

Date: 3/9/2020 8:05:05 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000426201	
Name: E & E COMPANY LTD	Address: 221 Hanson Way	City/State/Zip: Woodland, CA 95776	SID#: _____ FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Maeys /Bloom Consolidation Center	Address: 14141 Alondra Boulevard	City/State/Zip: Santa Fe Spgs, CA 90670	SID#: _____ FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____	Address: _____	City/State/Zip: _____	SPECIAL INSTRUCTIONS: Load #: 50629992
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	
Appointment Time: 9:00 AM	Actual Driver Arrival Time: 8:30 PM	Driver Departure Time: 8:50 PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
1904408	24	292.30	Y	N	06757163000425877	DV	
9867951	1	23.32	Y	N	06757163000426164	AZ	
1904408	34	464.23	Y	N	06757163000425853	AZ	
9867951	7	152.53	Y	N	06757163000426157	HA	
9867958	5	124.40	Y	N	06757163000426041	CD	
9867951	40	904.92	Y	N	06757163000426126	CI	
9867958	47	1091.21	Y	N	06757163000426034	AZ	
1904408	94	1280.05	Y	N	06757163000425884	SW	
9867951	8	206.06	Y	N	06757163000426133	GN	
1904408	107	1230.22	Y	N	06757163000425860	BA	
9867951	34	751.32	Y	N	06757163000426072	SW	
1904408	156	1736.30	Y	N	06757163000425914	CL	
9867951	22	516.30	Y	N	06757163000426140	CL	

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 / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. <i>Also mo 3912</i>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i>
	<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: 3/9/2020 8:05:05 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:	Macys /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"/>	City/State/Zip:	
				SPECIAL INSTRUCTIONS:	
				Load #: 50629992	
				36	
				17753.88	
				Grand Total	

Master Bill of Lading Number: 06757163000426201

CARRIER NAME: NEW LEGEND TRUCKING

Trailer number: LHC8016

Seal number(s): 2128619

SCAC: LEGS

Pro Number: N/A


Freight Charge Terms:

Prepaid: Collect: 3rd Party:

MASTER BILL OF LANDING: WITH ATTACHED
(check box) UNDERLYING BILLS OF LANDING

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

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

SHIP FROM		Bill of Lading Number: 06757163000426164									
Name: E & E COMPANY LTD	Address: 221 Hanson Way	 (402)06757163000426164									
City/State/Zip: Woodland, CA 95778	SID#:										
PHONE:	VENDOR:	CARRIER NAME: NEW LEGEND TRUCKING									
	FOB: <input type="checkbox"/>	Responsible Acct.No:									
SHIP TO		Trailer number: LHC8018									
Name: Macys Home MMG Goodyear DC Location #: AZ	Address: 16575 West Commerce Lane	Seal number(s): 2128619									
City/State/Zip: Goodyear, AZ 85338	CID#:	SCAC: LEGS									
Dept: 0703	FOB: <input type="checkbox"/>	Pro Number: N/A									
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)									
Name:	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 (check box)									
SPECIAL INSTRUCTIONS: Load #: 60629992	Packing List is Attached	<table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time									
AM	AM	AM									
PM	PM	PM									

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9867951	1	23.32	Y N	
Grand Total	1	23.32		

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 330</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	23.32		Comforters, Bedspreads	49017	200
1		1		73.32		Grand Total		

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

Customer: MACYS HOME MMG GOODYEAR DC

Ship Date: 03/09/2020

SHIP FROM:

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

BILL TO:

MACYS HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME MMG GOODYEAR DC
16575 WEST COMMERCE LANE
GOODYEAR, AZ 85338
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9867951	100069907FQ	MCG10-1290	732996349268	F/Q Shaggy Comforter Mini Set	EA	2	2	1	2	1


Total Weight:	23.32
Total Quantity Ordered:	2
Total Cartons Ordered:	1
Total Quantity Shipped:	2
Total Cartons Shipped:	1

Date: 3/9/2020 8:05:01 AM

Bill Of Lading

Page 1 of 1

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

Bill of Lading Number: 06757163000426164

 (402)06757163000426164

SHIP TO
 Name: Macys Home MMG Goodyear DC Location #: AZ
 Address: 16575 West Commerce Lane
 City/State/Zip: Goodyear, AZ 85338
 CID#:
 Dept: 0703 FOB:

CARRIER NAME: NEW LEGEND TRUCKING
 Responsible Acct.No:
 Trailer number: LHC8016
 Seal number(s): 2128619
 SCAC: LEGS
 Pro Number: N/A

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:
 SPECIAL INSTRUCTIONS:
 Load #: 50629992
 Packing List Is Attached

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

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

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9867951	1	23.32	Y N	
Grand Total	1	23.32		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	23.32		Comforters, Bedspreads	49017	200
1		1		73.32		Grand Total		

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

COD Amount: _____
 Fee Terms: Collect: 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: 3/9/2020 8:04:57 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000426133	
Name:	E & E COMPANY LTD	 (402)06757163000426133	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No:	
SHIP TO		Trailer number: LHC8016	Seal number(s): 2128619
Name:	Macy's Home MMG Gandy DC Location #: GN	SCAC: LEGS	
Address:	4130 Gandy Blvd.	Pro Number: N/A	
City/State/Zip:	Tampa, FL 33611		
CID#:			
Dept:	0703 FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM AM
Load #: 60629992		PM	PM PM
Packing List Is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9867951	8	206.06	Y N	
Grand Total	8	206.06		

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		
		8	cins	206.06		Comforters, Bedspreads	49017	200
1		8		256.06		Grand Total		

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

COD Amount: _____

Fee Terms: Collect: Prepaid:

Customer check acceptable:

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

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

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

Shipper Signature _____

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

Trailer Loaded:	Freight Counted:
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Pieces

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

Customer: MACYS HOME MMG GANDY DC

Ship Date: 03/09/2020

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:

MACYS HOME MMG 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
9867951	100069907FQ	MCG10-1290	732996349268	F/Q Shaggy Comforter Mini Set	EA	2	6	3	6	3
9867951	100069907KG	MCG10-1291	732996349282	K Shaggy Comforter Mini Set	EA	2	10	5	10	5

Total Weight:	206.06
Total Quantity Ordered:	16
Total Cartons Ordered:	8
Total Quantity Shipped:	16
Total Cartons Shipped:	8

SHIP FROM		Bill of Lading Number: 06757163000426133	
Name: E & E COMPANY LTD	Address: 221 Hanson Way	City/State/Zip: Woodland, CA 95776	 (402)06757163000426133
SID#:	PHONE:	VENDOR:	
		FOB: <input type="checkbox"/>	
SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macys Home MMG Gandy DC	Location #: GN	Address: 4130 Gandy Blvd.	Trailer number: LHC8016
City/State/Zip: Tampa, FL 33611			Seal number(s): 2128619
CID#:			SCAC: LEGS
Dept: 0703		FOB: <input type="checkbox"/>	Pro Number: N/A
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:	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 (check box)
SPECIAL INSTRUCTIONS: Load #: 50629992 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
9867951	8	206.06	Y N	
Grand Total	8	206.06		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	206.06		Comforters, Bedspreads	49017	200
1		8		256.06		Grand Total		

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

Date: 3/9/2020 8:04:52 AM

Bill Of Lading

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SHIP FROM		Bill of Lading Number: 06757163000425884
Name: E & E COMPANY LTD		 (402)06757163000425884
Address: 221 Hanson Way		
City/State/Zip: Woodland, GA 95776		
SID#:		
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING
VENDOR:	FOB: <input type="checkbox"/>	Responsible Acct.No:
SHIP TO		Trailer number: LHC8018
Name: Macys Home MMG South Windsor Location #: SW DC		Seal number(s): 2128619
Address: 301 Governors Hwy		SCAC: LEGS
City/State/Zip: South Windsor, CT 06074		Pro Number: N/A
CID#:		
Dept: 0614	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:		
SPECIAL INSTRUCTIONS: Load #: 50629902		Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM
Packing List is Attached		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1904408	94	1280.05	Y	N	
Grand Total	94	1280.05			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMEC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		77	ctns	1203.34		Mattress Pads	149265	100
		17	ctns	76.71		Sheet Set & Pillowcase	49390 Sub 4	175
2		94		1380.05		Grand Total		

