

# Chargebacks and RTVs

Macy's, Inc. (MacysNet)  
 Valid as of: 1/28/2020 4:53:19 AM EST  
 Division: Macy's Account #: 05390993890  
 Vendor Name: E & E CO LTD  
 Document Number: 4932268  
 Department/Vendor: 606/938

## Check Summary

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Check Number: 1860869  
 Check Date: 1/22/2020  
 Purchase Order Number: 4241312

## Transaction Summary

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Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE  
 Total Cost: (\$100)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA  
 Total Cost: (\$5)

## Style Summary

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Receipt Number: 5155727-001  
 Carrier:  
 Freight Bill:  
 Bill of Lading: 0675716300  
 Cartons: 0  
 Weight: 0  
 Total Cost: (\$100)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT250.	0	-1	\$100.00	\$0.00		\$0.00	-100

Document Number: 4932646  
 Department/Vendor: 606/938

## Check Summary

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Check Number: 1860869  
 Check Date: 1/22/2020  
 Purchase Order Number: 4241312

## Transaction Summary

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Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE  
 Total Cost: (\$100)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA  
 Total Cost: (\$5)

## Style Summary

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Receipt Number: 5155733-000  
 Carrier:

Freight Bill:  
 Bill of Lading: 0675716300  
 Cartons: 0  
 Weight: 0  
 Total Cost: (\$100)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT250.	0	-1	\$100.00	\$0.00		\$0.00	-100

Document Number: 4934263  
 Department/Vendor: 606/938

Check Summary

Check Number: 1860869  
 Check Date: 1/22/2020  
 Purchase Order Number: 4241312

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE  
 Total Cost: (\$100)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA  
 Total Cost: (\$5)

Style Summary

Receipt Number: 5170530-002  
 Carrier:  
 Freight Bill:  
 Bill of Lading: 0675716300  
 Cartons: 0  
 Weight: 0  
 Total Cost: (\$100)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT250.	0	-1	\$100.00	\$0.00		\$0.00	-100

Document Number: 4976209  
 Department/Vendor: 606/938

Check Summary

Check Number: 1860869  
 Check Date: 1/22/2020  
 Purchase Order Number: 5277193

Transaction Summary

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE  
 Total Cost: (\$100)

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA  
 Total Cost: (\$5)

Style Summary

Receipt Number: 5661403-000  
 Carrier:  
 Freight Bill:  
 Bill of Lading: 0675716300  
 Cartons: 0  
 Weight: 0  
 Total Cost: \$0

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

Receipt Number: 5661396-000  
 Carrier:  
 Freight Bill:  
 Bill of Lading: 0675716300  
 Cartons: 0  
 Weight: 0  
 Total Cost: (\$100)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT 250	0	-1	\$100.00	\$0.00		\$0.00	-100

Document Number: 4976585  
 Department/Vendor: 606/938

**Check Summary**

Check Number: 1860869  
 Check Date: 1/22/2020  
 Purchase Order Number: 5277402

**Transaction Summary**

Transaction Type: 796 - RTV DAMAGE ALLOWANCE MDA  
 Total Cost: (\$10)

Transaction Type: 506 - DM-CARTON SHORTAGE VND RESPONSIBLE  
 Total Cost: (\$100)

**Style Summary**

Receipt Number: 5661407-002  
 Carrier:  
 Freight Bill:  
 Bill of Lading: 0675716300  
 Cartons: 0  
 Weight: 0  
 Total Cost: \$0

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

Receipt Number: 5661396-002  
 Carrier:  
 Freight Bill:  
 Bill of Lading: 0675716300  
 Cartons: 0

Weight: 0

Total Cost: (\$100)

Style	Qty Rec	Qty Diff	Order Cost	Cost Diff	UOM	Ext Cost Diff	Ext Qty Diff
LT 250	0	-1	\$100.00	\$0.00		\$0.00	-100

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Date: 10/28/2019 10:15:46 AM

# Master Bill Of Lading

Page 1 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000387816	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macy's /Bloom Consolidation Center DC#: _____ Div. _____ Address: 14141 Alondra Boulevard City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA148063 Seal number(s): 27709877 SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 50355771		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time: 9:00 AM Actual Driver Arrival Time: 9:00 AM Driver Departure Time: 10:25 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
			Y	N	BOL#	DC#	Supplier#
4241169	2	51.40	Y	N	06757163000387533	JP	
4710286	8	219.08	Y	N	06757163000387472	BA	
4241114	2	51.22	Y	N	06757163000387533	JP	
9627321	51	160.60	Y	N	06757163000387755	JP	
4241312	98	2724.89	Y	N	06757163000387564	BA	
4710121	8	218.40	Y	N	06757163000387472	BA	
4241312	82	2280.01	Y	N	06757163000387618	JP	
4240993	2	52.20	Y	N	06757163000387533	JP	
4710286	67	1819.63	Y	N	06757163000387465	JP	
4710121	67	1813.89	Y	N	06757163000387465	JP	
9627321	74	238.48	Y	N	06757163000387724	BA	
4710198	67	1847.59	Y	N	06757163000387465	JP	
4710198	8	222.44	Y	N	06757163000387472	BA	

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	Shipper Signature _____
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. 10/28/19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. 10/28/19

Date: 10/28/2019 10:15:46 AM

## Master Bill Of Lading

Page 2 of 2

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Macy's /Bloom Consolidation Center	Name:	
Address:	221 Hanson Way	DC#:		Address:	
City/State/Zip:	Woodland, CA 95776	Div.:		City/State/Zip:	
SID#:		City/State/Zip:	Santa Fe Spgs, CA 90670	SPECIAL INSTRUCTIONS:	
FOB: <input type="checkbox"/>		Address:	14141 Alondra Boulevard	Load #: 50355771	
		City/State/Zip:			
		SID#:			
		FOB: <input type="checkbox"/>			
Master Bill of Lading Number: 06757163000387816		CARRIER NAME: Schneider		Freight Charge Terms:	
		Trailer number: TA148063		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
		Seal number(s): 27709877		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
		SCAC: SCNN		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Pro Number:		Appointment Time	
				AM	
				PM	
				Actual Driver Arrival Time	
				AM	
				PM	
				Driver Departure Time	
				AM	
				PM	

Grand Total

536

11699.83

## 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
31	Pallet	/		1550.00		Pallet		70
		411	ctns	11300.75		Comforters, Bedspreads	49017	200
		125	ctns	399.08		Pillows,Valance,Towels	49390	100
31				13249.83		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: 10/28/2019 10:15:43 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000387755										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000387755										
<b>SHIP TO</b>		CARRIER NAME: Schneider										
Name: Macy's Home MMG Joppa DC      Location #: JP Address: 3300 Fashion Way City/State/Zip: Joppa, MD 21085 CID#: _____ Dept: 0689		Responsible Acct.No: _____ Trailer number: TA148063 Seal number(s): 27709877 SCAC: SCNN Pro Number: _____										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____      Collect: X      3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50355771 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
9627321	51	160.60	Y    N	
<b>Grand Total</b>	51	160.60		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		51	ctns	160.60		Pillows,Valance,Towels	49390	100
1		51		210.60		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature</p>	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded:      Freight Counted: <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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 JOPPA DC

Ship Date: 10/28/2019

**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 JOPPA DC  
3300 FASHION WAY  
JOPPA, MD 21085  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9627321	1006769400	MCG73-1396	732996565033	Poinsettia Bath	EA	3	12	4	12	4
9627321	1007028800	MCG73-1397	732996566412	Poinsettia Hand	EA	6	36	6	36	6
9627321	1007028900	MCG73-1398	732996565040	Poinsettia Tip	EA	6	90	15	90	15
9627321	1006670200	MCG73-1399	732996565019	Reindeer Tip	EA	6	48	8	48	8
9627321	1007029100	MCG73-1402	732996565064	Snowman Tip	EA	6	18	3	18	3
9627321	1006670000	MCG73-1403	732996564999	Tree Tip	EA	6	66	11	66	11
9627321	1006670100	MCG73-1404	732996565002	Santa Tip	EA	6	18	3	18	3
9627321	1007486800	MCG73-1480	732996565088	Tree Hand	EA	6	6	1	6	1

Total Weight: 160.6  
 Total Quantity Ordered: 294  
 Total Cartons Ordered: 51  
 Total Quantity Shipped: 294  
 Total Cartons Shipped: 51



Customer: MACY'S HOME STORE JOPPA DC

Ship Date: 10/28/2019

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACY'S HOME STORE JOPPA DC  
3300 FASHION WAY  
JOPPA, MD 21085  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4710121	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	76	38	76	38
4710121	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	58	29	58	29
4710198	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	76	38	76	38
4710198	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	58	29	58	29
4710286	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	76	38	76	38
4710286	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	58	29	58	29


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Total Weight: 5481.11  
 Total Quantity Ordered: 402  
 Total Cartons Ordered: 201  
 Total Quantity Shipped: 402  
 Total Cartons Shipped: 201

Date: 10/28/2019 10:15:35 AM

## 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 Store Joppa DC Location #: JP	Name:	
Address:	221 Hanson Way	Address:	3300 Fashion Way	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Joppa, MD 21085	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0606	Load #: 50355771	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000387618		Trailer number: TA148063		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 27709877		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000387618		SCAC: SCNN		<input type="checkbox"/> Master Bill of Lading: with attached	
CARRIER NAME: Schneider		Pro Number:		(check box) underlying Bills of Lading	
Responsible Acct.No:		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
4241312	82	2280.01	Y	N	
<b>Grand Total</b>	<b>82</b>	<b>2280.01</b>			

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		
		82	ctns	2280.01		Comforters, Bedspreads	49017	200
6		82		2580.01		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACY'S HOME STORE JOPPA DC

Ship Date: 10/28/2019

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACY'S HOME STORE JOPPA DC  
3300 FASHION WAY  
JOPPA, MD 21085  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4241312	N/A	MCH10-1568	086569279682	Aubrey Q Comforter Set	EA	2	82	41	82	41
4241312	N/A	MCH10-1569	086569279699	Aubrey K Comforter Set	EA	2	82	41	82	41


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Total Weight: 2280.01  
 Total Quantity Ordered: 164  
 Total Cartons Ordered: 82  
 Total Quantity Shipped: 164  
 Total Cartons Shipped: 82

Date: 10/28/2019 10:15:30 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000387472
Name: E & E COMPANY LTD	 (402)06757163000387472	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR:	CARRIER NAME: Schneider	Responsible Acct.No:
SHIP TO		Trailer number: TA148063
Name: Macy's Home Store Bailey Rd. DC Location #: BA	Seal number(s): 27709877	
Address: 300 South Bailey Road	SCAC: SCNN	
City/State/Zip: North Jackson, OH 44451	Pro Number:	
CID#:		
Dept: 0606	FOB: <input type="checkbox"/>	
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:	
City/State/Zip:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50355771	Appointment Time	Actual Driver Arrival Time
Packing List is Attached	AM PM	AM PM
	AM PM	AM PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
4710121	8	218.40	Y	N	
4710198	8	222.44	Y	N	
4710286	8	219.08	Y	N	
Grand Total	24	659.92			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		24	ctns	659.92		Comforters, Bedspreads	49017	200
2		24		759.92		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.

