

Date: 8/28/2019 8:31:39 AM

Master Bill Of Lading

| | | | |
|--|--|--|--|
| SHIP FROM | | Master Bill of Lading Number: 06757163000361298 | |
| Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/> | | | |
| SHIP TO | | CARRIER NAME: NEW LEGEND TRUCKING | |
| Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/> | | Trailer number: LHC8416 Seal number(s): 19863636 SCAC: LEGS 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 #: 50202519 | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING | |
| | | Appointment Time: 7:00 AM PM Actual Driver Arrival Time: 7:00 AM PM Driver Departure Time: 8:40 AM PM | |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|------------|------------|-------------------------|---|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 9432281 | 6 | 84.60 | Y | N | 06757163000360833 | TU | |
| 9411061 | 8 | 104.33 | Y | N | 06757163000360857 | TU | |
| 9431731 | 5 | 70.50 | Y | N | 06757163000360833 | TU | |
| 9665061 | 30 | 81.30 | Y | N | 06757163000360840 | TU | |
| 9590961 | 126 | 1245.51 | Y | N | 06757163000360840 | TU | |
| 9590788 | 857 | 7550.17 | Y | N | 06757163000361274 | OK | |
| 9590968 | 169 | 1447.06 | Y | N | 06757163000361274 | OK | |
| Grand Total | | 1201 | 10583.47 | | | | |

| 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 |
| 26 | Pallet | | | 1300.00 | (X) | Pallet | | 70 |
| | | 198 | ctns | 810.42 | | Pillows,Valance,Towels | 49390 | 100 |

| | |
|---|--|
| 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. <i>Also mo8 28/19</i> | 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. <i>Kufinder</i> 08/28/19 |
|---|---|---|

Date: 8/28/2019 8:31:39 AM

Master Bill Of Lading

| | | | | | | | |
|--|----------------------------|--|--|------------------|----------------------------|-----------------------|----------|
| SHIP FROM | | Master Bill of Lading Number: 06757163000361298 | | | | | |
| Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/> | | | | | | | |
| SHIP TO | | CARRIER NAME: NEW LEGEND TRUCKING | | | | | |
| Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/> | | Trailer number: LHC8416 Seal number(s): 19863636 SCAC: LEGS 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 #: 50202519 | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING | | | | | |
| | | <table 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 PM</td> <td style="text-align: center;">AM PM</td> <td style="text-align: center;">AM PM</td> </tr> </table> | | Appointment Time | Actual Driver Arrival Time | Driver Departure Time | AM PM |
| Appointment Time | Actual Driver Arrival Time | Driver Departure Time | | | | | |
| AM PM | AM PM | 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(a) of NMFC Item 360</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| | | 11 | ctns | 155.10 | | Sleepwear,Underwear | 49880 | 100 |
| | | 992 | ctns | 9617.95 | | Throws,Blankets | 49040 | 150 |
| 26 | | | | 11883.47 | | 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. | <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: 8/28/2019 8:31:23 AM

Bill Of Lading

Page 1 of 1

| | | | |
|--|--|---|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757163000360857 | |
| Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ | |  (402)06757163000360857 | |
| SHIP TO | | CARRIER NAME: NEW LEGEND TRUCKING | |
| Name: Macy's Home MMG Tukwila DC Location #: TU Address: c/o Tukwila DC 17000 Southcenter Parkway, City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0784 | | Responsible Acct.No: _____ Trailer number: LHC8416 Seal number(s): 19863636 | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | SCAC: LEGS Pro Number: N/A | |
| Name: _____ Address: _____ City/State/Zip: _____ | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| SPECIAL INSTRUCTIONS: Load #: 50202519 Packing List is Attached | | Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) 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 |
| 9411061 | 8 | 104.33 | Y N | |
| Grand Total | 8 | 104.33 | | |

| 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 350</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 8 | ctns | 104.33 | | Throws, Blankets | 49040 | 150 |
| 1 | | 8 | | 154.33 | | 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"/> |
|---|--|

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 TUKWILA DC

Ship Date: 08/28/2019

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 TUKWILA DC
C/O TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188
US


| Cust. PO No. | Cust. SKU No. | Item No. | UPC | Description | UO M | Case Pack Qty | Qty Ordered | Ctns Ordered | Qty Shipped | Ctns Shipped |
|--------------|---------------|-----------|--------------|--------------|------|---------------|-------------|--------------|-------------|--------------|
| 9411061 | 10028644FQ | MCG51-639 | 086569069955 | F DA Blanket | EA | 2 | 2 | 1 | 2 | 1 |
| 9411061 | 10028644KG | MCG51-640 | 086569070098 | K DA Blanket | EA | 2 | 12 | 6 | 12 | 6 |
| 9411061 | 10028644KG | MCG51-646 | 086569069559 | K DA Blanket | EA | 2 | 2 | 1 | 2 | 1 |

Total Weight: 104.33
 Total Quantity Ordered: 16
 Total Cartons Ordered: 8
 Total Quantity Shipped: 16
 Total Cartons Shipped: 8

Date: 8/28/2019 8:31:23 AM

Bill Of Lading

Page 1 of 1

| | | | |
|---|---|--|---|
| SHIP FROM | | Bill of Lading Number: 06757163000360857 | |
| Name: | E & E COMPANY LTD |  (402)06757163000360857 | |
| Address: | 221 Hanson Way | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | | | |
| PHONE: | | | |
| VENDOR: | | FOB: <input type="checkbox"/> | CARRIER NAME: NEW LEGEND TRUCKING |
| SHIP TO | | Responsible Acct.No: | |
| Name: | Macy's Home MMG Tukwila DC | Trailer number: | LHC8416 |
| Address: | c/o Tukwila DC | Seal number(s): | 19863636 |
| City/State/Zip: | 17000 Southcenter Parkway, Tukwila, WA 98188 | SCAC: | LEGS |
| CID#: | | Pro Number: | N/A |
| Dept: | 0784 | FOB: <input type="checkbox"/> | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | Prepaid: | Collect: X 3rd Party: |
| Address: | | <input type="checkbox"/> | Master Bill of Lading: with attached underlying Bills of Lading |
| City/State/Zip: | | (check box) | |
| SPECIAL INSTRUCTIONS: | | Appointment Time | Actual Driver Arrival Time |
| Load #: 50202519 | | | Driver Departure Time |
| Packing List is Attached | | AM | AM |
| | | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|----------|---------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 9411061 | 8 | 104.33 | Y N | |
| Grand Total | 8 | 104.33 | | |


| 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 | | |
| | | 8 | ctns | 104.33 | | Throws,Blankets | 49040 | 150 |
| 1 | | 8 | | 154.33 | | 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"/> | |
| 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 <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> | | SHIPPER SIGNATURE | |
| Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | |
| | | CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> | |

