

Chargebacks and RTVs

Macy's, Inc. (MacysNet)

Valid as of: 10/9/2019 1:34:14 AM EST

Division: Macy's Account #: 05390993890

Vendor Name: E & E CO LTD

Document Number: 4824629

Department/Vendor: 602/935

Check Summary

Check Number: 1814929

Check Date: 9/25/2019

Purchase Order Number: 3672997

Transaction Summary

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA

Total Cost: (\$3.4)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE

Total Cost: (\$24)

Style Summary

Receipt Number: 4375998-000

Carrier:

Freight Bill:

Bill of Lading: 0675716400

Cartons: 0

Weight: 0

Total Cost: (\$24)

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
LT250.		0		-1	\$24.00	\$0.00				\$0.00					-24

Receipt Number: 4376001-000

Carrier:

Freight Bill:

Bill of Lading: 0675716400

Cartons: 0

Weight: 0

Total Cost: \$0

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
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No further detail exists for this transaction.

Receipt Number: 4181756-001

Carrier:

Freight Bill:
 Bill of Lading: 0675716400
 Cartons: 0
 Weight: 0
 Total Cost: \$0

Style Qty Rec Qty Diff Order Cost Cost Diff UOM Ext Cost Diff Ext Qty Diff
 No further detail exists for this transaction.

Document Number: 4824766
 Department/Vendor: 602/935

Check Summary

Check Number: 1814929
 Check Date: 9/25/2019
 Purchase Order Number: 3672997

Transaction Summary

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA
 Total Cost: (\$7.06)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE
 Total Cost: (\$24)

Style Summary

Receipt Number: 4375997-000
 Carrier:
 Freight Bill:
 Bill of Lading: 0675716400
 Cartons: 0
 Weight: 0
 Total Cost: (\$24)

Style	Qty	Rec	Qty	Diff	Order	Cost	Cost	Diff	UOM	Ext	Cost	Diff	Ext	Qty	Diff
LT250.	0		-1		\$24.00	\$0.00				\$0.00				-24	

SHIP FROM		Master Bill of Lading Number: 06757164000160058	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: L8356 Seal number(s): 0972980 SCAC: LEGS Pro Number: _____	
THIRD PARTY, FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 50135005		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time: 12:00 AM/PM <input checked="" type="checkbox"/> Actual Driver Arrival Time: 12:00 AM/PM <input checked="" type="checkbox"/> Driver Departure Time: 4:00 AM/PM <input checked="" type="checkbox"/>	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
			Y	N	BOL#	DC#	Supplier#
3902457	15	117.25	Y	N	06757164000160034	AZ	1 PLT
3902457	8	125.35	Y	N	06757164000159588	PD	1 PLT
3672997	26	163.55	Y	N	06757164000159496	DV	
3672997	201	2174.87	Y	N	06757164000159458	HU	
3672997	187	2024.82	Y	N	06757164000159434	GN	
3672997	55	521.52	Y	N	06757164000159380	TU	
3672997	148	1821.93	Y	N	06757164000159465	SC	
3672997	73	622.37	Y	N	06757164000159502	HA	
3902457	2	19.80	Y	N	06757164000159571	OK	1 PLT
3902457	9	93.05	Y	N	06757164000160041	MB	1 PLT
3672997	191	1853.65	Y	N	06757164000159397	ST	
3673767	72	1221.49	Y	N	06757164000159519	MB	4 PLTS
2858458	26	934.15	Y	N	06757164000159595	AZ	4 PLTS

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Scott</i> 8/5/19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 8-5-19
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SHIP FROM		Master Bill of Lading Number: 06757164000160058	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: L8356 Seal number(s): 0972980 SCAC: LEGS Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 50135005		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time 12:00 AM PM Actual Driver Arrival Time 12:00 AM PM Driver Departure Time 4:00 AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
3672997	201	1807.75	Y	N	06757164000159441	CL	
3672997	23	282.71	Y	N	06757164000159489	AZ	
3672997	226	2385.84	Y	N	06757164000159410	CI	
3672997	172	1645.85	Y	N	06757164000159472	BA	
3902457	3	49.81	Y	N	06757164000159557	CD	1 PLT
3672997	88	1108.27	Y	N	06757164000159403	SW	
3672997	112	1300.31	Y	N	06757164000159427	JP	
3673767	224	2245.14	Y	N	06757164000159526	OK	5 PLTS
3673767	209	2122.75	Y	N	06757164000159533	PD	5 PLTS
Grand Total	2271	24642.23					

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>[Signature]</i> 8/5/19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i>
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8-5-19

SHIP FROM		Master Bill of Lading Number: 06757164000160058
Name:	E & E COMPANY LTD	
Address:	1680 Tide Court	
City/State/Zip:	Woodland, CA 95776	
SID#:		FOB: <input type="checkbox"/>

SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING
Name:	Macy's /Bloom Consolidation Center DC#:	
	Div.	Trailer number: L8356
Address:	C/O Dynamic Santa Fe Springs	Seal number(s): 0972980
	14141 Alondra Boulevard,	SCAC: LEGS
City/State/Zip:	Santa Fe Spgs, CA 90670	Pro Number:
SID#:		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50135005		12:00 AM PM	12:00 AM PM
		Driver Departure Time	4:00 AM PM

CARRIER INFORMATION						LTL ONLY		
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
38	Pallet			1900.00		Pallet		70
		26	ctns	934.15		Comforters, Bedspreads	49017	200
		236	ctns	4311.42		Mattress Pads	149265	100
		1946	ctns	18836.84		Pillows,Valance,Towels	49390	100
		63	ctns	559.82		Shower curtain	49385	77.5
38				26542.23		Grand Total		


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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> <i>Scott 8/5/19</i>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <i>Alan E. Smith</i>
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8-5-19