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

Customer: MACYS HOME MMG SOUTH WINDSOR DC

Ship Date: 03/09/2020

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:

MACYS HOME MMG 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
1904408	100058088TW	MCG16-1042	706258615583	Mattress Pad	EA	6	54	9	54	9
1904408	100058088TX	MCG16-1043	706258615606	Mattress Pad	EA	6	18	3	18	3
1904408	100058088FU	MCG16-1044	706258615347	Mattress Pad	EA	6	54	9	54	9
1904408	100058088QN	MCG16-1045	706258615576	Mattress Pad	EA	4	72	18	72	18
1904408	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	40	10	40	10
1904408	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	4	2	4	2
1904408	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	2	1	2	1
1904408	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	12	6	12	6
1904408	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	6	3	6	3
1904408	100058089TX	MCG16-1055	706258615903	Waterproof Mattress Pad	EA	6	6	1	6	1
1904408	100058089FU	MCG16-1056	706258615675	Waterproof Mattress Pad	EA	6	24	4	24	4
1904408	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	28	7	28	7
1904408	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	16	4	16	4
1904408	100058085QN	MCG21-1040	706258617631	MS Essential Bed Bug Pillow Co	EA	10	10	1	10	1
1904408	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	78	13	78	13
1904408	100058083KG	MCG21-1049	706258616337	Pillow Cover	EA	6	18	3	18	3

Total Weight: 1280.05
 Total Quantity Ordered: 442
 Total Cartons Ordered: 94
 Total Quantity Shipped: 442
 Total Cartons Shipped: 94

Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000425884
Name:	E & E COMPANY LTD	 (402)06757163000425884
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: NEW LEGEND TRUCKING
Name:	Macy's Home MMG South Windsor Location #: SW DC	Responsible Acct.No:
Address:	301 Governors Hwy	Trailer number: LHC8016
City/State/Zip:	South Windsor, CT 06074	Seal number(s): 2128619
CID#:		SCAC: LEGS
Dept:	0614	Pro Number: N/A

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 Actual Driver Arrival Time Driver Departure Time
SPECIAL INSTRUCTIONS:		AM AM AM
Load #: 50629992		PM PM PM
Packaging List is Attached		

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1904408	94	1280.05	Y N	
Grand Total	94	1280.05		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		77	ctns	1203.34		Mattress Pads	149265	100
		17	ctns	76.71		Sheet Set & Pillowcase	49390 Sub 4	175
2		94		1380.05		Grand Total		


Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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 <small>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.</small>	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE <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>
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Bill Of Lading

SHIP FROM		Bill of Lading Number: 06757163000426065	
Name: E & E COMPANY LTD		 (402)06757163000426065	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95778		CARRIER NAME: NEW LEGEND TRUCKING	
SID#:		Responsible Accl.No:	
PHONE:		Trailer number: LHC8016	
VENDOR: <input type="checkbox"/> FOB:		Seal number(s): 2128619	
SHIP TO		SCAC: LEGS	
Name: Macys Home MMG Denver DC Location #: DV		Pro Number: N/A	
Address: 510 East 51st Ave			
City/State/Zip: Devnver, CO 80218			
CID#:			
Dept: 0703 <input type="checkbox"/> FOB:			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50629992		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
9867951	1	23.32	Y N	
Grand Total	1	23.32		

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 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	23.32		Comforters, Bedspreads	49017	200
1		1		73.32		Grand Total		

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

Customer: MACYS HOME MMG DENVER DC

Ship Date: 03/09/2020

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

BILL TO:
MACYS HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME MMG DENVER DC
510 EAST 61ST AVE
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
9867951	100069907FQ	MCG10-1290	732996349268	F/Q Shaggy Comforter Mini Set	EA	2	2	1	2	1

Total Weight:	23.32
Total Quantity Ordered:	2
Total Cartons Ordered:	1
Total Quantity Shipped:	2
Total Cartons Shipped:	1

Date: 3/9/2020 8:04:48 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 08757163000426065										
Name: E & E COMPANY LTD		 (402)06757163000426065										
Address: 221 Hanson Way		CARRIER NAME: NEW LEGEND TRUCKING										
City/State/Zip: Woodland, CA 95776		Responsible Acct.No:										
SID#:		Trailer number: LHC8016										
PHONE:		Seal number(s): 2128819										
VENDOR:	FOB: <input type="checkbox"/>	SCAC: LEOS										
SHIP TO		Pro Number: N/A										
Name: Macys Home MMG Denver DC	Location #: DV											
Address: 510 East 51st Ave												
City/State/Zip: Denver, CO 80216												
CID#:												
Dept: 0703	FOB: <input type="checkbox"/>											
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:												
SPECIAL INSTRUCTIONS:		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> </thead> <tbody> <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> </tbody> </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										
Load #: 50629992												
Packing List is Attached												

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
9867951	1	23.32	Y	N	
Grand Total	1	23.32			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	23.32		Comforters, Bedspreads	49017	200
1		1		73.32		Grand Total		

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

Date: 3/9/2020 8:04:44 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home MMG Denver DC Location #: DV
Address:	221 Hanson Way	Address:	510 East 51st Ave
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Devnver, CO 80216
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000425877		Trailer number: LHC8016	
		Seal number(s): 2128619	
(402)06757163000425877		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number: N/A	
Responsble Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party:	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 50629992		PM	
Packing List is Attached		PM	
PM		PM	

CUSTOMER/ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1904408	24	292.30	Y N	
Grand Total	24	292.30		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	261.48		Mattress Pads	149265	100
		7	ctns	30.82		Sheet Set & Pillowcase	49390 Sub 4	175
1		24		342.30		Grand Total		

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

Customer: MACYS HOME MMG DENVER DC

Ship Date: 03/09/2020

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:
MACYS HOME MMG DENVER DC
510 EAST 51ST AVE
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
1904408	100058088TW	MCG16-1042	706258615583	Mattress Pad	EA	6	12	2	12	2
1904408	100058088TX	MCG16-1043	706258615606	Mattress Pad	EA	6	6	1	6	1
1904408	100058088QN	MCG16-1045	706258615576	Mattress Pad	EA	4	20	5	20	5
1904408	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	16	4	16	4
1904408	100058088CK	MCG16-1047	706258615118	Mattress Pad	EA	2	2	1	2	1
1904408	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	2	1	2	1
1904408	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	2	1	2	1
1904408	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	6	1	6	1
1904408	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	4	1	4	1
1904408	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	30	5	30	5
1904408	100058083KG	MCG21-1049	706258616337	Pillow Cover	EA	6	12	2	12	2

Total Weight:	292.3
Total Quantity Ordered:	112
Total Cartons Ordered:	24
Total Quantity Shipped:	112
Total Cartons Shipped:	24

Date: 3/9/2020 8:04:44 AM

Bill Of Lading


Page 1 of 1

SHIP FROM			
Name: E & E COMPANY LTD	Bill of Lading Number: 06757183000425877		
Address: 221 Hanson Way	 (402)06757163000425877		
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:	CARRIER NAME: NEW LEGEND TRUCKING		
VENDOR:	Responsible Acct.No:		
SHIP TO			
Name: Macys Home MMG Denver DC	Location #: DV	Trailer number: LHC8016	
Address: 510 East 51st Ave		Seal number(s): 2128619	
City/State/Zip: Devnver, CO 80216		SCAC: LEGS	
CID#:		Pro Number: N/A	
Dept: 0614	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 #: 50629992 Packing List is Attached	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
	AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1904408	24	292.30	Y N	
Grand Total	24	292.30		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		17	ctns	261.48		Mattress Pads	149265	100
		7	ctns	30.82		Sheet Set & Pillowcase	49390 Sub 4	175
1		24		342.30		Grand Total		