Date: 8/28/2019 8:31:27 AM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | SHIP TO | |
|--|--------------------|--|---|
| Name: | E & E COMPANY LTD | Name: | Macy's Home MMG Tukwila DC Location #: TU |
| Address: | 221 Hanson Way | Address: | c/o Tukwila DC |
| City/State/Zip: | Woodland, CA 95776 | City/State/Zip: | 17000 Southcenter Parkway, Tukwila, WA 98188 |
| SID#: | | CID#: | |
| PHONE: | | Dept: | 0611 |
| VENDOR: | | FOB: | <input type="checkbox"/> |
| Bill of Lading Number: 06757163000360840 | | Trailer number: LHC8416 | |
|  | | Seal number(s): 19863636 | |
| (402)06757163000360840 | | SCAC: LEGS | |
| CARRIER NAME: NEW LEGEND TRUCKING | | 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: <input type="checkbox"/> | |
| 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 #: 50202519 | | PM | PM |
| Packing List is Attached | | Driver Departure Time | AM |
| | | | PM |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
|-----------------------|------------|----------------|-------------|-------------------------|
| 9665061 | 30 | 81.30 | Y N | |
| 9590961 | 126 | 1245.51 | Y N | |
| Grand Total | 156 | 1326.81 | | |

CARRIER INFORMATION

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360</small> | PACKAGE | |
|---------------|--------|---------|------|---------|-------------|--|---------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 4 | Pallet | | | 200.00 | | Pallet | | |
| | | 93 | ctns | 354.72 | | Pillows,Valance,Towels | 49390 | 100 |
| | | 63 | ctns | 972.09 | | Throws,Blankets | 49040 | 150 |
| 4 | | 156 | | 1526.81 | | Grand Total | | |

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

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

per

COD Amount:

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper
 By Driver

Freight Counted:

 By Shipper
 By Driver/pallets 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 TUKWILA DC

Ship Date: 08/28/2019

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 TUKWILA DC
C/O TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188
US


| Cust. PO No. | Cust. SKU No. | Item No. | UPC | Description | UO M | Case Pack Qty | Qty Ordered | Ctns Ordered | Qty Shipped | Ctns Shipped |
|--------------|---------------|------------|--------------|-----------------------------------|------|---------------|-------------|--------------|-------------|--------------|
| 9590961 | 100071285 | MCG30-1326 | 732996958590 | Sweaterknit Chenille Pillow | EA | 2 | 42 | 21 | 42 | 21 |
| 9590961 | 100071285 | MCG30-1327 | 732996958576 | Sweaterknit Chenille Pillow | EA | 2 | 42 | 21 | 42 | 21 |
| 9590961 | 100071285 | MCG30-1328 | 732996958583 | Sweaterknit Chenille Pillow | EA | 2 | 42 | 21 | 42 | 21 |
| 9590961 | 100061643 | MCG50-1323 | 732996958569 | Sweaterknit Chenille Throw | EA | 4 | 84 | 21 | 84 | 21 |
| 9590961 | 100061643 | MCG50-1324 | 732996958545 | Sweaterknit Chenille Throw | EA | 4 | 84 | 21 | 84 | 21 |
| 9590961 | 100061643 | MCG50-1325 | 732996958552 | Sweaterknit Chenille Throw | EA | 4 | 84 | 21 | 84 | 21 |
| 9665061 | 100071345 | MCG30-1507 | 732997177051 | 240gsm Sherpa Pillow W/ Letter | EA | 2 | 60 | 30 | 60 | 30 |

Total Weight: 1326.81
 Total Quantity Ordered: 438
 Total Cartons Ordered: 156
 Total Quantity Shipped: 438
 Total Cartons Shipped: 156

Date: 8/28/2019 8:31:27 AM

Bill Of Lading

Page 1 of 1

| | | | |
|--|--|--|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757163000360840 | |
| Name: E & E COMPANY LTD. Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: | |  (402)06757163000360840 | |
| FOB: <input type="checkbox"/> | | CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No: | |
| SHIP TO | | Trailer number: LHC8416 Seal number(s): 19863636 | |
| Name: Macy's Home MMG Tukwila DC Location #: TU Address: c/o Tukwila DC 17000 Southcenter Parkway, City/State/Zip: Tukwila, WA 98188 CID#: Dept: 0611 | | SCAC: LEGS Pro Number: N/A | |
| FOB: <input type="checkbox"/> | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Prepaid: Collect: X 3rd Party: | |
| Name: Address: City/State/Zip: | | <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| SPECIAL INSTRUCTIONS: Load #: 50202519 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 |
|-----------------------|------------|----------------|-------------|---|-------------------------|
| 9665061 | 30 | 81.30 | Y | N | |
| 9590961 | 126 | 1245.51 | Y | N | |
| Grand Total | 156 | 1326.81 | | | |

CARRIER INFORMATION

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
|---------------|--------|---------|------|---------|-------------|--|---------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 4 | Pallet | | | 200.00 | | Pallet | | |
| | | 93 | ctns | 354.72 | | Pillows,Valance,Towels | 49390 | 100 |
| | | 63 | ctns | 972.09 | | Throws,Blankets | 49040 | 150 |
| 4 | | 156 | | 1526.81 | | Grand Total | | |

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

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

per _____

COD Amount:

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets 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: 8/28/2019 8:31:31 AM

Bill Of Lading

Page 1 of 1

| | | | | | | | | | | | | |
|---|----------------------------|---|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| SHIP FROM | | Bill of Lading Number: 06757163000360833 | | | | | | | | | | |
| Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ | |  (402)06757163000360833 | | | | | | | | | | |
| SHIP TO | | CARRIER NAME: NEW LEGEND TRUCKING | | | | | | | | | | |
| Name: Macy's Home MMG Tukwila DC Location #: TU Address: c/o Tukwila DC 17000 Southcenter Parkway, TU City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0492 | | Responsible Acct.No: _____ Trailer number: LHC8416 Seal number(s): 19863636 SCAC: LEGS 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 #: 50202519 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 |
| 9432281 | 6 | 84.60 | Y N | |
| 9431731 | 5 | 70.50 | Y N | |
| Grand Total | 11 | 155.10 | | |

| 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 | 155.10 | | Sleepwear,Underwear | 49880 | 100 |
| 1 | | 11 | | 205.10 | | 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 TUKWILA DC

Ship Date: 08/28/2019

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 TUKWILA DC
C/O TUKWILA DC
17000 SOUTHCENTER PARKWAY
TUKWILA, WA 98188
US

| Cust. PO No. | Cust. SKU No. | Item No. | UPC | Description | UO M | Case Pack Qty | Qty Ordered | Ctns Ordered | Qty Shipped | Ctns Shipped |
|--------------|---------------|-------------|--------------|------------------------------|------|---------------|-------------|--------------|-------------|--------------|
| 9431731 | 100075073MN | MCGA04-0045 | 732996658100 | 100075073MN Men's Plush Robe | EA | 6 | 30 | 5 | 30 | 5 |
| 9432281 | 100075079MN | MCGA04-0040 | 732996661698 | 100075079MN Men's Plush Robe | EA | 6 | 6 | 1 | 6 | 1 |
| 9432281 | 100075080MN | MCGA04-0041 | 732996661704 | 100075080MN Men's Plush Robe | EA | 6 | 6 | 1 | 6 | 1 |
| 9432281 | 100075078MN | MCGA04-0044 | 732996661681 | 100075078MN Men's Plush Robe | EA | 6 | 24 | 4 | 24 | 4 |

