

|  |  |  |  |
|--|--|--|--|
| <b>SHIP FROM:</b>  |  | Master Bill of Lading Number: 06757164000155245  |  |
| Name: <b>E &amp; E COMPANY LTD</b><br>Address: <b>1680 Tide Court</b><br>City/State/Zip: <b>Woodland, CA 95776</b><br>SID#: _____ FOB: <input type="checkbox"/>  |  |  |  |
| <b>SHIP TO:</b>  |  | <b>CARRIER NAME: NEW LEGEND TRUCKING</b>   |  |
| Name: <b>Macy's /Bloom Consolidation Center</b> DC#: _____<br>Div. _____<br>Address: <b>C/O Dynamic Santa Fe Springs</b><br><b>14141 Alondra Boulevard,</b><br>City/State/Zip: <b>Santa Fe Spgs, CA 90670</b><br>SID#: _____ FOB: <input type="checkbox"/> |  | Trailer number: <b>L7873</b><br>Seal number(s): <b>0966688</b><br>SCAC: <b>LEGS</b><br>Pro Number: _____                 |  |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>  |  | <b>Freight Charge Terms:</b>   |  |
| Name: _____<br>Address: _____ <b>7/17</b><br>City/State/Zip: _____   |  | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>       |  |
| <b>SPECIAL INSTRUCTIONS:</b><br>Load #: 50093182   |  | <input checked="" type="checkbox"/> (check box) <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b> |  |
|  |  | Appointment Time <b>1:00</b> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM               | Actual Driver Arrival Time <b>2:00</b> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM |

| CUSTOMER ORDER INFORMATION |            |            |                         |   |                   |                             |              |
|----------------------------|------------|------------|-------------------------|---|-------------------|-----------------------------|--------------|
| CUSTOMER ORDER NUMBER      | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) |   | BOL#              | ADDITIONAL SHIPPER INFO DC# | Supplier#    |
| 3196180                    | 11         | 96.53      | Y                       | N | 06757164000154927 | AZ                          |              |
| 3196180                    | 29         | 296.77     | Y                       | N | 06757164000154989 | HA                          |              |
| 3196180                    | 20         | 215.04     | Y                       | N | 06757164000155023 | ST                          |              |
| 3196158                    | 12         | 109.59     | Y                       | N | 06757164000154828 | AZ                          |              |
| 3196180                    | 18         | 183.79     | Y                       | N | 06757164000155009 | JP                          |              |
| 3196158                    | 48         | 336.32     | Y                       | N | 06757164000154835 | OK                          |              |
| 3196180                    | 48         | 363.48     | Y                       | N | 06757164000154972 | GN                          |              |
| 3196180                    | 38         | 316.68     | Y                       | N | 06757164000154934 | BA                          |              |
| 3196180                    | 68         | 748.23     | Y                       | N | 06757164000154996 | HU                          |              |
| 3196180                    | 24         | 297.12     | Y                       | N | 06757164000155047 | TU                          |              |
| 3214957                    | 34         | 255.10     | Y                       | N | 06757164000154842 | PD                          |              |
| 3214957                    | 12         | 95.16      | Y                       | N | 06757164000154859 | CD                          |              |
| 3214957                    | 117        | 779.09     | Y                       | N | 06757164000154866 | OK                          | <b>2 PLS</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.  
*Emilio* **7-17-19**

**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.  
*Tom*

|  |  |  |  |
|--|--|--|--|
| <b>SHIP FROM</b>   |  | Master Bill of Lading Number: 06757164000155245  |  |
| 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. _____ |  | Trailer number: L7873  |  |
| Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, |  | Seal number(s): 0966668  |  |
| City/State/Zip: Santa Fe Spgs, CA 90670                        |  | SCAC: LEGS   |  |
| SID#: _____ FOB: <input type="checkbox"/>                      |  | Pro Number: _____  |  |
| <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 UNDERLYING BILLS OF LANDING              |  |
| City/State/Zip: _____  |  | Appointment Time Actual Driver Arrival Time Driver Departure Time  |  |
| SPECIAL INSTRUCTIONS:<br>Load #: 50093182                      |  | 1:00 AM PM 2:00 AM PM 6:00 AM PM   |  |

| CUSTOMER ORDER INFORMATION |            |            |                         |   |                   |                             |           |
|----------------------------|------------|------------|-------------------------|---|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER      | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) |   | BOL#              | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 3196158                    | 18         | 136.46     | Y                       | N | 06757164000154811 | MB                          |           |
| 3196180                    | 87         | 818.86     | Y                       | N | 06757164000154941 | CI                          |           |
| 3196180                    | 64         | 667.28     | Y                       | N | 06757164000154958 | CL                          |           |
| 3196180                    | 31         | 303.01     | Y                       | N | 06757164000155016 | SC                          |           |
| 3196158                    | 7          | 59.09      | Y                       | N | 06757164000154798 | CD                          |           |
| 3196180                    | 30         | 295.93     | Y                       | N | 06757164000155030 | SW                          |           |
| 3197093                    | 80         | 1279.01    | Y                       | N | 06757164000154873 | CD                          | 3 PLTS    |
| 3197093                    | 193        | 2864.47    | Y                       | N | 06757164000154880 | PD                          | 7 PLTS    |
| 3196158                    | 22         | 143.76     | Y                       | N | 06757164000154804 | PD                          |           |
| 3196180                    | 5          | 21.42      | Y                       | N | 06757164000154965 | DV                          |           |
| 3197093                    | 287        | 4418.95    | Y                       | N | 06757164000154903 | OK                          | 11 PLTS   |
| 3197093                    | 297        | 4547.71    | Y                       | N | 06757164000154897 | MB                          | 12 PLTS   |
| 3197104                    | 159        | 2159.05    | Y                       | N | 06757164000155054 | BA                          |           |

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| <p>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:<br/>                 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____</p> | <p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p> |
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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).**

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| <p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p> | <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p> |
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|---|---|---|--|
| <p><b>SHIPPER SIGNATURE / DATE</b><br/>                 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.<br/> <i>Emc 7-17-19</i></p> | <p><b>Trailer Loaded:</b><br/> <input checked="" type="checkbox"/> By Shipper<br/> <input type="checkbox"/> By Driver</p> | <p><b>Freight Counted:</b><br/> <input checked="" type="checkbox"/> By Shipper<br/> <input type="checkbox"/> By Driver/pallets sold to contain<br/> <input type="checkbox"/> By Driver/Pieces</p> | <p><b>CARRIER SIGNATURE / PICKUP DATE</b><br/>                 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.<br/> <i>x Tom Burkhardt</i></p> |
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Date: 7/17/2019 4:44:30 PM

# Master Bill Of Lading

Page 3 of 3

|                  |                    |   |                               |
|------------------|--------------------|---|-------------------------------|
| <b>SHIP FROM</b> |                    | Master Bill of Lading Number: 06757164000155245 |                               |
| Name:            | E & E COMPANY LTD  | Address:  | 1680 Tide Court               |
| City/State/Zip:  | Woodland, CA 95778 | SID#:   | FOB: <input type="checkbox"/> |

|                 |   |                                   |         |
|-----------------|---|-----------------------------------|---------|
| <b>SHIP TO</b>  |   | CARRIER NAME: NEW LEGEND TRUCKING |         |
| Name:           | Macy's /Bloom Consolidation Center DC#:               | Trailer number:                   | L7873   |
| Address:        | C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, | Seal number(s):                   | 0966668 |
| City/State/Zip: | Santa Fe Spgs, CA 90670                               | SCAC:                             | LEGS    |
| SID#:           | FOB: <input type="checkbox"/>                         | Pro Number:                       |         |

|   |          |   |                                     |
|---|----------|---|-------------------------------------|
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> |          | Freight Charge Terms:   |                                     |
| Name:                                       |          | Prepaid:  | <input type="checkbox"/>            |
| Address:                                    |          | Collect:  | <input checked="" type="checkbox"/> |
| City/State/Zip:                             |          | 3rd Party:  | <input type="checkbox"/>            |
| <b>SPECIAL INSTRUCTIONS:</b>                |          | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box) |                                     |
| Load #:                                     | 50093182 | Appointment Time  | Actual Driver Arrival Time          |
|   |          | AM  | AM                                  |
|   |          | PM  | PM                                  |
|   |          | Driver Departure Time   | AM                                  |
|   |          |   | PM                                  |

|                    |      |          |  |  |  |  |  |
|--------------------|------|----------|--|--|--|--|--|
| <b>Grand Total</b> | 1759 | 21807.90 |  |  |  |  |  |
|--------------------|------|----------|--|--|--|--|--|


| CARRIER INFORMATION |        |         |      |            |          |  |          |       |
|---------------------|--------|---------|------|------------|----------|--|----------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT LBS | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 59                  | Pallet |         |      | 2950.00    |          | Pallet   |          | 70    |
|                     |        | 943     | ctns | 14811.56   |          | Mattress Pads  | 149265   | 100   |
|                     |        | 476     | ctns | 4616.08    |          | Pillows,Valance,Towels   | 49390    | 100   |
|                     |        | 177     | ctns | 1250.91    |          | Shower curtain   | 49385    | 77.5  |
|                     |        | 163     | ctns | 1129.35    |          | Throws,Blankets  | 49040    | 150   |
| 59                  |        |         |      | 24757.90   |          | <b>Grand Total</b>   |          |       |

