

SHIP FROM		Master Bill of Lading Number: 06757163000348312	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Schneider	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.:	
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Trailer number:	TA198808
		Seal number(s):	25002559
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	N/A
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50118637		12:00 AM	12:00 AM
		Driver Departure Time	1:50 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	Supplier#
						DC#	
9476971	5	43.88	Y	N	06757163000347643	SC	
9555961	7	81.76	Y	N	06757163000347650	SC	
9475781	11	169.73	Y	N	06757163000347667	SC	
9555968	6	70.08	Y	N	06757163000347681	CD	
9476908	11	96.91	Y	N	06757163000347681	CD	
9476978	37	316.68	Y	N	06757163000347735	PD	
9477051	1	14.44	Y	N	06757163000347650	SC	
9477058	5	72.20	Y	N	06757163000347780	MB	
9475778	47	725.21	Y	N	06757163000347711	PD	
9477018	6	89.54	Y	N	06757163000347681	CD	
9385188	93	819.33	Y	N	06757163000347766	MB	
9385188	12	105.72	Y	N	06757163000347674	CD	
9475778	49	756.07	Y	N	06757163000347704	CD	

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"/>
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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 / 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>W. M. O.</i> 7-29-19	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. <i>[Signature]</i> 07/29/19
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Date: 7/29/2019 1:39:28 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000348312
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Schneider
Name:	Macy's /Bloom Consolidation Center DC#: Div.	Trailer number: TA198808
Address:	C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard,	Seal number(s): 25002559
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: SCNN
SID#:	FOB: <input type="checkbox"/>	Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
Address:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 50118637		PM	PM	PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
			BOL#	DC#	Supplier#		
9477058	1	14.44	Y	N	06757163000347698	CD	
9555968	44	513.92	Y	N	06757163000347728	PD	
9475778	47	725.21	Y	N	06757163000347797	MB	
9476908	86	757.66	Y	N	06757163000347773	MB	
9477018	50	665.48	Y	N	06757163000347773	MB	
9555968	42	490.56	Y	N	06757163000347773	MB	
9385188	90	792.90	Y	N	06757163000347759	PD	
9476908	93	819.33	Y	N	06757163000347728	PD	
9477018	85	954.23	Y	N	06757163000347728	PD	
9477058	13	128.29	Y	N	06757163000347742	PD	
Grand Total	841	9223.57					

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.	Trailer Loaded: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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: 7/29/2019 1:39:28 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757163000348312	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Schneider	
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: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A	
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 #: 50118637		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
29	Pallet			1450.00		Pallet		70
		306	ctns	2373.98		Pillows,Valance,Towels	49390	100
		154	ctns	2376.22		Sleepwear,Underwear	49880	100
		381	ctns	4473.37		Throws,Blankets	49040	150
29				10673.57		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: 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: <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: 7/29/2019 1:38:28 PM

Bill Of Lading

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		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: 0689		Name: _____ Address: _____ City/State/Zip: _____	
Bill of Lading Number: 06757163000347711  (402)06757163000347711		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50118637 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	
9475778	47	725.21	Y N		
Grand Total	47	725.21			

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
2	Pallet			100.00		Pallet		
		47	ctns	725.21		Sleepwear,Underwear	49880	100
2		47		825.21		Grand Total		

<p>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 _____"</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

Customer: MACY'S HOME MMG PORTLAND DC

Ship Date: 07/29/2019

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201
US

SHIP TO:
MACY'S HOME MMG PORTLAND DC
C/O PORTLAND DC
1155 VAUGHN PARKWAY
PORTLAND, TN 37148
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9475778	1006349800	MCGA04-0036	732996628882	Robe	EA	6	84	14	84	14
9475778	1006349800	MCGA04-0037	732996628875	Robe	EA	6	72	12	72	12
9475778	1006349100	MCGA04-0038	732996628868	Robe	EA	6	66	11	66	11
9475778	1006349100	MCGA04-0039	732996628851	Robe	EA	6	60	10	60	10

Total Weight: 725.21
 Total Quantity Ordered: 282
 Total Cartons Ordered: 47
 Total Quantity Shipped: 282
 Total Cartons Shipped: 47

Date: 7/29/2019 1:38:28 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Portland DC Location #: PD
Address:	221 Hanson Way	Address:	c/o Portland DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	1155 Vaughn Parkway, Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0689
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000347711		Trailer number: TA198808	
		Seal number(s): 25002559	
(402)06757163000347711		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number: N/A	
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	
SPECIAL INSTRUCTIONS: Load #: 50118637 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9475778	47	725.21	Y	N	
Grand Total	47	725.21			

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
2	Pallet			100.00		Pallet		
		47	ctns	725.21		Sleepwear,Underwear	49880	100
2		47		825.21		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: 06757163000347797	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347797	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Martinsburg Location #: MB DC Address: 333 Caperton Blvd City/State/Zip: MB Martinsburg, WV 25403 CID#: _____ Dept: 0689		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: N/A	
SPECIAL INSTRUCTIONS: Load #: 50118637 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9475778	47	725.21	Y N	
Grand Total	47	725.21		

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
2	Pallet			100.00		Pallet		
		47	ctns	725.21		Sleepwear,Underwear	49880	100
2		47		825.21		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"/>
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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 property 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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Customer: MACY'S HOME MMG MARTINSBURG DC

Ship Date: 07/29/2019

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201
US

SHIP TO:
MACY'S HOME MMG MARTINSBURG DC
333 CAPERTON BLVD
MARTINSBURG, WV 25403
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9475778	1006349800	MCGA04-0036	732996628882	Robe	EA	6	84	14	84	14
9475778	1006349800	MCGA04-0037	732996628875	Robe	EA	6	72	12	72	12
9475778	1006349100	MCGA04-0038	732996628868	Robe	EA	6	66	11	66	11
9475778	1006349100	MCGA04-0039	732996628851	Robe	EA	6	60	10	60	10

Total Weight: 725.21
 Total Quantity Ordered: 282
 Total Cartons Ordered: 47
 Total Quantity Shipped: 282
 Total Cartons Shipped: 47

Date: 7/29/2019 1:38:32 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347797	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347797	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Martinsburg Location #: MB DC Address: 333 Caperton Blvd City/State/Zip: MB Martinsburg, WV 25403 CID#: _____ Dept: 0689		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A	
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 #: 50118637 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9475778	47	725.21	Y N	
Grand Total	47	725.21		


