand Total</b>	<b>16</b>	<b>183.01</b>		


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 Rate 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		13	ctns	160.04		Pillows,Valance,Towels	49390	100
		3	ctns	22.07		Shower curtain	49385	77.5
1		16		233.01		<b>Grand Total</b>		

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

Date: 7/1/2019 11:49:01 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000151148										
Name:	E & E COMPANY LTD	 (402)06767164000151148										
Address:	1680 Tide Court											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:		<b>CARRIER NAME: NEW LEGEND TRUCKING</b>										
VENDOR:		Responsible Acct.No:										
<b>SHIP TO</b>		Trailer number: L7348										
Name:	Macy's Home MMG Gandy DC	Seal number(s): 0972894										
Address:	c/o Gandy DC	<b>SCAC: LEGS</b>										
City/State/Zip:	4130 Gandy Blvd., Tampa, FL 33611	Pro Number:										
CID#:												
Dept:	0703											
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>										
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 (check box)										
City/State/Zip:		<table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>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										
<b>SPECIAL INSTRUCTIONS:</b>												
Load #: 50061445												
Packing List is Attached												

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9437301	16	263.58	Y N	
<b>Grand Total</b>	<b>16</b>	<b>263.58</b>		

## 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		
		16	ctns	263.58		Comforters, Bedspreads	49017	200
<b>1</b>		<b>16</b>		<b>313.58</b>		<b>Grand Total</b>		

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

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000150943										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000150943										
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING										
Name: Macy's Home Store Los Angeles Location #: CI DC Address: c/o Los Angeles DC City/State/Zip: 15541 East Gale Avenue, City of Industry, CA 91745 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: L7348 Seal number(s): 0972894										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50061445 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
2748328	50	412.69	Y N	
<b>Grand Total</b>		50	412.69	


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 399</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		47	ctns	395.30		Pillows,Valance,Towels	49390	100
		3	ctns	17.39		Shower curtain	49385	77.5
1		50		462.69		<b>Grand Total</b>		

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

Date: 7/1/2019 11:49:43 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy'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#:		OID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000150998		Trailer number: L7348	
		Seal number(s): 0972884	
(402)06757164000150998		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		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 #: 50061446			PM
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2748326	28	224.83	Y N	
<b>Grand Total</b>	<b>28</b>	<b>224.83</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFPA Item 305.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		23	ctns	212.84		Pillows, Vaiance, Towels	49390	100
		3	ctns	11.99		Shower curtain	49385	77.5
1		26		274.83		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

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: 7/1/2019 11:49:26 AM

## Bill Of Lading


Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMQ Secaucus DC Location #: SC
Address:	1880 Tide Court	Address:	c/o Secaucus DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0703
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000151094		Trailer number: L7348	
		Seal number(s): 0972894	
(402)06757164000151094		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: <input checked="" type="checkbox"/>	
<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
9437301	58	894.93	Y N	
<b>Grand Total</b>	<b>58</b>	<b>894.93</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 310</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		58	ctns	894.93		Comforters, Bedspreads	49017	200
2		58		994.93		<b>Grand Total</b>		


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

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000151131	
Name: E & E COMPANY LTD		 (402)08757164000151131	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: NEW LEGEND TRUCKING	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: L7348	
VENDOR:		Seal number(s): 0972894	
FOB: <input type="checkbox"/>		SCAC: LEGS	
<b>SHIP TO</b>		Pro Number:	
Name: Macy's Home MMG 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	
City/State/Zip: Joppa, MD 21085		(check box) underlying Bills of Lading	
CID#:		Appointment Time	
Dept: 0703		Actual Driver Arrival Time	
FOB: <input type="checkbox"/>		Driver Departure Time	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		AM AM AM	
Name:		PM PM PM	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 50061445			
Packing List Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9437301	15	243.31	Y N	
<b>Grand Total</b>	<b>15</b>	<b>243.31</b>		