<p align="center">SHIP FROM</p> <p>Name: E & E COMPANY LTD Address: 1880 Tide Court City/State/Zip: Woodland, CA 95776 SID#: PHON#: VENDOR#:</p>	<p>Bill of Lading Number: 06757164000160034</p>  <p>(402)06757164000160034</p>
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<p align="center">SHIP TO</p> <p>Name: Macy's Home Store Goodyear DC Location #: AZ Address: c/o Goodyear DC 16575 West Commerce Drive, City/State/Zip: Goodyear, AZ 85338 CID#: Dept: 0602</p>	<p>CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No: Trailer number: L8356 Seal number(s): 0972980 SCAC: LEGS Pro Number:</p>
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<p align="center">THIRD PARTY FREIGHT CHARGES BILL TO:</p> <p>Name: Address: City/State/Zip:</p> <p>SPECIAL INSTRUCTIONS: Load # 00135005 Packing is Attached</p>	<p>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</p> <p>Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/></p> <p><input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading</p> <table border="1" style="width:100%"> <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								

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3902457	15	117.25	Y N	1 PLT
Grand Total		15	117.25	

CARRIER INFORMATION								
HAZARDOUS UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE		
	TYPE	QTY				TYPE	NMFC #	
1	Pallet		50.00		Pallet			
		15	ctns	117.25	Pillows,Valance,Towels	49390	100	
		15		167.25	Grand Total			

<p>When rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The 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 align="center">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).

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


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

<p>SHIPPER SIGNATURE / DATE <small>This certifies that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small></p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small></p>
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Date: 8/5/2019 3:25:34 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000159588										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 96776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000159588										
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING										
Name: Macy's Home Store Portland DC Location #: PD Address: o/o Portland DC 1155 Vaughn Parkway, City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: L8356 Seal number(s): 0972980 SCAC: LEGS Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50135005 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
3902457	8	125.35	Y N	PT
Grand Total	8	125.35		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	9.90		Pillows,Valance,Towels	49390	100
		7	ctns	115.45		Shower curtain	49385	77.5
1		8		175.35		Grand Total		

When the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM:		Bill of Lading Number: 06757164000159496										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		 (402)08757164000159496										
SHIP TO:		CARRIER NAME: NEW LEGEND TRUCKING										
Name: Macy's Home Store Denver DC Location #: DV Address: o/o Denver DC 510 East 51st Avenue, City/State/Zip: Denver, CO 80216 CID#: Dept: 0602		Responsible Acct.No: Trailer number: L8356 Seal number(s): 0972980										
FOB: <input type="checkbox"/>		SCAC: LEGS Pro Number:										
THIRD PARTY: FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: Address: City/State/Zip:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>										
SPECIAL INSTRUCTIONS: Load #: 50135005 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <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
3672997	26	163.55	Y N	
Grand Total	26	163.55		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		26	ctns	163.55		Pillows,Valance,Towels	49390	100
1		26		213.55		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly checked, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 8/5/2019 3:26:15 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06767164000159458										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000159458										
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING										
Name: Macy's Home Store Houston DC Location #: HU Address: c/o Houston DC 2103 Ernestine, City/State/Zip: Houston, TX 77023 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Traller number: L8356 Seal number(s): 0972980										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 50135005 Packing List Is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Appointment Time</th> <th style="width:25%;">Actual Driver Arrival Time</th> <th style="width:25%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3672997	201	2174.87	Y N	
Grand Total	201	2174.87		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 363</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		198	ctns	2162.00		Pillows,Valance,Towels	49390	100
		3	ctns	12.87		Shower curtain	49385	77.5
2		201		2274.87		Grand Total		

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

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


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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required 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: 8/5/2019 3:25:15 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000159380	
Name:	E & E COMPANY LTD	 (402)06757164000159380	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: NEW LEGEND TRUCKING
SHIP TO		Responsible Acct.No:	
Name:	Macy's Home Store Tukwila DC Location #: TU	Trailer number: L8358	
Address:	c/o Tukwila DC	Seal number(s): 0972980	
City/State/Zip:	17000 Southcenter Parkway, Tukwila, WA 98188	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:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50136005		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
3672997	55	521.52	Y	N	
Grand Total	55	521.52			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		53	ctns	501.17		Pillows,Valance,Towels	49390	100
		2	ctns	20.35		Shower curtain	49385	77.5
1		55		571.52		Grand Total		

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

per

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757164000159465	
Name: E & E COMPANY LTD		 (402)06757164000159465	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
SHIP TO		Responsible Acct.No:	
Name: Macy's Home Store Secaucus DC Location #: SC		Trailer number: L8356	
Address: c/o Secaucus DC		Seal number(s): 0972980	
City/State/Zip: 500 Meadowlands Parkway, Secaucus, NJ 07094		SCAC: LEGS	
CID#:		Pro Number:	
Dept: 0602		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Address:		(check box)	
City/State/Zip:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM AM AM	
Load #: 50135005		PM PM PM	
Packaging list is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3672597	148	1821.93	Y N	
Grand Total	148	1821.93		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 550</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		143	ctns	1789.61		Pillows,Valance,Towels	49390	100
		5	ctns	32.32		Shower curtain	49385	77.5
1		148		1871.93		Grand Total		

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

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


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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 8/5/2019 3:25:31 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000159502	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR:		 (402)06757164000159502	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's Home Store Hayward DC Location #: HA Address: c/o Hayward DC 28701 Hall Road, City/State/Zip: Hayward, CA 94545 CID#: Dept: 0602		Responsible Acct.No: Trailer number: L8356 Seal number(s): 0972980 SCAC: LEGS Pro Number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address: City/State/Zip:		Prepaid: Collect: X 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50135005 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3672997	73	622.37	Y N	
Grand Total	73	622.37		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		72	ctns	612.92		Pillows,Valance,Towels	49390	100
		1	ctns	9.45		Shower curtain	49385	77.5
1		73		672.37		Grand Total		

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

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

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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757164000159571	
Name: E & E COMPANY LTD		 (402)06757164000159571	
Address: 1680 Tide Court			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHON:		CARRIER NAME: NEW LEGEND TRUCKING	
VEN:		Responsible Acct.No:	
SHIP TO		Trailer number: L8356	
Name: Macy's Home Store Tulsa DC Location #: OK		Seal number(s): 0972980	
Address: c/o Tulsa DC		SCAC: LEGS	
City/State/Zip: 7120 E 76th St North, Owasso, OK 74055		Pro Number:	
CID#:			
Dept: 0602			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load # 135005		Appointment Time	
Packaging is Attached		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3902457	2	19.80	Y N	1 PLT
Grand Total	2	19.80		