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		
		47	ctns	725.21		Sleepwear,Underwear	49880	100
2		47		825.21		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>
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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: 06757163000347759										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347759										
SHIP TO		CARRIER NAME: Schneider										
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: 0703		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A										
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"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50118637 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	
9385188	90	792.90	Y N		
Grand Total	90	792.90			

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
2	Pallet			100.00		Pallet		
		90	ctns	792.90		Pillows,Valance,Towels	49390	100
2		90		892.90		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. <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.
--	--	---

Customer: MACY'S HOME MMG PORTLAND DC

Ship Date: 07/29/2019

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S CFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:


MACY'S HOME MMG PORTLAND DC
C/O PORTLAND DC
1155 VAUGHN PARKWAY
PORTLAND, TN 37148
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9385188	100063134	MCC30-1264	732996350448	Crushed Velvet Round Pillow w/	EA	2	60	30	60	30
9385188	100063134	MCC30-1265	732996350424	Crushed Velvet Round Pillow w/	EA	2	60	30	60	30
9385188	100063134	MCC30-1266	732996350431	Crushed Velvet Round Pillow w/	EA	2	60	30	60	30

Total Weight:	792.9
Total Quantity Ordered:	180
Total Cartons Ordered:	90
Total Quantity Shipped:	180
Total Cartons Shipped:	90

Date: 7/29/2019 1:38:36 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000347759										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347759										
SHIP TO		CARRIER NAME: Schneider										
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: 0703		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A										
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 (check box)										
SPECIAL INSTRUCTIONS: Load #: 50118637 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
9385188	90	792.90	Y	N	
Grand Total	90	792.90			

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
2	Pallet			100.00		Pallet		
		90	ctns	792.90		Pillows,Valance,Towels	49390	100
2		90		892.90		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: Prepaid:
 Customer check acceptable:

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

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

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

Shipper Signature _____

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

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

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

Date: 7/29/2019 1:38:27 PM

BILL OF LADING – AMAZON SHIPMENTS

Page 1 of 1

SHIP FROM	Shipment subject to the Amazon.com Terms and Conditions in effect on the date of shipment and available at vendorcentral.amazon.com. Bill of Lading Number: 06757163000348138  (402)06757163000348138
[Name] E & E COMPANY LTD [Street Address] 2222 East Beamer Street [City,ST ZIPCODE] Woodland, CA 95776 [DC Contact] Alex Gonzalez [Phone Number] 530-669-5991 SID#:FOB:	Carrier Name: YRC Trailer number: 531251 ARN: 7143973533 Seal number: Serial number(s):
SHIP TO	SCAC: RDWY Pro Number: 790124653X
[Name] Amazon.com.dedc LLC-BNA2 [Street Address] 500 Duke Dr [City,ST ZIPCODE] Lebanon, TN 37090-8123 CID No.:	
FREIGHT CHARGE TERMS (FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE):	
Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	

CUSTOMER ORDER INFORMATION							
Customer Order No.	ARN (WEPAY)	Unit Qty	# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
1LZWXE9J	7143973533	26	23	306.04	Y	N	
Grand Total		26	23	306.04			

CARRIER INFORMATION									
# of Pallets		Carton Count							LTN Only
Qty	Type	Qty	Type	WEIGHT	HM (X)	Commodity Description	NMFC No.	Class	
1	Pallet			50.00		Pallet			
		22	ctns	303.75		Comforters, Bedspreads	49017	200	
		1	ctns	2.29		Pillows,Valance,Towels	49390	100	
1		23		356.04		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 Prepaid Customer check acceptable

Note: No Limitation of carrier liability applies to this shipment, unless set forth in the Transportation Agreement between the parties.

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 charges and all other lawful fees. If a motor carrier, freight forwarder, broker or other transportation service provider accepts this shipment from anyone other than the shipper listed hereon, it agrees to seek payment of its charges exclusively from the entity from which it accepted the shipment (e.g. the broker) and expressly waives any other collection rights or remedies otherwise available to it, including any right to seek payment of the transportation charges from the consignor or consignee.

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. Property described above is received in good order, except as noted.
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Order No.: 49989425 Order Date: 07/10/2019 Customer: AMAZON.COM.DEDC Customer PO No.: 1LZWXE9J
 LLC-BNA2

SHIP FROM: E & E COMPANY LTD 2222 EAST BEAMER STREET WOODLAND, CA 95776	BILL TO: AMAZON FULFILLMENT SERVICES P O BOX 81226 SEATTLE, WA 98108 US	SHIP TO: AMAZON.COM.DEDC LLC-BNA2 500 DUKE DR LEBANON, TN 37090-8123 US	Shipping Date: 07/29/2019
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Cust. SKU No.	Item No.	UPC	Description	UOM	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
B07D1FS584	CS10-0889	086569025043	Q Kashmir 8pcs Comforter Set	EA	2	6	3	6	3
B01MY8FGX0	HH10-1620	675716893897	K Lorelai 6pcs Comforter Set	EA	1	1	1	1	1
B00ZHM1MK	MP10-1667	675716643669	CK Lavine/Anouk/Octavia Comfor	EA	1	4	4	4	4
B00FF52B9I	MP10-510	675716479749	Q Matilda/Kira/Blake 7pcs Comf	EA	1	1	1	1	1
B07B9WWPNV	MP10-5854	086569027047	Q Serene/Belle/Monroe Comforte	EA	1	1	1	1	1
B01EL97O40	MP13-3032	675716778583	K/CK Malone/Harley/Beau 6pcs C	EA	1	1	1	1	1
B07CZYHXWH	MP13-5875	086569030535	F/Q Laetitia/Virginia/Cecily C	EA	1	2	2	2	2
N/A	MP13-5973	086569042088	Peyton/Brenna/Natalie Daybed	EA	1	1	1	1	1
B073RDQH13	MPE10-602	675716997649	F/Q Parkston/Hartford Comforte	EA	1	1	1	1	1
B07DDG24CL	MPE10-748	086569049155	Q Saben/Barret/Seth Comforter	EA	1	1	1	1	1
B014SO10BG	MPP13-050	675716684136	K/CK Ronan/Dermot/Dierdre Cove	EA	1	2	2	2	2
B076KY6N89	WR10-2191	086569919878	T/TXL Perry/Perry Comforter Se	EA	1	1	1	1	1
B011R0REGW	WR14-1727	675716780722	K/CK Winter Plains Quilt Mini	EA	1	3	3	3	3
B005QW6KM4	WR30-468	675716338596	100% Polyester Square Pillow	EA	1	1	1	1	1

Total Weight:	306.04
Total Quantity Ordered:	26
Total Cartons Ordered:	23
Total Quantity Shipped:	26
Total Cartons Shipped:	23