Total Weight: 155.1
 Total Quantity Ordered: 66
 Total Cartons Ordered: 11
 Total Quantity Shipped: 66
 Total Cartons Shipped: 11

Date: 8/28/2019 8:31:31 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: _____ FOB:

Bill of Lading Number: 06757163000360833



(402)06757163000360833

SHIP TO

Name: Macy's Home MMG Tukwila DC Location #: TU
 Address: c/o Tukwila DC
 17000 Southcenter Parkway, TU
 City/State/Zip: Tukwila, WA 98188
 CID#: _____
 Dept: 0492 FOB:

CARRIER NAME: NEW LEGEND TRUCKING
 Responsible Acct.No: _____
 Trailer number: LHC8416
 Seal number(s): 19863636
 SCAC: LEGS
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____
 SPECIAL INSTRUCTIONS:
 Load #: 50202519
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: _____ Collect: 3rd Party: _____

Master Bill of Lading: with attached
 (check box) 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 |
| 9432281 | 6 | 84.60 | Y | N | |
| 9431731 | 5 | 70.50 | Y | N | |
| Grand Total | 11 | 155.10 | | | |

| 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 | 155.10 | | Sleepwear,Underwear | 49880 | 100 |
| 1 | | 11 | | 205.10 | | 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: 8/28/2019 8:31:35 AM

Bill Of Lading

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: _____ FOB:

Bill of Lading Number: 06757163000361274



(402)06757163000361274

SHIP TO

Name: Macy's Home MMG Owasso DC Location #: OK
 Address: c/o Macy's Logistics Distribution C
 7120 E.76th Street North,
 City/State/Zip: Owasso, OK 74055
 CID#: _____
 Dept: 0611 FOB:

CARRIER NAME: NEW LEGEND TRUCKING

Responsible Acct.No: _____
 Trailer number: LHC8416
 Seal number(s): 19863636
SCAC: LEGS
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 50202519
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: _____ Collect: 3rd Party: _____

Master Bill of Lading: with attached
 (check box) 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 |
| 9590788 | 857 | 7550.17 | Y N | |
| 9590968 | 169 | 1447.06 | Y N | |
| Grand Total | 1026 | 8997.23 | | |

| 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 |
| 20 | Pallet | | | 1000.00 | | Pallet | | |
| | | 105 | ctns | 455.70 | | Pillows,Valance,Towels | 49390 | 100 |
| | | 921 | ctns | 8541.53 | | Throws,Blankets | 49040 | 150 |
| 20 | | 1026 | | 9997.23 | | Grand Total | | |

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

COD Amount: _____

Fee Terms: Collect: 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 OWASSO DC

Ship Date: 08/28/2019

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 OWASSO DC
C/O MACY'S LOGISTICS DISTRIBUTION C
7120 E.76TH STREET NORTH
OWASSO, OK 74055
US

| Cust. PO No. | Cust. SKU No. | Item No. | UPC | Description | UO M | Case Pack Qty | Qty Ordered | Ctns Ordered | Qty Shipped | Ctns Shipped |
|--------------|---------------|------------|--------------|-----------------------------|------|---------------|-------------|--------------|-------------|--------------|
| 9590788 | 100071436 | MCC50-1342 | 732996958521 | Microlight To Sherpa Throw | EA | 4 | 412 | 103 | 412 | 103 |
| 9590788 | 100071436 | MCC50-1343 | 732996958507 | Microlight To Sherpa Throw | EA | 4 | 548 | 137 | 548 | 137 |
| 9590788 | 100071436 | MCC50-1344 | 732996958514 | Microlight To Sherpa Throw | EA | 4 | 548 | 137 | 548 | 137 |
| 9590788 | 100071436 | MCC50-1345 | 732996958538 | Microlight To Sherpa Throw | EA | 4 | 412 | 103 | 412 | 103 |
| 9590788 | 100071435 | MCC50-1346 | 732996958477 | Burnout To Sherpa Throw | EA | 4 | 548 | 137 | 548 | 137 |
| 9590788 | 100071435 | MCC50-1347 | 732996958484 | Burnout To Sherpa Throw | EA | 4 | 412 | 103 | 412 | 103 |
| 9590788 | 100071435 | MCC50-1348 | 732996958491 | Burnout To Sherpa Throw | EA | 4 | 548 | 137 | 548 | 137 |
| 9590968 | 100071285 | MCC30-1332 | 732996958590 | Sweaterknit Chenille Pillow | EA | 2 | 78 | 39 | 78 | 39 |
| 9590968 | 100071285 | MCC30-1333 | 732996958576 | Sweaterknit Chenille Pillow | EA | 2 | 78 | 39 | 78 | 39 |
| 9590968 | 100071285 | MCC30-1334 | 732996958583 | Sweaterknit Chenille Pillow | EA | 2 | 54 | 27 | 54 | 27 |
| 9590968 | 100061643 | MCC50-1329 | 732996958569 | Sweaterknit Chenille Throw | EA | 4 | 96 | 24 | 96 | 24 |
| 9590968 | 100061643 | MCC50-1330 | 732996958545 | Sweaterknit Chenille Throw | EA | 4 | 80 | 20 | 80 | 20 |
| 9590968 | 100061643 | MCC50-1331 | 732996958552 | Sweaterknit Chenille Throw | EA | 4 | 80 | 20 | 80 | 20 |

Total Weight: 8997.23
 Total Quantity Ordered: 3894
 Total Cartons Ordered: 1026
 Total Quantity Shipped: 3894
 Total Cartons Shipped: 1026

SHIP FROM

Name: E & E COMPANY LTD
 Address: 221 Hanson Way
 City/State/Zip: Woodland, CA 95776
 SID#: _____
 PHONE: _____
 VENDOR: _____

Bill of Lading Number: 06757163000361274



(402)06757163000361274

SHIP TO

Name: Macy's Home MMG Owasso DC Location #: OK
 Address: c/o Macy's Logistics Distribution C
 7120 E.76th Street North,
 City/State/Zip: Owasso, OK 74055
 CID#: _____
 Dept: 0611

CARRIER NAME: NEW LEGEND TRUCKING
 Responsible Acct.No: _____
 Trailer number: LHC8416
 Seal number(s): 19863636
SCAC: LEGS
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

SPECIAL INSTRUCTIONS:
 Load #: 50202519
 Packing List is Attached

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: _____ Collect: 3rd Party: _____

Master Bill of Lading: with attached underlying Bills of Lading

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

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|-------------|----------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 9590788 | 857 | 7550.17 | Y N | |
| 9590968 | 169 | 1447.06 | Y N | |
| Grand Total | 1026 | 8997.23 | | |

| 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 |
| 20 | Pallet | | | 1000.00 | | Pallet | | |
| | | 105 | ctns | 455.70 | | Pillows,Valance,Towels | 49390 | 100 |
| | | 921 | ctns | 8541.53 | | Throws,Blankets | 49040 | 150 |
| 20 | | 1026 | | 9997.23 | | 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:
 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.