CARRIER INFORMATION									
HAIR	UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFO Item 350</small>	PACKAGE	
	QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1		Pallet			50.00		Pallet		
			2	ctns	19.80		Pillows,Valance,Towels	49390	100
1			2		69.80		Grand Total		

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

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

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

<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly packed, marked and labeled, and are in proper condition for transportation according to the applicable regulations.</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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SHIP FROM		Bill of Lading Number: 06757164000160041	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000160041	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's Home Store Martinsburg Location #: MB DC Address: c/o Martinsburg DC - MB City/State/Zip: 333 Caperton Blvd, Martinsburg, WV 25403 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: L8356 Seal number(s): 0972980	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: LEGS	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 50135005 Packing List Is Attached		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3902457	9	93.05	Y N	1 PLT
Grand Total	9	93.05		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	39.60		Pillows,Valance,Towels	49390	100
		5	ctns	53.45		Shower curtain	49385	77.5
1		9		143.05		Grand Total		

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

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


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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 8/5/2019 3:25:22 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Stone Mountain DC
Address:	1680 Tide Court	Address:	c/o Stone Mountain DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	4401 Sarr Parkway, Stone Mountain, GA 30083
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767164000159397		Trailer number: L8356	
		Seal number(s): 0972980	
(402)06767164000159397		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached (check box)		3rd Party: <input type="checkbox"/>	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
PM		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 50135005			
Packing Lists Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3672997	191	1853.65	Y	N	
Grand Total	191	1853.65			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		185	ctns	1806.87		Pillows,Valance,Towels	49390	100
		6	ctns	46.78		Shower curtain	49385	77.5
2		191		1953.65		Grand Total		

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

per

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE


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

SHIP FROM		Bill of Lading Number: 06757164000159519	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000159519	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's Home MMG Martinsburg Location #: MB DC Address: 333 Caperton Blvd City/State/Zip: Martinsburg, WV 25403 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: L8356 Seal number(s): 0972980	
THIRD PARTY, FREIGHT CHARGES BILL TO:		SCAC: LEGS	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 50135005 Packing List Is Attached		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3673767	72	1221.49	Y N	4 PLTS
Grand Total	72	1221.49		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		63	ctns	1154.08		Mattress Pads	149265	100
		9	ctns	67.41		Pillows, Valance, Towels	49390	100
4		72		1421.49		Grand Total		

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

SHIP FROM		Bill of Lading Number: 06757164000159595	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000159595	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's Home Store Goodyear DC Location #: AZ Address: c/o Goodyear DC 16575 West Commerce Drive, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0606		Responsible Acct.No: _____ Trailer number: L8356 Seal number(s): 0972980 SCAC: LEGS Pro Number: _____	
THIRD PARTY-FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50135005 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
2858458	26	934.15	Y N	4 PLTS
Grand Total	26	934.15		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	Pallet			200.00		Pallet		
		26	ctns	934.15		Comforters, Bedspreads	49017	200
4		26		1134.15		Grand Total		

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

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


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

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

Date: 8/5/2019 3:25:39 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Minooka DC Location #: CL
Address:	1680 Tide Court	Address:	c/o Minooka DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	601 Midpoint Rd., Minooka, IL 60447
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757164000159441		Trailer number: L8356	
		Seal number(s): 0972980	
(402)06757164000159441		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party: <input type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 50136005		PM	
Packing List Is Attached		AM	
		PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3672997	201	1807.75	Y N	
Grand Total	201	1807.75		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		195	ctns	1765.81		Pillows,Valance,Towels	49390	100
		6	ctns	41.94		Shower curtain	49385	77.5
1		201		1857.75		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


By Shipper
 By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757164000159489	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000159489	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No: _____ Trailer number: L8356 Seal number(s): 0972980	
Name: Macy's Home Store Goodyear DC Location #: AZ Address: Goodyear DC Pool Stock 16575 West Commerce Drive, City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0602		SCAC: LEGS Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 60135005 Packing List Is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3672997	23	282.71	Y N	
Grand Total	23	282.71		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		23	ctns	282.71		Pillows,Valance,Towels	49390	100
1		23		332.71		Grand Total		


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

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

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

SHIP FROM		Bill of Lading Number: 08757164000159410										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757164000159410										
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING										
Name: Macy's Home Store Los Angeles Location #: CI DC Address: c/o Los Angeles DC City/State/Zip: 15541 East Gale Avenue, City of Industry, CA 91746 CID#: _____ Dept: 0602 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: L8356 Seal number(s): 0972980 SCAC: LEGS Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50135005 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
3672997	226	2385.84	Y N	
Grand Total	226	2385.84		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		220	ctns	2354.25		Pillows,Valance,Towels	49390	100
		6	ctns	31.59		Shower curtain	49385	77.5
1		226		2435.84		Grand Total		

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


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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 8/5/2019 3:25:47 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000159472	
Name:	E & E COMPANY LTD	 (402)06757164000159472	
Address:	1680 Tide Court		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: L8356	
Name:	Macy's Home Store Bailey Rd. DC Location #: BA	Seal number(s): 0872980	
Address:	Bailey Rd DC Pool Stock	SCAC: LEGS	
	300 South Bailey Road,	Pro Number:	
City/State/Zip:	North Jackson, OH 44451		
CID#:			
Dept:	0602		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50135005		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
3672997	172	1645.85	Y N	
Grand Total	172	1645.85		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 388</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		165	ctns	1600.16		Pillows, Valance, Towels	49390	100
		7	ctns	45.69		Shower curtain	49385	77.5
1		172		1695.85		Grand Total		