Date: 7/29/2019 1:38:27 PM

BILL OF LADING – AMAZON SHIPMENTS

Page 1 of 1

SHIP FROM	Shipment subject to the Amazon.com Terms and Conditions in effect on the date of shipment and available at vendorcentral.amazon.com. Bill of Lading Number: 06757163000348138  (402)06757163000348138
[Name] E & E COMPANY LTD [Street Address] 2222 East Beamer Street [City,ST ZIPCODE] Woodland, CA 95776 [DC Contact] Alex Gonzalez [Phone Number] 530-669-5991 SID#:FOB:	Carrier Name: YRC Trailer number: 531251 ARN: 7143973533 Seal number: Serial number(s):
SHIP TO	SCAC: RDWY Pro Number: 790124653X
[Name] Amazon.com.dedc LLC-BNA2 [Street Address] 500 Duke Dr [City,ST ZIPCODE] Lebanon, TN 37090-8123 CID No.:	
FREIGHT CHARGE TERMS (FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE):	
Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	

CUSTOMER ORDER INFORMATION							
Customer Order No.	ARN (WEPAY)	Unit Qty	# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
1LZWXE9J	7143973533	26	23	306.04	Y	N	
Grand Total		26	23	306.04			

CARRIER INFORMATION									
# of Pallets		Carton Count							LTL Only
Qty	Type	Qty	Type	WEIGHT	HM (X)	Commodity Description	NMFC No.	Class	
1	Pallet			50.00		Pallet			
		22	ctns	303.75		Comforters, Bedspreads	49017	200	
		1	ctns	2.29		Pillows,Valance,Towels	49390	100	
1		23		356.04		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 Prepaid Customer check acceptable

Note: No Limitation of carrier liability applies to this shipment, unless set forth in the Transportation Agreement between the parties.


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 charges and all other lawful fees. If a motor carrier, freight forwarder, broker or other transportation service provider accepts this shipment from anyone other than the shipper listed hereon, it agrees to seek payment of its charges exclusively from the entity from which it accepted the shipment (e.g. the broker) and expressly waives any other collection rights or remedies otherwise available to it, including any right to seek payment of the transportation charges from the consignor or consignee. 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. Property described above is received in good order, except as noted.
---	--	--	--

Date: 7/29/2019 1:38:39 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347674										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347674										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home MMG Cheshire DC Location #: CD Address: c/o Cheshire DC 475 Knotter Drive, City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0703		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A										
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 underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50118637 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
9385188	12	105.72	Y	N	
Grand Total	12	105.72			

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		
		12	ctns	105.72		Pillows,Valance,Towels	49390	100
1		12		155.72		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. <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.

Customer: MACY'S HOME MMG.CHESHIRE DC

Ship Date: 07/29/2019

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S CFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACY'S HOME MMG CHESHIRE DC
C/O CHESHIRE DC
475 KNOTTER DRIVE
CHESHIRE, CT 06410
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9385188	100063134	MCC30-1264	732996350448	Crushed Velvet Round Pillow w/	EA	2	8	4	8	4
9385188	100063134	MCC30-1265	732996350424	Crushed Velvet Round Pillow w/	EA	2	8	4	8	4
9385188	100063134	MCC30-1266	732996350431	Crushed Velvet Round Pillow w/	EA	2	8	4	8	4

Total Weight:	105.72
Total Quantity Ordered:	24
Total Cartons Ordered:	12
Total Quantity Shipped:	24
Total Cartons Shipped:	12

Date: 7/29/2019 1:38:39 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347674	
Name: E & E COMPANY LTD		 (402)06757163000347674	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#: _____			
PHONE: _____		CARRIER NAME: Schneider	
VENDOR: _____	FOB: <input type="checkbox"/>	Responsible Acct.No: _____	
SHIP TO		Trailer number: TA198808	
Name: Macy's Home MMG Cheshire DC Location #: CD		Seal number(s): 25002559	
Address: c/o Cheshire DC		SCAC: SCNN	
475 Knotter Drive,		Pro Number: N/A	
City/State/Zip: Cheshire, CT 06410			
CID#: _____			
Dept: 0703	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
Address: _____		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip: _____		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 50118637		PM	PM
Packing List is Attached		AM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9385188	12	105.72	Y N	
Grand Total	12	105.72		

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		
		12	ctns	105.72		Pillows,Valance,Towels	49390	100
1		12		155.72		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: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver


Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Date: 7/29/2019 1:38:47 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347728	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000347728	
SHIP TO		CARRIER NAME: Schneider	
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: 0611 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A	
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"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
SPECIAL INSTRUCTIONS: Load #: 50118637 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
9555968	44	513.92	Y N	
9476908	93	819.33	Y N	
9477018	85	954.23	Y N	
Grand Total	222	2287.48		

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
5	Pallet			250.00		Pallet		
		53	ctns	340.79		Pillows,Valance,Towels	49390	100
		169	ctns	1946.69		Throws,Blankets	49040	150
5		222		2537.48		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: 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.