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| 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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount \$</b> _____<br><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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).**

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| 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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|---|---|---|---|
| <b>SHIPPER SIGNATURE / DATE</b><br>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.<br><i>Done @ 7.17.19</i> | <b>Trailer Loaded:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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: 06757164000154927   |                       |
| Name: E & E COMPANY LTD   |  | <br>(402)06757164000154927 |                       |
| 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: L7873  |                       |
| Name: Macy's Home Store Goodyear DC Location #: AZ                    |  | Seal number(s): 0966668  |                       |
| Address: Goodyear DC Pool Stock                                       |  | <b>SCAC:</b> LEGS  |                       |
| 16575 West Commerce Drive,  |  | <b>Pro Number:</b>   |                       |
| City/State/Zip: Goodyear, AZ 85338                                    |  |  |                       |
| CID#:   |  |  |                       |
| Dept: 0602  |  |  |                       |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>                           |  | <b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)                           |                       |
| Name:   |  | <b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> X <b>3rd Party:</b>                                 |                       |
| Address:  |  | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading                     |                       |
| City/State/Zip:   |  | (check box)  |                       |
| SPECIAL INSTRUCTIONS:<br>Load #: 50093182<br>Packing List Is Attached |  | Appointment Time   |                       |
|   |  | Actual Driver Arrival Time   | Driver Departure Time |
|   |  | AM   | AM                    |
|   |  | PM   | PM                    |

| CUSTOMER ORDER INFORMATION |        |        |             |                         |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3196180                    | 11     | 96.53  | Y N         |                         |
| <b>Grand Total</b>         | 11     | 96.53  |             |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |         |       |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 350</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |        |          |  | NMFC #  | CLASS |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |         |       |
|                     |        | 9       | ctns | 88.39  |          | Pillows,Valance,Towels   | 49390   | 100   |
|                     |        | 2       | ctns | 8.14   |          | Shower curtain   | 49385   | 77.5  |
| 1                   |        | 11      |      | 146.53 |          | <b>Grand Total</b>   |         |       |

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

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

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

Date: 7/17/2019 4:43:24 PM

**Bill Of Lading**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>SHIP FROM</b>  |  | Name: E & E COMPANY LTD<br>Address: 1680 Tide Court<br>City/State/Zip: Woodland, CA 95776<br>SID#: _____<br>PHONE: _____<br>VENDOR: _____ FOB: <input type="checkbox"/>                          |  | Bill of Lading Number: 06757184000154989<br><br>(402)06757164000154989   |  |
| <b>SHIP TO</b>  |  | Name: Macy's Home Store Hayward DC Location #: HA<br>Address: o/o Hayward DC<br>28701 Hall Road,<br>City/State/Zip: Hayward, CA 94545<br>CID#: _____<br>Dept: 0602 FOB: <input type="checkbox"/> |  | CARRIER NAME: NEW LEGEND TRUCKING<br>Responsible Acct.No: _____<br>Trailer number: L7873<br>Seal number(s): 0986888<br>SCAC: LEGS<br>Pro Number: _____   |  |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>                           |  | Name: _____<br>Address: _____<br>City/State/Zip: _____   |  | Freight Charge Terms: (freight charges are prepaid unless marked otherwise)<br>Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____<br><input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading |  |
| SPECIAL INSTRUCTIONS:<br>Load #: 50093182<br>Packing List is Attached |  | Appointment Time<br>AM<br>PM   |  | Actual Driver Arrival Time<br>AM<br>PM   |  |

| CUSTOMER ORDER INFORMATION |        |        |             |                         |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3196180                    | 29     | 296.77 | Y N         |                         |
| <b>Grand Total</b>         | 29     | 296.77 |             |                         |


| CARRIER INFORMATION |        |         |      |        |          |  |         |       |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 580</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |        |          |  | NMFC #  | CLASS |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |         |       |
|                     |        | 22      | ctns | 236.70 |          | Pillows, Valance, Towels   | 49390   | 100   |
|                     |        | 7       | ctns | 60.07  |          | Shower curtain   | 49385   | 77.5  |
| 1                   |        | 29      |      | 346.77 |          | <b>Grand Total</b>   |         |       |

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| 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:<br>"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____" | COD Amount: _____<br>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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.<br><p style="text-align: right;"><b>Shipper Signature</b></p> |
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| <b>SHIPPER SIGNATURE / DATE</b><br>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:<br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | Freight Counted:<br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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>  |  | <b>Bill of Lading Number:</b> 06757164000155023  |                            |
| Name: E & E COMPANY LTD<br>Address: 1680 Tide Court<br>City/State/Zip: Woodland, CA 95776<br>SID#: _____<br>PHONE: _____<br>VENDOR: _____   |  | <br>(402)06757164000155023 |                            |
| <b>SHIP TO</b>  |  | <b>CARRIER NAME:</b> NEW LEGEND TRUCKING   |                            |
| Name: Macy's Home Store Stone Mountain DC      Location #: ST<br>Address: o/o Stone Mountain DC<br>City/State/Zip: 4401 Sarr Parkway, Stone Mountain, GA 30083<br>CID#: _____<br>Dept: 0602 |  | Responsible Acct.No: _____<br>Trailer number: L7873<br>Seal number(s): 0966668                               |                            |
|   |  | <b>SCAC:</b> LEGS  |                            |
|   |  | <b>Pro Number:</b> _____   |                            |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>   |  | <b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)                           |                            |
| Name: _____<br>Address: _____<br>City/State/Zip: _____  |  | Prepaid: _____      Collect: <input checked="" type="checkbox"/> 3rd Party: _____                            |                            |
| SPECIAL INSTRUCTIONS:<br>Load #: 50093182<br>Packing List is Attached   |  | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading                     |                            |
|   |  | Appointment Time   | Actual Driver Arrival Time |
|   |  | AM   | AM                         |
|   |  | PM   | PM                         |

| CUSTOMER ORDER INFORMATION |        |        |             |                         |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3196180                    | 20     | 215.04 | Y    N      |                         |
| <b>Grand Total</b>         | 20     | 215.04 |             |                         |


| CARRIER INFORMATION |        |         |      |        |          |  |         |       |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |        |          |  | NMFC #  | CLASS |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |         |       |
|                     |        | 11      | ctns | 115.37 |          | Pillows,Valance,Towels   | 49390   | 100   |
|                     |        | 9       | ctns | 99.67  |          | Shower curtain   | 49385   | 77.5  |
| 1                   |        | 20      |      | 265.04 |          | <b>Grand Total</b>   |         |       |

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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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount:</b> _____<br><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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.<br><p style="text-align: right;"><b>Shipper Signature</b></p> |
|--|---|

|  |   |   |   |
|--|---|---|---|
| <b>SHIPPER SIGNATURE / DATE</b><br>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><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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>  |  | <b>Bill of Lading Number:</b> 06757164000154828   |  |
| Name: E & E COMPANY LTD<br>Address: 1680 Tide Court<br>City/State/Zip: Woodland, CA 95776<br>SID#: _____<br>PHONE: _____<br>VENDOR: _____                                       |  | <br>(402)06757164000154828  |  |
| <b>SHIP TO</b>  |  | <b>CARRIER NAME:</b> NEW LEGEND TRUCKING  |  |
| Name: Macy's Home Store Goodyear DC Location #: AZ<br>Address: o/o Goodyear DC<br>16575 West Commerce Drive,<br>City/State/Zip: Goodyear, AZ 85338<br>CID#: _____<br>Dept: 0602 |  | Responsible Acct.No: _____<br>Trailer number: L7873<br>Seal number(s): 0966668<br><b>SCAC:</b> LEGS<br><b>Pro Number:</b> _____   |  |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>   |  | <b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)  |  |
| Name: _____<br>Address: _____<br>City/State/Zip: _____  |  | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/><br><input type="checkbox"/> (check box)      Master Bill of Lading: with attached underlying Bills of Lading |  |
| <b>SPECIAL INSTRUCTIONS:</b><br>Load #: 50093182<br>Packing List is Attached  |  | Appointment Time<br>AM<br>PM  | Actual Driver Arrival Time<br>AM<br>PM |
|   |  | Driver Departure Time<br>AM<br>PM   |  |