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

Ship Date: 10/28/2019

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACY'S HOME STORE BAILEY RD. DC  
300 SOUTH BAILEY ROAD  
NORTH JACKSON, OH 44451  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4710121	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	8	4	8	4
4710121	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	8	4	8	4
4710198	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	8	4	8	4
4710198	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	8	4	8	4
4710286	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	8	4	8	4
4710286	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	8	4	8	4

Total Weight: 659.92

Total Quantity Ordered: 48

Total Cartons Ordered: 24


Total Quantity Shipped: 48

Total Cartons Shipped: 24

Date: 10/28/2019 10:15:27 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000387724	
Name: E & E COMPANY LTD	 (402)06757163000387724		
Address: 221 Hanson Way	CARRIER NAME: Schneider		
City/State/Zip: Woodland, CA 95776			
SID#:	Responsible Acct.No:		
PHONE:	Trailer number: TA148063		
VENDOR:	Seal number(s): 27709877		
FOB: <input type="checkbox"/>	SCAC: SCNN		
SHIP TO		Pro Number:	
Name: Macy's Home MMG Bailey Rd DC Location #: BA			
Address: 300 South Bailey Road			
City/State/Zip: North Jackson, OH 44451			
CID#:			
Dept: 0689	FOB: <input type="checkbox"/>		
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:	
City/State/Zip:	Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS: Load #: 50355771	Appointment Time	Actual Driver Arrival Time	
Packing List is Attached	AM	AM	
	PM	PM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9627321	74	238.48	Y    N	
<b>Grand Total</b>	74	238.48		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		74	ctns	238.48		Pillows,Valance,Towels	49390	100
1		74		288.48		<b>Grand Total</b>		

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

<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><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b>      <b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper      <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver      <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  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 BAILEY RD DC

Ship Date: 10/28/2019

**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 BAILEY RD DC  
300 SOUTH BAILEY ROAD  
NORTH JACKSON, OH 44451  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9627321	1006769400	MCG73-1396	732996565033	Poinsettia Bath	EA	3	30	10	30	10
9627321	1007028800	MCG73-1397	732996566412	Poinsettia Hand	EA	6	108	18	108	18
9627321	1007028900	MCG73-1398	732996565040	Poinsettia Tip	EA	6	108	18	108	18
9627321	1006670200	MCG73-1399	732996565019	Reindeer Tip	EA	6	72	12	72	12
9627321	1007029000	MCG73-1401	732996565057	Snowman Hand	EA	6	6	1	6	1
9627321	1006670000	MCG73-1403	732996564999	Tree Tip	EA	6	60	10	60	10
9627321	1007486700	MCG73-1479	732996565071	Tree Bath	EA	3	6	2	6	2
9627321	1007486800	MCG73-1480	732996565088	Tree Hand	EA	6	18	3	18	3

Total Weight:	238.48
Total Quantity Ordered:	408
Total Cartons Ordered:	74
Total Quantity Shipped:	408
Total Cartons Shipped:	74



Customer: MACY'S HOME STORE JOPPA DC

Ship Date: 10/28/2019

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

**BILL TO:**  
MACY'S HOME STORE  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45201  
US

**SHIP TO:**  
MACY'S HOME STORE JOPPA DC  
3300 FASHION WAY  
JOPPA, MD 21085  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4240993	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	4	2	4	2
4241114	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	4	2	4	2
4241169	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	4	2	4	2


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Total Weight: 154.82  
 Total Quantity Ordered: 12  
 Total Cartons Ordered: 6  
 Total Quantity Shipped: 12  
 Total Cartons Shipped: 6

Date: 10/28/2019 10:15:21 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000387564	
Name: E & E COMPANY LTD	 (402)06757163000387564	CARRIER NAME: Schneider	
Address: 221 Hanson Way			Responsible Acct.No:
City/State/Zip: Woodland, CA 95776			Trailer number: TA148063
SID#:			Seal number(s): 27709877
PHONE:			SCAC: SCNN
VENDOR:	FOB: <input type="checkbox"/>	Pro Number:	
SHIP TO		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Macy's Home Store Bailey Rd. DC Location #: BA	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	Prepaid: Collect: X 3rd Party:	
Address: 300 South Bailey Road		Appointment Time	
City/State/Zip: North Jackson, OH 44451		Actual Driver Arrival Time	
CID#:		Driver Departure Time	
Dept: 0606 FOB: <input type="checkbox"/>		AM AM AM	
SPECIAL INSTRUCTIONS: Load #: 50355771 Packing List is Attached		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4241312	98	2724.89	Y N	
<b>Grand Total</b>	98	2724.89		

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		
		98	ctns	2724.89		Comforters, Bedspreads	49017	200
7		98		3074.89		<b>Grand Total</b>		

<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><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b></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><b>SHIPPER SIGNATURE / DATE</b>                  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: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  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 STORE BAILEY RD. DC

Ship Date: 10/28/2019

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

**BILL TO:**  
 MACY'S HOME STORE  
 2101 EAST KEMPER ROAD  
 CINCINNATI, OH 45201  
 US

**SHIP TO:**  
 MACY'S HOME STORE BAILEY RD. DC  
 300 SOUTH BAILEY ROAD  
 NORTH JACKSON, OH 44451  
 US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4241312	N/A	MCH10-1568	086569279682	Aubrey Q Comforter Set	EA	2	98	49	98	49
4241312	N/A	MCH10-1569	086569279699	Aubrey K Comforter Set	EA	2	98	49	98	49

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Total Weight: 2724.89  
 Total Quantity Ordered: 196  
 Total Cartons Ordered: 98  
 Total Quantity Shipped: 196  
 Total Cartons Shipped: 98



4241312	5202141	R201910141031059	MCH10-1568	Aubrey Q Comforter Set	00106757163001675100	0642000843	00006757166420008439	2	Loaded
4241312	5202141	R201910141031059	MCH10-1569	Aubrey K Comforter Set	00106757163001675407	0642000844	00006757166420008446	2	Loaded
4241312	5202147	R201910141031059	MCH10-1568	Aubrey Q Comforter Set	00106757163001675100	0642000855	00006757166420008552	2	Loaded
4241312	5202147	R201910141031059	MCH10-1569	Aubrey K Comforter Set	00106757163001675407	0642000856	00006757166420008569	2	Loaded
4241312	5202149	R201910141031059	MCH10-1568	Aubrey Q Comforter Set	00106757163001675100	0642000859	00006757166420008590	2	Loaded
4241312	5202149	R201910141031059	MCH10-1569	Aubrey K Comforter Set	00106757163001675407	0642000860	00006757166420008606	2	Loaded
4241312	5202165	R201910141031059	MCH10-1568	Aubrey Q Comforter Set	00106757163001675100	0642000891	00006757166420008910	2	Loaded
4241312	5202165	R201910141031059	MCH10-1569	Aubrey K Comforter Set	00106757163001675407	0642000892	00006757166420008927	2	Loaded



4241312	5202426	R201910141031048	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001677036	0642001471	00006757166420014713	2	Loaded
4241312	5202426	R201910141031048	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001676817	0642001472	00006757166420014720	2	Loaded
4241312	5202427	R201910141031048	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001677036	0642001473	00006757166420014737	2	Loaded
4241312	5202427	R201910141031048	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001676817	0642001474	00006757166420014744	2	Loaded
4241312	5202428	R201910141031048	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001677036	0642001475	00006757166420014751	2	Loaded
4241312	5202428	R201910141031048	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001676817	0642001476	00006757166420014768	2	Loaded
4241312	5202429	R201910141031048	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001677036	0642001477	00006757166420014775	2	Loaded
4241312	5202429	R201910141031048	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001676817	0642001478	00006757166420014782	2	Loaded
4241312	5202430	R201910141031048	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001677036	0642001479	00006757166420014799	2	Loaded
4241312	5202430	R201910141031048	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001676817	0642001480	00006757166420014805	2	Loaded
4241312	5202431	R201910141031048	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001677036	0642001481	00006757166420014812	2	Loaded
4241312	5202431	R201910141031048	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001676817	0642001482	00006757166420014829	2	Loaded
4241312	5202432	R201910141031048	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001677036	0642001483	00006757166420014836	2	Loaded
4241312	5202432	R201910141031048	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001676817	0642001484	00006757166420014843	2	Loaded
4241312	5202432	R201910141031048	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001677036	0642001484	00006757166420014843	2	Loaded
4241312	5202432	R201910141031048	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001676817	0642001485	00006757166420014850	2	Loaded
4241312	5202433	R201910141031048	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001677036	0642001486	00006757166420014867	2	Loaded
4241312	5202433	R201910141031048	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001676817	0642001487	00006757166420014874	2	Loaded
4241312	5202434	R201910141031048	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001677036	0642001488	00006757166420014881	2	Loaded
4241312	5202434	R201910141031048	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001676817	0642001489	00006757166420014898	2	Loaded
4241312	5202435	R201910141031048	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001677036	0642001490	00006757166420014904	2	Loaded
4241312	5202435	R201910141031048	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001676817	0642001491	00006757166420014911	2	Loaded

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000388035	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.	
Address:	14141 Alondra Boulevard	Trailer number:	TA140212
		Seal number(s):	27709583
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 50355765		9:00 AM	9:00 AM
			Driver Departure Time
			10:50 AM

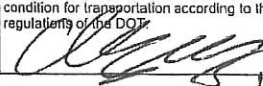
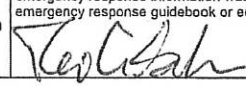
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4710198	2	55.61	Y	N	06757163000387458	ST	
4710121	2	54.60	Y	N	06757163000387458	ST	
4241312	54	1501.47	Y	N	06757163000387656	TU	
9679618	80	370.24	Y	N	06757163000387908	OK	
4241114	1	25.61	Y	N	06757163000387519	TU	
9689598	93	819.33	Y	N	06757163000387878	OK	
4240993	3	78.30	Y	N	06757163000387519	TU	
4710286	2	54.77	Y	N	06757163000387458	ST	
9627321	76	262.24	Y	N	06757163000387748	HU	
9627321	30	107.36	Y	N	06757163000387779	ST	
9627328	277	956.12	Y	N	06757163000387946	OK	
9689548	92	1074.56	Y	N	06757163000387878	OK	
9689758	6	86.64	Y	N	06757163000387878	OK	

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

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

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

<b>SHIPPER SIGNATURE / DATE</b> 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.  10/29/19	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.  10/29/19
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Date: 10/29/2019 10:35:27 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000388035	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name:	Macy's /Bloom Consolidation Center	DC#:	
		Div.	
Address:	14141 Alondra Boulevard	Trailer number:	TA140212
		Seal number(s):	27709583
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 50355765		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
4241169	1	25.70	Y	N	06757163000387519	TU	
4241312	89	2466.12	Y	N	06757163000387632	ST	
9411138	381	2628.41	Y	N	06757163000387908	OK	
9627321	58	182.16	Y	N	06757163000387731	CL	
9679918	12	105.72	Y	N	06757163000387908	OK	
<b>Grand Total</b>		1259	10854.96				

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
31	Pallet			1550.00		Pallet		70
		441	ctns	1507.88		Pillows,Valance,Towels	49390	100
		234	ctns	4632.42		Comforters, Bedspreads	49017	200
		584	ctns	4714.66		Throws,Blankets	49040	150

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">Shipper Signature _____</p>
<p><b>SHIPPER SIGNATURE / DATE</b>                  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: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>	