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

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home MMG 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:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 08757163000425860		Trailer number: LHC8016	
		Seal number(s): 2128819	
(402)06757163000425860		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:		Master Bill of Lading: with attached underlying Bills of Lading	
Load #: 50829992		Appointment Time	
Packing List is Attached		Actual Driver Arrival Time	
		Driver Departure Time	
		AM	
		PM	

CUSTOMER/ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1904408	107	1230.22	Y N	
Grand Total	107	1230.22		

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		
		70	ctns	1069.87		Mattress Pads	149265	100
		37	ctns	170.35		Sheet Set & Pillowcase	49390 Sub 4	175
2		107		1330.22		Grand Total		

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

Customer: MACYS HOME MMG BAILEY RD DC

Ship Date: 03/09/2020

SHIP FROM:

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

BILL TO:

MACYS HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:

MACYS HOME MMG BAILEY RD DC
300 SOUTH BAILEY ROAD
NORTH JACKSON, OH 44461
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1904408	100058088TW	MCG16-1042	706258615583	Mattress Pad	EA	6	36	6	36	6
1904408	100058088TX	MCG16-1043	706258615606	Mattress Pad	EA	6	12	2	12	2
1904408	100058088FU	MCG16-1044	706258615347	Mattress Pad	EA	6	42	7	42	7
1904408	100058088QN	MCG16-1046	706258615576	Mattress Pad	EA	4	84	21	84	21
1904408	100058088KG	MCG16-1048	706258615569	Mattress Pad	EA	4	36	9	36	9
1904408	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	8	4	8	4
1904408	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	2	1	2	1
1904408	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	12	6	12	6
1904408	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	4	2	4	2
1904408	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	18	3	18	3
1904408	100058089TX	MCG16-1055	706258615903	Waterproof Mattress Pad	EA	6	6	1	6	1
1904408	100058089FU	MCG16-1056	706258615675	Waterproof Mattress Pad	EA	6	24	4	24	4
1904408	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	8	2	8	2
1904408	100058088KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	8	2	8	2
1904408	100058085QN	MCG21-1040	706258617631	MS Essential Bed Bug Pillow Co	EA	10	10	1	10	1
1904408	100058085KG	MCG21-1041	706258617624	MS Essential Bed Bug Pillow Co	EA	10	20	2	20	2
1904408	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	180	30	180	30
1904408	100058083KG	MCG21-1049	706258616337	Pillow Cover	EA	6	24	4	24	4

Total Weight: 1230.22
 Total Quantity Ordered: 534
 Total Cartons Ordered: 107
 Total Quantity Shipped: 534
 Total Cartons Shipped: 107

Date: 3/9/2020 8:04:39 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home MMG 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:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000425860		CARRIER NAME: NEW LEGEND TRUCKING	
		Responsible Accl.No:	
(402)06757163000425860		Trailer number: LHC8016	
		Seal number(s): 2128619	
		SCAC: LEGS	
		Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached
City/State/Zip:		(check box)	underlying Bills of Lading
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50629992		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
1904408	107	1230.22	Y N	
Grand Total	107	1230.22		

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 359</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		70	ctns	1059.87		Mattress Pads	149265	100
		37	ctns	170.35		Sheet Set & Pillowcase	49390 Sub 4	175
2		107		1330.22		Grand Total		

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

Date: 3/9/2020 8:04:35 AM

Bill Of Lading

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CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1904408	156	1738.30	Y	N	
Grand Total	156	1738.30			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		103	ctns	1484.04		Mattress Pads	149265	100
		53	ctns	254.26		Sheet Set & Pillowcase	49390 Sub 4	175
3		156		1888.30		Grand Total		

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

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature _____

SHIPPER SIGNATURE / DATE

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

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 MMG MINOOKA DC

Ship Date: 03/09/2020


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:
MACYS 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
1904408	100058088TW	MCG16-1042	706258615583	Mattress Pad	EA	6	36	6	36	6
1904408	100058088FU	MCG16-1044	706258615347	Mattress Pad	EA	6	72	12	72	12
1904408	100058088QN	MCG16-1045	706258615576	Mattress Pad	EA	4	112	28	112	28
1904408	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	68	17	68	17
1904408	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	8	4	8	4
1904408	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	8	4	8	4
1904408	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	22	11	22	11
1904408	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	14	7	14	7
1904408	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	12	2	12	2
1904408	100058089FU	MCG16-1056	706258616675	Waterproof Mattress Pad	EA	6	6	1	6	1
1904408	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	36	9	36	9
1904408	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	8	2	8	2
1904408	100058085QN	MCG21-1040	706258617631	MS Essential Bed Bug Pillow Co	EA	10	80	8	80	8
1904408	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	222	37	222	37
1904408	100058089KG	MCG21-1049	706258616337	Pillow Cover	EA	6	48	8	48	8

Total Weight: 1738.3
 Total Quantity Ordered: 752
 Total Cartons Ordered: 156
 Total Quantity Shipped: 752
 Total Cartons Shipped: 156

SHIP FROM		Bill of Lading Number: 06757163000425914	
Name:	E & E COMPANY LTD	 (402)06757163000425914	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: LHC8016	
Name:	Macys Home MMG Minooka DC Location #: CL	Seal number(s): 2128619	
Address:	601 Midpoint Rd.	SCAC: LEGS	
City/State/Zip:	Minooka, IL 60447	Pro Number: N/A	
CID#:			
Dept:	0614	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:			
SPECIAL INSTRUCTIONS: Load #: 50629992 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
1904408	156	1738.30	Y N	
Grand Total	156	1738.30		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		103	ctns	1484.04		Mattress Pads	149265	100
		53	ctns	254.26		Sheet Set & Pillowcase	49390 Sub 4	175
3		156		1888.30		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____		COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		Trailer Loaded: 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 <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: 3/9/2020 8:04:32 AM

Bill Of Lading

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SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Hayward DC Location #: HA
Address:	221 Hanson Way	Address:	28701 Hall Road
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Hayward, CA 94545
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000425846		Trailer number: LHC8016	
		Seal number(s): 2128819	
(402)06757163000425846		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number: N/A	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party: <input type="checkbox"/>	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50629992		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
1904408	98	1122.41	Y N	
Grand Total	98	1122.41		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 390</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		76	ctns	1028.11		Mattress Pads	149265	100
		22	ctns	94.30		Sheet Set & Pillowcase	49390 Sub 4	175
2		98		1222.41		Grand Total		

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

_____ per _____

COD Amount: _____

Fee Terms:

Collect: Prepaid: Customer check acceptable:

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME MMG HAYWARD DC

Ship Date: 03/09/2020

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:
MACYS HOME MMG 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	Cins Ordered	Qty Shipped	Cins Shipped
1904408	100058088TW	MCG16-1042	706258615583	Mattress Pad	EA	6	36	6	36	6
1904408	100058088TX	MCG16-1043	706258615606	Mattress Pad	EA	6	6	1	6	1
1904408	100058088FU	MCG16-1044	706258615347	Mattress Pad	EA	6	54	9	54	9
1904408	100058088QN	MCG16-1045	706258615576	Mattress Pad	EA	4	72	18	72	18
1904408	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	4	1	4	1
1904408	100058088CK	MCG16-1047	706258616118	Mattress Pad	EA	2	24	12	24	12
1904408	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	8	4	8	4
1904408	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	6	3	6	3
1904408	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	10	5	10	5
1904408	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	2	1	2	1
1904408	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	18	3	18	3
1904408	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	48	12	48	12
1904408	100058089CK	MCG16-1059	706258615613	Waterproof Mattress Pad	EA	2	2	1	2	1
1904408	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	114	19	114	19
1904408	100058083KG	MCG21-1049	706258616337	Pillow Cover	EA	6	18	3	18	3