| CUSTOMER ORDER INFORMATION |        |        |             |                         |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3196158                    | 12     | 109.59 | Y    N      |                         |
| <b>Grand Total</b>         | 12     | 109.59 |             |                         |

| CARRIER INFORMATION |        |         |      |        |          |                          |         |      |
|---------------------|--------|---------|------|--------|----------|--------------------------|---------|------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION    | PACKAGE |      |
| QTY                 | TYPE   | QTY     | TYPE |        |          | NMFC #                   | CLASS   |      |
| 1                   | Pallet |         |      | 50.00  |          | Pallet                   |         |      |
|                     |        | 5       | ctns | 47.67  |          | Pillows, Valance, Towels | 49390   | 100  |
|                     |        | 7       | ctns | 61.92  |          | Shower curtain           | 49385   | 77.5 |
| 1                   |        | 12      |      | 159.59 |          | <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:<br>"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____   | <b>COD Amount:</b> _____<br><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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.<br><br><div style="text-align: right;"><b>Shipper Signature</b></div>   |   |   |
| <b>SHIPPER SIGNATURE / DATE</b><br>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.   | <table style="width:100%;"> <tr> <td style="width: 50%;"> <b>Trailer Loaded:</b><br/> <input type="checkbox"/> By Shipper<br/> <input type="checkbox"/> By Driver                 </td> <td style="width: 50%;"> <b>Freight Counted:</b><br/> <input type="checkbox"/> By Shipper<br/> <input type="checkbox"/> By Driver/pallets said to contain<br/> <input type="checkbox"/> By Driver/Pieces                 </td> </tr> </table> | <b>Trailer Loaded:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces |
| <b>Trailer Loaded:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver  | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces   |   |   |
| <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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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# Bill Of Lading

|  |                            |   |  |                  |                            |                       |    |    |    |    |    |    |
|--|----------------------------|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| <b>SHIP FROM</b>   |                            | <b>Bill of Lading Number:</b> 06757164000155009   |  |                  |                            |                       |    |    |    |    |    |    |
| Name: E & E COMPANY LTD<br>Address: 1680 Tide Court<br>City/State/Zip: Woodland, CA 95778<br>SID#: _____<br>PHONE: _____<br>VENDOR: _____                          |                            | <br>(402)06757164000155009  |  |                  |                            |                       |    |    |    |    |    |    |
| <b>SHIP TO</b>   |                            | <b>CARRIER NAME:</b> NEW LEGEND TRUCKING  |  |                  |                            |                       |    |    |    |    |    |    |
| Name: Macy's Home Store Joppa DC      Location #: JP<br>Address: c/o Joppa DC<br>3300 Fashion Way,<br>City/State/Zip: Joppa, MD 21085<br>CID#: _____<br>Dept: 0602 |                            | Responsible Acct.No: _____<br>Trailer number: L7873<br>Seal number(s): 0966668<br><b>SCAC:</b> LEGS<br><b>Pro Number:</b> _____   |  |                  |                            |                       |    |    |    |    |    |    |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>  |                            | <b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  |  |                  |                            |                       |    |    |    |    |    |    |
| Name: _____<br>Address: _____<br>City/State/Zip: _____   |                            | <b>Prepaid:</b> <b>Collect: X</b> <b>3rd Party:</b><br><input type="checkbox"/> Master Bill of Lading: with attached<br>(check box)                      underlying Bills of Lading   |  |                  |                            |                       |    |    |    |    |    |    |
| <b>SPECIAL INSTRUCTIONS:</b><br>Load #: 60093182<br>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 |
| 3196180                    | 18     | 183.79 | Y    N      |                         |
| <b>Grand Total</b>         | 18     | 183.79 |             |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |         |       |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |        |          |  | NMFC #  | CLASS |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |         |       |
|                     |        | 8       | ctns | 142.54 |          | Pillows, Valance, Towels   | 49390   | 100   |
|                     |        | 10      | ctns | 41.25  |          | Shower curtain   | 49385   | 77.5  |
| 1                   |        | 18      |      | 233.79 |          | <b>Grand Total</b>   |         |       |

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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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount:</b> _____<br><b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/><br><b>Customer check acceptable:</b> <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.<br><p style="text-align: right;"><b>Shipper Signature</b></p> |
|--|---|

|  |   |   |   |
|--|---|---|---|
| <b>SHIPPER SIGNATURE / DATE</b><br>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><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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: 7/17/2019 4:43:09 PM

# Bill Of Lading

Page 1 of 1

|   |  |   |   |
|---|--|---|---|
| <b>SHIP FROM</b>  |  | <b>Bill of Lading Number:</b> 06757164000154934   |   |
| <b>Name:</b> E & E COMPANY LTD<br><b>Address:</b> 1680 Tide Court<br><b>City/State/Zip:</b> Woodland, CA 95776<br><b>SID#:</b><br><b>PHONE:</b><br><b>VENDOR:</b>   |  | <br>(402)06757164000154934  |   |
| <b>SHIP TO</b>  |  | <b>CARRIER NAME:</b> NEW LEGEND TRUCKING  |   |
| <b>Name:</b> Macy's Home Store Bailey Rd, DC Location #: BA<br><b>Address:</b> Bailey Rd DC Pool Stock<br>300 South Bailey Road,<br><b>City/State/Zip:</b> North Jackson, OH 44451<br><b>CID#:</b><br><b>Dept:</b> 0602 |  | Responsible Acct.No:<br>Trailer number: L7873<br>Seal number(s): 0966668<br><b>SCAC:</b> LEGS<br><b>Pro Number:</b>   |   |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>   |  | <b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)  |   |
| <b>Name:</b><br><b>Address:</b><br><b>City/State/Zip:</b>   |  | <b>Prepaid:</b> <b>Collect:</b> X <b>3rd Party:</b><br><input type="checkbox"/> Master Bill of Lading: with attached<br>(check box)                      underlying Bills of Lading |   |
| <b>SPECIAL INSTRUCTIONS:</b><br>Load #: 50093182<br>Packing List Is Attached  |  | <b>Appointment Time</b><br>AM<br>PM   | <b>Actual Driver Arrival Time</b><br>AM<br>PM |
|   |  | <b>Driver Departure Time</b><br>AM<br>PM  |   |

| CUSTOMER ORDER INFORMATION |           |               |             |                         |
|----------------------------|-----------|---------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS    | WEIGHT        | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3196180                    | 38        | 316.68        | Y    N      |                         |
| <b>Grand Total</b>         | <b>38</b> | <b>316.68</b> |             |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |         |       |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 360</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |        |          |  | NMFC #  | CLASS |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |         |       |
|                     |        | 25      | ctns | 237.65 |          | Pillows, Valance, Towels   | 49390   | 100   |
|                     |        | 13      | ctns | 79.03  |          | Shower curtain   | 49385   | 77.5  |
| 1                   |        | 38      |      | 366.68 |          | <b>Grand Total</b>   |         |       |

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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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount:</b> _____<br><b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/><br><b>Customer check acceptable:</b> <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.<br><p style="text-align: right;"><b>Shipper Signature</b></p> |
|--|---|


|  |   |   |   |
|--|---|---|---|
| <b>SHIPPER SIGNATURE / DATE</b><br>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><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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: 7/17/2019 4:43:27 PM