Shipper Signature

Date: 8/28/2019 8:12:59 AM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | SHIP TO | |
|--|-------------------------|--|--------------------------|
| Name: | E & E COMPANY LTD | Name: | Angela Balderson |
| Address: | 2222 East Beamer Street | Address: | 492 A-B La Mesa Rd |
| City/State/Zip: | Woodland, CA 95776 | City/State/Zip: | Mount Pleasant, SC 29464 |
| PHONE: | 530-669-5991 | CID#: | |
| VENDOR: | | Dept: | |
| Bill of Lading Number: 06757163000360741 | | FOB: <input type="checkbox"/> | |
|  | | | |
| (402)06757163000360741 | | | |
| CARRIER NAME: UPS | | Responsible Acct.No: | |
| Trailer number: UPST8388252 | | Seal number(s): | |
| SCAC: | | Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | | |
| Name: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Address: | | Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| City/State/Zip: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | |
| SPECIAL INSTRUCTIONS: | | 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 |
| 20336703 | 1 | 54.01 | Y N | |
| Grand Total | 1 | 54.01 | | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|--------|---------|------|--------|----------|--|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 1 | Pallet | | | 50.00 | | Pallet | | |
| | | 1 | ctns | 54.01 | | Furniture (Seating, Storage, Outdoor) | 80580 | 150 |
| 1 | | 1 | | 104.01 | | 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: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | 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. |

| | | | | | | | | | |
|---------|---------|------------------|------------|----------------------------|----------------------|------------|----------------------|---|--------|
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001518599 | 0639170298 | 00006757166391702985 | 4 | Loaded |
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001518599 | 0639170299 | 00006757166391702992 | 4 | Loaded |
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001518599 | 0639170300 | 00006757166391703005 | 4 | Loaded |
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001516960 | 0639170301 | 00006757166391703012 | 4 | Loaded |
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001516960 | 0639170302 | 00006757166391703029 | 4 | Loaded |
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001516960 | 0639170303 | 00006757166391703036 | 4 | Loaded |

| | | | | | | | | | |
|---------|---------|------------------|------------|----------------------------|----------------------|------------|----------------------|---|--------|
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001518599 | 0639170297 | 00006757166391702978 | 4 | Loaded |
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001518599 | 0639170298 | 00006757166391702985 | 4 | Loaded |
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001518599 | 0639170299 | 00006757166391702992 | 4 | Loaded |
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001518599 | 0639170300 | 00006757166391703005 | 4 | Loaded |
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001516960 | 0639170301 | 00006757166391703012 | 4 | Loaded |
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001516960 | 0639170302 | 00006757166391703029 | 4 | Loaded |
| 9590968 | 5117299 | R201908121018347 | MCC50-1331 | Sweaterknit Chenille Throw | 00106757163001516960 | 0639170303 | 00006757166391703036 | 4 | Loaded |

Date: 8/29/2019 1:31:56 PM

Master Bill Of Lading

Page 1 of 1

| | | | |
|---|---|--|-------------------------------------|
| SHIP FROM | | Master Bill of Lading Number: 06757163000362721 | |
| Name: | E & E COMPANY LTD | | |
| Address: | 221 Hanson Way | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | | FOB: <input type="checkbox"/> | |
| SHIP TO | | CARRIER NAME: Hub Group | |
| Name: | Macy's Home MMG Portland DC | DC#: | PD |
| | | Div.: | |
| Address: | c/o Portland DC 1155 Vaughn Parkway, | Trailer number: | HGIU637188 |
| | | Seal number(s): | 19863634 |
| City/State/Zip: | Portland, TN 37148 | SCAC: | HUBG |
| SID#: | | Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: | |
| Name: | Macy's c/o Hub Group | Prepaid: | <input type="checkbox"/> |
| Address: | 2000 Clearwater Dr | Collect: | <input type="checkbox"/> |
| | | 3rd Party: | <input checked="" type="checkbox"/> |
| City/State/Zip: | Oak Brook, IL 60523 | <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 #: 50208792 | | 1:00 AM | 12:00 AM |
| | | | Driver Departure Time |
| | | | 1:40 AM |

| CUSTOMER ORDER INFORMATION | | | | | | |
|----------------------------|------------|------------|-------------------------|---|-------------------|---------------------------------------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# Supplier# |
| 9479368 | 1608 | 62681.30 | Y | N | 06757163000361991 | PD |
| Grand Total | 1608 | 62681.30 | | | | |

| 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 350</small> | LTL ONLY | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 31 | Pallet | | | 1550.00 | | Pallet | | 70 |
| | | 1608 | ctns | 62681.30 | | Throws, Blankets | 49040 | 150 |
| 31 | | | | 64231.30 | | 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.

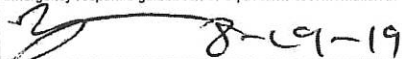
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

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.
 8-29-19

Trailer Loaded: By Shipper By Driver


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

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
 8-29-19

Date: 8/29/2019 1:31:48 PM

Bill Of Lading

Page 1 of 1

| | | | |
|---|--|---|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757163000361991 | |
| Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ | |  (402)06757163000361991 | |
| SHIP TO | | CARRIER NAME: Hub Group | |
| 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: HGIU637188 Seal number(s): 19863634 SCAC: HUBG Pro Number: _____ | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: Macy's c/o Hub Group Address: 2000 Clearwater Dr City/State/Zip: Oak Brook, IL 60523 | | Prepaid: _____ Collect: _____ 3rd Party: X <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| SPECIAL INSTRUCTIONS: Load #: 50208792 Packing List is Attached | | Appointment Time | Actual Driver Arrival Time |
| | | AM | AM |
| | | PM | PM |
| | | AM | AM |
| | | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|----------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 9479368 | 1608 | 62681.30 | Y N | |
| Grand Total | 1608 | 62681.30 | | |

| 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 |
| 31 | Pallet | | | 1550.00 | | Pallet | | |
| | | 1608 | ctns | 62681.30 | | Throws, Blankets | 49040 | 150 |
| 31 | | 1608 | | 64231.30 | | Grand Total | | |