Total Weight: 1122.41
 Total Quantity Ordered: 422
 Total Cartons Ordered: 98
 Total Quantity Shipped: 422
 Total Cartons Shipped: 98

Date: 3/9/2020 8:04:32 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Hayward DC Location #: HA
Address:	221 Hanson Way	Address:	28701 Hall Road
City/State/Zip:	Woodland, CA 95778	City/State/Zip:	Hayward, CA 94545
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767163000425848		CARRIER NAME: NEW LEGEND TRUCKING	
		Responsible Acct.No:	
(402)06767163000425846		Trailer number: LHC8016	
		Seal number(s): 2128619	
		SCAC: LEGS	
		Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached
City/State/Zip:		(check box)	underlying Bills of Lading
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50629992		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
1904408	98	1122.41	Y N	
Grand Total	98	1122.41		


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 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		76	ctns	1028.11		Mattress Pads	149265	100
		22	ctns	94.30		Sheet Set & Pillowcase	49390 Sub 4	175
2		98		1222.41		Grand Total		

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

Date: 3/9/2020 8:04:27 AM

Bill Of Lading

Page 1 of 1

SHIP FROM						SHIP TO					
Name: E & E COMPANY LTD						Name: Macys Home MMG Los Angeles Location #: CI DC					
Address: 221 Hanson Way						Address: 15541 East Gale Ave					
City/State/Zip: Woodland, CA 95778						City/State/Zip: City of Industry, CA 91745					
SID#:						CID#:					
PHONE:						Dept: 0703					
VENDOR:						FOB: <input type="checkbox"/>					
Bill of Lading Number: 06757163000426128						Trailer number: LHC8016					
						Seal number(s): 2128619					
(402)06757163000426128						SCAC: LEGS					
CARRIER NAME: NEW LEGEND TRUCKING						Pro Number: N/A					
Responsible Acct.No:						Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
THIRD PARTY FREIGHT CHARGES BILL TO:						Prepaid: <input type="checkbox"/> Collect: X 3rd Party:					
Name:						<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading					
Address:						(check box)					
City/State/Zip:						Appointment Time		Actual Driver Arrival Time		Driver Departure Time	
SPECIAL INSTRUCTIONS:						AM		AM		AM	
Load #: 50629992						PM		PM		PM	
Packing List is Attached											
CUSTOMER ORDER INFORMATION											
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO				
9867951			40	904.92	Y	N					
Grand Total			40	904.92							
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 369</small>	PACKAGE				
QTY	TYPE	QTY	TYPE				NMFC #	CLASS			
2	Pallet			100.00		Pallet					
		40	ctns	904.92		Comforters, Bedspreads	49017	200			
2		40		1004.92		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.

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME MMG LOS ANGELES DC

Ship Date: 03/09/2020

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:
MACYS HOME MMG LOS ANGELES DC
15541 EAST GALE AVE
CITY OF INDUSTRY, CA 91745
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9867951	100069907TW	MCG10-1289	732996349305	T Shaggy Comforter Mini Set	EA	2	28	14	28	14
9867951	100069907FQ	MCG10-1290	732996349268	F/Q Shaggy Comforter Mini Set	EA	2	22	11	22	11
9867951	100069907KG	MCG10-1291	732996349282	K Shaggy Comforter Mini Set	EA	2	30	15	30	15

Total Weight:	904.92
Total Quantity Ordered:	80
Total Cartons Ordered:	40
Total Quantity Shipped:	80
Total Cartons Shipped:	40

Date: 3/9/2020 8:04:27 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000426126										
Name:	E & E COMPANY LTD	 (402)06757163000426126										
Address:	221 Hanson Way											
City/State/Zip:	Woodland, CA 95776											
SID#:												
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING										
VENDOR:		Responsible Acct.No:										
SHIP TO		Trailer number: LHC8016										
Name:	Macys Home MMG Los Angeles Location #: CI DC	Seal number(s): 2128819										
Address:	15541 East Gale Ave	SCAC: LEGS										
City/State/Zip:	City of Industry, CA 91745	Pro Number: N/A										
CID#:												
Dept:	0703	FOB: <input type="checkbox"/>										
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:										
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading										
City/State/Zip:		<table border="1"> <tr> <td>Appointment Time</td> <td>Actual Driver Arrival Time</td> <td>Driver Departure Time</td> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
SPECIAL INSTRUCTIONS: Load #: 50629992												
Packing List is Attached												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9867951	40	904.92	Y N	
Grand Total	40	904.92		

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(a) of NMFC Item 350</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		40	ctns	904.92		Comforters, Bedspreads	49017	200
2		40		1004.92		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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
--	--

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

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

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

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

Ship Date: 03/09/2020

SHIP FROM:
E & E COMPANY LTD
221 HANSON WAY
WOODLAND, CA 95778

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

SHIP TO:
MACYS 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
9867951	100069907TW	MCG10-1289	732996349305	T Shaggy Comforter Mini Set	EA	2	4	2	4	2
9867951	100069907FQ	MCG10-1290	732996349268	F/Q Shaggy Comforter Mini Set	EA	2	32	16	32	16
9867951	100069907KG	MCG10-1291	732996349282	K Shaggy Comforter Mini Set	EA	2	8	4	8	4

Total Weight:	516.3
Total Quantity Ordered:	44
Total Cartons Ordered:	22
Total Quantity Shipped:	44
Total Cartons Shipped:	22

Date: 3/9/2020 8:04:22 AM

Bill Of Lading


Page 1 of 1

SHIP FROM			
Name: E & E COMPANY LTD	Bill of Lading Number: 06757163000426140		
Address: 221 Hanson Way	 (402)06757163000426140		
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:	GARRIER NAME: NEW LEGEND TRUCKING		
VENDOR:	Responsible Acct.No:		
SHIP TO			
Name: Macys Home MMG Minooka DC Location #: CL	Trailer number: LHC8016		
Address: 601 Midpoint Rd.	Seal number(s): 2128619		
City/State/Zip: Minooka, IL 60447	SCAC: LEGS		
CID#:	Pro Number: N/A		
Dept: 0703			
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:	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 50629992	AM	AM	AM
Packing List is Attached	PM	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9867951	22	516.30	Y N	
Grand Total	22	516.30		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		22	ctns	516.30		Comforters, Bedspreads	49017	200
1		22		566.30		Grand Total		

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

SHIP FROM		Bill of Lading Number: 06757163000426034
Name: E & E COMPANY LTD		 (402)06757163000426034
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: NEW LEGEND TRUCKING
SHIP TO		Responsible Acct.No:
Name: Macys Home MMG Goodyear DC Location #: AZ		Trailer number: LHC8016
Address: 16576 West Commerce Lane		Seal number(s): 2128619
City/State/Zip: Goodyear, AZ 85338		SCAC: LEGS
CID#:		Pro Number: N/A
Dept: 0703	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Name:		Prepaid:	Collect: X	3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM	AM
Load #: 50629992		PM	PM	PM
Packing List is Attached				

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9867958	47	1091.21	Y N	
Grand Total	47	1091.21		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to insure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		47	ctns	1091.21		Comforters, Bedspreads	49017	200
3		47		1241.21		Grand Total		

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

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

Ship Date: 03/09/2020

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

BILL TO:
MACYS GFC
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME MMG GOODYEAR DC
16575 WEST COMMERCE LANE
GOODYEAR, AZ 85338
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
9867958	100069907TW	MCC10-1295	732996349305	T Shaggy Comforter Mini Set	EA	2	18	9	18	9
9867958	100069907FQ	MCC10-1296	732996349268	F/Q Shaggy Comforter Mini Set	EA	2	50	25	50	25
9867958	100069907KG	MCC10-1297	732996349282	K Shaggy Comforter Mini Set	EA	2	26	13	26	13