**Bill Of Lading**

Page 1 of 1

|   |  |  |  |
|---|--|--|--|
| <b>SHIP FROM</b>  |  | <b>Bill of Lading Number:</b> 06757164000155047  |  |
| Name: E & E COMPANY LTD<br>Address: 1680 Tide Court<br>City/State/Zip: Woodland, CA 95776<br>SID#: _____<br>PHONE: _____<br>VENDOR: _____ |  | <br>(402)06757164000155047 |  |
|   |  | <b>CARRIER NAME:</b> NEW LEGEND TRUCKING   |  |
|   |  | Responsible Acct.No: _____   |  |
|   |  | Trailer number: L7873  |  |
|   |  | Seal number(s): 0966668  |  |
|   |  | <b>SCAC:</b> LEGS  |  |
|   |  | Pro Number: _____  |  |
|   |  | FOB: <input type="checkbox"/>  |  |

|   |  |                               |  |
|---|--|-------------------------------|--|
| <b>SHIP TO</b>  |  |                               |  |
| Name: Macy's Home Store Tukwila DC    Location #: TU<br>Address: c/o Tukwila DC<br>17000 Southcenter Parkway,<br>City/State/Zip: Tukwila, WA 98188<br>CID#: _____<br>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: _____<br>Address: _____<br>City/State/Zip: _____                |  | Prepaid: <input type="checkbox"/> Collect: X      3rd Party: _____                                      |  |
| SPECIAL INSTRUCTIONS:<br>Load #: 50093182<br>Packing List Is Attached |  | Master Bill of Lading: with attached underlying Bills of Lading<br><input type="checkbox"/> (check box) |  |
|   |  | Appointment Time<br>AM<br>PM  | Actual Driver Arrival Time<br>AM<br>PM |
|   |  | Driver Departure Time<br>AM<br>PM   |  |

| CUSTOMER ORDER INFORMATION |        |        |             |                         |
|----------------------------|--------|--------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3196180                    | 24     | 297.12 | Y    N      |                         |
| <b>Grand Total</b>         | 24     | 297.12 |             |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |         |       |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |        |          |  | NMFC #  | CLASS |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |         |       |
|                     |        | 18      | ctns | 248.19 |          | Pillows,Valance,Towels   | 49390   | 100   |
|                     |        | 6       | ctns | 48.93  |          | Shower curtain   | 49385   | 77.5  |
| 1                   |        | 24      |      | 347.12 |          | <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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount:</b> _____<br><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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).**


|  |   |
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| 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.<br><div style="text-align: right;"><b>Shipper Signature</b></div> |
|--|---|

|  |   |   |   |
|--|---|---|---|
| <b>SHIPPER SIGNATURE / DATE</b><br>This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. | <b>Trailer Loaded:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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: 7/17/2019 4:43:15 PM

## Bill Of Lading

Page 1 of 1

| SHIP FROM  |                    | SHIP TO                 |  | THIRD PARTY FREIGHT CHARGES BILL TO:   |  |
|--|--------------------|-------------------------|--|--|--|
| Name:  | E & E COMPANY LTD  | Name:                   | Macy's Home MMG Portland DC Location #: PD | Name:  |  |
| Address:   | 1680 Tide Court    | Address:                | c/o Portland DC                            | Address:   |  |
| City/State/Zip:  | Woodland, CA 95778 | City/State/Zip:         | 1155 Vaughn Parkway,<br>Portland, TN 37148 | City/State/Zip:  |  |
| SID#:  |                    | CID#:                   |  |  |  |
| PHONE:   |                    | Dept:                   | 0784                                       |  |  |
| VENDOR:  |                    | FOB:                    | <input type="checkbox"/>                   |  |  |
| Bill of Lading Number: 06757164000154842   |                    | Trailer number: L7873   |  | Freight Charge Terms: (freight charges are prepaid unless marked otherwise)      |  |
| <br>(402)06757164000154842 |                    | Seal number(s): 0966668 |  | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> |  |
| CARRIER NAME: NEW LEGEND TRUCKING  |                    | SCAC: LEGS              |  | Master Bill of Lading: with attached underlying Bills of Lading                  |  |
| Responsible Acct.No:   |                    | Pro Number:             |  | Appointment Time   |  |
|  |                    |                         |  | Actual Driver Arrival Time   |  |
|  |                    |                         |  | Driver Departure Time  |  |
|  |                    |                         |  | AM AM AM   |  |
|  |                    |                         |  | PM PM PM   |  |
| SPECIAL INSTRUCTIONS:  |                    |                         |  |  |  |
| Load #: 50093182   |                    |                         |  |  |  |
| Packing List is Attached   |                    |                         |  |  |  |

## CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS    | WEIGHT        | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|-----------|---------------|-------------|-------------------------|
| 3214957               | 34        | 255.10        | Y N         |                         |
| <b>Grand Total</b>    | <b>34</b> | <b>255.10</b> |             |                         |

## CARRIER INFORMATION

| HANDLING UNIT |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE |       |
|---------------|--------|---------|------|--------|----------|--|---------|-------|
| QTY           | TYPE   | QTY     | TYPE |        |          |  | NMFC #  | CLASS |
| 1             | Pallet |         |      | 50.00  |          | Pallet   |         |       |
|               |        | 34      | ctns | 255.10 |          | Throws, Blankets   | 49040   | 150   |
| 1             |        | 34      |      | 305.10 |          | <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.

Date: 7/17/2019 4:43:57 PM

# Bill Of Lading

Page 1 of 1

|  |                            |   |  |                  |                            |                       |    |    |    |    |    |    |
|--|----------------------------|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| <b>SHIP FROM</b>   |                            | <b>Bill of Lading Number:</b> 08767164000154859   |  |                  |                            |                       |    |    |    |    |    |    |
| <b>Name:</b> E & E COMPANY LTD<br><b>Address:</b> 1680 Tide Court<br><b>City/State/Zip:</b> Woodland, CA 95776<br><b>SID#:</b><br><b>PHONE:</b><br><b>VENDOR:</b>                                  |                            | <br>(402)08767164000154859  |  |                  |                            |                       |    |    |    |    |    |    |
| <b>SHIP TO</b>   |                            | <b>CARRIER NAME:</b> NEW LEGEND TRUCKING  |  |                  |                            |                       |    |    |    |    |    |    |
| <b>Name:</b> Macy's Home MMG Cheshire DC Location #: CD<br><b>Address:</b> c/o Cheshire DC<br>475 Knotter Drive,<br><b>City/State/Zip:</b> Cheshire, CT 06410<br><b>CID#:</b><br><b>Dept:</b> 0784 |                            | Responsible Acct.No:<br>Traller number: L7873<br>Seal number(s): 0966668<br><b>SCAC:</b> LEGS<br><b>Pro Number:</b>   |  |                  |                            |                       |    |    |    |    |    |    |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>  |                            | <b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  |  |                  |                            |                       |    |    |    |    |    |    |
| <b>Name:</b><br><b>Address:</b><br><b>City/State/Zip:</b>  |                            | <b>Prepaid:</b> <b>Collect:</b> X <b>3rd Party:</b><br><input type="checkbox"/> Master Bill of Lading: with attached<br>(check box)                      underlying Bills of Lading   |  |                  |                            |                       |    |    |    |    |    |    |
| <b>SPECIAL INSTRUCTIONS:</b><br>Load #: 50093182<br>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 |
| 3214957                    | 12     | 95.16  | Y    N      |                         |
| <b>Grand Total</b>         | 12     | 95.16  |             |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |         |       |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |        |          |  | NMFC #  | CLASS |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |         |       |
|                     |        | 12      | ctns | 95.16  |          | Throws, Blankets   | 49040   | 150   |
| 1                   |        | 12      |      | 145.16 |          | <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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount:</b> _____<br><b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/><br><b>Customer check acceptable:</b> <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.<br><br><p style="text-align: right;"><b>Shipper Signature</b></p> |
|--|---|

|  |   |   |   |
|--|---|---|---|
| <b>SHIPPER SIGNATURE / DATE</b><br>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><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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: 7/17/2019 4:43:20 PM

**Bill Of Lading**

Page 1 of 1

|                                      |  |  |                            |
|--------------------------------------|--|--|----------------------------|
| SHIP FROM                            |  | Bill of Lading Number: 06757164000154866   |                            |
| Name:                                | E & E COMPANY LTD  | <br>(402)06757164000154866 |                            |
| Address:                             | 1680 Tide Court  |  |                            |
| City/State/Zip:                      | Woodland, CA 95776   |  |                            |
| SID#:                                |  |  |                            |
| PHONE:                               |  |  |                            |
| VENDOR:                              |  | CARRIER NAME: NEW LEGEND TRUCKING<br>Responsible Acct.No:  |                            |
| SHIP TO                              |  | Trailer number: L7873  | Seal number(s): 0066688    |
| Name:                                | Macy's Home MMG Owasso DC Location #: OK                         | SCAC: LEGS   |                            |
| Address:                             | c/o Macy's Logistics Distribution C<br>7120 E.76th Street North, | Pro Number:  |                            |
| City/State/Zip:                      | Owasso, OK 74056   |  |                            |
| CID#:                                |  |  |                            |
| Dept:                                | 0784   |  |                            |
| 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<br>(check box) underlying Bills of Lading      |                            |
| City/State/Zip:                      |  |  |                            |
| SPECIAL INSTRUCTIONS:                |  | Appointment Time   | Actual Driver Arrival Time |
| Load #: 50093182                     |  | 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 |
| 3214957                    | 117        | 779.09        | Y N         |                         |
| <b>Grand Total</b>         | <b>117</b> | <b>779.09</b> |             |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |         |       |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 2                   | Pallet |         |      | 100.00 |          | Pallet   |         |       |
|                     |        | 117     | ctns | 779.09 |          | Throws,Blankets  | 49040   | 150   |
| 2                   |        | 117     |      | 879.09 |          | <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:<br>"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | COD Amount: _____<br>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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><br>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><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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: 7/17/2019 4:43:18 PM