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		
		15	ctns	243.31		Comforters, Bedspreads	49017	200
<b>1</b>		<b>15</b>		<b>293.31</b>		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ for _____"		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14708(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		SHIPPER SIGNATURE _____ Title: _____	
Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.		CARRIER SIGNATURE _____ Title: _____	

<b>SHIP FROM</b>		Bill of Lading Number: 06767184000150960	
Name:	E & E COMPANY LTD	 (402)06767184000150960	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		<b>CARRIER NAME:</b> NEW LEGEND TRUCKING	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: L7848	
Name:	Macy's Home Store Mlnooka DC Location #: CL	Seal number(s): 0972894	
Address:	c/o Mlnooka DC	<b>SCAC:</b> LEGS	
City/State/Zip:	601 Midpoint Rd., Mlnooka, IL, 60447	<b>Pro Number:</b>	
GID#:			
Dept:	0602		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b> (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 (check box)	
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 50061445		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
2748326	20	152.00	Y N	
<b>Grand Total</b>	20	152.00		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFO Item 598</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	132.62		Pillows,Valance,Towels	49390	100
		3	ctns	19.38		Shower curtain	49385	77.5
1		20		202.00		<b>Grand Total</b>		

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

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

<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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input 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.
--	---	---	---

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Gandy DC Location #: GN
Address:	1680 Tide Court	Address:	c/o Gandy DC
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	4130 Gandy Blvd., Tampa, FL 33611
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000150974		Trailer number: L7348	
		Seal number(s): 0972894	
(402)06757164000150974		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		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 #: 60061446		PM	
Packing List is Attached		PM	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2748326	24	284.31	Y N	
<b>Grand Total</b>	<b>24</b>	<b>284.31</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 390</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		22	ctns	270.66		Pillows,Valance,Towels	49390	100
		2	ctns	13.65		Shower curtain	49385	77.5
1		24		334.31		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

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			SHIP TO					
Name:	E & E COMPANY LTD		Bill of Lading Number:	06757164000151070				
Address:	1680 Tide Court			CARRIER NAME: NEW LEGEND TRUCKING				
City/State/Zip:	Woodland, CA 95776							
SID#:			Responsible Acct.No:					
PHONE:			Trailer number:	L7348				
VENDOR:			Seal number(s):	0972894				
	FOB: <input type="checkbox"/>		SCAC:	LEGS				
			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 #: 50061445			AM	AM	AM			
Packing List Is Attached			PM	PM	PM			
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO			
2748810	59	827.10	Y	N				
<b>Grand Total</b>	<b>59</b>	<b>827.10</b>						
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 500.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		48	ctns	778.78		Mattress Pads	149265	100
		11	ctns	48.32		Pillows, Valance, Towels	49390	100
2		69		927.10		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

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: 7/1/2019 11:50:01 AM

## Bill Of Lading

Page 1 of 1


SHIP FROM					SHIP TO				
Name: E & E COMPANY LTD					Name: Macy's Home MMG South Windsor DC				
Address: 1600 Tide Court					Address: c/o South Windsor DC				
City/State/Zip: Woodland, CA 96776					City/State/Zip: 301 Governors Hwy, South Windsor, CT 06074				
SID#:					CID#:				
PHONE:					Dept: 0709				
VENDOR:					FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757164000151124					Trailer number: L7348				
					Seal number(s): 0972894				
(402)06757164000151124					SCAC: LEGS				
CARRIER NAME: NEW LEGEND TRUCKING					Pro Number:				
Responsible Acct.No:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
Prepaid: <input type="checkbox"/>					Collect: X				
3rd Party:					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					PM				
THIRD PARTY FREIGHT CHARGES BILL TO:									
Name:					SPECIAL INSTRUCTIONS:				
Address:					Load #: 50061445				
City/State/Zip:					Packing List is Attached				
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
9437301			20	323.52	Y	N			
<b>Grand Total</b>			20	323.52					
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			60.00		Pallet			
		20	ctns	323.52		Comforters, Bedspreads	49017	200	
1		20		373.52		<b>Grand Total</b>			