Total Weight:	1091.21
Total Quantity Ordered:	94
Total Cartons Ordered:	47
Total Quantity Shipped:	94
Total Cartons Shipped:	47

Date: 3/9/2020 8:04:17 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000426034	
Name: E & E COMPANY LTD		 (402)06757163000426034	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: NEW LEGEND TRUCKING	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: LHC8018	
VENDOR:		Seal number(s): 2128619	
FOB: <input type="checkbox"/>		SCAC: LEGS	
SHIP TO		Pro Number: N/A	
Name: Macys Home MMG Goodyear DC Location #: AZ		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 16675 West Commerce Lane		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
City/State/Zip: Goodyear, AZ 85338		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
CID#:		Appointment Time	
Dept: 0703		Actual Driver Arrival Time	
FOB: <input type="checkbox"/>		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 50629992		PM	
Packing List is Attached		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9867958	47	1091.21	Y N	
Grand Total	47	1091.21		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		47	ctns	1091.21		Comforters, Bedspreads	49017	200
3		47		1241.21		Grand Total		

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

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

Customer: MACYS HOME MMG LOS ANGELES DC

Shlp Date: 03/09/2020

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:
MACYS HOME MMG LOS ANGELES DC
16541 EAST GALE AVE
CITY OF INDUSTRY, CA 91745
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1904408	100058088TW	MCG16-1042	706258615583	Mattress Pad	EA	6	84	14	84	14
1904408	100058088TX	MCG16-1043	706258615606	Mattress Pad	EA	6	54	9	54	9
1904408	100058088FU	MCG16-1044	706258615347	Mattress Pad	EA	6	102	17	102	17
1904408	100058088QN	MCG16-1045	706258615576	Mattress Pad	EA	4	276	69	276	69
1904408	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	40	10	40	10
1904408	100058088CK	MCG16-1047	706258615118	Mattress Pad	EA	2	68	34	68	34
1904408	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	20	10	20	10
1904408	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	14	7	14	7
1904408	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	32	16	32	16
1904408	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	16	8	16	8
1904408	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	18	3	18	3
1904408	100058089FU	MCG16-1056	706258615675	Waterproof Mattress Pad	EA	6	24	4	24	4
1904408	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	84	21	84	21
1904408	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	8	2	8	2
1904408	100058089CK	MCG16-1059	706258615613	Waterproof Mattress Pad	EA	2	20	10	20	10
1904408	100058087TW	MCG16-1060	706258617617	MS Essential Bed Bug Mattress	EA	8	16	2	16	2
1904408	100058087QN	MCG16-1062	706258617600	MS Essential Bed Bug Mattress	EA	8	8	1	8	1
1904408	100058085QN	MCG21-1040	706258617631	MS Essential Bed Bug Pillow Co	EA	10	50	5	50	5
1904408	100058085KG	MCG21-1041	706258617624	MS Essential Bed Bug Pillow Co	EA	10	30	3	30	3
1904408	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	324	54	324	54
1904408	100058083KG	MCG21-1049	706258616337	Pillow Cover	EA	6	132	22	132	22

Total Weight: 3622.3
 Total Quantity Ordered: 1420
 Total Cartons Ordered: 321
 Total Quantity Shipped: 1420
 Total Cartons Shipped: 321

Date: 3/9/2020 8:04:10 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000425891	
Name:	E & E COMPANY LTD	 (402)06757163000425891	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No:	
SHIP TO		Trailer number: LHC8016	
Name:	Macy's Home MMG Los Angeles Location #: CI DC	Seal number(s): 2128619	
Address:	15541 East Gale Ave	SCAC: LEGS	
City/State/Zip:	City of Industry, CA 91746	Pro Number: N/A	
CID#:			
Dept:	0614	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 50629992			
Packing List is Attached			

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1904408	321	3622.30	Y N	
Grand Total	321	3622.30		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
7	Pallet			350.00		Pallet		
		237	ctns	3223.58		Mattress Pads	149265	100
		84	ctns	398.72		Sheet Set & Pillowcase	49390 Sub 4	175
7		321		3972.30		Grand Total		

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 3/9/2020 8:04:04 AM

Bill Of Lading

Page 1 of 1

SHIP FROM					Bill of Lading Number: 06757163000426157			
Name: E & E COMPANY LTD					 (402)06757163000426157			
Address: 221 Hanson Way								
City/State/Zip: Woodland, CA 95778								
SID#:								
PHONE:					CARRIER NAME: NEW LEGEND TRUCKING			
VENDOR:					Responsible Acol.No:			
FOB: <input type="checkbox"/>					Trailer number: LHC8016			
SHIP TO					Seal number(s): 2128819			
Name: Macys Home MMG Hayward DC Location #: HA					SCAC: LEGS			
Address: 28701 Hall Road					Pro Number: N/A			
City/State/Zip: Hayward, CA 94545								
CID#:								
Dept: 0703					FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Name:					Prepaid: <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 #: 50629992					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			
9867951		7	152.53	Y N				
Grand Total		7	152.53					
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(a) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	152.53		Comforters, Bedspreads	49017	200
1		7		202.53		Grand Total		

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

Customer: MACYS HOME MMG HAYWARD DC

Ship Date: 03/09/2020

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:
MACYS HOME MMG 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
9867951	100069907TW	MCG10-1289	732996349305	T Shaggy Comforter Mini Set	EA	2	6	3	6	3
9867951	100069907FQ	MCG10-1290	732996349268	F/Q Shaggy Comforter Mini Set	EA	2	4	2	4	2
9867951	100069907KG	MCG10-1291	732996349282	K Shaggy Comforter Mini Set	EA	2	4	2	4	2

Total Weight:	152.53
Total Quantity Ordered:	14
Total Cartons Ordered:	7
Total Quantity Shipped:	14
Total Cartons Shipped:	7

Date: 3/9/2020 8:04:04 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000426157	
Name:	E & E COMPANY LTD	 (402)06757163000426157	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No:	
SHIP TO		Trailer number: LHC8016	Seal number(s): 2128619
Name:	Macy's Home MMG Hayward DC Location #: HA	SCAC: LEGS	
Address:	28701 Hall Road	Pro Number: N/A	
City/State/Zip:	Hayward, CA 94545		
CID#:			
Dept:	0703		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 50629992		PM	PM
Packing List is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9867961	7	152.53	Y N	
Grand Total	7	152.53		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	152.53		Comforters, Bedspreads	49017	200
1		7		202.53		Grand Total		

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

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


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

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 3/9/2020 8:04:00 AM

Bill Of Lading

Page 1 of 1

SHIP FROM:		Bill of Lading Number: 06757163000426041	
Name:	E & E COMPANY LTD	 (402)06757163000426041	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
VENDOR:		Responsible Acct.No:	
SHIP TO:		Trailer number: LHC8016	
Name:	Macys Home MMG Cheshire DC Location #: CD	Seal number(s): 2128619	
Address:	475 Knotter Drive	SCAC: LEGS	
City/State/Zip:	Cheshire, CT 06410	Pro Number: N/A	
CID#:			
Dept:	0703		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50629992		AM	AM
Packing List Is Attached		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9867958	5	124.40	Y N	
Grand Total	5	124.40		

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 250</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	124.40		Comforters, Bedspreads	49017	200
1		5		174.40		Grand Total		

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

Customer: MACYS HOME MMG CHESHIRE DC

Ship Date: 03/09/2020

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:
MACYS HOME MMG CHESHIRE DC
475 KNOTTER DRIVE
CHESHIRE, CT 06410
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Cins Ordered	Qty Shipped	Cins Shipped
9887958	100069907FQ	MCC10-1296	732996349268	F/Q Shaggy Comforter Mini Set	EA	2	6	3	6	3
9887958	100069907KG	MCC10-1297	732996349282	K Shaggy Comforter Mini Set	EA	2	4	2	4	2