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

per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver


Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

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

Bill of Lading Number: 08757164000159557

 (402)06757164000159557

SHIP TO
 Name: Macy's Home Store Cheshire DC Location #: CD
 Address: c/o Cheshire DC
 475 Knotter Drive,
 City/State/Zip: Cheshire, CT 06410
 CID#:
 Dept: 0602 FOB:

CARRIER NAME: NEW LEGEND TRUCKING
 Responsible Acct.No:
 Trailer number: L8356
 Seal number(s): 0972980
SCAC: LEGS
 Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 50135005
 Packing List Is Attached

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3902457	3	49.81	Y N	1 PLT
Grand Total	3	49.81		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	14.41		Pillows,Valance,Towels	49390	100
		2	ctns	35.40		Shower curtain	49385	77.5
1		3		99.81		Grand Total		

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

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

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

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


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

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

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

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

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757164000159403										
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000159403										
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING										
Name: Macy's Home Store South Windsor DC Location #: SW Address: c/o South Windsor DC City/State/Zip: 301 Governor's Hwy, South Windsor, CT 06074 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: L8356 Seal number(s): 0972980										
		SCAC: LEGS										
		Pro Number: _____										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50135005 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
3672997	88	1108.27	Y N	
Grand Total	88	1108.27		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M.: (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		85	ctns	1088.89		Pillows, Valance, Towels	49390	100
		3	ctns	19.38		Shower curtain	49385	77.5
1		88		1158.27		Grand Total		

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757164000159526	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000159526	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's Home MMG Owasso DC Location #: OK Address: c/o Macy's Logistics Distribution C 7120 E.78th Street North, City/State/Zip: Owasso, OK 74055 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: L8356 Seal number(s): 0972980 SCAC: LEGS Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 50135005 Picking List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3673767	224	2245.14	Y N	
Grand Total	224	2245.14		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		90	ctns	1621.50		Mattress Pads	149265	100
		134	ctns	623.64		Pillows,Valance,Towels	49390	100
5		224		2495.14		Grand Total		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	Shipper Signature _____
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.		

Date: 8/5/2019 3:26:09 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757164000159533	
Name: E & E COMPANY LTD Address: 1680 Tide Court City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757164000159533	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macy's Home MMG Portland DC Location #: PD Address: c/o Portland DC 1155 Vaughn Parkway, City/State/Zip: Portland, TN 37148 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: L8356 Seal number(s): 0972980 SCAC: LEGS Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50135005 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
3673767	209	2122.75	Y N	5 PLTS
Grand Total	209	2122.75		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		83	ctns	1535.84		Mattress Pads	149265	100
		126	ctns	586.91		Pillows,Valance,Towels	49390	100
5		209		2372.75		Grand Total		