## Bill Of Lading

Page 1 of 1

| SHIP FROM  |                    | SHIP TO                           |   | THIRD PARTY FREIGHT CHARGES BILL TO:  |          | CUSTOMER ORDER INFORMATION   |                  |       |
|--|--------------------|-----------------------------------|---|---|----------|--|------------------|-------|
| Name:  | E & E COMPANY LTD  | Name:                             | Macy's Home Store Martinsburg DC            | Name:   |          | CUSTOMER ORDER NUMBER  | 3196158          |       |
| Address:   | 1680 Tide Court    | Address:                          | c/o Martinsburg DC - MB                     | Address:  |          | # PKGS   | 18               |       |
| City/State/Zip:  | Woodland, CA 95778 | City/State/Zip:                   | 333 Caperton Blvd,<br>Martinsburg, WV 25403 | City/State/Zip:   |          | WEIGHT   | 136.46           |       |
| SID#:  |                    | CID#:                             |   | SPECIAL INSTRUCTIONS:   |          | PALLET/SLIP  | Y N              |       |
| PHONE:   |                    | Dept:                             | 0602  | Load #: 50093182  |          | ADDITIONAL SHIPPER INFO  |                  |       |
| VENDOR:  |                    | FOB:                              | <input type="checkbox"/>                    | Packing List Is Attached  |          | <b>Grand Total</b>   | <b>18 136.46</b> |       |
| Bill of Lading Number: 06757164000154811   |                    | CARRIER NAME: NEW LEGEND TRUCKING |   | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) |          |  |                  |       |
| <br>(402)06757164000154811 |                    | Responsible Acct.No:              |   | Prepaid: <input type="checkbox"/> Collect: X 3rd Party:                     |          |  |                  |       |
| Trailer number: L7873  |                    | Seal number(s): 0966868           |   | Master Bill of Lading: with attached underlying Bills of Lading             |          |  |                  |       |
| SCAC: LEGS   |                    | Pro Number:                       |   | Appointment Time  |          | Actual Driver Arrival Time   |                  |       |
|  |                    |                                   |   | AM  |          | AM   |                  |       |
|  |                    |                                   |   | PM  |          | PM   |                  |       |
|  |                    |                                   |   | Driver Departure Time   |          | AM   |                  |       |
|  |                    |                                   |   |   |          | PM   |                  |       |
| HANDLING UNIT  |                    | PACKAGE                           |   | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE          |       |
| QTY  | TYPE               | QTY                               | TYPE  |   |          |  | NMFC #           | CLASS |
| 1  | Pallet             |                                   |   | 50.00   |          | Pallet   |                  |       |
|  |                    | 9                                 | ctns  | 86.49   |          | Pillows,Valance,Towels   | 49390            | 100   |
|  |                    | 9                                 | ctns  | 49.97   |          | Shower curtain   | 49385            | 77.5  |
| 1  |                    | 18                                |   | 186.46  |          | <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: 7/17/2019 4:44:13 PM

## Bill Of Lading

Page 1 of 1

|                                      |  |  |                                   |
|--------------------------------------|--|--|-----------------------------------|
| SHIP FROM                            |  | Bill of Lading Number: 06757164000154941   |                                   |
| Name:                                | E & E COMPANY LTD                                  | <br>(402)06757164000154941 |                                   |
| Address:                             | 1880 Tide Court                                    |  |                                   |
| City/State/Zip:                      | Woodland, CA 95776                                 |  |                                   |
| SID#:                                |  |  |                                   |
| PHONE:                               |  |  |                                   |
| VENDOR:                              |  | FOB: <input type="checkbox"/>  | CARRIER NAME: NEW LEGEND TRUCKING |
| SHIP TO                              |  | Responsible Acct.No:   |                                   |
| Name:                                | Macy's Home Store Los Angeles Location #: CI DC    | Trailer number: L7873  |                                   |
| Address:                             | c/o Los Angeles DC                                 | Seal number(s): 0966668  |                                   |
| City/State/Zip:                      | 15541 East Gale Avenue, City of Industry, CA 91745 | SCAC: LEGS   |                                   |
| CID#:                                |  | Pro Number:  |                                   |
| Dept:                                | 0602   | FOB: <input type="checkbox"/>  |                                   |
| THIRD PARTY FREIGHT CHARGES BILL TO: |  | Freight Charge Terms: (freight charges are prepaid unless marked otherwise)                                  |                                   |
| Name:                                |  | Prepaid: <input type="checkbox"/> Collect: X 3rd Party:  |                                   |
| Address:                             |  | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading                     |                                   |
| City/State/Zip:                      |  | (check box)  |                                   |
| SPECIAL INSTRUCTIONS:                |  | Appointment Time   |                                   |
| Load #: 50093182                     |  | Actual Driver Arrival Time   |                                   |
| Packing List Is Attached             |  | Driver Departure Time  |                                   |
|                                      |  | AM   | AM                                |
|                                      |  | PM   | PM                                |

## CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS    | WEIGHT        | PALLET/SLIP |   | ADDITIONAL SHIPPER INFO |
|-----------------------|-----------|---------------|-------------|---|-------------------------|
| 3196180               | 87        | 818.86        | Y           | N |                         |
| <b>Grand Total</b>    | <b>87</b> | <b>818.86</b> |             |   |                         |

## CARRIER INFORMATION

| HANDLING UNIT |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><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   |         |       |
|               |        | 65      | ctns | 672.05 |          | Pillows,Valance,Towels   | 49390   | 100   |
|               |        | 22      | ctns | 146.81 |          | Shower curtain   | 49385   | 77.5  |
| 1             |        | 87      |      | 868.86 |          | <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: 7/17/2019 4:43:36 PM

# Bill Of Lading

|   |                                      |  |
|---|--------------------------------------|--|
| <b>SHIP FROM</b>                          |                                      | <b>Bill of Lading Number:</b> 06757164000154958  |
| <b>Name:</b> E & E COMPANY LTD            |                                      | <br>(402)06757164000154958 |
| <b>Address:</b> 1880 Tide Court           |                                      |  |
| <b>City/State/Zip:</b> Woodland, CA 95778 |                                      |  |
| <b>SID#:</b>                              |                                      |  |
| <b>PHONE:</b>                             |                                      | <b>CARRIER NAME:</b> NEW LEGEND TRUCKING   |
| <b>VENDOR:</b>                            | <b>FOB:</b> <input type="checkbox"/> | <b>Responsible Acct.No:</b>  |

|   |                                      |                                |
|---|--------------------------------------|--------------------------------|
| <b>SHIP TO</b>                            |                                      | <b>Trailer number:</b> L7873   |
| <b>Name:</b> Macy's Home Store Minooka DC | <b>Location #:</b> CL                | <b>Seal number(s):</b> 0966668 |
| <b>Address:</b> o/o Minooka DC            |                                      | <b>SCAC:</b> LEGS              |
| <b>City/State/Zip:</b> Minooka, IL 60447  |                                      | <b>Pro Number:</b>             |
| <b>CID#:</b>                              |                                      |                                |
| <b>Dept:</b> 0602                         | <b>FOB:</b> <input type="checkbox"/> |                                |

|   |  |  |  |
|---|--|--|--|
| <b>THIRD PARTY.FREIGHT CHARGES BILL TO:</b> |  | <b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> |  |
| <b>Name:</b>                                |  | <b>Prepaid:</b>  | <b>Collect: X</b> <b>3rd Party:</b>                                    |
| <b>Address:</b>                             |  | <input type="checkbox"/>   | <b>Master Bill of Lading: with attached underlying Bills of Lading</b> |
| <b>City/State/Zip:</b>                      |  |  |  |
| <b>SPECIAL INSTRUCTIONS:</b>                |  | <b>Appointment Time</b>  | <b>Actual Driver Arrival Time</b>                                      |
| Load #: 50093182                            |  | AM   | AM   |
| Packing List Is Attached                    |  | PM   | PM   |
|   |  |  | <b>Driver Departure Time</b>   |
|   |  |  | AM   |
|   |  |  | PM   |