Date: 10/29/2019 10:35:27 AM

## Master Bill Of Lading

Page 3 of 3

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Macy's /Bloom Consolidation Center	Name:	
Address:	221 Hanson Way	DC#:		Address:	
City/State/Zip:	Woodland, CA 95776	Div.:		City/State/Zip:	
SID#:		FOB:	<input type="checkbox"/>	SID#:	
				Freight Charge Terms:	
				Prepaid:	<input type="checkbox"/>
				Collect:	<input checked="" type="checkbox"/>
				3rd Party:	<input type="checkbox"/>
				<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
				<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
				Appointment Time	Actual Driver Arrival Time
				AM	AM
				PM	PM
				Driver Departure Time	AM
					PM
31			12404.96	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: 10/29/2019 10:35:24 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM						SHIP TO																							
Name: E & E COMPANY LTD			Address: 221 Hanson Way			City/State/Zip: Woodland, CA 95776			SID#:			PHONE:			VENDOR:			FOB: <input type="checkbox"/>			Bill of Lading Number: 06757163000387779			 (402)06757163000387779					
Name: Macy's Home MMG Stone Mountain DC			Address: 4401 Sarr Parkway			City/State/Zip: Stone Mountain, GA 30083			CID#:			Dept: 0689			FOB: <input type="checkbox"/>			CARRIER NAME: Schneider			Responsible Acct.No:			Trailer number: TA140212			Seal number(s): 27709583		
Name:			Address:			City/State/Zip:			SPECIAL INSTRUCTIONS: Load #: 50355765			Packing List is Attached			THIRD PARTY FREIGHT CHARGES BILL TO:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			Prepaid: <input type="checkbox"/>			Collect: X			3rd Party: <input type="checkbox"/>		
																		Master Bill of Lading: with attached underlying Bills of Lading			Appointment Time			Actual Driver Arrival Time			Driver Departure Time		
																					AM			AM			AM		
																					PM			PM			PM		
CUSTOMER ORDER INFORMATION																													
CUSTOMER ORDER NUMBER			# PKGS		WEIGHT		PALLET/SLIP		ADDITIONAL SHIPPER INFO																				
9627321			30		107.36		Y N																						
<b>Grand Total</b>			30		107.36																								
CARRIER INFORMATION																													
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE																						
QTY	TYPE	QTY	TYPE				NMFC #	CLASS																					
1	Pallet			50.00		Pallet																							
		30	ctns	107.36		Pillows,Valance,Towels	49390	100																					
1		30		157.36		<b>Grand Total</b>																							

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

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACY'S HOME MMG STONE MOUNTAIN DC

Ship Date: 10/29/2019

**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 STONE MOUNTAIN DC  
4401 SARR PARKWAY  
STONE MOUNTAIN, GA 30083  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9627321	1006769400	MCG73-1396	732996565033	Poinsettia Bath	EA	3	48	16	48	16
9627321	1007028800	MCG73-1397	732996566412	Poinsettia Hand	EA	6	30	5	30	5
9627321	1007028900	MCG73-1398	732996565040	Poinsettia Tip	EA	6	24	4	24	4
9627321	1006670200	MCG73-1399	732996565019	Reindeer Tip	EA	6	6	1	6	1
9627321	1006769300	MCG73-1400	732996565026	Snowman Bath	EA	3	3	1	3	1
9627321	1007029000	MCG73-1401	732996565057	Snowman Hand	EA	6	6	1	6	1
9627321	1006670000	MCG73-1403	732996564999	Tree Tip	EA	6	12	2	12	2


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Total Weight: 107.36  
 Total Quantity Ordered: 129  
 Total Cartons Ordered: 30  
 Total Quantity Shipped: 129  
 Total Cartons Shipped: 30

Date: 10/29/2019 10:35:20 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000387748	
Name: E & E COMPANY LTD		 (402)06757163000387748	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schneider	
SHIP TO		Responsible Acct.No:	
Name: Macy's Home MMG Houston DC Location #: HU		Trailer number: TA140212	
Address: 2103 Ernestine		Seal number(s): 27709583	
City/State/Zip: Houston, TX 77023		SCAC: SCNN	
CID#:		Pro Number:	
Dept: 0689		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS: Load #: 50355765  Packing List is Attached		Actual Driver Arrival Time	
		Driver Departure Time	
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9627321	76	262.24	Y N	
<b>Grand Total</b>	76	262.24		

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		
		76	ctns	262.24		Pillows,Valance,Towels	49390	100
1		76		312.24		<b>Grand Total</b>		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;"><b>Shipper Signature</b></p>
<p><b>SHIPPER SIGNATURE / DATE</b>                      This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                      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 HOUSTON DC

Ship Date: 10/29/2019


**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 HOUSTON DC  
2103 ERNESTINE  
HOUSTON, TX 77023  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9627321	1006769400	MCG73-1396	732996565033	Poinsettia Bath	EA	3	75	25	75	25
9627321	1007028800	MCG73-1397	732996566412	Poinsettia Hand	EA	6	96	16	96	16
9627321	1007028900	MCG73-1398	732996565040	Poinsettia Tip	EA	6	66	11	66	11
9627321	1006670200	MCG73-1399	732996565019	Reindeer Tip	EA	6	18	3	18	3
9627321	1006769300	MCG73-1400	732996565026	Snowman Bath	EA	3	9	3	9	3
9627321	1007029000	MCG73-1401	732996565057	Snowman Hand	EA	6	6	1	6	1
9627321	1007029100	MCG73-1402	732996565064	Snowman Tip	EA	6	12	2	12	2
9627321	1006670000	MCG73-1403	732996564999	Tree Tip	EA	6	36	6	36	6
9627321	1006670100	MCG73-1404	732996565002	Santa Tip	EA	6	12	2	12	2
9627321	1007486700	MCG73-1479	732996565071	Tree Bath	EA	3	12	4	12	4
9627321	1007486800	MCG73-1480	732996565088	Tree Hand	EA	6	18	3	18	3

Total Weight: 262.24  
 Total Quantity Ordered: 360  
 Total Cartons Ordered: 76  
 Total Quantity Shipped: 360  
 Total Cartons Shipped: 76

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000387656	
Name: E & E COMPANY LTD		 (402)06757163000387656	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA140212	
Name: Macy's Home Store Tukwila DC Location #: TU		Seal number(s): 27709583	
Address: 17000 Southcenter Parkway		SCAC: SCNN	
City/State/Zip: Tukwila, WA 98188		Pro Number:	
CID#:			
Dept: 0606			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50355765 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
4241312	54	1501.47	Y N	
<b>Grand Total</b>	54	1501.47		

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		
		54	ctns	1501.47		Comforters, Bedspreads	49017	200
4		54		1701.47		<b>Grand Total</b>		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;">_____ Shipper Signature</p>
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<p><b>SHIPPER SIGNATURE / DATE</b>                  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: Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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Customer: MACY'S HOME STORE TUKWILA DC

Ship Date: 10/29/2019

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

**BILL TO:**  
MACY'S HOME STORE  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45201  
US

**SHIP TO:**  
MACY'S HOME STORE 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
4241312	N/A	MCH10-1568	086569279682	Aubrey Q Comforter Set	EA	2	54	27	54	27
4241312	N/A	MCH10-1569	086569279699	Aubrey K Comforter Set	EA	2	54	27	54	27


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Total Weight: 1501.47  
 Total Quantity Ordered: 108  
 Total Cartons Ordered: 54  
 Total Quantity Shipped: 108  
 Total Cartons Shipped: 54

Date: 10/29/2019 10:35:14 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Stone Mountain DC
Address:	221 Hanson Way	Address:	4401 Sarr Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Stone Mountain, GA 30083
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000387458		Trailer number: TA140212	
		Seal number(s): 27709583	
(402)06757163000387458		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party:	
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
4710121	2	54.60	Y N	
4710198	2	55.61	Y N	
4710286	2	54.77	Y N	
<b>Grand Total</b>	<b>6</b>	<b>164.98</b>		

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		
		6	ctns	164.98		Comforters, Bedspreads	49017	200
1		6		214.98		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:  
 "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 STORE STONE MOUNTAIN DC

Ship Date: 10/29/2019

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

**BILL TO:**  
MACY'S HOME STORE  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45201  
US

**SHIP TO:**  
MACY'S HOME STORE STONE MOUNTAIN  
DC  
4401 SARR PARKWAY  
STONE MOUNTAIN, GA 30083  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4710121	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	2	1	2	1
4710121	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	2	1	2	1
4710198	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	2	1	2	1
4710198	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	2	1	2	1
4710286	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	2	1	2	1
4710286	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	2	1	2	1


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Total Weight: 164.98  
 Total Quantity Ordered: 12  
 Total Cartons Ordered: 6  
 Total Quantity Shipped: 12  
 Total Cartons Shipped: 6

Date: 10/29/2019 10:35:10 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD	Address: 221 Hanson Way	Name: Macy's Home Store Tukwila DC	Location #: TU
City/State/Zip: Woodland, CA 95776	SID#:	Address: 17000 Southcenter Parkway	
PHONE:	VENDOR:	City/State/Zip: Tukwila, WA 98188	CID#:
	FOB: <input type="checkbox"/>	Dept: 0606	FOB: <input type="checkbox"/>
Bill of Lading Number: 06757163000387519		Trailer number: TA140212	
		Seal number(s): 27709583	
(402)06757163000387519		SCAC: SCNN	
CARRIER NAME: Schneider		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:	
SPECIAL INSTRUCTIONS: Load #: 50355765		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
4240993	3	78.30	Y N	
4241114	1	25.61	Y N	
4241169	1	25.70	Y N	
<b>Grand Total</b>	<b>5</b>	<b>129.61</b>		

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		
		5	ctns	129.61		Comforters, Bedspreads	49017	200
1		5		179.61		<b>Grand Total</b>		

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

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

Customer: MACY'S HOME STORE TUKWILA DC

Ship Date: 10/29/2019

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

**BILL TO:**  
MACY'S HOME STORE  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45201  
US

**SHIP TO:**  
MACY'S HOME STORE 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
4240993	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	6	3	6	3
4241114	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	2	1	2	1
4241169	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	2	1	2	1

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Total Weight: 129.61  
 Total Quantity Ordered: 10  
 Total Cartons Ordered: 5  
 Total Quantity Shipped: 10  
 Total Cartons Shipped: 5

Date: 10/29/2019 10:35:07 AM

# Bill Of Lading

SHIP FROM			
Name: E & E COMPANY LTD	Bill of Lading Number: 06757163000387632		
Address: 221 Hanson Way	 (402)06757163000387632		
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:	CARRIER NAME: Schneider		
VENDOR:	Responsible Acct.No:		
FOB: <input type="checkbox"/>	Trailer number: TA140212		
	Seal number(s): 27709583		
SHIP TO	SCAC: SCNN		
Name: Macy's Home Store Stone Mountain DC	Pro Number:		
Address: 4401 Sarr Parkway			
City/State/Zip: Stone Mountain, GA 30083			
CID#:			
Dept: 0606			
FOB: <input type="checkbox"/>			
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:		
City/State/Zip:	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS: Load #: 50355765	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Packing List is Attached	AM	AM	AM
	PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
4241312	89	2466.12	Y N	
<b>Grand Total</b>	89	2466.12		

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		
		89	ctns	2466.12		Comforters, Bedspreads	49017	200
6		89		2766.12		<b>Grand Total</b>		

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

<p><small>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.</small></p>	<p><small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p style="text-align: right;">_____ Shipper Signature</p>
--	---

<p><b>SHIPPER SIGNATURE / DATE</b> <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></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><b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small></p>
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Customer: MACY'S HOME STORE STONE MOUNTAIN DC

Ship Date: 10/29/2019

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


**BILL TO:**  
MACY'S HOME STORE  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45201  
US

**SHIP TO:**  
MACY'S HOME STORE STONE MOUNTAIN  
DC  
4401 SARR PARKWAY  
STONE MOUNTAIN, GA 30083  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
4241312	N/A	MCH10-1568	086569279682	Aubrey Q Comforter Set	EA	2	94	47	94	47
4241312	N/A	MCH10-1569	086569279699	Aubrey K Comforter Set	EA	2	84	42	84	42