Customer: MACY'S HOME MMG PORTLAND DC

Ship Date: 07/29/2019

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S CFC01
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACY'S HOME MMG PORTLAND DC
C/O PORTLAND DC
1155 VAUGHN PARKWAY
PORTLAND, TN 37148
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9476908	100071436	MCC50-1342	732996958521	Microlight To Sherpa Throw	EA	4	44	11	44	11
9476908	100071436	MCC50-1343	732996958507	Microlight To Sherpa Throw	EA	4	60	15	60	15
9476908	100071436	MCC50-1344	732996958514	Microlight To Sherpa Throw	EA	4	60	15	60	15
9476908	100071436	MCC50-1345	732996958538	Microlight To Sherpa Throw	EA	4	44	11	44	11
9476908	100071435	MCC50-1346	732996958477	Burnout To Sherpa Throw	EA	4	60	15	60	15
9476908	100071435	MCC50-1347	732996958484	Burnout To Sherpa Throw	EA	4	44	11	44	11
9476908	100071435	MCC50-1348	732996958491	Burnout To Sherpa Throw	EA	4	60	15	60	15
9477018	100071287	MCC30-1364	732996958620	Solid Sable Fur Pillow	EA	2	14	7	14	7
9477018	100071287	MCC30-1365	732996958668	Solid Sable Fur Pillow	EA	2	18	9	18	9
9477018	100071287	MCC30-1366	732996958651	Solid Sable Fur Pillow	EA	2	14	7	14	7
9477018	100071287	MCC30-1367	732996958606	Solid Sable Fur Pillow	EA	2	14	7	14	7
9477018	100071287	MCC30-1368	732996958644	Solid Sable Fur Pillow	EA	2	14	7	14	7
9477018	100071287	MCC30-1369	732996958637	Solid Sable Fur Pillow	EA	2	14	7	14	7
9477018	100071287	MCC30-1370	732996958613	Solid Sable Fur Pillow	EA	2	18	9	18	9
9477018	100071429	MCC50-1358	732996958675	Solid Sable Fur To Velvet Thro	EA	4	8	2	8	2
9477018	100071429	MCC50-1359	732996958712	Solid Sable Fur To Velvet Thro	EA	4	4	1	4	1
9477018	100071429	MCC50-1360	732996958705	Solid Sable Fur To Velvet Thro	EA	4	4	1	4	1
9477018	100071429	MCC50-1361	732996958682	Solid Sable Fur To Velvet Thro	EA	4	24	6	24	6
9477018	100071429	MCC50-1362	732996958729	Solid Sable Fur To Velvet Thro	EA	4	16	4	16	4
9477018	100071429	MCC50-1363	732996958736	Solid Sable Fur To Velvet Thro	EA	4	24	6	24	6
9477018	N/A	MCC50-1495	732996958699	MS Faux Fur Throw	EA	4	24	6	24	6
9477018	N/A	MCC50-1496	732996958743	MS Faux Fur Throw	EA	4	24	6	24	6
9555968	100071553	MCC58-1321	732996957944	CC Plush Throw	EA	4	52	13	52	13
9555968	100071553	MCC58-1322	732996957937	CC Plush Throw	EA	4	52	13	52	13

Total Weight: 2287.48
 Total Quantity Ordered: 782
 Total Cartons Ordered: 222
 Total Quantity Shipped: 782
 Total Cartons Shipped: 222

Customer: MACY'S HOME MMG PORTLAND DC

Ship Date: 07/29/2019

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S CFC01
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACY'S HOME MMG PORTLAND DC
C/O PORTLAND DC
1155 VAUGHN PARKWAY
PORTLAND, TN 37148
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9555968	100071553	MCC58-1417	732996957968	CC Plush Throw	EA	4	72	18	72	18

Total Weight:	2287.48
Total Quantity Ordered:	782
Total Cartons Ordered:	222
Total Quantity Shipped:	782
Total Cartons Shipped:	222

Date: 7/29/2019 1:38:47 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347728	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347728	
SHIP TO		CARRIER NAME: Schneider	
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: 0611		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A	
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 #: 50118637 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9555968	44	513.92	Y N	
9476908	93	819.33	Y N	
9477018	85	954.23	Y N	
Grand Total	222	2287.48		

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		
		53	ctns	340.79		Pillows,Valance,Towels	49390	100
		169	ctns	1946.69		Throws,Blankets	49040	150
5		222		2537.48		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: 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: <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: 7/29/2019 1:38:43 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347704	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347704	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Cheshire DC Location #: CD Address: c/o Cheshire DC 475 Knotter Drive, CD City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0689		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A	
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 #: 50118637 Packing List is Attached		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)	
		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
9475778	49	756.07	Y	N	
Grand Total	49	756.07			

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
2	Pallet			100.00		Pallet		
		49	ctns	756.07		Sleepwear,Underwear	49880	100
2		49		856.07		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.	<table style="width:100%;"> <tr> <td> Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td> 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.		

Customer: MACY'S HOME MMG CHESHIRE DC

Ship Date: 07/29/2019

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201
US

SHIP TO:


MACY'S HOME MMG CHESHIRE DC
C/O CHESHIRE DC
475 KNOTTER DRIVE
CHESHIRE, CT 06410
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9475778	1006349800	MCGA04-0036	732996628882	Robe	EA	6	84	14	84	14
9475778	1006349800	MCGA04-0037	732996628875	Robe	EA	6	78	13	78	13
9475778	1006349100	MCGA04-0038	732996628868	Robe	EA	6	66	11	66	11
9475778	1006349100	MCGA04-0039	732996628851	Robe	EA	6	66	11	66	11

Total Weight: 756.07
 Total Quantity Ordered: 294
 Total Cartons Ordered: 49
 Total Quantity Shipped: 294
 Total Cartons Shipped: 49

Date: 7/29/2019 1:38:43 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000347704	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000347704	
SHIP TO		CARRIER NAME: Schneider	
Name: Macy's Home MMG Cheshire DC Location #: CD Address: c/o Cheshire DC 475 Knotter Drive, CD City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0689 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A	
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 #: 50118637 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
9475778	49	756.07	Y N	
Grand Total	49	756.07		

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
2	Pallet			100.00		Pallet		
		49	ctns	756.07		Sleepwear,Underwear	49880	100
2		49		856.07		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. <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.	

Date: 7/29/2019 1:38:50 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347681	
Name: E & E COMPANY LTD		 (402)06757163000347681	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA198808	
Name: Macy's Home MMG Cheshire DC Location #: CD		Seal number(s): 25002559	
Address: c/o Cheshire DC		SCAC: SCNN	
475 Knotter Drive,		Pro Number: N/A	
City/State/Zip: Cheshire, CT 06410			
CID#:			
Dept: 0611			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50118637		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
9477018	6	89.54	Y N		
9476908	11	96.91	Y N		
9555968	6	70.08	Y N		
Grand Total	23	256.53			

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		
		2	ctns	12.86		Pillows,Valance,Towels	49390	100
		21	ctns	243.67		Throws,Blankets	49040	150
1		23		306.53		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: 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.