| CUSTOMER ORDER INFORMATION |        |        |             |   |                         |
|----------------------------|--------|--------|-------------|---|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | WEIGHT | PALLET/SLIP |   | ADDITIONAL SHIPPER INFO |
| 3198180                    | 64     | 667.28 | Y           | N |                         |
| <b>Grand Total</b>         |        | 64     | 667.28      |   |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |         |       |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |        |          |  | NMFC #  | CLASS |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |         |       |
|                     |        | 46      | ctns | 524.05 |          | Pillows,Valance,Towels   | 49390   | 100   |
|                     |        | 18      | ctns | 143.23 |          | Shower curtain   | 49385   | 77.5  |
| 1                   |        | 64      |      | 717.28 |          | <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:<br>"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount:</b> _____<br><b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/><br><b>Customer check acceptable:</b> <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><br>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><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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>  |                            | <b>Bill of Lading Number:</b> 06757164000154798   |  |                  |                            |                       |    |    |    |    |    |    |
| Name: E & E COMPANY LTD<br>Address: 1680 Tide Court<br>City/State/Zip: Woodland, CA 95778<br>SID#: _____<br>PHONE: _____<br>VENDOR: _____                               |                            | <br>(402)06757164000154798  |  |                  |                            |                       |    |    |    |    |    |    |
| <b>SHIP TO</b>  |                            | <b>CARRIER NAME:</b> NEW LEGEND TRUCKING  |  |                  |                            |                       |    |    |    |    |    |    |
| Name: Macy's Home Store Cheshire DC Location #: CD<br>Address: c/o Cheshire DC<br>475 Knotter Drive,<br>City/State/Zip: Cheshire, CT 06410<br>CID#: _____<br>Dept: 0602 |                            | Responsible Acct.No: _____<br>Trailer number: L7873<br>Seal number(s): 0966688<br><b>SCAC:</b> LEGS<br><b>Pro Number:</b> _____   |  |                  |                            |                       |    |    |    |    |    |    |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>   |                            | <b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  |  |                  |                            |                       |    |    |    |    |    |    |
| Name: _____<br>Address: _____<br>City/State/Zip: _____  |                            | Prepaid: _____ Collect: <b>X</b> 3rd Party: _____<br><input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading   |  |                  |                            |                       |    |    |    |    |    |    |
| SPECIAL INSTRUCTIONS:<br>Load #: 50093182<br>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 |
| 3196158                    | 7      | 59.09  | Y N         |                         |
| <b>Grand Total</b>         | 7      | 59.09  |             |                         |

| CARRIER INFORMATION |        |         |      |        |          |  |         |       |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |        |          |  | NMFC #  | CLASS |
| 1                   | Pallet |         |      | 50.00  |          | Pallet   |         |       |
|                     |        | 4       | ctns | 44.56  |          | Pillows,Valance,Towels   | 49390   | 100   |
|                     |        | 3       | ctns | 14.53  |          | Shower curtain   | 49385   | 77.5  |
| 1                   |        | 7       |      | 109.09 |          | <b>Grand Total</b>   |         |       |

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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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount:</b> _____<br><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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.<br><p style="text-align: right;"><b>Shipper Signature</b></p> |
|--|---|

|  |   |   |   |
|--|---|---|---|
| <b>SHIPPER SIGNATURE / DATE</b><br>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><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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: 7/17/2019 4:43:43 PM

## Bill Of Lading

Page 1 of 1


| SHIP FROM                                |                    | SHIP TO                       |  | THIRD PARTY FREIGHT CHARGES BILL TO: |  | CUSTOMER ORDER INFORMATION |                            |                       |             |                         |  |         |        |
|--|--------------------|-------------------------------|--|--------------------------------------|--|----------------------------|----------------------------|-----------------------|-------------|-------------------------|--|---------|--------|
| Name:                                    | E & E COMPANY LTD  | Name:                         | Macy's Home Store South Windsor DC   | Name:                                |  | CUSTOMER ORDER NUMBER      | # PKGS                     | WEIGHT                | PALLET/SLIP | ADDITIONAL SHIPPER INFO |  |         |        |
| Address:                                 | 1680 Tide Court    | Address:                      | c/o South Windsor DC   | Address:                             |  | 3196180                    | 30                         | 295.93                | Y N         |                         |  |         |        |
| City/State/Zip:                          | Woodland, CA 95776 | City/State/Zip:               | 301 Governor's Hwy, South Windsor, CT 06074                                      | City/State/Zip:                      |  | <b>Grand Total</b>         | <b>30</b>                  | <b>295.93</b>         |             |                         |  |         |        |
| SID#:                                    |                    | CID#:                         |  | SPECIAL INSTRUCTIONS:                |  | CARRIER INFORMATION        |                            |                       |             |                         |  |         |        |
| PHONE:                                   |                    | Dept:                         | 0602   | Load #: 50093182                     |  | HANDLING UNIT              | PACKAGE                    |                       | WEIGHT      | H.M. (X)                | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small> | PACKAGE |        |
| VENDOR:                                  |                    | FOB: <input type="checkbox"/> |  | Packing List Is Attached             |  | QTY                        | TYPE                       | QTY                   |             |                         |  | TYPE    | NMFC # |
| Bill of Lading Number: 08757164000155030 |                    |                               | Freight Charge Terms: (freight charges are prepaid unless marked otherwise)      |                                      |  | Appointment Time           | Actual Driver Arrival Time | Driver Departure Time |             |                         |  |         |        |
| CARRIER NAME: NEW LEGEND TRUCKING        |                    |                               | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> |                                      |  | AM                         | AM                         | AM                    |             |                         |  |         |        |
| Responsible Acct.No:                     |                    |                               | Master Bill of Lading: with attached underlying Bills of Lading                  |                                      |  | PM                         | PM                         | PM                    |             |                         |  |         |        |
| Trailer number: L7873                    |                    |                               | Appointment Time   |                                      |  |                            |                            |                       |             |                         |  |         |        |
| Seal number(s): 0968868                  |                    |                               | Actual Driver Arrival Time   |                                      |  |                            |                            |                       |             |                         |  |         |        |
| SCAC: LEGS                               |                    |                               | Driver Departure Time  |                                      |  |                            |                            |                       |             |                         |  |         |        |
| Pro Number:                              |                    |                               | AM   |                                      |  |                            |                            |                       |             |                         |  |         |        |
|  |                    |                               | PM   |                                      |  |                            |                            |                       |             |                         |  |         |        |

|  |  |   |  |
|--|--|---|--|
| 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:<br>"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><br>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 sold to contain <input type="checkbox"/> By Driver/Pieces   |  |
|  |  | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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: 7/17/2019 4:43:30 PM

# Bill Of Lading

Page 1 of 1

|   |  |  |  |
|---|--|--|--|
| <b>SHIP FROM</b>  |  | Bill of Lading Number: 06757164000154873   |  |
| Name: E & E COMPANY LTD<br>Address: 1680 Tide Court<br>City/State/Zip: Woodland, CA 95776<br>SID#: _____<br>PHONE: _____<br>VENDOR: _____                             |  | <br>(402)06757164000154873   |  |
| <b>SHIP TO</b>  |  | CARRIER NAME: NEW LEGEND TRUCKING  |  |
| Name: Macy's Home MMG Cheshire DC Location #: CD<br>Address: c/o Cheshire DC<br>475 Knotter Drive,<br>City/State/Zip: Cheshire, CT 06410<br>CID#: _____<br>Dept: 0614 |  | Responsible Acct.No: _____<br>Trailer number: L7873<br>Seal number(s): 0966668   |  |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>   |  | Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  |  |
| Name: _____<br>Address: _____<br>City/State/Zip: _____  |  | Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/><br><input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading |  |
| SPECIAL INSTRUCTIONS:<br>Load #: 50093182<br>Packing List Is Attached   |  | Appointment Time<br>AM<br>PM   | Actual Driver Arrival Time<br>AM<br>PM |
|   |  | Driver Departure Time<br>AM<br>PM  |  |

| CUSTOMER ORDER INFORMATION |        |         |             |                         |
|----------------------------|--------|---------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | WEIGHT  | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3197093                    | 80     | 1279.01 | Y N         | <b>3 DLTS</b>           |
| <b>Grand Total</b>         | 80     | 1279.01 |             |                         |


| CARRIER INFORMATION |        |         |      |         |          |  |         |       |
|---------------------|--------|---------|------|---------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |         |          |  | NMFC #  | CLASS |
| 3                   | Pallet |         |      | 150.00  |          | Pallet   |         |       |
|                     |        | 76      | ctns | 1249.05 |          | Mattress Pads  | 149265  | 100   |
|                     |        | 4       | ctns | 29.96   |          | Pillows,Valance,Towels   | 49390   | 100   |
| 3                   |        | 80      |      | 1429.01 |          | <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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____  | COD Amount: _____<br>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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><br>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><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver   |
| <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces  | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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: 7/17/2019 4:44:00 PM