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Total Weight: 2466.12  
 Total Quantity Ordered: 178  
 Total Cartons Ordered: 89  
 Total Quantity Shipped: 178  
 Total Cartons Shipped: 89

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000387878
Name: E & E COMPANY LTD		 (402)06757163000387878
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		CARRIER NAME: Schneider
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:

<b>SHIP TO</b>		Trailer number: TA140212
Name: Macy's Home MMG Owasso DC Location #: OK		Seal number(s): 27709583
Address: 7120 E.76th Street North		
City/State/Zip: Owasso, OK 74055		SCAC: SCNN
CID#:		Pro Number:
Dept: 0611	FOB: <input type="checkbox"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X      3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 50355765 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
9689548	92	1074.56	Y N	
9689598	93	819.33	Y N	
9689758	6	86.64	Y N	
<b>Grand Total</b>	191	1980.53		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	Pallet			250.00		Pallet		
		191	ctns	1980.53		Throws,Blankets	49040	150
5		191		2230.53		<b>Grand Total</b>		

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

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

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

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

Customer: MACY'S HOME MMG OWASSO DC

Ship Date: 10/29/2019

**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  
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
9689548	100071553	MCC58-1321	732996957944	CC Plush Throw	EA	4	108	27	108	27
9689548	100071553	MCC58-1322	732996957937	CC Plush Throw	EA	4	108	27	108	27
9689548	100071553	MCC58-1417	732996957968	CC Plush Throw	EA	4	152	38	152	38
9689598	100071436	MCC50-1342	732996958521	Microlight To Sherpa Throw	EA	4	44	11	44	11
9689598	100071436	MCC50-1343	732996958507	Microlight To Sherpa Throw	EA	4	60	15	60	15
9689598	100071436	MCC50-1344	732996958514	Microlight To Sherpa Throw	EA	4	60	15	60	15
9689598	100071436	MCC50-1345	732996958538	Microlight To Sherpa Throw	EA	4	44	11	44	11
9689598	100071435	MCC50-1346	732996958477	Burnout To Sherpa Throw	EA	4	60	15	60	15
9689598	100071435	MCC50-1347	732996958484	Burnout To Sherpa Throw	EA	4	44	11	44	11
9689598	100071435	MCC50-1348	732996958491	Burnout To Sherpa Throw	EA	4	60	15	60	15
9689758	100072969	MCC50-1287	732996958767	Long Hair Fur Throw	EA	4	24	6	24	6

Total Weight: 1980.53  
 Total Quantity Ordered: 764  
 Total Cartons Ordered: 191  
 Total Quantity Shipped: 764  
 Total Cartons Shipped: 191

Date: 10/29/2019 10:35:00 AM

# Bill Of Lading

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: PHONE: VENDOR: <span style="float: right;">FOB: <input type="checkbox"/></span>	Bill of Lading Number: 06757163000387908   (402)06757163000387908		
Name: Macy's Home MMG Owasso DC Location #: OK Address: 7120 E.76th Street North  City/State/Zip: Owasso, OK 74055 CID#: Dept: 0784 <span style="float: right;">FOB: <input type="checkbox"/></span>	CARRIER NAME: Schneider Responsible Acct.No: Trailer number: TA140212 Seal number(s): 27709583 SCAC: SCNN Pro Number:		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address:  City/State/Zip:	Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>  <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
SPECIAL INSTRUCTIONS: Load #: 50355765  Packing List is Attached	Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
9411138	381	2628.41	Y N		
9679618	80	370.24	Y N		
9679918	12	105.72	Y N		
Grand Total	473	3104.37			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		80	ctns	370.24		Comforters, Bedspreads	49017	200
		393	ctns	2734.13		Throws, Blankets	49040	150
9		473		3554.37		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><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

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

Customer: MACY'S HOME MMG OWASSO DC

Ship Date: 10/29/2019

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

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

**SHIP TO:**  
MACY'S HOME MMG OWASSO DC  
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
9411138	10016635TW	MCC51-671	086569073518	Fleece Blanket	EA	2	22	11	22	11
9411138	10016635FQ	MCC51-672	086569073600	Fleece Blanket	EA	2	38	19	38	19
9411138	10016635KG	MCC51-673	086569073617	Fleece Blanket	EA	2	16	8	16	8
9411138	10016635TW	MCC51-677	086569073532	Fleece Blanket	EA	2	16	8	16	8
9411138	10016635FQ	MCC51-678	086569073570	Fleece Blanket	EA	2	26	13	26	13
9411138	10016635KG	MCC51-679	086569073631	Fleece Blanket	EA	2	26	13	26	13
9411138	10016635TW	MCC51-683	675716943127	Fleece Blanket	EA	2	38	19	38	19
9411138	10016635FQ	MCC51-684	675716943172	Fleece Blanket	EA	2	188	94	188	94
9411138	10016635KG	MCC51-685	675716943226	Fleece Blanket	EA	2	112	56	112	56
9411138	10016635TW	MCC51-686	675716943134	Fleece Blanket	EA	2	76	38	76	38
9411138	10016635FQ	MCC51-687	675716943189	Fleece Blanket	EA	2	128	64	128	64
9411138	10016635KG	MCC51-688	675716943233	Fleece Blanket	EA	2	76	38	76	38
9679618	100069907TW	MCC10-1295	732996349305	T Shaggy Comforter Mini Set	EA	2	18	9	18	9
9679618	100069907FQ	MCC10-1296	732996349268	F/Q Shaggy Comforter Mini Set	EA	2	42	21	42	21
9679618	100069907KG	MCC10-1297	732996349282	K Shaggy Comforter Mini Set	EA	2	20	10	20	10
9679618	100069907TW	MCC10-1298	732996349312	T Shaggy Comforter Mini Set	EA	2	18	9	18	9
9679618	100069907FQ	MCC10-1299	732996349275	F/Q Shaggy Comforter Mini Set	EA	2	42	21	42	21
9679618	100069907KG	MCC10-1300	732996349299	K Shaggy Comforter Mini Set	EA	2	20	10	20	10
9679918	100061678	MCC50-1261	732996350363	Throw	EA	4	16	4	16	4
9679918	100061678	MCC50-1262	732996350387	Throw	EA	4	16	4	16	4
9679918	100061678	MCC50-1263	732996350370	Throw	EA	4	16	4	16	4

Total Weight: 3104.37  
 Total Quantity Ordered: 970  
 Total Cartons Ordered: 473  
 Total Quantity Shipped: 970  
 Total Cartons Shipped: 473

Date: 10/29/2019 10:34:57 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>			Bill of Lading Number: 06757163000387946		
Name: E & E COMPANY LTD			 (402)06757163000387946		
Address: 221 Hanson Way					
City/State/Zip: Woodland, CA 95776					
SID#:					
PHONE:			CARRIER NAME: Schneider		
VENDOR:			Responsible Acct.No:		
<b>SHIP TO</b>			Trailer number: TA140212		
Name: Macy's Home MMG Owasso DC Location #: OK			Seal number(s): 27709583		
Address: 7120 E.76th Street North			SCAC: SCNN		
City/State/Zip: Owasso, OK 74055			Pro Number:		
CID#:					
Dept: 0689			FOB: <input type="checkbox"/>		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:			Prepaid: <input type="checkbox"/> Collect: X 3rd Party:		
Address:			<input type="checkbox"/> Master Bill of Lading: with attached		
City/State/Zip:			(check box) underlying Bills of Lading		
SPECIAL INSTRUCTIONS:			Appointment Time		
Load #: 50355765			Actual Driver Arrival Time		
Packing List is Attached			Driver Departure Time		
			AM AM AM		
			PM PM PM		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9627328	277	956.12	Y	N	
<b>Grand Total</b>	<b>277</b>	<b>956.12</b>			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		277	ctns	956.12		Pillows,Valance,Towels	49390	100
2		277		1056.12		<b>Grand Total</b>		

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

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

Customer: MACY'S HOME MMG OWASSO DC

Ship Date: 10/29/2019

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

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

**SHIP TO:**  
MACY'S HOME MMG OWASSO DC  
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
9627328	1007486700	MCC73-1405	732996565071	Tree Bath	EA	3	117	39	117	39
9627328	1007486800	MCC73-1406	732996565088	Tree Hand	EA	6	144	24	144	24
9627328	1006670000	MCC73-1407	732996564999	Tree Tip	EA	6	72	12	72	12
9627328	1006769400	MCC73-1408	732996565033	Poinsettia Bath	EA	3	141	47	141	47
9627328	1007028800	MCC73-1409	732996566412	Poinsettia Hand	EA	6	258	43	258	43
9627328	1007028900	MCC73-1410	732996565040	Poinsettia Tip	EA	6	174	29	174	29
9627328	1006670200	MCC73-1411	732996565019	Reindeer Tip	EA	6	30	5	30	5
9627328	1006769300	MCC73-1412	732996565026	Snowman Bath	EA	3	93	31	93	31
9627328	1007029000	MCC73-1413	732996565057	Snowman Hand	EA	6	174	29	174	29
9627328	1007029100	MCC73-1414	732996565064	Snowman Tip	EA	6	84	14	84	14
9627328	1006670100	MCC73-1415	732996565002	Santa Tip	EA	6	24	4	24	4

Total Weight: 956.12  
 Total Quantity Ordered: 1311  
 Total Cartons Ordered: 277  
 Total Quantity Shipped: 1311  
 Total Cartons Shipped: 277

Date: 10/29/2019 10:34:54 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Minooka DC Location #: CL
Address:	221 Hanson Way	Address:	601 Midpoint Rd.
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Minooka, IL 60447
SID#:		CID#:	
PHONE:		Dept:	0689
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000387731		CARRIER NAME: Schneider	
		Responsible Acct.No:	
(402)06757163000387731		Trailer number: TA140212	
		Seal number(s): 27709583	
		SCAC: SCNN	
		Pro Number:	
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:	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50355765		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM AM AM	
		PM PM PM	

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9627321	58	182.16	Y N	
<b>Grand Total</b>	<b>58</b>	<b>182.16</b>		

## 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		
		58	ctns	182.16		Pillows,Valance,Towels	49390	100
1		58		232.16		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:  
 \*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 MINOOKA DC

Ship Date: 10/29/2019

**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 MINOOKA DC  
601 MIDPOINT RD.  
MINOOKA, IL 60447  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9627321	1006769400	MCG73-1396	732996565033	Poinsettia Bath	EA	3	12	4	12	4
9627321	1007028800	MCG73-1397	732996566412	Poinsettia Hand	EA	6	90	15	90	15
9627321	1007028900	MCG73-1398	732996565040	Poinsettia Tip	EA	6	90	15	90	15
9627321	1006670200	MCG73-1399	732996565019	Reindeer Tip	EA	6	42	7	42	7
9627321	1007029000	MCG73-1401	732996565057	Snowman Hand	EA	6	18	3	18	3
9627321	1007029100	MCG73-1402	732996565064	Snowman Tip	EA	6	24	4	24	4
9627321	1006670000	MCG73-1403	732996564999	Tree Tip	EA	6	36	6	36	6
9627321	1006670100	MCG73-1404	732996565002	Santa Tip	EA	6	18	3	18	3
9627321	1007486800	MCG73-1480	732996565088	Tree Hand	EA	6	6	1	6	1

Total Weight:	182.16
Total Quantity Ordered:	336
Total Cartons Ordered:	58
Total Quantity Shipped:	336
Total Cartons Shipped:	58