Customer: MACY'S HOME MMG CHESHIRE DC

Ship Date: 07/29/2019

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S CFC01
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACY'S HOME MMG CHESHIRE DC
C/O CHESHIRE DC
475 KNOTTER DRIVE
CHESHIRE, CT 06410
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9476908	100071436	MCC50-1342	732996958521	Microlight To Sherpa Throw	EA	4	4	1	4	1
9476908	100071436	MCC50-1343	732996958507	Microlight To Sherpa Throw	EA	4	8	2	8	2
9476908	100071436	MCC50-1344	732996958514	Microlight To Sherpa Throw	EA	4	8	2	8	2
9476908	100071436	MCC50-1345	732996958538	Microlight To Sherpa Throw	EA	4	4	1	4	1
9476908	100071435	MCC50-1346	732996958477	Burnout To Sherpa Throw	EA	4	8	2	8	2
9476908	100071435	MCC50-1347	732996958484	Burnout To Sherpa Throw	EA	4	4	1	4	1
9476908	100071435	MCC50-1348	732996958491	Burnout To Sherpa Throw	EA	4	8	2	8	2
9477018	100071287	MCC30-1365	732996958668	Solid Sable Fur Pillow	EA	2	2	1	2	1
9477018	100071287	MCC30-1370	732996958613	Solid Sable Fur Pillow	EA	2	2	1	2	1
9477018	100071429	MCC50-1361	732996958682	Solid Sable Fur To Velvet Thro	EA	4	4	1	4	1
9477018	100071429	MCC50-1363	732996958736	Solid Sable Fur To Velvet Thro	EA	4	4	1	4	1
9477018	N/A	MCC50-1495	732996958699	MS Faux Fur Throw	EA	4	4	1	4	1
9477018	N/A	MCC50-1496	732996958743	MS Faux Fur Throw	EA	4	4	1	4	1
9555968	100071553	MCC58-1321	732996957944	CC Plush Throw	EA	4	8	2	8	2
9555968	100071553	MCC58-1322	732996957937	CC Plush Throw	EA	4	8	2	8	2
9555968	100071553	MCC58-1417	732996957968	CC Plush Throw	EA	4	8	2	8	2

Total Weight:	256.53
Total Quantity Ordered:	88
Total Cartons Ordered:	23
Total Quantity Shipped:	88
Total Cartons Shipped:	23

Date: 7/29/2019 1:38:50 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347681										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347681										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home MMG Cheshire DC Location #: CD Address: c/o Cheshire DC 475 Knotter Drive, City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0611		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A										
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"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50118637 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
9477018	6	89.54	Y N	
9476908	11	96.91	Y N	
9555968	6	70.08	Y N	
Grand Total		23	256.53	

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	12.86		Pillows,Valance,Towels	49390	100
		21	ctns	243.67		Throws,Blankets	49040	150
1		23		306.53		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: 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 / 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: 7/29/2019 1:38:54 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347773	
Name: E & E COMPANY LTD		 (402)06757163000347773	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#: _____			
PHONE: _____		CARRIER NAME: Schneider	
VENDOR: _____		Responsible Acct.No: _____	
SHIP TO		Trailer number: TA198808	
Name: Macy's Home MMG Martinsburg Location #: MB DC		Seal number(s): 25002559	
Address: 333 Caperton Blvd		SCAC: SCNN	
City/State/Zip: Martinsburg, WV 25403		Pro Number: N/A	
CID#: _____			
Dept: 0611			
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	
City/State/Zip: _____		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50118637		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9555968	42	490.56	Y N	
9476908	86	757.66	Y N	
9477018	50	665.48	Y N	
Grand Total	178	1913.70		

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		
		23	ctns	147.89		Pillows,Valance,Towels	49390	100
		155	ctns	1765.81		Throws,Blankets	49040	150
5		178		2163.70		Grand Total		

<p>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 _____</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 the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
<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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <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>	

Customer: MACY'S HOME MMG MARTINSBURG DC

Ship Date: 07/29/2019

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S CFC01
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US


SHIP TO:
MACY'S HOME MMG MARTINSBURG DC
333 CAPERTON BLVD
MARTINSBURG, WV 25403
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9476908	100071436	MCC50-1342	732996958521	Microlight To Sherpa Throw	EA	4	40	10	40	10
9476908	100071436	MCC50-1343	732996958507	Microlight To Sherpa Throw	EA	4	56	14	56	14
9476908	100071436	MCC50-1344	732996958514	Microlight To Sherpa Throw	EA	4	56	14	56	14
9476908	100071436	MCC50-1345	732996958538	Microlight To Sherpa Throw	EA	4	40	10	40	10
9476908	100071435	MCC50-1346	732996958477	Burnout To Sherpa Throw	EA	4	56	14	56	14
9476908	100071435	MCC50-1347	732996958484	Burnout To Sherpa Throw	EA	4	40	10	40	10
9476908	100071435	MCC50-1348	732996958491	Burnout To Sherpa Throw	EA	4	56	14	56	14
9477018	100071287	MCC30-1365	732996958668	Solid Sable Fur Pillow	EA	2	16	8	16	8
9477018	100071287	MCC30-1366	732996958651	Solid Sable Fur Pillow	EA	2	14	7	14	7
9477018	100071287	MCC30-1370	732996958613	Solid Sable Fur Pillow	EA	2	16	8	16	8
9477018	100071429	MCC50-1361	732996958682	Solid Sable Fur To Velvet Thro	EA	4	24	6	24	6
9477018	100071429	MCC50-1362	732996958729	Solid Sable Fur To Velvet Thro	EA	4	16	4	16	4
9477018	100071429	MCC50-1363	732996958736	Solid Sable Fur To Velvet Thro	EA	4	24	6	24	6
9477018	N/A	MCC50-1495	732996958699	MS Faux Fur Throw	EA	4	20	5	20	5
9477018	N/A	MCC50-1496	732996958743	MS Faux Fur Throw	EA	4	24	6	24	6
9555968	100071553	MCC58-1321	732996957944	CC Plush Throw	EA	4	48	12	48	12
9555968	100071553	MCC58-1322	732996957937	CC Plush Throw	EA	4	48	12	48	12
9555968	100071553	MCC58-1417	732996957968	CC Plush Throw	EA	4	72	18	72	18

Total Weight: 1913.7
 Total Quantity Ordered: 666
 Total Cartons Ordered: 178
 Total Quantity Shipped: 666
 Total Cartons Shipped: 178

Date: 7/29/2019 1:38:54 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000347773
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347773
SHIP TO		CARRIER NAME: Schneider
Name: Macy's Home MMG Martinsburg Location #: MB DC Address: 333 Caperton Blvd City/State/Zip: Martinsburg, WV 25403 CID#: _____ Dept: 0611		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: N/A Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____
SPECIAL INSTRUCTIONS: Load #: 50118637 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: _____ Actual Driver Arrival Time: _____ Driver Departure Time: _____ AM AM AM PM PM PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9555968	42	490.56	Y	N	
9476908	86	757.66	Y	N	
9477018	50	665.48	Y	N	
Grand Total	178	1913.70			