## Bill Of Lading

Page 1 of 1

|   |  |  |  |
|---|--|--|--|
| <b>SHIP FROM</b>  |  | Bill of Lading Number: 06757164000154880   |  |
| Name:   | E & E COMPANY LTD                          | <br>(402)06757164000154880 |  |
| Address:  | 1880 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: L7873  |  |
| Name:   | Macy's Home MMG Portland DC Location #: PD | Seal number(s): 0966668  |  |
| Address:  | c/o Portland DC                            | <b>SCAC:</b> LEGS  |  |
| City/State/Zip:   | 1155 Vaughn Parkway,<br>Portland, TN 37148 | Pro Number:  |  |
| CID#:   |  |  |  |
| Dept:   | 0614                                       |  |  |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>                           |  | 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:<br>Load #: 50093182<br>Packing List Is Attached |  | Appointment Time<br>AM<br>PM   | Actual Driver Arrival Time<br>AM<br>PM |
|   |  | Driver Departure Time<br>AM<br>PM  |  |

| CUSTOMER ORDER INFORMATION |        |         |             |                         |
|----------------------------|--------|---------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | WEIGHT  | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3197093                    | 193    | 2864.47 | Y N         | 7 PLS                   |
| <b>Grand Total</b>         | 193    | 2864.47 |             |                         |

| CARRIER INFORMATION |        |         |      |         |             |  |         |       |
|---------------------|--------|---------|------|---------|-------------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M.<br>(X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |         |             |  | NMFC #  | CLASS |
| 7                   | Pallet |         |      | 360.00  |             | Pallet   |         |       |
|                     |        | 181     | ctns | 2770.63 |             | Mattress Pads  | 149265  | 100   |
|                     |        | 12      | ctns | 93.84   |             | Pillows,Valance,Towels   | 49390   | 100   |
| 7                   |        | 193     |      | 3214.47 |             | <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: 7/17/2019 4:43:12 PM

## Bill Of Lading

Page 1 of 1

|   |  |   |  |                  |                            |                       |    |    |    |    |    |    |
|---|--|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| <b>SHIP FROM</b>  |  | Bill of Lading Number: 06757164000154804  |  |                  |                            |                       |    |    |    |    |    |    |
| Name:   | E & E COMPANY LTD                            | <br>(402)06757164000154804  |  |                  |                            |                       |    |    |    |    |    |    |
| 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: L7873   |  |                  |                            |                       |    |    |    |    |    |    |
| Name:   | Macy's Home Store Portland DC Location #: PD | Seal number(s): 0966688   |  |                  |                            |                       |    |    |    |    |    |    |
| Address:  | c/o Portland DC                              | <b>SCAC: LEGS</b>   |  |                  |                            |                       |    |    |    |    |    |    |
| City/State/Zip:   | 1155 Vaughn Parkway,<br>Portland, TN 37148   | Pro Number:   |  |                  |                            |                       |    |    |    |    |    |    |
| CID#:   |  |   |  |                  |                            |                       |    |    |    |    |    |    |
| Dept:   | 0602   | FOB: <input type="checkbox"/>   |  |                  |                            |                       |    |    |    |    |    |    |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>                           |  | Freight Charge Terms: (freight charges are prepaid unless marked otherwise)   |  |                  |                            |                       |    |    |    |    |    |    |
| Name:   |  | Prepaid: <input type="checkbox"/> Collect: X 3rd Party:   |  |                  |                            |                       |    |    |    |    |    |    |
| Address:  |  | <input type="checkbox"/> Master Bill of Lading: with attached<br>(check box) underlying Bills of Lading   |  |                  |                            |                       |    |    |    |    |    |    |
| 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  |  |                  |                            |                       |    |    |    |    |    |    |
| SPECIAL INSTRUCTIONS:<br>Load #: 50093182<br>Packing List is Attached |  |   |  |                  |                            |                       |    |    |    |    |    |    |

## CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS    | WEIGHT        | PALLET/SLIP |   | ADDITIONAL SHIPPER INFO |
|-----------------------|-----------|---------------|-------------|---|-------------------------|
| 3196158               | 22        | 143.76        | Y           | N |                         |
| <b>Grand Total</b>    | <b>22</b> | <b>143.76</b> |             |   |                         |

## CARRIER INFORMATION

| HANDLING UNIT |        | PACKAGE |      | WEIGHT | H.M.<br>(X) | COMMODITY DESCRIPTION<br><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.<br/>See Section 2(e) of NMFC Item 360</small> | PACKAGE |       |
|---------------|--------|---------|------|--------|-------------|--|---------|-------|
| QTY           | TYPE   | QTY     | TYPE |        |             |  | NMFC #  | CLASS |
| 1             | Pallet |         |      | 50.00  |             | Pallet   |         |       |
|               |        | 13      | ctns | 101.83 |             | Pillows,Valance,Towels   | 49390   | 100   |
|               |        | 9       | ctns | 41.93  |             | Shower curtain   | 49385   | 77.5  |
| 1             |        | 22      |      | 193.76 |             | <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: 7/17/2019 4:44:16 PM

## Bill Of Lading

Page 1 of 1

|  |  |  |  |
|--|--|--|--|
| <b>SHIP FROM</b>                                 |  | Bill of Lading Number: 06757164000154965   |  |
| Name: E & E COMPANY LTD                          |  | <br>(402)06757164000154965 |  |
| Address: 1680 Tide Court                         |  |  |  |
| City/State/Zip: Woodland, CA 95776               |  | CARRIER NAME: NEW LEGEND TRUCKING  |  |
| SID#:  |  | Responsible Acct.No:   |  |
| PHONE:   |  | Trailer number: L7873  |  |
| VENDOR:  |  | Seal number(s): 0966668  |  |
| FOB: <input type="checkbox"/>                    |  | SCAC: LEGS   |  |
| <b>SHIP TO</b>                                   |  | Pro Number:  |  |
| Name: Macy's Home Store Denver DC Location #: DV |  | Freight Charge Terms: (freight charges are prepaid unless marked otherwise)                                  |  |
| Address: c/o Denver DC                           |  | Prepaid: <input type="checkbox"/> Collect: X 3rd Party:  |  |
| 510 East 51st Avenue,                            |  | <input type="checkbox"/> Master Bill of Lading: with attached  |  |
| City/State/Zip: Denver, CO 80216                 |  | (check box) underlying Bills of Lading   |  |
| CID#:  |  | Appointment Time   |  |
| Dept: 0602                                       |  | Actual Driver Arrival Time   |  |
| FOB: <input type="checkbox"/>                    |  | Driver Departure Time  |  |
| Name:  |  | AM   |  |
| Address:   |  | PM   |  |
| City/State/Zip:                                  |  | AM   |  |
| SPECIAL INSTRUCTIONS:                            |  | PM   |  |
| Load #: 50093182                                 |  |  |  |
| Packing List Is Attached                         |  |  |  |

## THIRD PARTY FREIGHT CHARGES BILL TO:

|                          |  |  |                            |  |  |
|--------------------------|--|--|----------------------------|--|--|
| Name:                    |  |  | Appointment Time           |  |  |
| Address:                 |  |  | Actual Driver Arrival Time |  |  |
| City/State/Zip:          |  |  | Driver Departure Time      |  |  |
| SPECIAL INSTRUCTIONS:    |  |  | AM                         |  |  |
| Load #: 50093182         |  |  | PM                         |  |  |
| Packing List Is Attached |  |  |                            |  |  |

## CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS   | WEIGHT       | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|----------|--------------|-------------|-------------------------|
| 3196180               | 5        | 21.42        | Y N         |                         |
| <b>Grand Total</b>    | <b>5</b> | <b>21.42</b> |             |                         |

## CARRIER INFORMATION

| HANDLING UNIT |        | PACKAGE  |      | WEIGHT       | H.M.<br>(X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small> | PACKAGE |       |
|---------------|--------|----------|------|--------------|-------------|--|---------|-------|
| QTY           | TYPE   | QTY      | TYPE |              |             |  | NMFC #  | CLASS |
| 1             | Pallet |          |      | 50.00        |             | Pallet   |         |       |
|               |        | 3        | ctns | 12.95        |             | Pillows, Valance, Towels   | 49390   | 100   |
|               |        | 2        | ctns | 8.47         |             | Shower curtain   | 49385   | 77.5  |
| <b>1</b>      |        | <b>5</b> |      | <b>71.42</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 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: 7/17/2019 4:44:06 PM