Total Weight:	124.4
Total Quantity Ordered:	10
Total Cartons Ordered:	5
Total Quantity Shipped:	10
Total Cartons Shipped:	5

Date: 3/9/2020 8:04:00 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home MMG Cheshire DC Location #: CD
Address:	221 Hanson Way	Address:	475 Knotter Drive
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Cheshire, CT 06410
SID#:		CID#:	
PHONE:		Dept:	0703
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000426041		Trailer number: LHC8018	
		Seal number(s): 2128619	
(402)06757163000426041		SCAC: LEGS	
CARRIER NAME: NEW LEGEND TRUCKING		Pro Number: N/A	
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 #: 50629992 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
9867958	5	124.40	Y N	
Grand Total	5	124.40		


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(p) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	124.40		Comforters, Bedspreads	49017	200
1		5		174.40		Grand Total		

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

Date: 3/9/2020 8:03:55 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO		CUSTOMER ORDER INFORMATION				CARRIER INFORMATION			
Name: E & E COMPANY LTD		Name: Macys Home MMG Gandy DC Location #: GN		Name:		CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO			
Address: 221 Hanson Way		Address: 4130 Gandy Blvd.		Address:		1904408	149	1842.86	Y N				
City/State/Zip: Woodland, CA 95776		City/State/Zip: Tampa, FL 33811		City/State/Zip:		Grand Total		149	1842.86				
SID#:		CID#:		SPECIAL INSTRUCTIONS:									
PHONE:		Dept: 0614		Load #: 50629992									
VENDOR:		FOB: <input type="checkbox"/>		Packing List is Attached									
Bill of Lading Number: 06757163000425907		Trailer number: LHC8016		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)									
		Seal number(s): 2128619		Prepaid: Collect: X 3rd Party:									
(402)06757163000425907		SCAC: LEGS		Pro Number: N/A									
CARRIER NAME: NEW LEGEND TRUCKING		Responsible Acct.No:		Appointment Time		Actual Driver Arrival Time		Driver Departure Time					
Responsible Acct.No:		Master Bill of Lading: with attached underlying Bills of Lading		AM		AM		AM					
Trailer number: LHC8016		(check box)		PM		PM		PM					
Seal number(s): 2128619													

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.	

Customer: MACYS HOME MMG GANDY DC

Ship Date: 03/09/2020

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

BILL TO:
MACYS HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME MMG 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
1904408	100058088TW	MCG16-1042	706258615583	Mattress Pad	EA	6	12	2	12	2
1904408	100058088TX	MCG16-1043	706258615606	Mattress Pad	EA	6	30	5	30	5
1904408	100058088FU	MCG16-1044	706258615347	Mattress Pad	EA	6	54	9	54	9
1904408	100058088QN	MCG16-1045	706258615576	Mattress Pad	EA	4	140	35	140	35
1904408	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	60	15	60	15
1904408	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	6	3	6	3
1904408	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	6	3	6	3
1904408	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	14	7	14	7
1904408	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	10	5	10	5
1904408	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	6	1	6	1
1904408	100058089FU	MCG16-1056	706258615675	Waterproof Mattress Pad	EA	6	24	4	24	4
1904408	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	60	15	60	15
1904408	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	20	5	20	5
1904408	100058085QN	MCG21-1040	706258617631	MS Essential Bed Bug Pillow Co	EA	10	10	1	10	1
1904408	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	8	168	28	168	28
1904408	100058083KG	MCG21-1049	706258616337	Pillow Cover	EA	6	66	11	66	11

Total Weight: 1842.86
 Total Quantity Ordered: 686
 Total Cartons Ordered: 149
 Total Quantity Shipped: 686
 Total Cartons Shipped: 149

Date: 3/9/2020 8:03:55 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000425907	
Name: E & E COMPANY LTD		 (402)06757163000425907	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: NEW LEGEND TRUCKING	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: LHC8016	
VENDOR:		Seal number(s): 2128619	
FOB: <input type="checkbox"/>		SCAC: LEGS	
SHIP TO		Pro Number: N/A	
Name: Macys Home MMG Gandy DC Location #: GN		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 4130 Gandy Blvd.			
City/State/Zip: Tampa, FL 33611		Prepaid: Collect: X 3rd Party:	
CID#:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Dept: 0814 FOB: <input type="checkbox"/>		Appointment Time Actual Driver Arrival Time Driver Departure Time	
SPECIAL INSTRUCTIONS: Load #: 50629992		AM AM AM	
		PM PM PM	
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1904408	149	1842.86	Y N		
Grand Total	149	1842.86			


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
4	Pallet			200.00		Pallet		
		109	ctns	1663.77		Mattress Pads	149265	100
		40	ctns	179.09		Sheet Set & Pillowcase	49390 Sub 4	175
4		149		2042.86		Grand Total		

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

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

<p>SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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SHIP FROM		Bill of Lading Number: 06757163000425853	
Name:	E & E COMPANY LTD	 (402)06757163000425853	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95778		
SID#:			
PHONE:		CARRIER NAME: NEW LEGEND TRUCKING	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: LHC8016	
Name:	Macys Home MMG Goodyear DC Location #: AZ	Seal number(s): 2128619	
Address:	16575 West Commerce Lane	SCAC: LEGS	
City/State/Zip:	Goodyear, AZ 85338	Pro Number: N/A	
CID#:			
Dept:	0614		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time
SPECIAL INSTRUCTIONS:		AM	AM
Load #: 50629992		PM	PM
Packing List Is Attached		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1904408	34	464.23	Y N	
Grand Total	34	464.23		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 306</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		25	ctns	415.79		Mattress Pads	149265	100
		9	ctns	48.44		Sheet Set & Pillowcase	49390 Sub 4	175
1		34		514.23		Grand Total		

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

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

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

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

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

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

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

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

Customer: MACYS HOME MMG GOODYEAR DC

Ship Date: 03/09/2020

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

BILL TO:
MACYS HOME MMG
2101 EAST KEMPER ROAD
CINCINNATI, OH 45241
US

SHIP TO:
MACYS HOME MMG GOODYEAR DC
16575 WEST COMMERCE LANE
GOODYEAR, AZ 85338
US


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1904408	100058088TW	MCG16-1042	706258615583	Mattress Pad	EA	6	6	1	6	1
1904408	100058088TX	MCG16-1043	706258615606	Mattress Pad	EA	6	12	2	12	2
1904408	100058088FU	MCG16-1044	706258615347	Mattress Pad	EA	6	6	1	6	1
1904408	100058088QN	MCG16-1045	706258615576	Mattress Pad	EA	4	40	10	40	10
1904408	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	16	4	16	4
1904408	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	2	1	2	1
1904408	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	2	1	2	1
1904408	100058089FU	MCG16-1056	706258615675	Waterproof Mattress Pad	EA	6	12	2	12	2
1904408	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	4	1	4	1
1904408	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	8	2	8	2
1904408	100058085KG	MCG21-1041	706258617624	MS Essential Bed Bug Pillow Co	EA	10	20	2	20	2
1904408	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	30	5	30	5
1904408	100058083KG	MCG21-1049	706258616337	Pillow Cover	EA	6	12	2	12	2

Total Weight: 464.23
 Total Quantity Ordered: 170
 Total Cartons Ordered: 34
 Total Quantity Shipped: 170
 Total Cartons Shipped: 34