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		
		23	ctns	147.89		Pillows,Valance,Towels	49390	100
		155	ctns	1765.81		Throws,Blankets	49040	150
5		178		2163.70		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.	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: 7/29/2019 1:38:57 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347766	
Name: E & E COMPANY LTD		 (402)06757163000347766	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#: _____			
PHONE: _____		CARRIER NAME: Schneider	
VENDOR: _____		Responsible Acct.No: _____	
SHIP TO		Trailer number: TA198808	
Name: Macy's Home MMG Martinsburg Location #: MB		Seal number(s): 25002559	
Address: 333 Caperton Blvd		SCAC: SCNN	
City/State/Zip: Martinsburg, WV 25403		Pro Number: N/A	
CID#: _____			
Dept: 0703		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 (check box) underlying Bills of Lading	
City/State/Zip: _____			
SPECIAL INSTRUCTIONS: Load #: 50118637		Appointment Time	
Packing List 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
9385188	93	819.33	Y N	
Grand Total	93	819.33		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		93	ctns	819.33		Pillows,Valance,Towels	49390	100
2		93		919.33		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 _____"

GOD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

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

Trailer Loaded: By Shipper By Driver

Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

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

Customer: MACY'S HOME MMG MARTINSBURG DC

Ship Date: 07/29/2019

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S CFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACY'S HOME MMG MARTINSBURG DC
333 CAPERTON BLVD
MARTINSBURG, WV 25403
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9385188	100063134	MCC30-1264	732996350448	Crushed Velvet Round Pillow w/	EA	2	62	31	62	31
9385188	100063134	MCC30-1265	732996350424	Crushed Velvet Round Pillow w/	EA	2	62	31	62	31
9385188	100063134	MCC30-1266	732996350431	Crushed Velvet Round Pillow w/	EA	2	62	31	62	31

Total Weight:	819.33
Total Quantity Ordered:	186
Total Cartons Ordered:	93
Total Quantity Shipped:	186
Total Cartons Shipped:	93

Date: 7/29/2019 1:38:57 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347766	
Name: E & E COMPANY LTD		 (402)06757163000347766	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA198808	
Name: Macy's Home MMG Martinsburg Location #: MB		Seal number(s): 25002559	
Address: 333 Caperton Blvd		SCAC: SCNN	
City/State/Zip: Martinsburg, WV 25403		Pro Number: N/A	
CID#:			
Dept: 0703			
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	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50118637		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9385188	93	819.33	Y N	
Grand Total	93	819.33		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		93	ctns	819.33		Pillows,Valance,Towels	49390	100
2		93		919.33		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"/>
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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>
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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: 06757163000347643	
Name: E & E COMPANY LTD		 (402)06757163000347643	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#: _____			
PHONE: _____		CARRIER NAME: Schneider	
VENDOR: _____	FOB: <input type="checkbox"/>	Responsible Acct.No: _____	
SHIP TO		Trailer number: TA198808	
Name: Macy's Home MMG Secaucus DC Location #: SC		Seal number(s): 25002559	
Address: c/o Secaucus DC		SCAC: SCNN	
City/State/Zip: 500 Meadowlands Parkway, Secaucus, NJ 07094		Pro Number: N/A	
CID#: _____			
Dept: 0611	FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____	
Address: _____		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip: _____		(check box)	
SPECIAL INSTRUCTIONS: Load #: 50118637		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9476971	5	43.88	Y N	
Grand Total	5	43.88		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	13.02		Pillows,Valance,Towels	49390	100
		2	ctns	30.86		Throws,Blankets	49040	150
1		5		93.88		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: 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.

<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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <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> <p style="text-align: right;">_____ Shipper Signature</p>
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Customer: MACY'S HOME MMG SECAUCUS DC

Ship Date: 07/29/2019

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACY'S HOME MMG SECAUCUS DC
C/O SECAUCUS DC
500 MEADOWLANDS PARKWAY
SECAUCUS, NJ 07094
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9476971	100071285	MCG30-1326	732996958590	Sweaterknit Chenille Pillow	EA	2	2	1	2	1
9476971	100071285	MCG30-1327	732996958576	Sweaterknit Chenille Pillow	EA	2	2	1	2	1
9476971	100071285	MCG30-1328	732996958583	Sweaterknit Chenille Pillow	EA	2	2	1	2	1
9476971	100061643	MCG50-1324	732996958545	Sweaterknit Chenille Throw	EA	4	4	1	4	1
9476971	100061643	MCG50-1325	732996958552	Sweaterknit Chenille Throw	EA	4	4	1	4	1

Total Weight:	43.88
Total Quantity Ordered:	14
Total Cartons Ordered:	5
Total Quantity Shipped:	14
Total Cartons Shipped:	5

Date: 7/29/2019 1:39:01 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347643										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347643										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home MMG Secaucus DC Location #: SC Address: c/o Secaucus DC 500 Meadowlands Parkway, City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0611		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A										
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 underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50118637 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
9476971	5	43.88	Y N	
Grand Total	5	43.88		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	13.02		Pillows,Valance,Towels	49390	100
		2	ctns	30.86		Throws,Blankets	49040	150
1		5		93.88		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.	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.

Customer: MACY'S HOME MMG PORTLAND DC

Ship Date: 07/29/2019

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S CFC01
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACY'S HOME MMG PORTLAND DC
C/O PORTLAND DC
1155 VAUGHN PARKWAY
PORTLAND, TN 37148
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9477058	100072387	MCC30-1288	732996958750	Long Hair Fur Pillow	EA	2	14	7	14	7
9477058	100072969	MCC50-1287	732996958767	Long Hair Fur Throw	EA	4	24	6	24	6

Total Weight:	128.29
Total Quantity Ordered:	38
Total Cartons Ordered:	13
Total Quantity Shipped:	38
Total Cartons Shipped:	13

Date: 7/29/2019 1:39:05 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347742										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347742										
SHIP TO		CARRIER NAME: Schneider										
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: 0611		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A										
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 underlying Bills of Lading (check box)										
SPECIAL INSTRUCTIONS: Load #: 50118637 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Appointment Time</th> <th style="width:33%;">Actual Driver Arrival Time</th> <th style="width:33%;">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
9477058	13	128.29	Y N	
Grand Total	13	128.29		

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		
		7	ctns	41.65		Pillows,Valance,Towels	49390	100
		6	ctns	86.64		Throws,Blankets	49040	150
1		13		178.29		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: 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 / 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: 7/29/2019 1:39:08 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347698	
Name: E & E COMPANY LTD		 (402)06757163000347698	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA198808	
VENDOR:		Seal number(s): 25002559	
FOB: <input type="checkbox"/>		SCAC: SCNN	
SHIP TO		Pro Number: N/A	
Name: Macy's Home MMG Cheshire DC Location #: CD		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: c/o Cheshire DC			
475 Knotter Drive,		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip: Cheshire, CT 06410		<input type="checkbox"/> Master Bill of Lading: with attached	
CID#:		(check box) underlying Bills of Lading	
Dept: 0611		Appointment Time	
FOB: <input type="checkbox"/>		Actual Driver Arrival Time	
SPECIAL INSTRUCTIONS: Load #: 50118637 Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9477058	1	14.44	Y N	
Grand Total	1	14.44		