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

Date: 7/1/2019 11:49:54 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	MB
Address:	1880 Tide Court	Address:	333 Caperton Blvd
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	MB
SID#:		City/State/Zip:	Martinsburg, WV 26403
PHONE:		OID#:	
VENDOR:		Dept:	0703
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>
Bill of Lading Number: 06767164000161223		Trailer number: L7340	
		Seal number(s): 0972864	
(402)06767164000161223		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		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"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:		SPECIAL INSTRUCTIONS:	
Address:		Load #: 50061446	
City/State/Zip:		Packing List is Attached	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9437308	44	736.29	Y N	
<b>Grand Total</b>	<b>44</b>	<b>736.29</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodity requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		44	ctns	736.29		Comforters, Bedspreads	49017	200
3		44		886.29		<b>Grand Total</b>		

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

per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(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: 7/1/2019 11:49:04 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Tukwila DC Location #: TU
Address:	1690 Tide Court	Address:	c/o Tukwila DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Tukwila, WA 98188
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000151049		Trailer number: L7348	
		Seal number(s): 0972894	
(402)06757164000151049		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Propaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50061446		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
2748326	20	246.96	Y	N	
<b>Grand Total</b>	<b>20</b>	<b>246.96</b>			

## 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		
		18	ctns	221.33		Pillows,Valance,Towels	49390	100
		4	ctns	25.63		Shower curtain	49385	77.5
1		20		296.96		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

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: 7/1/2019 11:48:67 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Secaucus DC Location #: SC
Address:	1880 Tide Court	Address:	c/o Secaucus DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0814
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000161066		CARRIER NAME: NEW LEGEND TRUCKING	
		Responsible Acct.No:	
(402)06757164000161066		Trailer number: L7348	
		Seal number(s): 0972894	
		SCAC: LEGS	
		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 underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time Driver Departure Time
Load #: 60081445		AM	AM AM
Packing List is Attached		PM	PM PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2748810	185	2854.10	Y N	
<b>Grand Total</b>	<b>185</b>	<b>2854.10</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 569</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	Pallet			300.00		Pallet		
		162	ctns	2742.62		Mattress Pads	149285	100
		23	ctns	111.48		Pillows, Valance, Towels	49390	100
6		185		3154.10		<b>Grand Total</b>		

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

per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

## 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.

<b>SHIP FROM</b>		Bill of Lading Number: 06767164000151188
Name:	E & E COMPANY LTD	 (402)06767164000151188
Address:	1600 Tide Court	
City/State/Zip:	Woodland, CA 96776	
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	<b>CARRIER NAME:</b> NEW LEGEND TRUCKING

<b>SHIP TO</b>		Trailer number: L7348
Name:	Macy's Home Store Tulsa DC Location #: OK	Seal number(s): 0972894
Address:	o/o Tulsa DC	<b>SCAC:</b> LEGS
City/State/Zip:	7120 E 76th St North, Owasso, OK 74055	<b>Pro Number:</b>
CID#:		
Dept:	0602 FOB: <input type="checkbox"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>		
Name:		<b>Prepaid:</b>	<b>Collect: X</b>	<b>3rd Party:</b>
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
City/State/Zip:		<b>Appointment Time</b>	<b>Actual Driver Arrival Time</b>	<b>Driver Departure Time</b>
<b>SPECIAL INSTRUCTIONS:</b>		AM	AM	AM
Load #: 60061446		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2748304	13	113.30	Y N	
<b>Grand Total</b>	<b>13</b>	<b>113.30</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in loading or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NIPPO Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		10	ctns	68.65		Pillows,Valance,Towels	49390	100
		3	ctns	44.65		Shower curtain	49385	77.5
<b>1</b>		<b>13</b>		<b>163.30</b>		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ nor _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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.
--	---