Date: 3/9/2020 8:03:51 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home MMG Goodyear DC Location #: AZ
Address:	221 Hanson Way	Address:	16576 West Commerce Lane
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Goodyear, AZ 85338
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06767163000425853		CARRIER NAME: NEW LEGEND TRUCKING	
		Responsible Acct.No:	
(402)06767163000425853		Trailer number: LHC8016	
		Seal number(s): 2128619	
		SCAC: LEGS	
		Pro Number: N/A	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X 3rd Party:
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time Driver Departure Time
Load #: 50629992		AM	AM AM
Packing List is Attached		PM	PM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1904408	34	464.23	Y N	
Grand Total	34	464.23		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 309</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		25	ctns	416.79		Mattress Pads	149265	100
		9	ctns	48.44		Sheet Set & Pillowcase	49390 Sub 4	175
1		34		514.23		Grand Total		


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

SHIP FROM:		Bill of Lading Number: 06757163000426072	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95778 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000426072	
SHIP TO:		CARRIER NAME: NEW LEGEND TRUCKING	
Name: Macys Home MMG South Windsor Location #: SW DC Address: 301 Governors Hwy City/State/Zip: South Windsor, CT 06074 CID#: _____ Dept: 0703		Responsible Acct.No: _____ Trailer number: LHC8016 Seal number(s): 2128819	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: LEGS	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: N/A Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 50629992 Packing List Is Attached		Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
9867951	34	751.32	Y N		
Grand Total	34	751.32			

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
2	Pallet			100.00		Pallet		
		34	ctns	751.32		Comforters, Bedspreads	49017	200
2		34		851.32		Grand Total		

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

Customer: MACYS HOME MMG SOUTH WINDSOR DC

Ship Date: 03/09/2020

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:
MACYS HOME MMG 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
9887951	100069907TW	MCG10-1289	732996349305	T Shaggy Comforter Mini Set	EA	2	16	8	16	8
9887951	100069907FQ	MCG10-1290	732996349268	F/Q Shaggy Comforter Mini Set	EA	2	48	24	48	24
9887951	100069907KG	MCG10-1291	732996349282	K Shaggy Comforter Mini Set	EA	2	4	2	4	2

Total Weight: 751.32
 Total Quantity Ordered: 68
 Total Cartons Ordered: 34
 Total Quantity Shipped: 68
 Total Cartons Shipped: 34

Date: 3/9/2020 8:03:47 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757183000426072	
Name:	E & E COMPANY LTD	 (402)06757163000426072	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: NEW LEGEND TRUCKING Responsible Acct.No:	
SHIP TO		Trailer number: LHC8016	Seal number(s): 2128619
Name:	Macys Home MMG South Windsor Location #: SW DC	SCAC: LEGS	Pro Number: N/A
Address:	301 Governors Hwy		
City/State/Zip:	South Windsor, CT 06074		
CID#:			
Dept:	0703	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
THIRD PARTY FREIGHT CHARGES BILL TO:		Prepaid:	Collect: X 3rd Party:
Name:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Address:		Appointment Time	Actual Driver Arrival Time
City/State/Zip:		AM	AM
SPECIAL INSTRUCTIONS:		PM	PM
Load #: 50629992		Driver Departure Time	AM
Packing List Is Attached			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
9887951	34	751.32	Y N	
Grand Total	34	751.32		


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 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		34	ctns	751.32		Comforters, Bedspreads	49017	200
2		34		851.32		Grand Total		

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

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
--	---

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

SHIP FROM		Bill of Lading Number: 06757163000426058	
Name: E & E COMPANY LTD		 (402)06757163000426058	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: NEW LEGEND TRUCKING	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: LHC8016	
VENDOR: FOB: <input type="checkbox"/>		Seal number(s): 2128619	
SHIP TO		SCAC: LEGS	
Name: Macys Home MMG Bailey Rd DC Location #: BA		Pro Number: N/A	
Address: 300 South Bailey Road			
City/State/Zip: North Jackson, OH 44451			
CID#:			
Dept: 0703 FOB: <input type="checkbox"/>			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <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 #: 50629992		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
9867951	24	567.83	Y N	
Grand Total	24	567.83		

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(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		24	ctns	567.83		Comforters, Bedspreads	49017	200
1		24		617.83		Grand Total		

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

Ship Date: 03/09/2020

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:
MACYS 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
9867951	100069907TW	MCG10-1289	732996349305	T Shaggy Comforter Mini Set	EA	2	10	5	10	5
9867951	100069907FQ	MCG10-1290	732996349268	F/Q Shaggy Comforter Mini Set	EA	2	18	9	18	9
9867951	100069907K3	MCG10-1291	732996349282	K Shaggy Comforter Mini Set	EA	2	20	10	20	10

Total Weight:	567.83
Total Quantity Ordered:	48
Total Cartons Ordered:	24
Total Quantity Shipped:	48
Total Cartons Shipped:	24

Date: 3/9/2020 8:03:43 AM

Bill of Lading

Page 1 of 1

SHIP FROM					SHIP TO				
Name: E & E COMPANY LTD					Name: Macys Home MMG 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: 0703				
VENDOR:					FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757163000426058					CARRIER NAME: NEW LEGEND TRUCKING				
					Responsible Acct.No:				
(402)06757163000426058					Trailer number: LHC8016				
					Seal number(s): 2128619				
					SCAC: LEGS				
					Pro Number: N/A				
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:					Actual Driver Arrival Time				
Load #: 50629992					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			
9867951			24	567.83	Y N				
Grand Total			24	567.83					
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(a) of NMFC Item 360</small>	PACKAGE		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
1	Pallet			50.00		Pallet			
		24	ctns	567.83		Comforters, Bedspreads	49017	200	
1		24		617.83		Grand Total			

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

_____ per _____

COD Amount: _____

Fee Terms: Collect: 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.

ShipmentCartonDetail(300042588)