4241312	5202486	R2019101410310711	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001675032	0642001603	00006757166420016038	2	Loaded
4241312	5202486	R2019101410310711	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001675179	0642001604	00006757166420016045	2	Loaded
4241312	5202487	R2019101410310711	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001675032	0642001605	00006757166420016052	2	Loaded
4241312	5202487	R2019101410310711	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001675179	0642001606	00006757166420016069	2	Loaded
4241312	5202488	R2019101410310711	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001675032	0642001607	00006757166420016076	2	Loaded
4241312	5202488	R2019101410310711	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001675032	0642001608	00006757166420016083	2	Loaded
4241312	5202488	R2019101410310711	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001675032	0642001609	00006757166420016090	2	Loaded
4241312	5202488	R2019101410310711	MCH10-1568	Aubrey Q Comforter Set	Standard	00106757163001675032	0642001610	00006757166420016106	2	Loaded
4241312	5202488	R2019101410310711	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001675179	0642001611	00006757166420016113	2	Loaded
4241312	5202488	R2019101410310711	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001675179	0642001612	00006757166420016120	2	Loaded
4241312	5202488	R2019101410310711	MCH10-1569	Aubrey K Comforter Set	Standard	00106757163001675179	0642001613	00006757166420016137	2	Loaded

Date: 12/4/2019 10:02:50 AM

## Master Bill Of Lading

Page 1 of 3

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000399727	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name:	Macys /Bloom Consolidation Center	DC#:	
		Div.	
Address:	14141 Alondra Boulevard	Trailer number:	TA143799
		Seal number(s):	27709673
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50435785		11:00 AM PM	9:00 AM PM
		Driver Departure Time	10:30 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
5277402	9	248.15	Y	N	06757163000399512	TU	
5277402	21	583.51	Y	N	06757163000399505	SC	
5277402	5	128.50	Y	N	06757163000399543	SW	
5277402	18	496.30	Y	N	06757163000399567	CL	
5277402	21	580.14	Y	N	06757163000399529	ST	
5277402	10	273.85	Y	N	06757163000399574	HA	
5277193	2	55.61	Y	N	06757163000399536	DV	
5277325	16	436.80	Y	N	06757163000399567	CL	
5277325	17	462.41	Y	N	06757163000399581	HU	
5277193	18	500.49	Y	N	06757163000399567	CL	
5277193	17	467.57	Y	N	06757163000399581	HU	
5277325	2	54.60	Y	N	06757163000399536	DV	
5277193	35	971.47	Y	N	06757163000399505	SC	

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.

*Leo Mo 12/4/19*

*[Signature]* 12-4-19

Date: 12/4/2019 10:02:50 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000399727	
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>221 Hanson Way</b> City/State/Zip: <b>Woodland, CA 95776</b> SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: <b>Schneider</b>	
Name: <b>Macys /Bloom Consolidation Center</b> DC#: _____ Div. _____ Address: <b>14141 Alondra Boulevard</b> City/State/Zip: <b>Santa Fe Spgs, CA 90670</b> SID#: _____ FOB: <input type="checkbox"/>		Trailer number: <b>TA143799</b> Seal number(s): <b>27709673</b> SCAC: <b>SCNN</b> Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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 #: 50435785		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
5277193	5	140.73	Y	N	06757163000399550	JP	
5277402	3	87.21	Y	N	06757163000399536	DV	
5277193	22	611.71	Y	N	06757163000399529	ST	
5277193	20	542.46	Y	N	06757163000399574	HA	
5277325	34	924.82	Y	N	06757163000399505	SC	
5277325	19	517.01	Y	N	06757163000399529	ST	
5277325	8	221.78	Y	N	06757163000399550	JP	
5277325	11	285.09	Y	N	06757163000399574	HA	
5277402	9	241.41	Y	N	06757163000399550	JP	
5277402	7	193.38	Y	N	06757163000399581	HU	
5277193	7	192.93	Y	N	06757163000399512	TU	
5277193	9	251.95	Y	N	06757163000399543	SW	
5277325	7	189.41	Y	N	06757163000399512	TU	

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**

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 12/4/2019 10:02:50 AM

## Master Bill Of Lading

Page 3 of 3

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000399727	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name:	Macys /Bloom Consolidation Center	DC#:	
		Div.	
Address:	14141 Alondra Boulevard	Trailer number:	TA143799
		Seal number(s):	27709673
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50435785		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
5277325	15	411.19	Y	N	06757163000399543	SW
<b>Grand Total</b>	<b>367</b>	<b>10070.48</b>				


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
27	Pallet			1350.00		Pallet		70
		367	ctns	10070.48		Comforters, Bedspreads	49017	200
27				11420.48		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount \$ _____	
		Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	
		Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		<b>SHIPPER SIGNATURE</b>	
Trailer Loaded: <input 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	
		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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: 12/4/2019 10:02:12 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000399529
Name: E & E COMPANY LTD		 (402)06757163000399529
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schneider
		Responsible Accl.No:

SHIP TO		Trailer number: TA143799
Name: Macys Home Store Stone Mountain DC	Location #: ST	Seal number(s): 27709673
Address: 4401 Sarr Parkway		
City/State/Zip: Stone Mountain, GA 30083		SCAC: SCNN
CID#:		Pro Number:
Dept: 0606	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid: <input type="checkbox"/>	Collect: X	3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS: Load #: 50435785		AM	AM	AM
Packing List is Attached		PM	PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
5277193	22	611.71	Y N		
5277325	19	517.01	Y N		
5277402	21	580.14	Y N		
<b>Grand Total</b>	<b>62</b>	<b>1708.86</b>			

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		
		62	ctns	1708.86		Comforters, Bedspreads	49017	200
4		62		1908.86		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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.
--	---

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

Ship Date: 12/04/2019

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACYS HOME STORE STONE MOUNTAIN  
DC  
4401 SARR PARKWAY  
STONE MOUNTAIN, GA 30083  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	22	11	22	11
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	22	11	22	11
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	20	10	20	10
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	18	9	18	9
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	18	9	18	9
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	24	12	24	12


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Total Weight: 1708.86  
 Total Quantity Ordered: 124  
 Total Cartons Ordered: 62  
 Total Quantity Shipped: 124  
 Total Cartons Shipped: 62

Date: 12/4/2019 10:02:12 AM

## 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 Store Stone Mountain DC	Name:	
Address:	221 Hanson Way	Address:	4401 Sarr Parkway	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Stone Mountain, GA 30083	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0606	Load #:	50435785
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000399529		Trailer number: TA143799		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 27709673		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000399529		SCAC: SCNN		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: Schneider		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
5277193	22	611.71	Y N	
5277325	19	517.01	Y N	
5277402	21	580.14	Y N	
<b>Grand Total</b>	<b>62</b>	<b>1708.86</b>		

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		
		62	ctns	1708.86		Comforters, Bedspreads	49017	200
4		62		1908.86		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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


## CARRIER SIGNATURE / PICKUP DATE

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

Date: 12/4/2019 10:02:17 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Name: Macys Home Store Denver DC Location #: DV Address: 510 East 51st Avenue City/State/Zip: Denver, CO 80216 CID#: _____ Dept: 0606		Name: _____ Address: _____ City/State/Zip: _____	
Bill of Lading Number: 06757163000399536  (402)06757163000399536		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA143799 Seal number(s): 27709673 SCAC: SCNN Pro Number: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50435785 Packing List is Attached		Appointment Time AM PM		Actual Driver Arrival Time AM PM	
		Driver Departure Time AM PM			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
5277193	2	55.61	Y	N	
5277325	2	54.60	Y	N	
5277402	3	87.21	Y	N	
Grand Total	7	197.42			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	197.42		Comforters, Bedspreads	49017	200
1		7		247.42		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><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
--	---

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

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

Ship Date: 12/04/2019

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACYS HOME STORE DENVER DC  
510 EAST 51ST AVENUE  
DENVER, CO 80216  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	2	1	2	1
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	2	1	2	1
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	2	1	2	1
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	2	1	2	1
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	6	3	6	3


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Total Weight: 197.42  
 Total Quantity Ordered: 14  
 Total Cartons Ordered: 7  
 Total Quantity Shipped: 14  
 Total Cartons Shipped: 7

Date: 12/4/2019 10:02:17 AM

**Bill Of Lading**

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000399536	
Name:	E & E COMPANY LTD	 (402)06757163000399536	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		FOB: <input type="checkbox"/>	CARRIER NAME: Schneider
<b>SHIP TO</b>		Responsible Acct.No:	
Name:	Macys Home Store Denver DC	Location #:	DV
Address:	510 East 51st Avenue		
City/State/Zip:	Denver, CO 80216		
CID#:			
Dept:	0606	FOB:	<input type="checkbox"/>
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Prepaid: <input type="checkbox"/>	
Load #: 50435785		Collect: X	
Packing List is Attached		3rd Party: <input type="checkbox"/>	
		Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5277193	2	55.61	Y N	
5277325	2	54.60	Y N	
5277402	3	87.21	Y N	
<b>Grand Total</b>	<b>7</b>	<b>197.42</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	197.42		Comforters, Bedspreads	49017	200
1		7		247.42		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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


Shipper Signature

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

Date: 12/4/2019 10:02:21 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Bill of Lading Number: 06757163000399512  (402)06757163000399512 CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA143799 Seal number(s): 27709673 SCAC: SCNN Pro Number: _____	
Name: Macys Home Store Tukwila DC    Location #: TU Address: 17000 Southcenter Parkway City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0606		FOB: <input type="checkbox"/>	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: _____ Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____    Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50435785 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
5277193	7	192.93	Y	N	
5277325	7	189.41	Y	N	
5277402	9	248.15	Y	N	
<b>Grand Total</b>	<b>23</b>	<b>630.49</b>			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		23	ctns	630.49		Comforters, Bedspreads	49017	200
2		23		730.49		<b>Grand Total</b>		

<p><small>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 _____</small></p>	<p><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b>    Collect: <input type="checkbox"/>    Prepaid: <input type="checkbox"/></p> <p style="text-align: center;"><b>Customer check acceptable:</b> <input type="checkbox"/></p>
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b></p>	
<p><small>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.</small></p>	<p><small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small></p> <p style="text-align: right;"><b>Shipper Signature</b></p>
<p><b>SHIPPER SIGNATURE / DATE</b> <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></p>	<p><b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>
<p><b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small></p>	

Customer: MACYS HOME STORE TUKWILA DC

Ship Date: 12/04/2019

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACYS HOME STORE 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
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	8	4	8	4
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	6	3	6	3
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	8	4	8	4
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	6	3	6	3
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	8	4	8	4
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	10	5	10	5


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Total Weight:	630.49
Total Quantity Ordered:	46
Total Cartons Ordered:	23
Total Quantity Shipped:	46
Total Cartons Shipped:	23

Date: 12/4/2019 10:02:21 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000399512	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000399512	
SHIP TO		CARRIER NAME: Schneider Responsible Acct.No: _____	
Name: Macys Home Store Tukwila DC    Location #: TU Address: 17000 Southcenter Parkway City/State/Zip: Tukwila, WA 98188 CID#: _____ Dept: 0606		Trailer number: TA143799 Seal number(s): 27709673 SCAC: SCNN Pro Number: _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid:                      Collect: X                      3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50435785 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5277193	7	192.93	Y N	
5277325	7	189.41	Y N	
5277402	9	248.15	Y N	
Grand Total	23	630.49		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		23	ctns	630.49		Comforters, Bedspreads	49017	200
2		23		730.49		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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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;"><b>Shipper Signature</b></p>	<b>SHIPPER SIGNATURE / DATE</b> 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	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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: 12/4/2019 10:02:25 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000399574	
Name:	E & E COMPANY LTD	 (402)06757163000399574	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schneider	
SHIP TO		Responsible Acct.No:	
Name:	Macys Home Store Hayward DC Location #: HA	Trailer number: TA143799	
Address:	28701 Hall Road	Seal number(s): 27709673	
City/State/Zip:	Hayward, CA 94545	SCAC: SCNN	
CID#:		Pro Number:	
Dept:	0606 FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached	
Address:		(check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 50435785		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5277193	20	542.46	Y N	
5277325	11	285.09	Y N	
5277402	10	273.85	Y N	
<b>Grand Total</b>	<b>41</b>	<b>1101.40</b>		