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

EEC show cartons scanned, loaded and billed correct

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
3672997	5096288	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747060	00006757166387470607	4	Loaded
3672997	5096288	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747061	00006757166387470614	4	Loaded
3672997	5096290	R201907300744444	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001299907	0638747065	00006757166387470652	4	Loaded
3672997	5096290	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747066	00006757166387470669	4	Loaded
3672997	5096290	R201907300744444	MCH71-831	Atlantic Mosaic Tray	00106757164001299907	0638747067	00006757166387470676	4	Loaded
3672997	5096291	R201907300744444	MCH71-1109	Genevieve Toothbrush Holder W/	00106757164001299907	0638747068	00006757166387470683	4	Loaded
3672997	5096291	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747069	00006757166387470690	4	Loaded
3672997	5096291	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747070	00006757166387470706	4	Loaded
3672997	5096292	R201907300744444	MCH71-1109	Genevieve Toothbrush Holder W/	00106757164001299907	0638747071	00006757166387470713	4	Loaded
3672997	5096292	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747072	00006757166387470720	4	Loaded
3672997	5096292	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747073	00006757166387470737	4	Loaded
3672997	5096292	R201907300744444	MCH71-833	Sunset Ombre Toothbrush Holder	00106757164001299907	0638747074	00006757166387470744	4	Loaded
3672997	5096293	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747075	00006757166387470751	4	Loaded
3672997	5096293	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747076	00006757166387470768	4	Loaded
3672997	5096293	R201907300744444	MCH71-833	Sunset Ombre Toothbrush Holder	00106757164001299907	0638747077	00006757166387470775	4	Loaded
3672997	5096295	R201907300744444	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001299907	0638747078	00006757166387470782	4	Loaded
3672997	5096295	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747079	00006757166387470799	4	Loaded
3672997	5096295	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747080	00006757166387470805	4	Loaded
3672997	5096296	R201907300744444	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001299907	0638747081	00006757166387470812	4	Loaded
3672997	5096296	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747082	00006757166387470829	4	Loaded
3672997	5096298	R201907300744444	MCH71-1109	Genevieve Toothbrush Holder W/	00106757164001299907	0638747083	00006757166387470836	4	Loaded
3672997	5096298	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747084	00006757166387470843	4	Loaded
3672997	5096298	R201907300744444	MCH71-833	Sunset Ombre Toothbrush Holder	00106757164001299907	0638747085	00006757166387470850	4	Loaded
3672997	5096299	R201907300744444	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001299907	0638747086	00006757166387470867	4	Loaded
3672997	5096299	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747087	00006757166387470874	4	Loaded
3672997	5096299	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747088	00006757166387470881	4	Loaded
3672997	5096301	R201907300744444	MCH71-1109	Genevieve Toothbrush Holder W/	00106757164001299907	0638747089	00006757166387470898	4	Loaded
3672997	5096301	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747090	00006757166387470904	4	Loaded
3672997	5096302	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747091	00006757166387470911	4	Loaded
3672997	5096302	R201907300744444	MCH71-831	Atlantic Mosaic Tray	00106757164001299907	0638747092	00006757166387470928	4	Loaded
3672997	5096303	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747093	00006757166387470935	4	Loaded
3672997	5096303	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747094	00006757166387470942	4	Loaded
3672997	5096304	R201907300744444	MCH70-988	Spa Waffle Shower Curtain	00106757164001299907	0638747095	00006757166387470959	3	Loaded
3672997	5096304	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747096	00006757166387470966	4	Loaded
3672997	5096304	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747097	00006757166387470973	4	Loaded
3672997	5096304	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747098	00006757166387470980	4	Loaded
3672997	5096308	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747102	00006757166387471024	4	Loaded
3672997	5096308	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747103	00006757166387471031	4	Loaded
3672997	5096308	R201907300744444	MCH71-831	Atlantic Mosaic Tray	00106757164001299907	0638747104	00006757166387471048	4	Loaded
3672997	5096308	R201907300744444	MCH71-833	Sunset Ombre Toothbrush Holder	00106757164001299907	0638747105	00006757166387471055	4	Loaded
3672997	5096309	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747106	00006757166387471062	4	Loaded
3672997	5096309	R201907300744444	MCH71-831	Atlantic Mosaic Tray	00106757164001299907	0638747107	00006757166387471079	4	Loaded
3672997	5096310	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747108	00006757166387471086	4	Loaded
3672997	5096310	R201907300744444	MCH71-831	Atlantic Mosaic Tray	00106757164001299907	0638747109	00006757166387471093	4	Loaded
3672997	5096310	R201907300744444	MCH71-833	Sunset Ombre Toothbrush Holder	00106757164001299907	0638747110	00006757166387471109	4	Loaded
3672997	5096311	R201907300744444	MCH71-1109	Genevieve Toothbrush Holder W/	00106757164001299907	0638747111	00006757166387471116	4	Loaded
3672997	5096311	R201907300744444	MCH71-833	Sunset Ombre Toothbrush Holder	00106757164001299907	0638747112	00006757166387471123	4	Loaded
3672997	5096312	R201907300744444	MCH71-833	Sunset Ombre Toothbrush Holder	00106757164001299907	0638747113	00006757166387471130	4	Loaded
3672997	5096315	R201907300744444	MCH71-833	Sunset Ombre Toothbrush Holder	00106757164001299907	0638747114	00006757166387471147	4	Loaded
3672997	5096316	R201907300744444	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001299907	0638747115	00006757166387471154	4	Loaded
3672997	5096316	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747116	00006757166387471161	4	Loaded
3672997	5096317	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747117	00006757166387471178	4	Loaded
3672997	5096317	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747118	00006757166387471185	4	Loaded
3672997	5096317	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747119	00006757166387471192	4	Loaded
3672997	5096319	R201907300744444	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001299907	0638747120	00006757166387471208	4	Loaded
3672997	5096319	R201907300744444	MCH71-1109	Genevieve Toothbrush Holder W/	00106757164001299907	0638747121	00006757166387471215	4	Loaded
3672997	5096319	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747122	00006757166387471222	4	Loaded
3672997	5096319	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747123	00006757166387471239	4	Loaded
3672997	5096319	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747124	00006757166387471246	4	Loaded
3672997	5096328	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747137	00006757166387471376	4	Loaded
3672997	5096328	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747138	00006757166387471383	4	Loaded
3672997	5096330	R201907300744444	MCH70-1140	Elm Waffle Shower Curtain	00106757164001299907	0638747141	00006757166387471413	3	Loaded
3672997	5096330	R201907300744444	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001299907	0638747142	00006757166387471420	4	Loaded
3672997	5096330	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747143	00006757166387471437	4	Loaded
3672997	5096332	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747147	00006757166387471475	4	Loaded
3672997	5096332	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747148	00006757166387471482	4	Loaded
3672997	5096333	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747149	00006757166387471499	4	Loaded
3672997	5096333	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747150	00006757166387471505	4	Loaded
3672997	5096333	R201907300744444	MCH71-1427	Hotel Glass Soap Dish	00106757164001299907	0638747151	00006757166387471512	4	Loaded
3672997	5096485	R201907300744444	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001299907	0638747577	00006757166387475770	4	Loaded
3672997	5096485	R201907300744444	MCH71-1109	Genevieve Toothbrush Holder W/	00106757164001299907	0638747578	00006757166387475787	4	Loaded
3672997	5096485	R201907300744444	MCH71-1423	Hotel Glass Tray	00106757164001299907	0638747579	00006757166387475794	4	Loaded
3672997	5096485	R201907300744444	MCH71-1424	Hotel Glass Lotion Pump	00106757164001299907	0638747580	00006757166387475800	4	Loaded
3672997	5096485	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747581	00006757166387475817	4	Loaded
3672997	5096485	R201907300744444	MCH71-477	Serene Cotton Jar	00106757164001299907	0638747582	00006757166387475824	4	Loaded
3672997	5096485	R201907300744444	MCH71-500	Cape Mosaic Tissue Cover	00106757164001299907	0638747583	00006757166387475831	2	Loaded
3672997	5096485	R201907300744444	MCH71-500	Cape Mosaic Tissue Cover	00106757164001299907	0638747584	00006757166387475848	2	Loaded