## Bill Of Lading

Page 1 of 1

|   |  |  |  |
|---|--|--|--|
| <b>SHIP FROM</b>                            |  | Bill of Lading Number: 06757164000154903   |  |
| Name:                                       | E & E COMPANY LTD  | <br>(402)06757164000154903       |  |
| Address:                                    | 1680 Tide Court  |  |  |
| City/State/Zip:                             | Woodland, CA 95778   |  |  |
| SID#:                                       |  |  |  |
| PHONE:                                      |  | <b>CARRIER NAME:</b> NEW LEGEND TRUCKING   |  |
| VENDOR:                                     |  | Responsible Acct.No:   |  |
| <b>SHIP TO</b>                              |  | Trailer number: L7873  |  |
| Name:                                       | Macy's Home MMG Owasso DC Location #: OK                         | Seal number(s): 0966668  |  |
| Address:                                    | c/o Macy's Logistics Distribution C<br>7120 E.76th Street North, | <b>SCAC:</b> LEGS  |  |
| City/State/Zip:                             | Owasso, OK 74055   | Pro Number:  |  |
| CID#:                                       |  |  |  |
| Dept:                                       | 0614   |  |  |
| <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                           |  |
| City/State/Zip:                             |  |  |  |
| <b>SPECIAL INSTRUCTIONS:</b>                |  | Appointment Time   |  |
| Load #: 50093182                            |  | 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 |
| 3197093                    | 287        | 4418.95        | Y N         | 11 PLTS                 |
| <b>Grand Total</b>         | <b>287</b> | <b>4418.95</b> |             |                         |

| CARRIER INFORMATION |        |         |      |         |          |  |         |       |
|---------------------|--------|---------|------|---------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |         |          |  | NMFC #  | CLASS |
| 11                  | Pallet |         |      | 550.00  |          | Pallet   |         |       |
|                     |        | 280     | ctns | 4357.28 |          | Mattress Pads  | 149265  | 100   |
|                     |        | 7       | ctns | 61.67   |          | Pillows,Valance,Towels   | 49390   | 100   |
| 11                  |        | 287     |      | 4968.95 |          | <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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____   |  | <b>COD Amount:</b> _____  |  |
|  |  | Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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><br>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:<br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver   |  | Freight Counted:<br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces  |  |
|  |  | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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: 7/17/2019 4:44:03 PM

## Bill Of Lading

Page 1 of 1


| SHIP FROM                                |                    | SHIP TO                       |  | THIRD PARTY FREIGHT CHARGES BILL TO: |  | CUSTOMER ORDER INFORMATION  |            |                |                  |                         |  |                            |        |                       |  |
|--|--------------------|-------------------------------|--|--------------------------------------|--|---|------------|----------------|------------------|-------------------------|--|----------------------------|--------|-----------------------|--|
| Name:                                    | E & E COMPANY LTD  | Name:                         | Macy's Home MMG Martinsburg Location #: MB<br>DC | Name:                                |  | CUSTOMER ORDER NUMBER   | # PKGS     | WEIGHT         | PALLET/SLIP      | ADDITIONAL SHIPPER INFO |  |                            |        |                       |  |
| Address:                                 | 1680 Tide Court    | Address:                      | 333 Caperton Blvd                                | Address:                             |  | 3197093   | 297        | 4547.71        | Y N              | 12 PLS                  |  |                            |        |                       |  |
| City/State/Zip:                          | Woodland, CA 95776 | City/State/Zip:               | Martinsburg, WV 25403                            | City/State/Zip:                      |  | <b>Grand Total</b>  | <b>297</b> | <b>4547.71</b> |                  |                         |  |                            |        |                       |  |
| SID#:                                    |                    | CID#:                         |  | SPECIAL INSTRUCTIONS:                |  | CARRIER INFORMATION   |            |                |                  |                         |  |                            |        |                       |  |
| PHONE:                                   |                    | Dept:                         | 0614   | Load #: 50093182                     |  | HANDLING UNIT   | PACKAGE    |                | WEIGHT           | H.M.<br>(X)             | COMMODITY DESCRIPTION<br><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.<br/>See Section 2(e) of NMFC Item 350</small> | PACKAGE                    |        |                       |  |
| VENDOR:                                  |                    | FOB: <input type="checkbox"/> |  | Packing List is Attached             |  | QTY   | TYPE       | QTY            |                  |                         |  | TYPE                       | NMFC # | CLASS                 |  |
| Bill of Lading Number: 06757164000154897 |                    |                               | CARRIER NAME: NEW LEGEND TRUCKING                |                                      |  | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) |            |                | Appointment Time |                         |  | Actual Driver Arrival Time |        | Driver Departure Time |  |
| Barcode: (402)06757164000154897          |                    |                               | Responsible Acct.No:                             |                                      |  | Prepaid: <input type="checkbox"/>   |            |                | Collect: X       |                         |  | 3rd Party:                 |        |                       |  |
| Trailer number: L7873                    |                    |                               | Seal number(s): 0966668                          |                                      |  | Master Bill of Lading: with attached underlying Bills of Lading             |            |                | AM               |                         |  | AM                         |        | AM                    |  |
| SCAC: LEGS                               |                    |                               | Pro Number:                                      |                                      |  | (check box)   |            |                | 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:<br>"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<br>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  |  | Shipper Signature  |  |
| Trailer Loaded:<br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver   |  | Freight Counted:<br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces   |  |
|  |  | CARRIER SIGNATURE / PICKUP DATE<br>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: 7/17/2019 4:43:51 PM

# Bill Of Lading

Page 1 of 1

|   |                                      |  |
|---|--------------------------------------|--|
| <b>SHIP FROM</b>                          |                                      | <b>Bill of Lading Number:</b> 06757164000155054  |
| <b>Name:</b> E & E COMPANY LTD            |                                      | <br>(402)06757164000155054 |
| <b>Address:</b> 1880 Tide Court           |                                      |  |
| <b>City/State/Zip:</b> Woodland, CA 95776 |                                      |  |
| <b>SID#:</b>                              |                                      |  |
| <b>PHONE:</b>                             |                                      | <b>CARRIER NAME:</b> NEW LEGEND TRUCKING   |
| <b>VENDOR:</b>                            | <b>FOB:</b> <input type="checkbox"/> | <b>Responsible Acct.No:</b>  |

|   |                                      |                                |
|---|--------------------------------------|--------------------------------|
| <b>SHIP TO</b>  |                                      | <b>Trailer number:</b> L7873   |
| <b>Name:</b> Macy's Home MMG Bailey Rd DC Location #: BA              |                                      | <b>Seal number(s):</b> 0906688 |
| <b>Address:</b> o/o Bailey Rd DC                                      |                                      | <b>SCAC:</b> LEGS              |
| <b>City/State/Zip:</b> 300 South Bailey Road, North Jackson, OH 44451 |                                      | <b>Pro Number:</b>             |
| <b>CID#:</b>  |                                      |                                |
| <b>Dept:</b> 0614   | <b>FOB:</b> <input type="checkbox"/> |                                |

|   |  |  |   |                              |
|---|--|--|---|------------------------------|
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> |  | <b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> |   |                              |
| <b>Name:</b>                                |  | <b>Prepaid:</b>  | <b>Collect:</b> X   | <b>3rd Party:</b>            |
| <b>Address:</b>                             |  | <input type="checkbox"/>   | Master Bill of Lading: with attached underlying Bills of Lading |                              |
| <b>City/State/Zip:</b>                      |  | (check box)  |   |                              |
| <b>SPECIAL INSTRUCTIONS:</b>                |  | <b>Appointment Time</b>  | <b>Actual Driver Arrival Time</b>                               | <b>Driver Departure Time</b> |
| Load #: 50093182                            |  | AM   | AM  | AM                           |
| Packing List is Attached                    |  | PM   | PM  | PM                           |

| CUSTOMER ORDER INFORMATION |            |                |             |                         |
|----------------------------|------------|----------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS     | WEIGHT         | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3197104                    | 159        | 2159.05        | Y N         |                         |
| <b>Grand Total</b>         | <b>159</b> | <b>2159.05</b> |             |                         |

| CARRIER INFORMATION |        |         |      |         |          |  |         |       |
|---------------------|--------|---------|------|---------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE |       |
| QTY                 | TYPE   | QTY     | TYPE |         |          |  | NMFC #  | CLASS |
| 4                   | Pallet |         |      | 200.00  |          | Pallet   |         |       |
|                     |        | 122     | ctns | 1986.90 |          | Mattress Pads  | 149265  | 100   |
|                     |        | 37      | ctns | 172.15  |          | Pillows,Valance,Towels   | 49390   | 100   |
| 4                   |        | 159     |      | 2359.05 |          | <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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount:</b> _____<br><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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.<br><br><p style="text-align:right"><b>Shipper Signature</b></p> |
|--|---|

|  |  |  |   |
|--|--|--|---|
| <b>SHIPPER SIGNATURE / DATE</b><br>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><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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. |
|--|--|--|---|