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
3	Pallet			150.00		Pallet		
		41	ctns	1101.40		Comforters, Bedspreads	49017	200
3		41		1251.40		<b>Grand Total</b>		

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

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

per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

**Customer:** MACYS HOME STORE HAYWARD DC

**Ship Date:** 12/04/2019

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACYS HOME STORE HAYWARD DC  
28701 HALL ROAD  
HAYWARD, CA 94545  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	28	14	28	14
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	6	3	6	3
5277193	N/A	MCH10-1566	086569279668	Aubrey CK Comforter Set	EA	2	6	3	6	3
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	20	10	20	10
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	2	1	2	1
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	10	5	10	5
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	2	1	2	1
5277402	N/A	MCH10-1574	086569279743	Belagio CK Comforter Set	EA	2	8	4	8	4


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<b>Total Weight:</b>	1101.4
<b>Total Quantity Ordered:</b>	82
<b>Total Cartons Ordered:</b>	41
<b>Total Quantity Shipped:</b>	82
<b>Total Cartons Shipped:</b>	41

Date: 12/4/2019 10:02:25 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
<b>Name:</b> E & E COMPANY LTD <b>Address:</b> 221 Hanson Way <b>City/State/Zip:</b> Woodland, CA 95776 <b>SID#:</b> <b>PHONE:</b> <b>VENDOR:</b>		<b>Name:</b> Macys Home Store Hayward DC Location #: HA <b>Address:</b> 28701 Hall Road <b>City/State/Zip:</b> Hayward, CA 94545 <b>CID#:</b> <b>Dept:</b> 0606		<b>Name:</b> <b>Address:</b> <b>City/State/Zip:</b>	
<b>Bill of Lading Number:</b> 06757163000399574  (402)06757163000399574		<b>CARRIER NAME:</b> Schneider <b>Responsible Acct.No:</b> <b>Trailer number:</b> TA143799 <b>Seal number(s):</b> 27709673 <b>SCAC:</b> SCNN <b>Pro Number:</b>		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) <b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> X <b>3rd Party:</b> <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
<b>SPECIAL INSTRUCTIONS:</b> <b>Load #:</b> 50435785 Packing List is Attached		<b>Appointment Time</b> AM PM		<b>Actual Driver Arrival Time</b> AM PM	
		<b>Driver Departure Time</b> AM PM			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
5277193	20	542.46	Y N		
5277325	11	285.09	Y N		
5277402	10	273.85	Y N		
Grand Total	41	1101.40			

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
3	Pallet			150.00		Pallet		
		41	ctns	1101.40		Comforters, Bedspreads	49017	200
3		41		1251.40		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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <p style="text-align: right;"><b>Shipper Signature</b></p>	<b>SHIPPER SIGNATURE / DATE</b> 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	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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: 12/4/2019 10:02:30 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000399550	
Name:	E & E COMPANY LTD	 (402)06757163000399550	CARRIER NAME: Schneider
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:	
SHIP TO		Trailer number: TA143799	
Name:	Macys Home Store Joppa DC Location #: JP	Seal number(s): 27709673	
Address:	3300 Fashion Way	SCAC: SCNN	
City/State/Zip:	Joppa, MD 21085	Pro Number:	
CID#:			
Dept:	0606 FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/>	Collect: X 3rd Party:
Address:		Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50435785		AM	AM
Packing List is Attached		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5277193	5	140.73	Y N	
5277325	8	221.78	Y N	
5277402	9	241.41	Y N	
<b>Grand Total</b>	<b>22</b>	<b>603.92</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		22	ctns	603.92		Comforters, Bedspreads	49017	200
2		22		703.92		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME STORE JOPPA DC

Ship Date: 12/04/2019

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACYS HOME STORE JOPPA DC  
3300 FASHION WAY  
JOPPA, MD 21085  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	4	2	4	2
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	6	3	6	3
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	6	3	6	3
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	10	5	10	5
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	12	6	12	6
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	6	3	6	3


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<b>Total Weight:</b>	603.92
<b>Total Quantity Ordered:</b>	44
<b>Total Cartons Ordered:</b>	22
<b>Total Quantity Shipped:</b>	44
<b>Total Cartons Shipped:</b>	22

Date: 12/4/2019 10:02:30 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Joppa DC Location #: JP
Address:	221 Hanson Way	Address:	3300 Fashion Way
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Joppa, MD 21085
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000399550		Trailer number: TA143799	
		Seal number(s): 27709673	
(402)06757163000399550		SCAC: SCNN	
CARRIER NAME: Schneider		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 #: 50435785		PM	
Packing List is Attached		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5277193	5	140.73	Y N	
5277325	8	221.78	Y N	
5277402	9	241.41	Y N	
<b>Grand Total</b>	<b>22</b>	<b>603.92</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		22	ctns	603.92		Comforters, Bedspreads	49017	200
2		22		703.92		<b>Grand Total</b>		

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

\*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: 12/4/2019 10:02:34 AM

**Bill Of Lading**

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Secaucus DC Location #: SC
Address:	221 Hanson Way	Address:	500 Meadowlands Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000399505		Trailer number: TA143799	
		Seal number(s): 27709673	
(402)06757163000399505		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Name:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
Address:		(check box)	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 50435785		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
5277193	35	971.47	Y N		
5277325	34	924.82	Y N		
5277402	21	583.51	Y N		
<b>Grand Total</b>	<b>90</b>	<b>2479.80</b>			

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		
		90	ctns	2479.80		Comforters, Bedspreads	49017	200
6		90		2779.80		<b>Grand Total</b>		

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

\*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: MACYS HOME STORE SECAUCUS DC

Ship Date: 12/04/2019

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

**BILL TO:**  
MACY'S HOME STORE  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45201  
US

**SHIP TO:**  
MACYS HOME STORE SECAUCUS DC  
500 MEADOWLANDS PARKWAY  
SECAUCUS, NJ 07094  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	36	18	36	18
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	34	17	34	17
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	36	18	36	18
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	32	16	32	16
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	16	8	16	8
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	26	13	26	13


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Total Weight: 2479.8  
 Total Quantity Ordered: 180  
 Total Cartons Ordered: 90  
 Total Quantity Shipped: 180  
 Total Cartons Shipped: 90

Date: 12/4/2019 10:02:34 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Secaucus DC Location #: SC
Address:	221 Hanson Way	Address:	500 Meadowlands Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Secaucus, NJ 07094
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000399505		Trailer number: TA143799	
		Seal number(s): 27709673	
(402)06757163000399505		SCAC: SCNN	
CARRIER NAME: Schneider		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 #: 50435785		PM	
Packing List is Attached		PM	
		PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
5277193	35	971.47	Y N		
5277325	34	924.82	Y N		
5277402	21	583.51	Y N		
<b>Grand Total</b>	<b>90</b>	<b>2479.80</b>			

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		
		90	ctns	2479.80		Comforters, Bedspreads	49017	200
6		90		2779.80		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:


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

## CARRIER SIGNATURE / PICKUP DATE

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

Date: 12/4/2019 10:02:39 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000399543	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000399543	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home Store South Windsor Location #: SW DC Address: 301 Governors Hwy City/State/Zip: South Windsor, CT 06074 CID#: _____ Dept: 0606		Responsible Acct.No: _____ Trailer number: TA143799 Seal number(s): 27709673	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 50435785 Packing List is Attached		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
5277193	9	251.95	Y N		
5277325	15	411.19	Y N		
5277402	5	128.50	Y N		
<b>Grand Total</b>	29	791.64			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			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	NMFC #	CLASS
2	Pallet			100.00		Pallet		
		29	ctns	791.64		Comforters, Bedspreads	49017	200
2		29		891.64		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Customer: MACYS HOME STORE SOUTH WINDSOR DC

Ship Date: 12/04/2019

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACYS HOME STORE SOUTH WINDSOR  
DC  
301 GOVERNORS HWY  
SOUTH WINDSOR, CT 06074  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	8	4	8	4
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	10	5	10	5
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	14	7	14	7
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	16	8	16	8
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	10	5	10	5


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Total Weight: 791.64  
 Total Quantity Ordered: 58  
 Total Cartons Ordered: 29  
 Total Quantity Shipped: 58  
 Total Cartons Shipped: 29

Date: 12/4/2019 10:02:39 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store South Windsor Location #: SW DC
Address:	221 Hanson Way	Address:	301 Governors Hwy
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	South Windsor, CT 06074
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000399543		Trailer number: TA143799	
		Seal number(s): 27709673	
(402)06757163000399543		SCAC: SCNN	
CARRIER NAME: Schneider		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:	
Appointment Time		Master Bill of Lading: with attached	
Actual Driver Arrival Time		underlying Bills of Lading	
Driver Departure Time		Appointment Time	
AM		AM	
PM		PM	
SPECIAL INSTRUCTIONS:		Driver Departure Time	
Load #: 50435785		AM	
Packing List is Attached		PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
5277193	9	251.95	Y N		
5277325	15	411.19	Y N		
5277402	5	128.50	Y N		
<b>Grand Total</b>	<b>29</b>	<b>791.64</b>			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		29	ctns	791.64		Comforters, Bedspreads	49017	200
2		29		891.64		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"		COD Amount: _____	
		Fee Terms: Collect: <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.		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 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: 12/4/2019 10:02:42 AM

## 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 Store Houston DC Location #: HU	Name:	
Address:	221 Hanson Way	Address:	2103 Ernestine	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Houston, TX 77023	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0606	Load #: 50435785	
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000399581		Trailer number: TA143799		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 27709673		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
(402)06757163000399581		SCAC: SCNN		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: Schneider		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
5277193	17	467.57	Y N	
5277325	17	462.41	Y N	
5277402	7	193.38	Y N	
<b>Grand Total</b>	<b>41</b>	<b>1123.36</b>		

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
3	Pallet			150.00		Pallet		
		41	ctns	1123.36		Comforters, Bedspreads	49017	200
3		41		1273.36		<b>Grand Total</b>		

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME STORE HOUSTON DC

Ship Date: 12/04/2019

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

**BILL TO:**  
MACY'S HOME STORE  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45201  
US

**SHIP TO:**  
MACYS HOME STORE HOUSTON DC  
2103 ERNESTINE  
HOUSTON, TX 77023  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	20	10	20	10
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	14	7	14	7
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	18	9	18	9
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	16	8	16	8
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	6	3	6	3
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	8	4	8	4


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Total Weight: 1123.36  
 Total Quantity Ordered: 82  
 Total Cartons Ordered: 41  
 Total Quantity Shipped: 82  
 Total Cartons Shipped: 41

Date: 12/4/2019 10:02:42 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Houston DC Location #: HU
Address:	221 Hanson Way	Address:	2103 Ernestine
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Houston, TX 77023
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000399581		Trailer number: TA143799	
		Seal number(s): 27709673	
(402)06757163000399581		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Accl.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: Load #: 50435785 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
5277193	17	467.57	Y	N	
5277325	17	462.41	Y	N	
5277402	7	193.38	Y	N	
<b>Grand Total</b>	<b>41</b>	<b>1123.36</b>			