3672997	5096535	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747795	00006757166387477958	4	Loaded
3672997	5096535	R201907300744444	MCH71-500	Cape Mosaic Tissue Cover	00106757164001299907	0638747796	00006757166387477965	2	Loaded
3672997	5096535	R201907300744444	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001299907	0638747797	00006757166387477972	4	Loaded
3672997	5096535	R201907300744444	MCH71-831	Atlantic Mosaic Tray	00106757164001299907	0638747798	00006757166387477989	4	Loaded
3672997	5096536	R201907300744444	MCH70-977	Paris Shower Curtain	00106757164001299907	0638747799	00006757166387477996	3	Loaded
3672997	5096536	R201907300744444	MCH71-1424	Hotel Glass Lotion Pump	00106757164001299907	0638747800	00006757166387478009	4	Loaded
3672997	5096536	R201907300744444	MCH71-477	Serene Cotton Jar	00106757164001299907	0638747801	00006757166387478016	4	Loaded
3672997	5096536	R201907300744444	MCH71-499	Cape Mosaic Tray	00106757164001299907	0638747802	00006757166387478023	4	Loaded
3672997	5096536	R201907300744444	MCH71-500	Cape Mosaic Tissue Cover	00106757164001299907	0638747803	00006757166387478030	2	Loaded
3672997	5096536	R201907300744444	MCH71-829	Atlantic Mosaic Soap Dish--Ova	00106757164001299907	0638747804	00006757166387478047	4	Loaded
3672997	5096537	R201907300744444	MCH71-1424	Hotel Glass Lotion Pump	00106757164001299907	0638747805	00006757166387478054	4	Loaded
3672997	5096538	R201907300744444	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001299907	0638747806	00006757166387478061	4	Loaded
3672997	5096538	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747807	00006757166387478078	4	Loaded
3672997	5096538	R201907300744444	MCH71-499	Cape Mosaic Tray	00106757164001299907	0638747808	00006757166387478085	4	Loaded
3672997	5096538	R201907300744444	MCH71-500	Cape Mosaic Tissue Cover	00106757164001299907	0638747809	00006757166387478092	2	Loaded
3672997	5096538	R201907300744444	MCH71-503	Stowe Toothbrush Holder	00106757164001299907	0638747810	00006757166387478108	4	Loaded
3672997	5096538	R201907300744444	MCH71-834	Sunset Ombre Tumbler	00106757164001299907	0638747811	00006757166387478115	4	Loaded
3672997	5096539	R201907300744444	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001299907	0638747812	00006757166387478122	4	Loaded
3672997	5096539	R201907300744444	MCH71-477	Serene Cotton Jar	00106757164001299907	0638747813	00006757166387478139	4	Loaded
3672997	5096539	R201907300744444	MCH71-500	Cape Mosaic Tissue Cover	00106757164001299907	0638747814	00006757166387478146	2	Loaded
3672997	5096539	R201907300744444	MCH71-834	Sunset Ombre Tumbler	00106757164001299907	0638747815	00006757166387478153	4	Loaded
3672997	5096540	R201907300744444	MCH71-1424	Hotel Glass Lotion Pump	00106757164001299907	0638747816	00006757166387478160	4	Loaded
3672997	5096540	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747817	00006757166387478177	4	Loaded
3672997	5096540	R201907300744444	MCH71-500	Cape Mosaic Tissue Cover	00106757164001299907	0638747818	00006757166387478184	2	Loaded
3672997	5096541	R201907300744444	MCH71-1109	Genevieve Toothbrush Holder W/	00106757164001299907	0638747819	00006757166387478191	4	Loaded
3672997	5096541	R201907300744444	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001299907	0638747820	00006757166387478207	4	Loaded
3672997	5096541	R201907300744444	MCH71-1424	Hotel Glass Lotion Pump	00106757164001299907	0638747821	00006757166387478214	4	Loaded
3672997	5096541	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747822	00006757166387478221	4	Loaded
3672997	5096541	R201907300744444	MCH71-499	Cape Mosaic Tray	00106757164001299907	0638747823	00006757166387478238	4	Loaded
3672997	5096541	R201907300744444	MCH71-500	Cape Mosaic Tissue Cover	00106757164001299907	0638747824	00006757166387478245	2	Loaded
3672997	5096541	R201907300744444	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001299907	0638747825	00006757166387478252	4	Loaded
3672997	5096542	R201907300744444	MCH71-499	Cape Mosaic Tray	00106757164001299907	0638747826	00006757166387478269	4	Loaded
3672997	5096542	R201907300744444	MCH71-500	Cape Mosaic Tissue Cover	00106757164001299907	0638747827	00006757166387478276	2	Loaded
3672997	5096542	R201907300744444	MCH71-503	Stowe Toothbrush Holder	00106757164001299907	0638747828	00006757166387478283	4	Loaded
3672997	5096542	R201907300744444	MCH71-829	Atlantic Mosaic Soap Dish--Ova	00106757164001299907	0638747829	00006757166387478290	4	Loaded
3672997	5096543	R201907300744444	MCH71-500	Cape Mosaic Tissue Cover	00106757164001299907	0638747830	00006757166387478306	2	Loaded
3672997	5096543	R201907300744444	MCH71-503	Stowe Toothbrush Holder	00106757164001299907	0638747831	00006757166387478313	4	Loaded
3672997	5096543	R201907300744444	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001299907	0638747832	00006757166387478320	4	Loaded
3672997	5096544	R201907300744444	MCH71-1424	Hotel Glass Lotion Pump	00106757164001299907	0638747833	00006757166387478337	4	Loaded
3672997	5096544	R201907300744444	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001299907	0638747834	00006757166387478344	4	Loaded
3672997	5096544	R201907300744444	MCH71-829	Atlantic Mosaic Soap Dish--Ova	00106757164001299907	0638747835	00006757166387478351	4	Loaded
3672997	5096544	R201907300744444	MCH71-831	Atlantic Mosaic Tray	00106757164001299907	0638747836	00006757166387478368	4	Loaded