<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 type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 7/1/2019 11:49:29 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		CUSTOMER ORDER INFORMATION	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Portland DC Location #: PD	CUSTOMER ORDER NUMBER	2748304
Address:	1680 Tide Court	Address:	o/o Portland DC	# PKGS	7
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	1156 Vaughn Parkway,	WEIGHT	75.25
SID#:		City/State/Zip:	Portland, TN 37148	PALLET/SLIP	Y N
PHONE:		CID#:		ADDITIONAL SHIPPER INFO	
VENDOR:		Dept:	0602	Grand Total	
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>		
Bill of Lading Number: 06757164000151193		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:			
CARRIER NAME: NEW LEGEND TRUCKING		Responsible Acct.No:			
Trailer number: L7348		Seal number(s): 0972804			
SCAC: LEOS		Pro Number:			
Name:		Appointment Time		Actual Driver Arrival Time	
Address:		AM		AM	
City/State/Zip:		PM		PM	
SPECIAL INSTRUCTIONS:		Driver Departure Time		AM	
Load #: 60061446		AM		PM	
Packing List is Attached		PM		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:					
Name:					
Address:					
City/State/Zip:					
Appointment Time					
Actual Driver Arrival Time					
Driver Departure Time					
AM					
PM					
PM					
Master Bill of Lading: with attached underlying Bills of Lading					
(check box)					


## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2748304	7	75.25	Y N	
<b>Grand Total</b>	<b>7</b>	<b>75.25</b>		

## CARRIER INFORMATION

HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE
QTY	TYPE	QTY	TYPE	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.	NMFC #
CLASS					
1	Pallet	50.00		Pallet	
		4	ctns	Pillows, Vaience, Towels	49390
		3	ctns	Shower curtain	49385
					77,5
<b>1</b>	<b>7</b>	<b>125.25</b>		<b>Grand Total</b>	

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

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000151063	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000151063	
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's Home MMG Bailey Rd DC Location #: BA Address: c/o Bailey Rd DC 300 South Bailey Road, City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: L7348 Seal number(s): 0972894	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 50061445 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
2748810	89	1280.95	Y N	
<b>Grand Total</b>	89	1280.95		


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(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		74	ctns	1207.73		Mattress Pads	149265	100
		15	ctns	73.22		Pillows, Valance, Towels	49390	100
4		89		1480.95		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <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 / 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 sold to contain <input type="checkbox"/> By Driver/Pieces
		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required pinboards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	

Date: 7/1/2019 11:50:29 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 08767164000161087	
Name:	E & E COMPANY LTD	 (402)08767164000161087	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		<b>CARRIER NAME:</b> NEW LEGEND TRUCKING Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: L7348	Seal number(s): 0972894
Name:	Macy's Home MMG Gandy DC	Location #: GN	
Address:	c/o Gandy DC		
City/State/Zip:	4130 Gandy Blvd.,		
CID#:	Tampa, FL 33811		
Dept:	0614	FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> Prepaid: Collect: <input checked="" type="checkbox"/> 3rd Party:	
Name:			
Address:			
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 60061446		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
2748810	86	1278.13	Y	N	
<b>Grand Total</b>	<b>86</b>	<b>1278.13</b>			

## 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
3	Pallet			150.00		Pallet		
		72	ctns	1213.96		Mattress Pads	149265	100
		14	ctns	64.17		Pillows, Valance, Towels	49390	100
<b>3</b>		<b>86</b>		<b>1428.13</b>		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

RECEIVED, subject to individually defined 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.

