

Date: 6/19/2019 8:26:57 AM

Master Bill Of Lading

Page 1 of 1

| SHIP FROM | | Master Bill of Lading Number: 06757161153417909 | |
|-----------------|------------------------------|---|--------------------------|
| Name: | E & E COMPANY LTD | | |
| Address: | 311 International Trade Pkwy | | |
| City/State/Zip: | Port Wentworth, GA 31407 | | |
| SID#: | | FOB: | <input type="checkbox"/> |

| SHIP TO | | CARRIER NAME: Knight Transportation | |
|-----------------|--|-------------------------------------|--------------------------|
| Name: | Macy's /Bloom Consolidation Center | Trailer number: | 80997 |
| | DC#: Div. | Seal number(s): | 2777414 |
| Address: | C/O Dynamic High Point 1124 Elon Place, | SCAC: KNIG | |
| City/State/Zip: | High Point, NC 27260 | Pro Number: 0 | |
| SID#: | | FOB: | <input type="checkbox"/> |

| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
|--------------------------------------|--|--|-------------------------------------|
| Name: | | Prepaid: | <input type="checkbox"/> |
| Address: | | Collect: | <input checked="" type="checkbox"/> |
| City/State/Zip: | | 3rd Party: | <input type="checkbox"/> |
| SPECIAL INSTRUCTIONS: | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING | |
| Load #: 50040394 | | Appointment Time | Actual Driver Arrival Time |
| | | 1000 AM PM | 1028 AM PM |
| | | Driver Departure Time | 1130 AM PM |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|----------------|-------------------------|---|-------------------|-------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | BOL# | ADDITIONAL SHIPPER INFO | |
| | | | | | | DC# | Supplier# |
| 5138515 | 6 | 232.10 | Y | N | 06757161152956027 | RF | |
| 5466480 | 36 | 1325.07 | Y | N | 06757161152911293 | TB | |
| Grand Total | 42 | 1557.17 | | | | | |

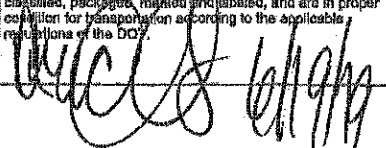
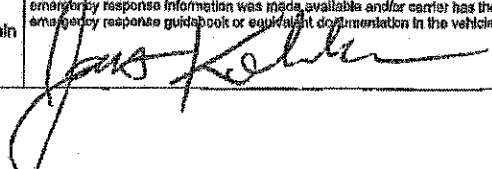
| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|------------|----------|--|----------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 7 | Pallet | | | 350.00 | | Pallet | | 70 |
| | | 42 | cins | 1557.17 | | Furniture (Seating, Storage, Outdoor) | 80580 | 150 |
| 7 | | | | 1907.17 | | Grand Total | | |


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

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

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

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

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

| | | |
|--|---------------------------------------|--|
| SHIP FROM | | Bill of Lading Number: 06757161152956027 |
| Name: E & E COMPANY LTD | Address: 311 International Trade Pkwy |  (402)06757161152956027 |
| City/State/Zip: Port Wentworth, GA 31407 | SID#: | |
| PHONE: | VENDOR: | CARRIER NAME: Knight Transportation |
| FOB: <input type="checkbox"/> | | Responsible Acct.No: |

| | | |
|---|----------------------------------|-------------------------|
| SHIP TO | | Trailer number: 80997 |
| Name: Macy's HomeStore Raritan Furniture DC | Location #: RF | Seal number(s): 2777414 |
| Address: 401 Clearview Rd | City/State/Zip: Edison, NJ 08837 | SCAC: KNIG |
| CID#: | Dept: 0872 | Pro Number: 0 |
| FOB: <input type="checkbox"/> | | |

| | | | |
|--|----------------------------|---|------------|
| THIRD PARTY FREIGHT CHARGE BILL TO | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | Address: | Prepaid: <input type="checkbox"/> | Collect: X |
| City/State/Zip: | | 3rd Party: <input type="checkbox"/> | |
| SPECIAL INSTRUCTIONS: Load #: 50040394 3799811 Packing List is Attached | | Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box) | |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time | |
| AM | AM | AM | |
| PM | PM | PM | |

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|----------|---------------|-------------|-------------------------|
| 6138615 | 6 | 232.10 | Y N | |
| Grand Total | 6 | 232.10 | | |

| 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(s) of NMFC Item 300</small> | PACKAGE | |
|---------------|--------|---------|------|--------|----------|--|---------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 6 | ctns | 232.10 | | Furniture (Seating, Storage, Outdoor) | 80580 | 150 |
| 1 | | 6 | | 282.10 | | Grand Total | | |

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

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

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

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

Customer: MACY'SHOMESTORERARITAN FURNITURE DC

Ship Date: 06/19/2019

SHIP FROM:

E & E COMPANY LTD
311 INTERNATIONAL TRADE PKWY
PORT WENTWORTH, GA 31407

BILL TO:

MACY.COM (DC FOR FUR)
7 W 7TH ST,
CINCINNATI, OH 45202
US

SHIP TO:

MACY'SHOMESTORERARITAN FURNITURE
DC
401 CLEARVIEW RD
EDISON, NJ 08837
US

| Cart. PO No. | Cart. SKU No. | Item No. | UPC | Description | UOM | Case Pack Qty | Qty Ordered | Ctns Ordered | Qty Shipped | Ctns Shipped |
|--------------|---------------|------------|--------------|-------------------------------|-----|---------------|-------------|--------------|-------------|--------------|
| 5138515 | N/A | FPF18-0052 | 675716464059 | Hayden Slipper Accent Chair | EA | 1 | 1 | 1 | 1 | 1 |
| 5138515 | N/A | FPF18-0160 | 675716530969 | Colton chair | EA | 1 | 1 | 1 | 1 | 1 |
| 5138515 | N/A | FPF18-0195 | 675716543211 | Shandra II Tufted Top Storage | EA | 1 | 1 | 1 | 1 | 1 |
| 5138515 | N/A | FPF18-0487 | 675716727178 | Shandra upholstered ottoman | EA | 1 | 1 | 1 | 1 | 1 |
| 5138515 | N/A | FPF18-0514 | 675716746377 | Qwen Button Tufted Chair | EA | 1 | 1 | 1 | 1 | 1 |
| 5138515 | N/A | MP100-0017 | 675716843625 | Maxwell/Roan/Lyle Chair | EA | 1 | 1 | 1 | 1 | 1 |

Total Weight: 232.1
Total Quantity Ordered: 6
Total Cartons Ordered: 6
Total Quantity Shipped: 6
Total Cartons Shipped: 6