EEC show cartons scanned, loaded and billed correct

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
3672997	5096597	R201907300744456	MCH71-1423	Hotel Glass Tray	00106757164001300313	0638748144	00006757166387481443	4	Loaded
3672997	5096597	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748145	00006757166387481450	4	Loaded
3672997	5096597	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748146	00006757166387481467	2	Loaded
3672997	5096598	R201907300744456	MCH71-1424	Hotel Glass Lotion Pump	00106757164001300313	0638748147	00006757166387481474	4	Loaded
3672997	5096598	R201907300744456	MCH71-477	Serene Cotton Jar	00106757164001300313	0638748148	00006757166387481481	4	Loaded
3672997	5096598	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748149	00006757166387481498	2	Loaded
3672997	5096598	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748150	00006757166387481504	2	Loaded
3672997	5096598	R201907300744456	MCH71-503	Stowe Toothbrush Holder	00106757164001300313	0638748151	00006757166387481511	4	Loaded
3672997	5096598	R201907300744456	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001300313	0638748152	00006757166387481528	4	Loaded
3672997	5096598	R201907300744456	MCH71-829	Atlantic Mosaic Soap Dish-Ova	00106757164001300313	0638748153	00006757166387481535	4	Loaded
3672997	5096598	R201907300744456	MCH71-831	Atlantic Mosaic Tray	00106757164001300313	0638748154	00006757166387481542	4	Loaded
3672997	5096599	R201907300744456	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001300313	0638748155	00006757166387481559	4	Loaded
3672997	5096599	R201907300744456	MCH71-499	Cape Mosaic Tray	00106757164001300313	0638748156	00006757166387481566	4	Loaded
3672997	5096599	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748157	00006757166387481573	2	Loaded
3672997	5096599	R201907300744456	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001300313	0638748158	00006757166387481580	4	Loaded
3672997	5096599	R201907300744456	MCH71-834	Sunset Ombre Tumbler	00106757164001300313	0638748159	00006757166387481597	4	Loaded
3672997	5096600	R201907300744456	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001300313	0638748160	00006757166387481603	4	Loaded
3672997	5096600	R201907300744456	MCH71-1423	Hotel Glass Tray	00106757164001300313	0638748161	00006757166387481610	4	Loaded
3672997	5096600	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748162	00006757166387481627	4	Loaded
3672997	5096600	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748163	00006757166387481634	2	Loaded
3672997	5096600	R201907300744456	MCH71-503	Stowe Toothbrush Holder	00106757164001300313	0638748164	00006757166387481641	4	Loaded
3672997	5096600	R201907300744456	MCH71-831	Atlantic Mosaic Tray	00106757164001300313	0638748165	00006757166387481658	4	Loaded
3672997	5096601	R201907300744456	MCH71-1423	Hotel Glass Tray	00106757164001300313	0638748166	00006757166387481665	4	Loaded
3672997	5096601	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748167	00006757166387481672	4	Loaded
3672997	5096601	R201907300744456	MCH71-499	Cape Mosaic Tray	00106757164001300313	0638748168	00006757166387481689	4	Loaded
3672997	5096601	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748169	00006757166387481696	2	Loaded
3672997	5096602	R201907300744456	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001300313	0638748170	00006757166387481702	4	Loaded
3672997	5096602	R201907300744456	MCH71-1423	Hotel Glass Tray	00106757164001300313	0638748171	00006757166387481719	4	Loaded
3672997	5096602	R201907300744456	MCH71-477	Serene Cotton Jar	00106757164001300313	0638748172	00006757166387481726	4	Loaded
3672997	5096602	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748173	00006757166387481733	2	Loaded
3672997	5096603	R201907300744456	MCH71-1423	Hotel Glass Tray	00106757164001300313	0638748174	00006757166387481740	4	Loaded
3672997	5096603	R201907300744456	MCH71-503	Stowe Toothbrush Holder	00106757164001300313	0638748175	00006757166387481757	4	Loaded
3672997	5096603	R201907300744456	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001300313	0638748176	00006757166387481764	4	Loaded
3672997	5096604	R201907300744456	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001300313	0638748177	00006757166387481771	4	Loaded
3672997	5096604	R201907300744456	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001300313	0638748178	00006757166387481788	4	Loaded
3672997	5096604	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748179	00006757166387481795	4	Loaded
3672997	5096604	R201907300744456	MCH71-477	Serene Cotton Jar	00106757164001300313	0638748180	00006757166387481801	4	Loaded
3672997	5096604	R201907300744456	MCH71-499	Cape Mosaic Tray	00106757164001300313	0638748181	00006757166387481818	4	Loaded
3672997	5096604	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748182	00006757166387481825	2	Loaded
3672997	5096604	R201907300744456	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001300313	0638748183	00006757166387481832	4	Loaded
3672997	5096604	R201907300744456	MCH71-831	Atlantic Mosaic Tray	00106757164001300313	0638748184	00006757166387481849	4	Loaded
3672997	5096605	R201907300744456	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001300313	0638748185	00006757166387481856	4	Loaded
3672997	5096605	R201907300744456	MCH71-499	Cape Mosaic Tray	00106757164001300313	0638748186	00006757166387481863	4	Loaded
3672997	5096605	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748187	00006757166387481870	2	Loaded
3672997	5096605	R201907300744456	MCH71-503	Stowe Toothbrush Holder	00106757164001300313	0638748188	00006757166387481887	4	Loaded
3672997	5096605	R201907300744456	MCH71-834	Sunset Ombre Tumbler	00106757164001300313	0638748189	00006757166387481894	4	Loaded
3672997	5096606	R201907300744456	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001300313	0638748190	00006757166387481900	4	Loaded
3672997	5096606	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748191	00006757166387481917	4	Loaded
3672997	5096606	R201907300744456	MCH71-477	Serene Cotton Jar	00106757164001300313	0638748192	00006757166387481924	4	Loaded
3672997	5096606	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748193	00006757166387481931	2	Loaded
3672997	5096606	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748194	00006757166387481948	2	Loaded
3672997	5096606	R201907300744456	MCH71-503	Stowe Toothbrush Holder	00106757164001300313	0638748195	00006757166387481955	4	Loaded
3672997	5096606	R201907300744456	MCH71-831	Atlantic Mosaic Tray	00106757164001300313	0638748196	00006757166387481962	4	Loaded
3672997	5096607	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748197	00006757166387481979	2	Loaded
3672997	5096608	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748198	00006757166387481986	4	Loaded
3672997	5096609	R201907300744456	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001300313	0638748199	00006757166387481993	4	Loaded
3672997	5096609	R201907300744456	MCH71-1423	Hotel Glass Tray	00106757164001300313	0638748200	00006757166387482006	4	Loaded
3672997	5096609	R201907300744456	MCH71-1424	Hotel Glass Lotion Pump	00106757164001300313	0638748201	00006757166387482013	4	Loaded
3672997	5096609	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748202	00006757166387482020	4	Loaded
3672997	5096609	R201907300744456	MCH71-499	Cape Mosaic Tray	00106757164001300313	0638748203	00006757166387482037	4	Loaded
3672997	5096609	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748204	00006757166387482044	2	Loaded
3672997	5096609	R201907300744456	MCH71-503	Stowe Toothbrush Holder	00106757164001300313	0638748205	00006757166387482051	4	Loaded
3672997	5096609	R201907300744456	MCH71-831	Atlantic Mosaic Tray	00106757164001300313	0638748206	00006757166387482068	4	Loaded
3672997	5096611	R201907300744456	MCH71-1423	Hotel Glass Tray	00106757164001300313	0638748207	00006757166387482075	4	Loaded
3672997	5096611	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748208	00006757166387482082	4	Loaded
3672997	5096611	R201907300744456	MCH71-477	Serene Cotton Jar	00106757164001300313	0638748209	00006757166387482099	4	Loaded
3672997	5096611	R201907300744456	MCH71-499	Cape Mosaic Tray	00106757164001300313	0638748210	00006757166387482105	4	Loaded
3672997	5096611	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748211	00006757166387482112	2	Loaded
3672997	5096611	R201907300744456	MCH71-503	Stowe Toothbrush Holder	00106757164001300313	0638748212	00006757166387482129	4	Loaded
3672997	5096612	R201907300744456	MCH71-499	Cape Mosaic Tray	00106757164001300313	0638748213	00006757166387482136	4	Loaded
3672997	5096612	R201907300744456	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001300313	0638748214	00006757166387482143	4	Loaded
3672997	5096612	R201907300744456	MCH71-829	Atlantic Mosaic Soap Dish-Ova	00106757164001300313	0638748215	00006757166387482150	4	Loaded
3672997	5096613	R201907300744456	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001300313	0638748216	00006757166387482167	4	Loaded
3672997	5096613	R201907300744456	MCH71-1109	Genevieve Toothbrush Holder W/	00106757164001300313	0638748217	00006757166387482174	4	Loaded
3672997	5096613	R201907300744456	MCH71-1424	Hotel Glass Lotion Pump	00106757164001300313	0638748218	00006757166387482181	4	Loaded
3672997	5096613	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748219	00006757166387482198	4	Loaded