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
3	Pallet			150.00		Pallet		
		41	ctns	1123.36		Comforters, Bedspreads	49017	200
3		41		1273.36		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:  
 \*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: 12/4/2019 10:02:46 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000399567										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000399567										
<b>SHIP TO</b>		CARRIER NAME: Schneider										
Name: Macys Home Store Minooka DC    Location #: CL Address: 601 Midpoint Rd. City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0606		Responsible Acct.No: _____ Trailer number: TA143799 Seal number(s): 27709673 SCAC: SCNN Pro Number: _____										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50435785 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	
5277193	18	500.49	Y    N		
5277325	16	436.80	Y    N		
5277402	18	496.30	Y    N		
<b>Grand Total</b>	<b>52</b>	<b>1433.59</b>			

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		
		52	ctns	1433.59		Comforters, Bedspreads	49017	200
4		52		1633.59		<b>Grand Total</b>		

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

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

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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: MACYS HOME STORE MINOOKA DC

Ship Date: 12/04/2019

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

**BILL TO:**  
MACY'S HOME STORE  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45201  
US

**SHIP TO:**  
MACYS HOME STORE MINOOKA DC  
601 MIDPOINT RD.  
MINOOKA, IL 60447  
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	18	9	18	9
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	18	9	18	9
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	16	8	16	8
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	16	8	16	8
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	16	8	16	8
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	20	10	20	10

Total Weight: 1433.59  
 Total Quantity Ordered: 104  
 Total Cartons Ordered: 52  
 Total Quantity Shipped: 104  
 Total Cartons Shipped: 52

Date: 12/4/2019 10:02:46 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Minooka DC Location #: CL
Address:	221 Hanson Way	Address:	601 Midpoint Rd.
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Minooka, IL 60447
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000399567		Trailer number: TA143799	
		Seal number(s): 27709673	
(402)06757163000399567		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	3rd Party:
<input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading	
(check box)		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
SPECIAL INSTRUCTIONS:		Driver Departure Time	
Load #: 50435785		AM	
Packing List is Attached		PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
5277193	18	500.49	Y	N	
5277325	16	436.80	Y	N	
5277402	18	496.30	Y	N	
<b>Grand Total</b>	<b>52</b>	<b>1433.59</b>			

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		
		52	ctns	1433.59		Comforters, Bedspreads	49017	200
4		52		1633.59		<b>Grand Total</b>		

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

ShipmentCartonDetail(300039957)

Customer PO No.	E&E SO No.	Routing No.	Item No.	Item Description	Item Type	Pallet ID	Carton No.	Carton ID	Case Pack Qty	Status
5277193	5250226	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746787	0643581414	00006757166435814148	2	Loaded
5277193	5250227	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746787	0643581415	00006757166435814155	2	Loaded
5277193	5250228	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746787	0643581417	00006757166435814179	2	Loaded
5277193	5250230	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746787	0643581427	00006757166435814278	2	Loaded
5277193	5250230	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746732	0643581428	00006757166435814285	2	Loaded
5277193	5250231	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746732	0643581432	00006757166435814322	2	Loaded
5277193	5250231	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746787	0643581433	00006757166435814339	2	Loaded
5277193	5250231	R201911250650537	MCH10-1565	Aubrey K Comforter Set	Standard	00106757163001746732	0643581434	00006757166435814346	2	Loaded
5277193	5250231	R201911250650537	MCH10-1565	Aubrey K Comforter Set	Standard	00106757163001746732	0643581435	00006757166435814353	2	Loaded
5277193	5250231	R201911250650537	MCH10-1566	Aubrey CK Comforter Set	Standard	00106757163001746732	0643581436	00006757166435814360	2	Loaded
5277193	5250232	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746787	0643581439	00006757166435814391	2	Loaded
5277193	5250233	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746732	0643581442	00006757166435814421	2	Loaded
5277193	5250237	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746787	0643581464	00006757166435814643	2	Loaded
5277193	5250237	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746787	0643581465	00006757166435814650	2	Loaded
5277193	5250237	R201911250650537	MCH10-1566	Aubrey CK Comforter Set	Standard	00106757163001746732	0643581466	00006757166435814667	2	Loaded
5277193	5250238	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746732	0643581473	00006757166435814735	2	Loaded
5277193	5250238	R201911250650537	MCH10-1565	Aubrey K Comforter Set	Standard	00106757163001746732	0643581474	00006757166435814742	2	Loaded
5277193	5250238	R201911250650537	MCH10-1566	Aubrey CK Comforter Set	Standard	00106757163001746732	0643581475	00006757166435814759	2	Loaded
5277193	5250239	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746787	0643581478	00006757166435814780	2	Loaded
5277193	5250248	R201911250650537	MCH10-1564	Aubrey Q Comforter Set	Standard	00106757163001746732	0643581541	00006757166435815411	2	Loaded
5277325	5250330	R201911250650537	MCH10-1560	Amherst Q Comforter Set	Standard	00106757163001746640	0643581416	00006757166435814162	2	Loaded
5277325	5250331	R201911250650537	MCH10-1560	Amherst Q Comforter Set	Standard	00106757163001746640	0643581418	00006757166435814186	2	Loaded
5277325	5250333	R201911250650537	MCH10-1560	Amherst Q Comforter Set	Standard	00106757163001746640	0643581429	00006757166435814292	2	Loaded
5277325	5250333	R201911250650537	MCH10-1560	Amherst Q Comforter Set	Standard	00106757163001746640	0643581430	00006757166435814308	2	Loaded
5277325	5250334	R201911250650537	MCH10-1560	Amherst Q Comforter Set	Standard	00106757163001746640	0643581443	00006757166435814438	2	Loaded
5277325	5250338	R201911250650537	MCH10-1560	Amherst Q Comforter Set	Standard	00106757163001746640	0643581467	00006757166435814674	2	Loaded
5277325	5250338	R201911250650537	MCH10-1560	Amherst Q Comforter Set	Standard	00106757163001746640	0643581468	00006757166435814681	2	Loaded
5277325	5250339	R201911250650537	MCH10-1560	Amherst Q Comforter Set	Standard	00106757163001746640	0643581476	00006757166435814766	2	Loaded
5277325	5250339	R201911250650537	MCH10-1561	Amherst K Comforter Set	Standard	00106757163001746640	0643581477	00006757166435814773	2	Loaded
5277325	5250340	R201911250650537	MCH10-1560	Amherst Q Comforter Set	Standard	00106757163001746640	0643581479	00006757166435814797	2	Loaded
5277325	5250350	R201911250650537	MCH10-1560	Amherst Q Comforter Set	Standard	00106757163001746640	0643581542	00006757166435815428	2	Loaded
5277402	5250438	R201911250650537	MCH10-1574	Belagio CK Comforter Set	Standard	00106757163001746732	0643581426	00006757166435814261	2	Loaded
5277402	5250439	R201911250650537	MCH10-1572	Belagio Q Comforter Set	Standard	00106757163001746640	0643581431	00006757166435814315	2	Loaded
5277402	5250440	R201911250650537	MCH10-1572	Belagio Q Comforter Set	Standard	00106757163001746640	0643581437	00006757166435814377	2	Loaded
5277402	5250440	R201911250650537	MCH10-1573	Belagio K Comforter Set	Standard	00106757163001746732	0643581438	00006757166435814384	2	Loaded
5277402	5250441	R201911250650537	MCH10-1574	Belagio CK Comforter Set	Standard	00106757163001746732	0643581440	00006757166435814407	2	Loaded
5277402	5250446	R201911250650537	MCH10-1572	Belagio Q Comforter Set	Standard	00106757163001746640	0643581469	00006757166435814698	2	Loaded
5277402	5250446	R201911250650537	MCH10-1572	Belagio Q Comforter Set	Standard	00106757163001746640	0643581470	00006757166435814704	2	Loaded
5277402	5250446	R201911250650537	MCH10-1574	Belagio CK Comforter Set	Standard	00106757163001746732	0643581471	00006757166435814711	2	Loaded
5277402	5250448	R201911250650537	MCH10-1572	Belagio Q Comforter Set	Standard	00106757163001746640	0643581480	00006757166435814803	2	Loaded
5277402	5250448	R201911250650537	MCH10-1574	Belagio CK Comforter Set	Standard	00106757163001746732	0643581481	00006757166435814810	2	Loaded

Date: 12/4/2019 10:30:27 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000399741	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB: <input type="checkbox"/>	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> Schneider	
Name:	Macys /Bloom Consolidation Center	DC#:	
		Div.	
Address:	14141 Alondra Boulevard	Trailer number:	42582
		Seal number(s):	27709641
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 50435781		12:00 AM	10:00 AM
			Driver Departure Time
			12:00 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
5277325	8	221.78	Y	N	06757163000399598	AZ	
5277325	12	324.22	Y	N	06757163000399604	BA	
5277402	12	328.62	Y	N	06757163000399604	BA	
5277193	10	278.05	Y	N	06757163000399628	GN	
5277325	12	327.60	Y	N	06757163000399628	GN	
5277193	10	281.46	Y	N	06757163000399598	AZ	
5277402	7	193.38	Y	N	06757163000399598	AZ	
5277402	25	689.68	Y	N	06757163000399611	CI	
5277402	9	248.15	Y	N	06757163000399628	GN	
5277193	11	304.15	Y	N	06757163000399604	BA	
5277193	33	915.86	Y	N	06757163000399611	CI	
5277325	25	667.29	Y	N	06757163000399611	CI	
<b>Grand Total</b>	174	4780.24					

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

<b>SHIPPER SIGNATURE / DATE</b> 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>Almo 12-4-19</i>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>Eo Fink 12-4-19</i>
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Date: 12/4/2019 10:30:27 AM

# Master Bill Of Lading

Page 2 of 2

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000399741		
Name: <b>E &amp; E COMPANY LTD</b> Address: <b>221 Hanson Way</b> City/State/Zip: <b>Woodland, CA 95776</b> SID#: _____ FOB: <input type="checkbox"/>				
<b>SHIP TO</b>		CARRIER NAME: <b>Schneider</b>		
Name: <b>Macys /Bloom Consolidation Center</b> DC#: _____ Div. _____ Address: <b>14141 Alondra Boulevard</b> City/State/Zip: <b>Santa Fe Spgs, CA 90670</b> SID#: _____ FOB: <input type="checkbox"/>	Trailer number: <b>42582</b> Seal number(s): <b>27709641</b> SCAC: <b>SCNN</b> Pro Number: _____			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:		
Name: _____ Address: _____ City/State/Zip: _____	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING			
SPECIAL INSTRUCTIONS: Load #: 50435781		Appointment Time AM PM	Actual Driver Arrival Time AM PM	Driver Departure Time AM PM

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
13	Pallet			650.00		Pallet		70
		174	ctns	4780.24		Comforters, Bedspreads	49017	200
13				5430.24		<b>Grand Total</b>		

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

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;">Shipper Signature _____</p>
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<b>SHIPPER SIGNATURE / DATE</b> 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	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 12/4/2019 10:30:12 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Bailey Rd. DC Location #: BA
Address:	221 Hanson Way	Address:	300 South Bailey Road
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	North Jackson, OH 44451
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000399604		CARRIER NAME: Schneider	
		Responsible Acct.No:	
(402)06757163000399604		Trailer number: 42582	
Seal number(s): 27709641		SCAC: SCNN	
Pro Number:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
Master Bill of Lading: with attached underlying Bills of Lading		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50435781		Actual Driver Arrival Time	
Packing List is Attached		Driver Departure Time	
		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5277193	11	304.15	Y N	
5277325	12	324.22	Y N	
5277402	12	328.62	Y N	
<b>Grand Total</b>	<b>35</b>	<b>956.99</b>		