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

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

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

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

Customer: MACY'S HOME MMG PORTLAND DC

Ship Date: 08/29/2019

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 |
|--------------|---------------|------------|--------------|----------------|------|---------------|-------------|--------------|-------------|--------------|
| 9479368 | 100071550 | MCC50-1303 | 732996957920 | CC Plush Throw | EA | 4 | 604 | 151 | 604 | 151 |
| 9479368 | 100071550 | MCC50-1304 | 732996957821 | CC Plush Throw | EA | 4 | 416 | 104 | 416 | 104 |
| 9479368 | 100074841 | MCC50-1311 | 732996958217 | CC Plush Throw | EA | 4 | 232 | 58 | 232 | 58 |
| 9479368 | 100074841 | MCC50-1313 | 732996958248 | CC Plush Throw | EA | 4 | 132 | 33 | 132 | 33 |
| 9479368 | 100074841 | MCC50-1314 | 732996976617 | CC Plush Throw | EA | 4 | 228 | 57 | 228 | 57 |
| 9479368 | 100074841 | MCC50-1315 | 732996958231 | CC Plush Throw | EA | 4 | 392 | 98 | 392 | 98 |
| 9479368 | 100074841 | MCC50-1317 | 732996958446 | CC Plush Throw | EA | 4 | 392 | 98 | 392 | 98 |
| 9479368 | 100074842 | MCC50-1318 | 732996958460 | CC Plush Throw | EA | 4 | 132 | 33 | 132 | 33 |
| 9479368 | 100071550 | MCC50-1506 | 732996957845 | CC Plush Throw | EA | 4 | 512 | 128 | 512 | 128 |
| 9479368 | 100071550 | MCC50-1507 | 732996957807 | CC Plush Throw | EA | 4 | 416 | 104 | 416 | 104 |
| 9479368 | 100071550 | MCC50-1508 | 732996957784 | CC Plush Throw | EA | 4 | 132 | 33 | 132 | 33 |
| 9479368 | 100071550 | MCC50-1509 | 732996957838 | CC Plush Throw | EA | 4 | 196 | 49 | 196 | 49 |
| 9479368 | 100071550 | MCC50-1510 | 732996957814 | CC Plush Throw | EA | 4 | 556 | 139 | 556 | 139 |
| 9479368 | 100071550 | MCC50-1511 | 732996957791 | CC Plush Throw | EA | 4 | 604 | 151 | 604 | 151 |
| 9479368 | 100074841 | MCC50-1513 | 732996958453 | CC Plush Throw | EA | 4 | 556 | 139 | 556 | 139 |
| 9479368 | 100074841 | MCC50-1514 | 732996958194 | CC Plush Throw | EA | 4 | 132 | 33 | 132 | 33 |
| 9479368 | 100074841 | MCC50-1515 | 732996958255 | CC Plush Throw | EA | 4 | 604 | 151 | 604 | 151 |
| 9479368 | 100074842 | MCC50-1516 | 732996976624 | CC Plush Throw | EA | 4 | 196 | 49 | 196 | 49 |

Total Weight: 62681.3
 Total Quantity Ordered: 6432
 Total Cartons Ordered: 1608
 Total Quantity Shipped: 6432
 Total Cartons Shipped: 1608

Date: 8/29/2019 1:31:48 PM

Bill Of Lading

Page 1 of 1

| | | | |
|---|--|---|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757163000361991 | |
| Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ | |  (402)06757163000361991 | |
| SHIP TO | | CARRIER NAME: Hub Group | |
| 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: HGIU637188 Seal number(s): 19863634 SCAC: HUBG Pro Number: _____ | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: Macy's c/o Hub Group Address: 2000 Clearwater Dr City/State/Zip: Oak Brook, IL 60523 | | Prepaid: _____ Collect: _____ 3rd Party: X <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| SPECIAL INSTRUCTIONS: Load #: 50208792 Packing List is Attached | | Appointment Time | Actual Driver Arrival Time |
| | | AM | AM |
| | | PM | PM |
| | | AM | AM |
| | | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|----------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 9479368 | 1608 | 62681.30 | Y N | |
| Grand Total | 1608 | 62681.30 | | |

| 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 |
| 31 | Pallet | | | 1550.00 | | Pallet | | |
| | | 1608 | ctns | 62681.30 | | Throws, Blankets | 49040 | 150 |
| 31 | | 1608 | | 64231.30 | | 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. | 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 | 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. |
| | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | |

| | | | | | | | | | | |
|---------|---------|-------------------|------------|----------------|----------------------|------------|----------------------|--|---|--------|
| 9479368 | 5117319 | R2019082107142519 | MCC50-1516 | CC Plush Throw | 00106757163001522664 | 0639619843 | 00006757166396198431 | | 4 | Loaded |
| 9479368 | 5117319 | R2019082107142519 | MCC50-1516 | CC Plush Throw | 00106757163001522664 | 0639619844 | 00006757166396198448 | | 4 | Loaded |
| 9479368 | 5117319 | R2019082107142519 | MCC50-1516 | CC Plush Throw | 00106757163001522664 | 0639619845 | 00006757166396198455 | | 4 | Loaded |
| 9479368 | 5117319 | R2019082107142519 | MCC50-1516 | CC Plush Throw | 00106757163001522664 | 0639619846 | 00006757166396198462 | | 4 | Loaded |
| 9479368 | 5117319 | R2019082107142519 | MCC50-1516 | CC Plush Throw | 00106757163001522664 | 0639619847 | 00006757166396198479 | | 4 | Loaded |
| 9479368 | 5117319 | R2019082107142519 | MCC50-1516 | CC Plush Throw | 00106757163001522664 | 0639619848 | 00006757166396198486 | | 4 | Loaded |
| 9479368 | 5117319 | R2019082107142519 | MCC50-1516 | CC Plush Throw | 00106757163001522664 | 0639619849 | 00006757166396198493 | | 4 | Loaded |
| 9479368 | 5117319 | R2019082107142519 | MCC50-1516 | CC Plush Throw | 00106757163001522664 | 0639619850 | 00006757166396198509 | | 4 | Loaded |

| | | | |
|---|--|---|---|
| SHIP FROM Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/> | | Master Bill of Lading Number: 06757163000362592 | |
| SHIP TO Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: C/O Dynamic Santa Fe Springs 14141 Alondra Boulevard, City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/> | | CARRIER NAME: NEW LEGEND TRUCKING Trailer number: 990128 Seal number(s): 19863668 SCAC: LEGS Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____ | | Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> | |
| SPECIAL INSTRUCTIONS: Load #: 50208797 | | <input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING | |
| | | Appointment Time 12:00 AM PM | Actual Driver Arrival Time 11:15 AM PM |
| | | Driver Departure Time 1:10 AM PM | |

| CUSTOMER ORDER INFORMATION | | | | | | | |
|----------------------------|-------------|-----------------|-------------------------|---|-------------------|-----------------------------|-----------|
| CUSTOMER ORDER NUMBER | # PKGS CTN | WEIGHT LBS | PALLET/SLIP (CIRCLEONE) | | BOL# | ADDITIONAL SHIPPER INFO DC# | Supplier# |
| 9665061 | 15 | 40.65 | Y | N | 06757163000361366 | CI | |
| 9590961 | 253 | 2373.37 | Y | N | 06757163000361366 | CI | |
| 9479368 | 448 | 17474.35 | Y | N | 06757163000361953 | OK | |
| 9479368 | 356 | 14115.40 | Y | N | 06757163000361977 | PD | |
| 9479368 | 705 | 27953.25 | Y | N | 06757163000362028 | AZ | |
| Grand Total | 1777 | 61957.02 | | | | | |

| 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 |
| 36 | Pallet | | | 1800.00 | | Pallet | | 70 |
| | | 153 | ctns | 639.57 | | Pillows,Valance,Towels | 49390 | 100 |
| | | 1624 | ctns | 61317.45 | | Throws,Blankets | 49040 | 150 |
| 36 | | | | 63757.02 | | 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. <i>Also mo 8-29-19</i> | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces | CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. |
|--|---|---|---|