3672997	5096644	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748381	00006757166387483812	4	Loaded
3672997	5096645	R201907300744456	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001300313	0638748382	00006757166387483829	4	Loaded
3672997	5096645	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748383	00006757166387483836	4	Loaded
3672997	5096645	R201907300744456	MCH71-477	Serene Cotton Jar	00106757164001300313	0638748384	00006757166387483843	4	Loaded
3672997	5096645	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748385	00006757166387483850	2	Loaded
3672997	5096645	R201907300744456	MCH71-829	Atlantic Mosaic Soap Dish--Ova	00106757164001300313	0638748386	00006757166387483867	4	Loaded
3672997	5096645	R201907300744456	MCH71-831	Atlantic Mosaic Tray	00106757164001300313	0638748387	00006757166387483874	4	Loaded
3672997	5096646	R201907300744456	MCH70-977	Paris Shower Curtain	00106757164001300313	0638748388	00006757166387483881	3	Loaded
3672997	5096646	R201907300744456	MCH71-1423	Hotel Glass Tray	00106757164001300313	0638748389	00006757166387483898	4	Loaded
3672997	5096646	R201907300744456	MCH71-1424	Hotel Glass Lotion Pump	00106757164001300313	0638748390	00006757166387483904	4	Loaded
3672997	5096646	R201907300744456	MCH71-503	Stowe Toothbrush Holder	00106757164001300313	0638748391	00006757166387483911	4	Loaded
3672997	5096646	R201907300744456	MCH71-834	Sunset Ombre Tumbler	00106757164001300313	0638748392	00006757166387483928	4	Loaded
3672997	5096647	R201907300744456	MCH71-1421	Cape Mosaic Lotion Pump	00106757164001300313	0638748393	00006757166387483935	4	Loaded
3672997	5096647	R201907300744456	MCH71-1424	Hotel Glass Lotion Pump	00106757164001300313	0638748394	00006757166387483942	4	Loaded
3672997	5096647	R201907300744456	MCH71-477	Serene Cotton Jar	00106757164001300313	0638748395	00006757166387483959	4	Loaded
3672997	5096647	R201907300744456	MCH71-499	Cape Mosaic Tray	00106757164001300313	0638748396	00006757166387483966	4	Loaded
3672997	5096647	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748397	00006757166387483973	2	Loaded
3672997	5096647	R201907300744456	MCH71-503	Stowe Toothbrush Holder	00106757164001300313	0638748398	00006757166387483980	4	Loaded
3672997	5096647	R201907300744456	MCH71-834	Sunset Ombre Tumbler	00106757164001300313	0638748399	00006757166387483997	4	Loaded
3672997	5096648	R201907300744456	MCH71-1423	Hotel Glass Tray	00106757164001300313	0638748400	00006757166387484000	4	Loaded
3672997	5096648	R201907300744456	MCH71-1426	Cape Mosaic Toothbrush Holder	00106757164001300313	0638748401	00006757166387484017	4	Loaded
3672997	5096648	R201907300744456	MCH71-503	Stowe Toothbrush Holder	00106757164001300313	0638748402	00006757166387484024	4	Loaded
3672997	5096648	R201907300744456	MCH71-827	Atlantic Mosaic Lotion Pump	00106757164001300313	0638748403	00006757166387484031	4	Loaded
3672997	5096649	R201907300744456	MCH70-994	Sorrel Shower Curtain	00106757164001300313	0638748404	00006757166387484048	3	Loaded
3672997	5096649	R201907300744456	MCH71-1108	Genevieve Lotion Pump W/O Merc	00106757164001300313	0638748405	00006757166387484055	4	Loaded
3672997	5096649	R201907300744456	MCH71-1423	Hotel Glass Tray	00106757164001300313	0638748406	00006757166387484062	4	Loaded
3672997	5096649	R201907300744456	MCH71-1424	Hotel Glass Lotion Pump	00106757164001300313	0638748407	00006757166387484079	4	Loaded
3672997	5096649	R201907300744456	MCH71-500	Cape Mosaic Tissue Cover	00106757164001300313	0638748408	00006757166387484086	2	Loaded
3672997	5096649	R201907300744456	MCH71-503	Stowe Toothbrush Holder	00106757164001300313	0638748409	00006757166387484093	4	Loaded