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	14.44		Throws,Blankets	49040	150
1		1		64.44		Grand Total		

<p>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 _____"</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">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 the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
---	---

<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.</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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Customer: MACY'S HOME MMG CHESHIRE DC

Ship Date: 07/29/2019

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S CFC01
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:


MACY'S HOME MMG CHESHIRE DC
C/O CHESHIRE DC
475 KNOTTER DRIVE
CHESHIRE, CT 06410
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9477058	100072969	MCC50-1287	732996958767	Long Hair Fur Throw	EA	4	4	1	4	1

Total Weight:	14.44
Total Quantity Ordered:	4
Total Cartons Ordered:	1
Total Quantity Shipped:	4
Total Cartons Shipped:	1

Date: 7/29/2019 1:39:08 PM

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000347698	
Name: E & E COMPANY LTD		 (402)06757163000347698	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA198808	
VENDOR:		Seal number(s): 25002559	
FOB: <input type="checkbox"/>		SCAC: SCNN	
SHIP TO		Pro Number: N/A	
Name: Macy's Home MMG Cheshire DC Location #: CD		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: c/o Cheshire DC		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
475 Knotter Drive,		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip: Cheshire, CT 06410		(check box) underlying Bills of Lading	
CID#:		Appointment Time	
Dept: 0611		Actual Driver Arrival Time	
FOB: <input type="checkbox"/>		Driver Departure Time	
THIRD PARTY FREIGHT CHARGES BILL TO:		AM AM AM	
Name:		PM PM PM	
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 50118637			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9477058	1	14.44	Y N	
Grand Total	1	14.44		

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	14.44		Throws,Blankets	49040	150
1		1		64.44		Grand Total		

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *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 style="text-align: center;">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 the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature</p>
<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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <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>	

Date: 7/29/2019 1:39:12 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347780	
Name: E & E COMPANY LTD		 (402)06757163000347780	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA198808	
Name: Macy's Home MMG Martinsburg Location #: MB		Seal number(s): 25002559	
Address: 333 Caperton Blvd		SCAC: SCNN	
City/State/Zip: Martinsburg, WV 25403		Pro Number: N/A	
CID#:			
Dept: 0611			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50118637		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9477058	5	72.20	Y N	
Grand Total	5	72.20		

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		
		5	ctns	72.20		Throws,Blankets	49040	150
1		5		122.20		Grand Total		

<p>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 _____</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

<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.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <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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Customer: MACY'S HOME MMG MARTINSBURG DC

Ship Date: 07/29/2019

SHIP FROM:
 E & E COMPANY LTD
 221 HANSON WAY
 WOODLAND, CA 95776

BILL TO:
 MACY'S CFC01
 2101 EAST KEMPER ROAD
 CINCINNATI, OH 45241
 US

SHIP TO:
 MACY'S HOME MMG MARTINSBURG DC
 333 CAPERTON BLVD
 MARTINSBURG, WV 25403
 US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9477058	100072969	MCC50-1287	732996958767	Long Hair Fur Throw	EA	4	20	5	20	5

Total Weight: 72.2
 Total Quantity Ordered: 20
 Total Cartons Ordered: 5
 Total Quantity Shipped: 20
 Total Cartons Shipped: 5

Date: 7/29/2019 1:39:12 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347780										
Name: E & E COMPANY LTD		 (402)06757163000347780										
Address: 221 Hanson Way												
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider										
SID#:		Responsible Acct.No:										
PHONE:		Trailer number: TA198808										
VENDOR:		Seal number(s): 25002559										
SHIP TO		SCAC: SCNN										
Name: Macy's Home MMG Martinsburg Location #: MB		Pro Number: N/A										
Address: 333 Caperton Blvd												
City/State/Zip: Martinsburg, WV 25403												
CID#:												
Dept: 0611												
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 (check box) underlying Bills of Lading										
City/State/Zip:		<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										
SPECIAL INSTRUCTIONS: Load #: 50118637												
Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9477058	5	72.20	Y N	
Grand Total	5	72.20		

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 369</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	72.20		Throws,Blankets	49040	150
1		5		122.20		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.	
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: Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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: 7/29/2019 1:39:16 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347650	
Name: E & E COMPANY LTD		 (402)06757163000347650	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA198808	
VENDOR: <input type="checkbox"/> FOB:		Seal number(s): 25002559	
SHIP TO		SCAC: SCNN	
Name: Macy's Home MMG Secaucus DC Location #: SC		Pro Number: N/A	
Address: c/o Secaucus DC			
500 Meadowlands Parkway,			
City/State/Zip: Secaucus, NJ 07094			
CID#:			
Dept: 0611 <input type="checkbox"/> FOB:			
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	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50118637 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9477051	1	14.44	Y N	
9555961	7	81.76	Y N	
Grand Total	8	96.20		

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		
		8	ctns	96.20		Throws,Blankets	49040	150
1		8		146.20		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: 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: <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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Customer: MACY'S HOME MMG SECAUCUS DC

Ship Date: 07/29/2019

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACY'S HOME MMG SECAUCUS DC
C/O SECAUCUS DC
500 MEADOWLANDS PARKWAY
SECAUCUS, NJ 07094
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9477051	100072969	MCG50-1285	732996958767	Long Hair Fur Throw	EA	4	4	1	4	1
9555961	100071553	MCG58-1319	732996957944	CC Plush Throw	EA	4	8	2	8	2
9555961	100071553	MCG58-1320	732996957937	CC Plush Throw	EA	4	8	2	8	2
9555961	100071553	MCG58-1416	732996957968	CC Plush Throw	EA	4	12	3	12	3

Total Weight: 96.2
 Total Quantity Ordered: 32
 Total Cartons Ordered: 8
 Total Quantity Shipped: 32
 Total Cartons Shipped: 8

Date: 7/29/2019 1:39:16 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347650										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000347650										
SHIP TO		CARRIER NAME: Schneider										
Name: Macy's Home MMG Secaucus DC Location #: SC Address: c/o Secaucus DC 500 Meadowlands Parkway, City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0611		Responsible Acct.No: _____ Trailer number: TA198808 Seal number(s): 25002559 SCAC: SCNN Pro Number: N/A										
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 underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50118637 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
9477051	1	14.44	Y	N	
9555961	7	81.76	Y	N	
Grand Total		8	96.20		