Date: 8/29/2019 1:06:02 PM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | SHIP TO | |
|--|--------------------|---|---|
| Name: | E & E COMPANY LTD | Name: | Macy's Home MMG Goodyear DC Location #: AZ |
| Address: | 221 Hanson Way | Address: | c/o Goodyear DC |
| City/State/Zip: | Woodland, CA 95776 | City/State/Zip: | 16575 West Commerce Lane, Goodyear, AZ 85338 |
| SID#: | | CID#: | |
| PHONE: | | Dept: | 0611 |
| VENDOR: | | FOB: | <input type="checkbox"/> |
| Bill of Lading Number: 06757163000362028 | | Trailer number: 990128 | |
|  | | Seal number(s): 19863668 | |
| (402)06757163000362028 | | SCAC: LEGS | |
| CARRIER NAME: NEW LEGEND TRUCKING | | Pro Number: | |
| Responsible Acct.No: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Prepaid: <input type="checkbox"/> | | Collect: X | |
| (check box) | | 3rd Party: <input type="checkbox"/> | |
| Master Bill of Lading: with attached underlying Bills of Lading | | Appointment Time | |
| | | Actual Driver Arrival Time | |
| | | Driver Departure Time | |
| SPECIAL INSTRUCTIONS: | | AM | |
| Load #: 50208797 | | PM | |
| Packing List is Attached | | PM | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|------------|-----------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 9479368 | 705 | 27953.25 | Y N | |
| Grand Total | 705 | 27953.25 | | |

| 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 |
| 14 | Pallet | | | 700.00 | | Pallet | | |
| | | 705 | ctns | 27953.25 | | Throws,Blankets | 49040 | 150 |
| 14 | | 705 | | 28653.25 | | 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 GOODYEAR DC

Ship Date: 08/29/2019

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 GOODYEAR DC
C/O GOODYEAR DC
16575 WEST COMMERCE LANE
GOODYEAR, AZ 85338
US


| Cust. PO No. | Cust. SKU No. | Item No. | UPC | Description | UO M | Case Pack Qty | Qty Ordered | Ctns Ordered | Qty Shipped | Ctns Shipped |
|--------------|---------------|------------|--------------|----------------|------|---------------|-------------|--------------|-------------|--------------|
| 9479368 | 100071550 | MCC50-1304 | 732996957821 | CC Plush Throw | EA | 4 | 492 | 123 | 492 | 123 |
| 9479368 | 100074841 | MCC50-1312 | 732996958200 | CC Plush Throw | EA | 4 | 872 | 218 | 872 | 218 |
| 9479368 | 100074841 | MCC50-1316 | 732996958224 | CC Plush Throw | EA | 4 | 764 | 191 | 764 | 191 |
| 9479368 | 100071550 | MCC50-1510 | 732996957814 | CC Plush Throw | EA | 4 | 660 | 165 | 660 | 165 |
| 9479368 | 100074841 | MCC50-1512 | 732996976600 | CC Plush Throw | EA | 4 | 32 | 8 | 32 | 8 |

Total Weight: 27953.2
2820⁵
Total Quantity Ordered: 705
Total Cartons Ordered: 705
Total Quantity Shipped: 2820
Total Cartons Shipped: 705

Date: 8/29/2019 1:06:02 PM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | Bill of Lading Number: 06757163000362028 | |
|--------------------------------------|--|--|----------------------------|
| Name: | E & E COMPANY LTD |  (402)06757163000362028 | |
| Address: | 221 Hanson Way | | |
| City/State/Zip: | Woodland, CA 95776 | | |
| SID#: | | | |
| PHONE: | | CARRIER NAME: NEW LEGEND TRUCKING | |
| VENDOR: | FOB: <input type="checkbox"/> | Responsible Acct.No: | |
| SHIP TO | | Trailer number: 990128 | |
| Name: | Macy's Home MMG Goodyear DC Location #: AZ | Seal number(s): 19863668 | |
| Address: | c/o Goodyear DC 16575 West Commerce Lane, | SCAC: LEGS | |
| City/State/Zip: | Goodyear, AZ 85338 | Pro Number: | |
| 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: <input type="checkbox"/> | |
| Address: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | |
| City/State/Zip: | | | |
| SPECIAL INSTRUCTIONS: | | Appointment Time | |
| Load #: 50208797 | | AM | Actual Driver Arrival Time |
| Packing List is Attached | | PM | AM |
| | | | PM |
| | | | PM |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | | ADDITIONAL SHIPPER INFO |
|-----------------------|------------|-----------------|-------------|---|-------------------------|
| 9479368 | 705 | 27953.25 | Y | N | |
| Grand Total | 705 | 27953.25 | | | |

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 |
| 14 | Pallet | | | 700.00 | | Pallet | | |
| | | 705 | ctns | 27953.25 | | Throws, Blankets | 49040 | 150 |
| 14 | | 705 | | 28653.25 | | 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.

Bill Of Lading

| SHIP FROM | | Bill of Lading Number: 06757163000361977 | |
|--|--|--|--|
| Name: E & E COMPANY LTD | |  (402)06757163000361977 | |
| Address: 221 Hanson Way | | | |
| City/State/Zip: Woodland, CA 95776 | | CARRIER NAME: NEW LEGEND TRUCKING | |
| SID#: | | Responsible Acct.No: | |
| PHONE: | | Trailer number: 990128 | |
| VENDOR: | | Seal number(s): 19863668 | |
| FOB: <input type="checkbox"/> | | SCAC: LEGS | |
| SHIP TO | | Pro Number: | |
| Name: Macy's Home MMG Portland DC Location #: PD | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Address: c/o Portland DC | | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: | |
| 1155 Vaughn Parkway, | | <input type="checkbox"/> Master Bill of Lading: with attached | |
| City/State/Zip: Portland, TN 37148 | | (check box) underlying Bills of Lading | |
| CID#: | | Appointment Time | |
| Dept: 0611 FOB: <input type="checkbox"/> | | Actual Driver Arrival Time | |
| | | Driver Departure Time | |
| | | AM AM AM | |
| | | PM PM PM | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | | |
| Name: | | | |
| Address: | | | |
| City/State/Zip: | | | |
| SPECIAL INSTRUCTIONS: | | | |
| Load #: 50208797 | | | |
| Packing List is Attached | | | |

| CUSTOMER ORDER INFORMATION | | | | | |
|----------------------------|--------|----------|-------------|-------------------------|--|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO | |
| 9479368 | 356 | 14115.40 | Y N | | |
| Grand Total | 356 | 14115.40 | | | |

| 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 |
| 7 | Pallet | | | 350.00 | | Pallet | | |
| | | 356 | ctns | 14115.40 | | Throws,Blankets | 49040 | 150 |
| 7 | | 356 | | 14465.40 | | 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>Customer check acceptable: <input type="checkbox"/></p> |
| <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> | |
| <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: 08/29/2019