<b>SHIP FROM</b>		Bill of Lading Number: 08757164000151179	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000151179	
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING	
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: 0602		Responsible Acct.No: _____ Trailer number: L7348 Seal number(s): 0972894	
		SCAC: LEGS	
		Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 60061445 Reeking List is Attached		Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____ AM PM AM PM AM PM	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2748304	9	42.56	Y N	
<b>Grand Total</b>	9	42.56		

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 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		
		9	ctns	42.56		Pillows, Valance, Towels	49390	100
1		9		92.56		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14708(c)(1)(A) and (B).</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 _____
<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.	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
<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.	

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Maoy's Home Store Bailey Rd, DC Location #: BA
Address:	1680 Tide Court	Address:	Bailey Rd DC Pool Stock
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	300 South Bailey Road, North Jackson, OH 44451
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000150936		Trailer number: L7348	
		Seal number(s): 0972894	
		SCAC: LEGS	
		Pro Number:	
CARRIER NAME: NEW LEGEND TRUCKING		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Responsible Acct.No:		Prepaid: Collect: X 3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50061446		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
2748326	29	244.06	Y	N	
<b>Grand Total</b>	<b>29</b>	<b>244.06</b>			

## 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		
		21	ctns	178.24		Pillows,Valance,Towels	49390	100
		8	ctns	65.82		Shower curtain	49385	77.5
1		29		294.06		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature \_\_\_\_\_

## SHIPPER SIGNATURE / DATE

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

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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757164000151018	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000151018	
<b>SHIP TO</b>		CARRIER NAME: NEW LEGEND TRUCKING	
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: L7348 Seal number(s): 0972894 SCAC: LEGS Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50061446 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
2748326	106	1002.33	Y N	
<b>Grand Total</b>	106	1002.33		

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		
		98	ctns	950.06		Pillows,Valance,Towels	49390	100
		8	ctns	52.27		Shower curtain	49385	77.6
1		106		1052.33		<b>Grand Total</b>		

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

Date: 7/1/2019 11:49:40 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION		CARRIER INFORMATION	
Name: E & E COMPANY LTD		Name: Macy's Home MMG Stone Mountain DC		Name:		CUSTOMER ORDER NUMBER		HANDLING UNIT	
Address: 1680 Tide Court		Location #: ST		Address:		# PKGS		PACKAGE	
City/State/Zip: Woodland, CA 96776		Address: c/o Stone Mountain DC		City/State/Zip:		WEIGHT		WEIGHT	
SID#:		City/State/Zip: 4401 Sarr Parkway,		SPECIAL INSTRUCTIONS:		PALLET/SLIP		COMMODITY DESCRIPTION	
PHONE:		Stone Mountain, GA 30083		Load #: 60081446		Y N		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	
VENDOR:		CID#:		Packing Lists Attached		Grand Total		PACKAGE	
FOB: <input type="checkbox"/>		Dept: 0703		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		18 304.79		NMFC # CLASS	
		FOB: <input type="checkbox"/>		Prepaid: Collect: X 3rd Party:		18 304.79		49017 200	
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> Appointment Time Actual Driver Arrival Time Driver Departure Time AM AM AM PM PM PM		Grand Total			

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

per \_\_\_\_\_

GOD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:


By Shipper  
 By Driver

## Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Cheshire DC Location #: CD
Address:	1680 Tide Court	Address:	c/o Cheshire DC
City/State/Zip:	Woodland, CA 96776	City/State/Zip:	476 Knotter Drive, Cheshire, CT 06410
SID#:		CID#:	
PHONE:		Dept:	0703
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000161209		Trailer number: L7348	
		Seal number(s): 0972894	
(402)06767164000161209		SCAC: LEGB	
CARRIER NAME: NEW LEGEND TRUCKING		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	
Load #: 50061445		AM	AM
Packing List is Attached		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9437308	5	80.88	Y N	
<b>Grand Total</b>	<b>5</b>	<b>80.88</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFO Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	80.88		Comforters, Bedspreads	49017	200
1		5		130.88		<b>Grand Total</b>		