Customer PO No.	Est PO No.	Routing No.	Item No.	Item Description	Pallet ID	Carton No.	Carton ID	Ship To	Case Pack Qty	Status
1904408	5348837	R2020022509022212	MCG16-1045	Mattress Pad	00106757163001860476	0646855991	00006757166468559917	0004	4	Loaded
1904408	5348837	R2020022509022212	MCG16-1052	Waterproof Mattress Cover	00106757163001860544	0646855992	00006757166468559924	0004	2	Loaded
1904408	5348837	R2020022509022212	MCG16-1056	Waterproof Mattress Pad	00106757163001860544	0646855993	00006757166468559931	0004	6	Loaded
1904408	5348837	R2020022509022212	MCG21-1048	Pillow Cover	00106757163001860544	0646855994	00006757166468559946	0004	6	Loaded
1904408	5348857	R2020022509022212	MCG16-1044	Mattress Pad	00106757163001860544	0646856072	00006757166468560722	0028	6	Loaded
1904408	5348857	R2020022509022212	MCG16-1045	Mattress Pad	00106757163001860476	0646856073	00006757166468560739	0028	4	Loaded
1904408	5348857	R2020022509022212	MCG16-1046	Mattress Pad	00106757163001860476	0646856074	00006757166468560746	0028	4	Loaded
1904408	5348858	R2020022509022212	MCG16-1043	Mattress Pad	00106757163001860544	0646856075	00006757166468560753	0029	6	Loaded
1904408	5348858	R2020022509022212	MCG16-1044	Mattress Pad	00106757163001860544	0646856076	00006757166468560760	0029	6	Loaded
1904408	5348858	R2020022509022212	MCG16-1045	Mattress Pad	00106757163001860476	0646856077	00006757166468560777	0029	4	Loaded
1904408	5348860	R2020022509022212	MCG16-1043	Mattress Pad	00106757163001860544	0646856081	00006757166468560814	0031	6	Loaded
1904408	5348860	R2020022509022212	MCG16-1045	Mattress Pad	00106757163001860476	0646856082	00006757166468560821	0031	4	Loaded
1904408	5348860	R2020022509022212	MCG16-1045	Mattress Pad	00106757163001860476	0646856083	00006757166468560838	0031	4	Loaded
1904408	5348860	R2020022509022212	MCG16-1046	Mattress Pad	00106757163001860476	0646856084	00006757166468560845	0031	4	Loaded
1904408	5348860	R2020022509022212	MCG16-1052	Waterproof Mattress Cover	00106757163001860476	0646856085	00006757166468560852	0031	2	Loaded
1904408	5348860	R2020022509022212	MCG16-1053	Waterproof Mattress Cover	00106757163001860544	0646856086	00006757166468560869	0031	2	Loaded
1904408	5348860	R2020022509022212	MCG16-1056	Waterproof Mattress Pad	00106757163001860544	0646856087	00006757166468560876	0031	6	Loaded
1904408	5348860	R2020022509022212	MCG16-1057	Waterproof Mattress Pad	00106757163001860544	0646856088	00006757166468560883	0031	4	Loaded
1904408	5348860	R2020022509022212	MCG21-1048	Pillow Cover	00106757163001860544	0646856089	00006757166468560890	0031	6	Loaded
1904408	5348860	R2020022509022212	MCG21-1049	Pillow Cover	00106757163001860544	0646856090	00006757166468560906	0031	6	Loaded
1904408	5348863	R2020022509022212	MCG16-1044	Mattress Pad	00106757163001860544	0646856102	00006757166468561026	0034	6	Loaded
1904408	5348863	R2020022509022212	MCG16-1045	Mattress Pad	00106757163001860476	0646856103	00006757166468561033	0034	4	Loaded
1904408	5348863	R2020022509022212	MCG16-1051	Waterproof Mattress Cover	00106757163001860544	0646856104	00006757166468561040	0034	2	Loaded
1904408	5348863	R2020022509022212	MCG16-1057	Waterproof Mattress Pad	00106757163001860544	0646856105	00006757166468561057	0034	4	Loaded
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1904408	5348865	R2020022509022212	MCG16-1050	Waterproof Mattress Cover	00106757163001860476	0646856110	00006757166468561101	0037	2	Loaded
1904408	5348865	R2020022509022212	MCG21-1048	Pillow Cover	00106757163001860544	0646856111	00006757166468561118	0037	6	Loaded
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1904408	5348868	R2020022509022212	MCG21-1048	Pillow Cover	00106757163001860544	0646856119	00006757166468561194	0040	6	Loaded
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1904408	5348870	R2020022509022212	MCG16-1044	Mattress Pad	00106757163001860544	0646856125	00006757166468561255	0042	6	Loaded
1904408	5348870	R2020022509022212	MCG16-1045	Mattress Pad	00106757163001860476	0646856126	00006757166468561262	0042	4	Loaded
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1904408	5348871	R2020022509022212	MCG16-1042	Mattress Pad	00106757163001860544	0646856128	00006757166468561286	0044	6	Loaded
1904408	5348871	R2020022509022212	MCG16-1045	Mattress Pad	00106757163001860476	0646856129	00006757166468561293	0044	4	Loaded
1904408	5348871	R2020022509022212	MCG16-1046	Mattress Pad	00106757163001860476	0646856130	00006757166468561300	0044	4	Loaded
1904408	5348873	R2020022509022212	MCG16-1042	Mattress Pad	00106757163001860544	0646856133	00006757166468561339	0046	6	Loaded
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1904408	5348876	R2020022509022212	MCG16-1042	Mattress Pad	00106757163001860544	0646856143	00006757166468561439	0049	6	Loaded
1904408	5348876	R2020022509022212	MCG16-1046	Mattress Pad	00106757163001860476	0646856144	00006757166468561446	0049	4	Loaded
1904408	5348876	R2020022509022212	MCG16-1052	Waterproof Mattress Cover	00106757163001860544	0646856145	00006757166468561453	0049	2	Loaded
1904408	5348876	R2020022509022212	MCG16-1058	Waterproof Mattress Pad	00106757163001860476	0646856146	00006757166468561460	0049	4	Loaded
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1904408	5348877	R2020022509022212	MCG16-1043	Mattress Pad	00106757163001860544	0646856148	00006757166468561484	0051	6	Loaded
1904408	5348877	R2020022509022212	MCG16-1044	Mattress Pad	00106757163001860544	0646856149	00006757166468561491	0051	6	Loaded
1904408	5348877	R2020022509022212	MCG16-1058	Waterproof Mattress Pad	00106757163001860544	0646856150	00006757166468561507	0051	4	Loaded
1904408	5348897	R2020022509022212	MCG16-1056	Waterproof Mattress Pad	00106757163001860544	0646856229	00006757166468562290	0083	6	Loaded
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1904408	5348911	R2020022509022212	MCG21-1048	Pillow Cover	00106757163001860544	0646856267	00006757166468562672	0114	6	Loaded
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1904408	5348926	R2020022509022212	MCG16-1044	Mattress Pad	00106757163001860544	0646856309	00006757166468563099	0178	6	Loaded
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1904408	5348927	R2020022509022212	MCG16-1045	Mattress Pad</						

1904408	5348928	R2020022509022212	MCG16-1058	Waterproof Mattress Pad	00106757163001860544	0646856318	00006757166468563181	0182	4	Loaded
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1904408	5348929	R2020022509022212	MCG16-1042	Mattress Pad	00106757163001860476	0646856320	00006757166468563204	0184	6	Loaded
1904408	5348929	R2020022509022212	MCG16-1044	Mattress Pad	00106757163001860544	0646856321	00006757166468563211	0184	6	Loaded
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1904408	5348939	R2020022509022212	MCG16-1057	Waterproof Mattress Pad	00106757163001860544	0646856356	00006757166468563563	0207	4	Loaded
1904408	5348940	R2020022509022212	MCG16-1058	Waterproof Mattress Pad	00106757163001860544	0646856357	00006757166468563570	0208	4	Loaded
1904408	5348949	R2020022509022212	MCG16-1045	Mattress Pad	00106757163001860476	0646856390	00006757166468563907	0226	4	Loaded

Wendy Yang

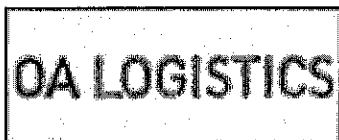
From: Wendy Yang
Sent: Monday, June 01, 2020 11:08 AM
To: 'CSR@newlegendinc.com'
Subject: ** Third request: POD Request

Hello,
Can you please provide me with the below POD.

Master BOL: 06757163000426201
Ship date: 03/09/2020
PO: 1904408
Trailer Number: LHC8016
Seal Number: 2128619
Load Number: 50629992

Thank you,

Wendy Yang
Compliance Administrator



WOD Office: (530) 669-5991 Ext. 112
Fax: (530) 668-1709
WD2 Office: (530) 662-1011 Ext. 110
Fax: (530) 662-1171
wendy.yang@jlahome.com

Wendy Yang

From: Wendy Yang
Sent: Friday, June 05, 2020 7:32 AM
To: 'CSR@newlegendinc.com'
Subject: RE: ** Third request ** POD Request

Importance: High

Hello,
Can you please provide me with the below POD.

Master BOL: 06757163000426201
Ship date: 03/09/2020
PO: 1904408
Trailer Number: LHC8016
Seal Number: 2128619
Load Number: 50629992

Thank you,

Wendy Yang
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WD2 Office: (530) 662-1011 Ext. 110
Fax: (530) 662-1171
wendy.yang@jlahome.com

From: Wendy Yang [<mailto:wendy.yang@jlahome.com>]
Sent: Thursday, May 28, 2020 10:01 AM
To: 'CSR@newlegendinc.com'
Subject: POD Request

Hello,
Can you please provide me with the below POD.

Master BOL: 06757163000426201
Ship date: 03/09/2020
PO: 1904408
Trailer Number: LHC8016
Seal Number: 2128619
Load Number: 50629992

Thank you,

Wendy Yang
Compliance Administrator



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Fax: (530) 668-1709
WD2 Office: (530) 662-1011 Ext. 110
Fax: (530) 662-1171
wendy.yang@jlahome.com