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
3	Pallet			150.00		Pallet		
		35	ctns	956.99		Comforters, Bedspreads	49017	200
3		35		1106.99		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:  
 "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: MACYS HOME STORE BAILEY RD. DC

Ship Date: 12/04/2019

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACYS HOME STORE BAILEY RD. DC  
300 SOUTH BAILEY ROAD  
NORTH JACKSON, OH 44451  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	12	6	12	6
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	10	5	10	5
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	14	7	14	7
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	10	5	10	5
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	12	6	12	6
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	12	6	12	6


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Total Weight: 956.99  
 Total Quantity Ordered: 70  
 Total Cartons Ordered: 35  
 Total Quantity Shipped: 70  
 Total Cartons Shipped: 35

Date: 12/4/2019 10:30:12 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Bill of Lading Number: 06757163000399604  (402)06757163000399604 CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: 42582 Seal number(s): 27709641 SCAC: SCNN Pro Number: _____	
Name: Macys Home Store Bailey Rd. DC Location #: BA Address: 300 South Bailey Road City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0606		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: AM/PM Actual Driver Arrival Time: AM/PM Driver Departure Time: AM/PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name: _____ Address: _____ City/State/Zip: _____		SPECIAL INSTRUCTIONS: Load #: 50435781 Packing List is Attached	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
5277193	11	304.15	Y	N	
5277325	12	324.22	Y	N	
5277402	12	328.62	Y	N	
Grand Total	35	956.99			

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
3	Pallet			150.00		Pallet		
		35	ctns	956.99		Comforters, Bedspreads	49017	200
3		35		1106.99		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

<b>SHIPPER SIGNATURE / DATE</b> 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	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 12/4/2019 10:30:16 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Goodyear DC Location #: AZ
Address:	221 Hanson Way	Address:	16575 West Commerce Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000399598		CARRIER NAME: Schneider	
		Responsible Acct.No:	
(402)06757163000399598		Trailer number: 42582	
SCAC: SCNN		Seal number(s): 27709641	
Pro Number:		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:		Address:	
City/State/Zip:		SPECIAL INSTRUCTIONS:	
Load #: 50435781		Packing List is Attached	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5277193	10	281.46	Y N	
5277325	8	221.78	Y N	
5277402	7	193.38	Y N	
<b>Grand Total</b>	<b>25</b>	<b>696.62</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		25	ctns	696.62		Comforters, Bedspreads	49017	200
2		25		796.62		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

\_\_\_\_\_  
Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME STORE GOODYEAR DC

Ship Date: 12/04/2019

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACYS HOME STORE GOODYEAR DC  
16575 WEST COMMERCE DRIVE  
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
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	8	4	8	4
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	8	4	8	4
5277193	N/A	MCH10-1566	086569279668	Aubrey CK Comforter Set	EA	2	4	2	4	2
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	6	3	6	3
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	10	5	10	5
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	6	3	6	3
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	6	3	6	3
5277402	N/A	MCH10-1574	086569279743	Belagio CK Comforter Set	EA	2	2	1	2	1


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Total Weight:	696.62
Total Quantity Ordered:	50
Total Cartons Ordered:	25
Total Quantity Shipped:	50
Total Cartons Shipped:	25

Date: 12/4/2019 10:30:16 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Goodyear DC Location #: AZ
Address:	221 Hanson Way	Address:	16575 West Commerce Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000399598		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
(402)06757163000399598		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: Schneider		Appointment Time	
Responsible Acct.No:		Actual Driver Arrival Time	
Trailer number: 42582		Driver Departure Time	
Seal number(s): 27709641		AM AM AM	
SCAC: SCNN		PM PM PM	
Pro Number:			
Name:		SPECIAL INSTRUCTIONS:	
Address:		Load #: 50435781	
City/State/Zip:		Packing List is Attached	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
5277193	10	281.46	Y	N	
5277325	8	221.78	Y	N	
5277402	7	193.38	Y	N	
<b>Grand Total</b>	<b>25</b>	<b>696.62</b>			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		25	ctns	696.62		Comforters, Bedspreads	49017	200
2		25		796.62		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:  
 \*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: 12/4/2019 10:30:19 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home Store Los Angeles DC Location #: CI
Address:	221 Hanson Way	Address:	15541 East Gale Avenue
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	City of Industry, CA 91745
SID#:		CID#:	
PHONE:		Dept:	0606
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000399611		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
(402)06757163000399611		Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: Schneider		Appointment Time	
Responsible Acct.No:		Actual Driver Arrival Time	
Trailer number: 42582		Driver Departure Time	
Seal number(s): 27709641		AM AM AM	
SCAC: SCNN		PM PM PM	
Pro Number:			
THIRD PARTY FREIGHT CHARGES BILL TO:		SPECIAL INSTRUCTIONS:	
Name:		Load #: 50435781	
Address:		Packing List is Attached	
City/State/Zip:			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
5277193	33	915.86	Y	N	
5277325	25	667.29	Y	N	
5277402	25	689.68	Y	N	
<b>Grand Total</b>	<b>83</b>	<b>2272.83</b>			

## 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		
		83	ctns	2272.83		Comforters, Bedspreads	49017	200
6		83		2572.83		<b>Grand Total</b>		

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

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

\_\_\_\_\_ per \_\_\_\_\_

COD Amount: \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

\_\_\_\_\_  
Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME STORE LOS ANGELES DC

Ship Date: 12/04/2019

**SHIP FROM:**

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

**BILL TO:**


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

**SHIP TO:**

MACYS HOME STORE LOS ANGELES DC  
15541 EAST GALE AVENUE  
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
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	34	17	34	17
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	18	9	18	9
5277193	N/A	MCH10-1566	086569279668	Aubrey CK Comforter Set	EA	2	14	7	14	7
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	34	17	34	17
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	16	8	16	8
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	22	11	22	11
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	16	8	16	8
5277402	N/A	MCH10-1574	086569279743	Belagio CK Comforter Set	EA	2	12	6	12	6


Total Weight:	2272.83
Total Quantity Ordered:	166
Total Cartons Ordered:	83
Total Quantity Shipped:	166
Total Cartons Shipped:	83

SHIP FROM		Bill of Lading Number: 06757163000399611	
Name: E & E COMPANY LTD		 (402)06757163000399611	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schneider	Responsible Acct.No:
SHIP TO		Trailer number: 42582	Seal number(s): 27709641
Name: Macys Home Store Los Angeles DC	Location #: CI	SCAC: SCNN	Pro Number:
Address: 15541 East Gale Avenue			
City/State/Zip: City of Industry, CA 91745			
CID#:			
Dept: 0606	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
City/State/Zip:		(check box)	underlying Bills of Lading
SPECIAL INSTRUCTIONS: Load #: 50435781		Appointment Time	Actual Driver Arrival Time      Driver Departure Time
Packing List is Attached		AM	AM      AM
		PM	PM      PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
5277193	33	915.86	Y    N		
5277325	25	667.29	Y    N		
5277402	25	689.68	Y    N		
<b>Grand Total</b>	83	2272.83			

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		
		83	ctns	2272.83		Comforters, Bedspreads	49017	200
6		83		2572.83		<b>Grand Total</b>		

<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><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b>      Collect: <input type="checkbox"/>      Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">Customer check acceptable: <input type="checkbox"/></p>
<p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b></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;"><b>Shipper Signature</b></p>
<p><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b>      <b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper      <input checked="" type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver      <input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>
<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  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>	

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000399628	
Name: E & E COMPANY LTD		 (402)06757163000399628	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schneider	
<b>SHIP TO</b>		Responsible Acct.No:	
Name: Macys Home Store Gandy DC Location #: GN		Trailer number: 42582	
Address: 4130 Gandy Blvd.		Seal number(s): 27709641	
City/State/Zip: Tampa, FL 33611		SCAC: SCNN	
CID#:		Pro Number:	
Dept: 0606 FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip:		Appointment Time	
SPECIAL INSTRUCTIONS:		Actual Driver Arrival Time	
Load #: 50435781		Driver Departure Time	
Packing List is Attached		AM AM AM	
		PM PM PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
5277193	10	278.05	Y	N	
5277325	12	327.60	Y	N	
5277402	9	248.15	Y	N	
<b>Grand Total</b>		31	853.80		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		31	ctns	853.80		Comforters, Bedspreads	49017	200
2		31		953.80		<b>Grand Total</b>		

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

**COD Amount:** \_\_\_\_\_

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

**Shipper Signature**

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

Trailer Loaded:  By Shipper  By Driver

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

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

Customer: MACYS HOME STORE GANDY DC

Ship Date: 12/04/2019

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

**BILL TO:**  
MACY'S HOME STORE  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45201  
US

**SHIP TO:**  
MACYS HOME STORE GANDY DC  
4130 GANDY BLVD.  
TAMPA, FL 33611  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
5277193	N/A	MCH10-1564	086569279644	Aubrey Q Comforter Set	EA	2	10	5	10	5
5277193	N/A	MCH10-1565	086569279651	Aubrey K Comforter Set	EA	2	10	5	10	5
5277325	N/A	MCH10-1560	086569279606	Amherst Q Comforter Set	EA	2	12	6	12	6
5277325	N/A	MCH10-1561	086569279613	Amherst K Comforter Set	EA	2	12	6	12	6
5277402	N/A	MCH10-1572	086569279729	Belagio Q Comforter Set	EA	2	8	4	8	4
5277402	N/A	MCH10-1573	086569279736	Belagio K Comforter Set	EA	2	10	5	10	5


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Total Weight: 853.8  
 Total Quantity Ordered: 62  
 Total Cartons Ordered: 31  
 Total Quantity Shipped: 62  
 Total Cartons Shipped: 31

Date: 12/4/2019 10:30:23 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Gandy DC Location #: GN	Name:	
Address:	221 Hanson Way	Address:	4130 Gandy Blvd.	Address:	
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Tampa, FL 33611	City/State/Zip:	
SID#:		CID#:		SPECIAL INSTRUCTIONS:	
PHONE:		Dept:	0606	Load #:	50435781
VENDOR:		FOB:	<input type="checkbox"/>	Packing List is Attached	
Bill of Lading Number: 06757163000399628		Trailer number: 42582		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Seal number(s): 27709641		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
(402)06757163000399628		SCAC: SCNN		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CARRIER NAME: Schneider		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
5277193	10	278.05	Y N	
5277325	12	327.60	Y N	
5277402	9	248.15	Y N	
<b>Grand Total</b>	<b>31</b>	<b>853.80</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		31	ctns	853.80		Comforters, Bedspreads	49017	200
2		31		953.80		<b>Grand Total</b>		

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

\*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.



5277402	5250467	R201911250650133	MCH10-1572	Belagio Q Comforter Set	Standard	00106757163001746367	0643581586	00006757166435815862	2	Loaded
5277402	5250468	R201911250650133	MCH10-1574	Belagio CK Comforter Set	Standard	00106757163001746367	0643581587	00006757166435815879	2	Loaded
5277402	5250469	R201911250650133	MCH10-1572	Belagio Q Comforter Set	Standard	00106757163001746367	0643581593	00006757166435815930	2	Loaded
5277402	5250469	R201911250650133	MCH10-1573	Belagio K Comforter Set	Standard	00106757163001746374	0643581594	00006757166435815947	2	Loaded
5277402	5250469	R201911250650133	MCH10-1574	Belagio CK Comforter Set	Standard	00106757163001746367	0643581595	00006757166435815954	2	Loaded