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 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	96.20		Throws, Blankets	49040	150
1		8		146.20		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.	<table style="width:100%;"> <tr> <td>Trailer Loaded:</td> <td>Freight Counted:</td> </tr> <tr> <td><input checked="" type="checkbox"/> By Shipper</td> <td><input checked="" type="checkbox"/> By Shipper</td> </tr> <tr> <td><input type="checkbox"/> By Driver</td> <td><input type="checkbox"/> By Driver/pallets said to contain</td> </tr> <tr> <td></td> <td><input type="checkbox"/> By Driver/Pieces</td> </tr> </table>	Trailer Loaded:	Freight Counted:	<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper	<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain		<input type="checkbox"/> By Driver/Pieces
Trailer Loaded:	Freight Counted:								
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper								
<input type="checkbox"/> By Driver	<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: 7/29/2019 1:39:20 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Portland DC Location #: PD
Address:	221 Hanson Way	Address:	c/o Portland DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	1155 Vaughn Parkway, Portland, TN 37148
SID#:		CID#:	
PHONE:		Dept:	0611
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000347735		Trailer number: TA198808	
		Seal number(s): 25002559	
(402)06757163000347735		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party:	
Appointment Time		Master Bill of Lading: with attached underlying Bills of Lading	
AM	Actual Driver Arrival Time	AM	Driver Departure Time
PM	PM	PM	PM
SPECIAL INSTRUCTIONS: Load #: 50118637 Packing List is Attached			

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9476978	37	316.68	Y	N	
Grand Total	37	316.68			

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	99.82		Pillows,Valance,Towels	49390	100
		14	ctns	216.86		Throws,Blankets	49040	150
1		37		366.68		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: 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.

Customer: MACY'S HOME MMG PORTLAND DC

Ship Date: 07/29/2019

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:
MACY'S CFC01
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACY'S HOME MMG PORTLAND DC
C/O PORTLAND DC
1155 VAUGHN PARKWAY
PORTLAND, TN 37148
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9476978	100071285	MCC30-1332	732996958590	Sweaterknit Chenille Pillow	EA	2	16	8	16	8
9476978	100071285	MCC30-1333	732996958576	Sweaterknit Chenille Pillow	EA	2	16	8	16	8
9476978	100071285	MCC30-1334	732996958583	Sweaterknit Chenille Pillow	EA	2	14	7	14	7
9476978	100061643	MCC50-1329	732996958569	Sweaterknit Chenille Throw	EA	4	24	6	24	6
9476978	100061643	MCC50-1330	732996958545	Sweaterknit Chenille Throw	EA	4	16	4	16	4
9476978	100061643	MCC50-1331	732996958552	Sweaterknit Chenille Throw	EA	4	16	4	16	4

Total Weight: 316.68
 Total Quantity Ordered: 102
 Total Cartons Ordered: 37
 Total Quantity Shipped: 102
 Total Cartons Shipped: 37

Date: 7/29/2019 1:39:20 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347735	
Name: E & E COMPANY LTD		 (402)06757163000347735	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA198808	
Name: Macy's Home MMG Portland DC Location #: PD		Seal number(s): 25002559	
Address: c/o Portland DC		SCAC: SCNN	
1155 Vaughn Parkway,		Pro Number: N/A	
City/State/Zip: Portland, TN 37148			
CID#:			
Dept: 0611			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50118637		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9476978	37	316.68	Y N	
Grand Total	37	316.68		

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
1	Pallet			50.00		Pallet		
		23	ctns	99.82		Pillows,Valance,Towels	49390	100
		14	ctns	216.86		Throws,Blankets	49040	150
1		37		366.68		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"/>
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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.	<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.			

Date: 7/29/2019 1:39:24 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Secaucus DC Location #: SC
Address:	221 Hanson Way	Address:	c/o Secaucus DC
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	500 Meadowlands Pkwy, SC
SID#:		CID#:	Secaucus, NJ 07094
PHONE:		Dept:	0689
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000347667		Trailer number: TA198808	
		Seal number(s): 25002559	
(402)06757163000347667		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 50118637		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9475781	11	169.73	Y	N	
Grand Total	11	169.73			

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		
		11	ctns	169.73		Sleepwear,Underwear	49880	100
1		11		219.73		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.

Customer: MACY'S HOME MMG SECAUCUS DC

Ship Date: 07/29/2019

SHIP FROM:

E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95776

BILL TO:

MACY'S MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45201
US

SHIP TO:

MACY'S HOME MMG SECAUCUS DC
C/O SECAUCUS DC
500 MEADOWLANDS PKWY
SECAUCUS, NJ 07094
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9475781	1006349800	MCGA04-0036	732996628882	Robe	EA	6	12	2	12	2
9475781	1006349800	MCGA04-0037	732996628875	Robe	EA	6	18	3	18	3
9475781	1006349100	MCGA04-0038	732996628868	Robe	EA	6	18	3	18	3
9475781	1006349100	MCGA04-0039	732996628851	Robe	EA	6	18	3	18	3

Total Weight:	169.73
Total Quantity Ordered:	66
Total Cartons Ordered:	11
Total Quantity Shipped:	66
Total Cartons Shipped:	11

Date: 7/29/2019 1:39:24 PM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000347667	
Name: E & E COMPANY LTD		 (402)06757163000347667	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA198808	
Name: Macy's Home MMG Secaucus DC Location #: SC		Seal number(s): 25002559	
Address: c/o Secaucus DC		SCAC: SCNN	
City/State/Zip: Secaucus, NJ 07094		Pro Number: N/A	
CID#:			
Dept: 0689			
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	
Load #: 50118637		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9475781	11	169.73	Y N	
Grand Total	11	169.73		

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		
		11	ctns	169.73		Sleepwear,Underwear	49880	100
1		11		219.73		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: <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.
--	--	--	---

9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247477	00006757166382474778	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247478	00006757166382474785	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247479	00006757166382474792	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247480	00006757166382474808	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247481	00006757166382474815	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247482	00006757166382474822	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247483	00006757166382474839	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247484	00006757166382474846	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247485	00006757166382474853	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247486	00006757166382474860	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247487	00006757166382474877	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247488	00006757166382474884	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247489	00006757166382474891	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247490	00006757166382474907	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247491	00006757166382474914	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247492	00006757166382474921	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247493	00006757166382474938	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247494	00006757166382474945	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247495	00006757166382474952	2	Loaded
9385188	5086316	R201907180133583	MCC30-1266	Crushed Velvet Round Pillow w/	00106757163001454293	0638247496	00006757166382474969	2	Loaded