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 |
|--------------|---------------|------------|--------------|----------------|------|---------------|-------------|--------------|-------------|--------------|
| 9479368 | 100074841 | MCC50-1312 | 732996958200 | CC Plush Throw | EA | 4 | 744 | 186 | 744 | 186 |
| 9479368 | 100074841 | MCC50-1316 | 732996958224 | CC Plush Throw | EA | 4 | 652 | 163 | 652 | 163 |
| 9479368 | 100074841 | MCC50-1512 | 732996976600 | CC Plush Throw | EA | 4 | 28 | 7 | 28 | 7 |

Total Weight: 14115.4
 Total Quantity Ordered: 1424
 Total Cartons Ordered: 356
 Total Quantity Shipped: 1424
 Total Cartons Shipped: 356

Date: 8/29/2019 1:06:09 PM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | SHIP TO | | THIRD PARTY FREIGHT CHARGES BILL TO: | |
|--|--------------------|-------------------------------|--|--|--|
| Name: | E & E COMPANY LTD | Name: | Macy's Home MMG Portland DC Location #: PD | Name: | |
| Address: | 221 Hanson Way | Address: | c/o Portland DC | Address: | |
| City/State/Zip: | Woodland, CA 95776 | City/State/Zip: | 1155 Vaughn Parkway, Portland, TN 37148 | City/State/Zip: | |
| SID#: | | CID#: | | SPECIAL INSTRUCTIONS: | |
| PHONE: | | Dept: | 0611 | Load #: 50208797 | |
| VENDOR: | | FOB: <input type="checkbox"/> | | Packing List is Attached | |
| Bill of Lading Number: 06757163000361977 | | Trailer number: 990128 | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
|  | | Seal number(s): 19863668 | | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> | |
| (402)06757163000361977 | | SCAC: LEGS | | Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| CARRIER NAME: NEW LEGEND TRUCKING | | Pro Number: | | Appointment Time | |
| Responsible Acct.No: | | | | 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 |
|-----------------------|------------|-----------------|-------------|---|-------------------------|
| 9479368 | 356 | 14115.40 | Y | N | |
| Grand Total | 356 | 14115.40 | | | |

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 |
| 7 | Pallet | | | 350.00 | | Pallet | | |
| | | 356 | ctns | 14115.40 | | Throws, Blankets | 49040 | 150 |
| 7 | | 356 | | 14465.40 | | 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.

Date: 8/29/2019 1:06:13 PM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | SHIP TO | | THIRD PARTY FREIGHT CHARGES BILL TO: | |
|--|--------------------|--------------------------|---|--|--|
| Name: | E & E COMPANY LTD | Name: | Macy's Home MMG Owasso DC Location #: OK | Name: | |
| Address: | 221 Hanson Way | Address: | c/o Macy's Logistics Distribution C | Address: | |
| City/State/Zip: | Woodland, CA 95776 | City/State/Zip: | 7120 E.76th Street North, Owasso, OK 74055 | City/State/Zip: | |
| SID#: | | CID#: | | SPECIAL INSTRUCTIONS: | |
| PHONE: | | Dept: | 0611 | Load #: 50208797 | |
| VENDOR: | | FOB: | <input type="checkbox"/> | Packing List is Attached | |
| Bill of Lading Number: 06757163000361953 | | Trailer number: 990128 | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
|  (402)06757163000361953 | | Seal number(s): 19863668 | | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> | |
| CARRIER NAME: NEW LEGEND TRUCKING | | SCAC: LEGS | | Master Bill of Lading: with attached (check box) underlying Bills of Lading | |
| Responsible Acct.No: | | Pro Number: | | 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 |
|-----------------------|------------|-----------------|-------------|---|-------------------------|
| 9479368 | 448 | 17474.35 | Y | N | |
| Grand Total | 448 | 17474.35 | | | |

CARRIER INFORMATION

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
|---------------|--------|---------|------|----------|----------|--|---------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 9 | Pallet | | | 450.00 | | Pallet | | |
| | | 448 | ctns | 17474.35 | | Throws, Blankets | 49040 | 150 |
| 9 | | 448 | | 17924.35 | | 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 OWASSO DC

Ship Date: 08/29/2019

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 OWASSO DC
C/O MACY'S LOGISTICS DISTRIBUTION C
7120 E.76TH STREET NORTH
OWASSO, OK 74055
US


| Cust. PO No. | Cust. SKU No. | Item No. | UPC | Description | UO M | Case Pack Qty | Qty Ordered | Ctns Ordered | Qty Shipped | Ctns Shipped |
|--------------|---------------|------------|--------------|----------------|---------|---------------------|----------------|-----------------|----------------|-----------------|
| 9479368 | 100074841 | MCC50-1314 | 732996976617 | CC Plush Throw | EA | 4 | 244 | 61 | 244 | 61 |
| 9479368 | 100071550 | MCC50-1506 | 732996957845 | CC Plush Throw | EA | 4 | 532 | 133 | 532 | 133 |
| 9479368 | 100071550 | MCC50-1507 | 732996957807 | CC Plush Throw | EA | 4 | 436 | 109 | 436 | 109 |
| 9479368 | 100074841 | MCC50-1513 | 732996958453 | CC Plush Throw | EA | 4 | 580 | 145 | 580 | 145 |

| | |
|-------------------------|-------------------|
| Total Weight: | 17474.3 |
| | 1792 ⁵ |
| Total Quantity Ordered: | |
| Total Cartons Ordered: | 448 |
| Total Quantity Shipped: | 1792 |
| Total Cartons Shipped: | 448 |

Date: 8/29/2019 1:06:13 PM

Bill Of Lading

Page 1 of 1

| SHIP FROM | | SHIP TO | |
|--|--------------------|---|--|
| Name: | E & E COMPANY LTD | Name: | Macy's Home MMG Owasso DC Location #: OK |
| Address: | 221 Hanson Way | Address: | c/o Macy's Logistics Distribution C 7120 E.76th Street North, |
| City/State/Zip: | Woodland, CA 95776 | City/State/Zip: | Owasso, OK 74055 |
| SID#: | | CID#: | |
| PHONE: | | Dept: | 0611 |
| VENDOR: | | FOB: | <input type="checkbox"/> |
| Bill of Lading Number: 06757163000361953 | | Trailer number: 990128 | |
|  | | Seal number(s): 19863668 | |
| (402)06757163000361953 | | SCAC: LEGS | |
| CARRIER NAME: NEW LEGEND TRUCKING | | Pro Number: | |
| Responsible Acct.No: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Prepaid: <input type="checkbox"/> | | Collect: X | |
| (check box) | | 3rd Party: <input type="checkbox"/> | |
| Master Bill of Lading: with attached underlying Bills of Lading | | Appointment Time | |
| | | Actual Driver Arrival Time | |
| | | Driver Departure Time | |
| | | AM | |
| | | AM | |
| | | PM | |
| | | PM | |