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





2748810	5061383	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258010	0637460537	00006757166374605371	Loaded
2748810	5061383	R2019062507411810	MCG21-1048	Pillow Protector	00106757164001258188	0637460538	00006757166374605388	Loaded
2748810	5061385	R2019062507411810	MCG16-1042	Mattress Pad	00106757164001257907	0637460540	00006757166374605401	Loaded
2748810	5061385	R2019062507411810	MCG16-1043	Mattress Pad	00106757164001257907	0637460541	00006757166374605418	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258010	0637460542	00006757166374605425	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258140	0637460543	00006757166374605432	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460544	00006757166374605449	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460545	00006757166374605456	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460546	00006757166374605463	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460547	00006757166374605470	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460548	00006757166374605487	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460549	00006757166374605494	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258058	0637460550	00006757166374605500	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460551	00006757166374605517	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460552	00006757166374605524	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460553	00006757166374605531	Loaded
2748810	5061385	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258140	0637460554	00006757166374605548	Loaded
2748810	5061385	R2019062507411810	MCG16-1046	Mattress Pad	00106757164001258140	0637460555	00006757166374605555	Loaded
2748810	5061385	R2019062507411810	MCG16-1054	Waterproof Mattress Pad	00106757164001258058	0637460556	00006757166374605562	Loaded
2748810	5061385	R2019062507411810	MCG16-1055	Waterproof Mattress Pad	00106757164001258140	0637460557	00006757166374605579	Loaded
2748810	5061386	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258140	0637460558	00006757166374605586	Loaded
2748810	5061386	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258140	0637460559	00006757166374605593	Loaded
2748810	5061386	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460560	00006757166374605609	Loaded
2748810	5061386	R2019062507411810	MCG21-1048	Pillow Protector	00106757164001258188	0637460561	00006757166374605616	Loaded
2748810	5061393	R2019062507411810	MCG16-1042	Mattress Pad	00106757164001257907	0637460575	00006757166374605753	Loaded
2748810	5061393	R2019062507411810	MCG16-1043	Mattress Pad	00106757164001257907	0637460576	00006757166374605760	Loaded
2748810	5061393	R2019062507411810	MCG16-1044	Mattress Pad	00106757164001258010	0637460577	00006757166374605777	Loaded
2748810	5061393	R2019062507411810	MCG16-1044	Mattress Pad	00106757164001258010	0637460578	00006757166374605784	Loaded
2748810	5061393	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258140	0637460579	00006757166374605791	Loaded
2748810	5061393	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258140	0637460580	00006757166374605807	Loaded
2748810	5061393	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258140	0637460581	00006757166374605814	Loaded
2748810	5061393	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460582	00006757166374605821	Loaded
2748810	5061393	R2019062507411810	MCG16-1050	Waterproof Mattress Protector	00106757164001258188	0637460583	00006757166374605838	Loaded
2748810	5061399	R2019062507411810	MCG21-1048	Pillow Protector	00106757164001258188	0637460595	00006757166374605951	Loaded
2748810	5061400	R2019062507411810	MCG16-1056	Waterproof Mattress Pad	00106757164001258140	0637460596	00006757166374605968	Loaded
2748810	5061400	R2019062507411810	MCG21-1048	Pillow Protector	00106757164001258188	0637460597	00006757166374605975	Loaded
2748810	5061401	R2019062507411810	MCG16-1042	Mattress Pad	00106757164001257907	0637460598	00006757166374605982	Loaded
2748810	5061404	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258140	0637460603	00006757166374606033	Loaded
2748810	5061404	R2019062507411810	MCG16-1045	Mattress Pad	00106757164001258072	0637460604	00006757166374606040	Loaded
2748810	5061404	R2019062507411810	MCG21-1048	Pillow Protector	00106757164001258188	0637460605	00006757166374606057	Loaded
2748810	5061404	R2019062507411810	MCG21-1049	Pillow Protector	00106757164001258188	0637460606	00006757166374606064	Loaded