THIRD PARTY FREIGHT CHARGES BILL TO:

| | | | | |
|--------------------------|--|---|----------------------------|-------------------------------------|
| Name: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | | |
| Address: | | Prepaid: <input type="checkbox"/> | Collect: X | 3rd Party: <input type="checkbox"/> |
| City/State/Zip: | | Master Bill of Lading: with attached underlying Bills of Lading | | |
| SPECIAL INSTRUCTIONS: | | Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| Load #: 50208797 | | AM | AM | AM |
| Packing List is Attached | | PM | PM | PM |

CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | | ADDITIONAL SHIPPER INFO |
|-----------------------|------------|-----------------|-------------|---|-------------------------|
| 9479368 | 448 | 17474.35 | Y | N | |
| Grand Total | 448 | 17474.35 | | | |

CARRIER INFORMATION

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | PACKAGE | |
|---------------|--------|---------|------|----------|----------|--|---------|-------|
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 9 | Pallet | | | 450.00 | | Pallet | | |
| | | 448 | ctns | 17474.35 | | Throws, Blankets | 49040 | 150 |
| 9 | | 448 | | 17924.35 | | 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: 8/29/2019 1:06:17 PM

Bill Of Lading

| | | | |
|---|--|--|--|
| SHIP FROM | | Bill of Lading Number: 06757163000361366 | |
| Name: E & E COMPANY LTD | |  (402)06757163000361366 | |
| Address: 221 Hanson Way | | | |
| City/State/Zip: Woodland, CA 95776 | | CARRIER NAME: NEW LEGEND TRUCKING | |
| SID#: | | Responsible Acct.No: | |
| PHONE: | | Trailer number: 990128 | |
| VENDOR: | | Seal number(s): 19863668 | |
| FOB: <input type="checkbox"/> | | SCAC: LEGS | |
| SHIP TO | | Pro Number: | |
| Name: Macy's Home MMG Los Angeles Location #: CI DC | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Address: Los Angeles Peak Fulfillment Center | | | |
| City/State/Zip: 15541 East Gale Ave, City of Industry, CA 91745 | | Prepaid: Collect: X 3rd Party: | |
| CID#: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | |
| Dept: 0611 FOB: <input type="checkbox"/> | | (check box) | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Appointment Time Actual Driver Arrival Time Driver Departure Time | |
| Name: | | AM AM AM | |
| Address: | | PM PM PM | |
| City/State/Zip: | | | |
| SPECIAL INSTRUCTIONS: Load #: 50208797 | | | |
| Packing List is Attached | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|---------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 9665061 | 15 | 40.65 | Y N | |
| 9590961 | 253 | 2373.37 | Y N | |
| Grand Total | | 268 | 2414.02 | |

| 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 |
| 6 | Pallet | | | 300.00 | | Pallet | | |
| | | 153 | ctns | 639.57 | | Pillows,Valance,Towels | 49390 | 100 |
| | | 115 | ctns | 1774.45 | | Throws,Blankets | 49040 | 150 |
| 6 | | 268 | | 2714.02 | | 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> | |
| <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> | | |
| <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 LOS ANGELES DC

Ship Date: 08/29/2019

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 LOS ANGELES DC
LOS ANGELES PEAK FULFILLMENT
CENTER
15541 EAST GALE AVE
CITY OF INDUSTRY, CA 91745
US


| Cust. PO No. | Cust. SKU No. | Item No. | UPC | Description | UO M | Case Pack Qty | Qty Ordered | Ctns Ordered | Qty Shipped | Ctns Shipped |
|--------------|---------------|------------|--------------|-----------------------------------|------|---------------|-------------|--------------|-------------|--------------|
| 9590961 | 100071285 | MCG30-1326 | 732996958590 | Sweaterknit Chenille Pillow | EA | 2 | 92 | 46 | 92 | 46 |
| 9590961 | 100071285 | MCG30-1327 | 732996958576 | Sweaterknit Chenille Pillow | EA | 2 | 92 | 46 | 92 | 46 |
| 9590961 | 100071285 | MCG30-1328 | 732996958583 | Sweaterknit Chenille Pillow | EA | 2 | 92 | 46 | 92 | 46 |
| 9590961 | 100061643 | MCG50-1323 | 732996958569 | Sweaterknit Chenille Throw | EA | 4 | 184 | 46 | 184 | 46 |
| 9590961 | 100061643 | MCG50-1324 | 732996958545 | Sweaterknit Chenille Throw | EA | 4 | 92 | 23 | 92 | 23 |
| 9590961 | 100061643 | MCG50-1325 | 732996958552 | Sweaterknit Chenille Throw | EA | 4 | 184 | 46 | 184 | 46 |
| 9665061 | 100071345 | MCG30-1507 | 732997177051 | 240gsm Sherpa Pillow W/ Letter | EA | 2 | 30 | 15 | 30 | 15 |

Total Weight: 2414.02
 Total Quantity Ordered: 766
 Total Cartons Ordered: 268
 Total Quantity Shipped: 766
 Total Cartons Shipped: 268

Date: 8/29/2019 1:06:17 PM

Bill Of Lading

Page 1 of 1

| | | |
|------------------------------------|-------------------------------|--|
| SHIP FROM | | Bill of Lading Number: 06757163000361366 |
| Name: E & E COMPANY LTD | |  (402)06757163000361366 |
| Address: 221 Hanson Way | | |
| City/State/Zip: Woodland, CA 95776 | | |
| SID#: | | |
| PHONE: | | |
| VENDOR: | FOB: <input type="checkbox"/> | CARRIER NAME: NEW LEGEND TRUCKING |
| | | Responsible Acct.No: |

| | | |
|---|-------------------------------|---|
| SHIP TO | | Trailer number: 990128 |
| Name: Macy's Home MMG Los Angeles Location #: CI DC | | Seal number(s): 19863668 |
| Address: Los Angeles Peak Fulfillment Center | | SCAC: LEGS Pro Number: |
| City/State/Zip: 15541 East Gale Ave, City of Industry, CA 91745 | | |
| 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: <input checked="" type="checkbox"/> | 3rd Party: <input type="checkbox"/> |
| Address: | | Master Bill of Lading: with attached underlying Bills of Lading | | |
| City/State/Zip: | | (check box) | | |
| SPECIAL INSTRUCTIONS: Load #: 50208797 Packing List is Attached | | Appointment Time | Actual Driver Arrival Time | Driver Departure Time |
| | | AM | AM | AM |
| | | PM | PM | PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|------------|----------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 9665061 | 15 | 40.65 | Y N | |
| 9590961 | 253 | 2373.37 | Y N | |
| Grand Total | 268 | 2414.02 | | |

| 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 |
| 6 | Pallet | | | 300.00 | | Pallet | | |
| | | 153 | ctns | 639.57 | | Pillows,Valance,Towels | 49390 | 100 |
| | | 115 | ctns | 1774.45 | | Throws,Blankets | 49040 | 150 |
| 6 | | 268 | | 2714.02 | | 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: <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. |
| | Shipper Signature _____ | | |

