

Date: 2/26/2020 9:05:35 AM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757163000425167	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:	FOB: <input type="checkbox"/>		

SHIP TO		CARRIER NAME: Schneider	
Name:	Macys /Bloom Consolidation Center DC#:	Trailer number:	TA156957
	Div.	Seal number(s):	9610999
Address:	14141 Alondra Boulevard	SCAC:	SCNN
		Pro Number:	
City/State/Zip:	Santa Fe Spgs, CA 90670		
SID#:	FOB: <input type="checkbox"/>		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50612192		7:00 AM PM	7:00 AM PM
		Driver Departure Time	9:25 AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO		
					BOL#	DC#	Supplier#
1577037	5	35.68	Y	N	06757163000423712	SW	
1577037	2	14.32	Y	N	06757163000423699	TU	
1577037	8	57.92	Y	N	06757163000423767	HU	
1787698	5	33.71	Y	N	06757163000424139	BA	
7966946	12	39.60	Y	N	06757163000423835	AZ	
1577037	7	51.98	Y	N	06757163000423743	GN	
1577037	7	48.32	Y	N	06757163000423750	CL	
1577037	4	30.48	Y	N	06757163000423781	BA	
1787698	2	14.76	Y	N	06757163000424085	JP	
1787698	4	27.10	Y	N	06757163000424108	CL	
1787698	2	13.44	Y	N	06757163000424122	SC	
1787698	5	37.45	Y	N	06757163000424146	HA	
1777820	21	112.92	Y	N	06757163000425150	AZ	

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

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

COD Amount \$ \_\_\_\_\_

Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

Shipper Signature

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

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

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

*Alp mo 2.26.20*

*[Signature]* 2/26/20

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SID#:		FOB:	<input type="checkbox"/>
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Name:	Macys /Bloom Consolidation Center	DC#:	
		Div.	
Address:	14141 Alondra Boulevard	Trailer number:	TA156957
		Seal number(s):	9610999
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 50612192		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
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1577037	6	33.90	Y	N	06757163000423736	JP	
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1577037	12	70.67	Y	N	06757163000423774	SC	
1577037	3	22.03	Y	N	06757163000423798	DV	
1577521	21	239.83	Y	N	06757163000423866	BA	
1577521	20	234.91	Y	N	06757163000423903	SW	
7966946	5	16.50	Y	N	06757163000423811	CD	
7966946	11	36.30	Y	N	06757163000423828	MB	
1127731	18	365.04	Y	N	06757163000422906	AZ	
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1577521	37	362.97	Y	N	06757163000423927	GN	
1577521	11	171.99	Y	N	06757163000423965	DV	

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<p><b>SHIPPER SIGNATURE / DATE</b></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><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p><b>Freight Counted:</b></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><b>CARRIER SIGNATURE / PICKUP DATE</b></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>
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City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name:	Macys /Bloom Consolidation Center	DC#:	
		Div.	
Address:	14141 Alondra Boulevard	Trailer number:	TA156957
		Seal number(s):	9610999
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 50612192		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
7966946	14	46.20	Y	N	06757163000423842	OK	
1577521	8	95.13	Y	N	06757163000423873	AZ	
1787665	200	1454.44	Y	N	06757163000424009	MB	
1577521	27	298.17	Y	N	06757163000423910	JP	
1787698	11	81.51	Y	N	06757163000424047	ST	
1787698	21	141.01	Y	N	06757163000424078	CI	
1577521	95	971.92	Y	N	06757163000423859	CI	
1577521	14	194.56	Y	N	06757163000423880	TU	
1577521	38	374.28	Y	N	06757163000423934	CL	
1787698	4	28.20	Y	N	06757163000424030	TU	
1787698	1	7.93	Y	N	06757163000424054	SW	
1787698	5	35.25	Y	N	06757163000424092	GN	
1577510	35	481.42	Y	N	06757163000424153	CD	

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

COD Amount \$ \_\_\_\_\_

Fee Terms:

Collect:

Prepaid:

Customer check acceptable:

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Shipper Signature

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**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.

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000425167	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys /Bloom Consolidation Center DC#: _____ Div. _____ Address: 14141 Alondra Boulevard City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA156957 Seal number(s): 9610999 SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 50612192		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
1577521	33	398.79	Y	N	06757163000423897	ST	
1577521	45	595.54	Y	N	06757163000423941	HU	
1577521	38	415.28	Y	N	06757163000423972	HA	
1787698	3	20.49	Y	N	06757163000424023	AZ	
1787698	5	38.55	Y	N	06757163000424115	HU	
1577037	7	51.51	Y	N	06757163000423705	ST	
1577037	16	109.33	Y	N	06757163000423729	CI	
1787665	110	797.06	Y	N	06757163000423989	AZ	
1787665	222	1598.32	Y	N	06757163000424016	OK	
<b>Grand Total</b>	1264	10996.42					

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Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Schneider
Name:	Macys /Bloom Consolidation Center	Trailer number: TA156957
Address:	14141 Alondra Boulevard	Seal number(s): 9610999
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC: SCNN
SID#:	FOB: <input type="checkbox"/>	Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:	Address:	Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>	3rd Party: <input type="checkbox"/>
City/State/Zip:	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING			
SPECIAL INSTRUCTIONS: Load #: 50612192		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
		AM PM	AM PM	AM PM

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
54	Pallet			2700.00		Pallet		70
		123	ctns	692.04		Shower curtain	49385	77.5
		418	ctns	5313.61		Mattress Pads	149265	100
		87	ctns	400.05		Sheet Set & Pillowcase	49390	175
		636	ctns	4590.72		Throws,Blankets	49040	150
54				13696.42		<b>Grand Total</b>		

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Date: 2/26/2020 9:05:35 AM

## Master Bill Of Lading

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SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys /Bloom Consolidation Center
Address:	221 Hanson Way	DC#:	
City/State/Zip:	Woodland, CA 95776	Div.:	
SID#:		Address:	14141 Alondra Boulevard
	FOB: <input type="checkbox"/>	City/State/Zip:	Santa Fe Spgs, CA 90670
		SID#:	
			FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:			3rd Party: <input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50612192		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION							
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Name: <b>Macys /Bloom Consolidation Center</b> DC#: _____ Div. _____  Address: <b>14141 Alondra Boulevard</b>  City/State/Zip: <b>Santa Fe Spgs, CA 90670</b> SID#: _____ FOB: <input type="checkbox"/>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:  Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>  <input checked="" type="checkbox"/> <b>MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING</b>	
Name: _____ Address: _____  City/State/Zip: _____  <b>SPECIAL INSTRUCTIONS:</b> Load #: 50612192			
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1577037	12	70.67	Y	N	06757163000423774	SC	
1577037	3	22.03	Y	N	06757163000423798	DV	
1577521	21	239.83	Y	N	06757163000423866	BA	
1577521	20	234.91	Y	N	06757163000423903	SW	
7966946	5	16.50	Y	N	06757163000423811	CD	
7966946	11	36.30	Y	N	06757163000423828	MB	
1127731	18	365.04	Y	N	06757163000422906	AZ	
1577037	4	27.30	Y	N	06757163000423804	HA	
1577521	37	362.97	Y	N	06757163000423927	GN	
1577521	11	171.99	Y	N	06757163000423965	DV	

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**Master Bill Of Lading**

Page 3 of 5

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000425167	
Name:	E & E COMPANY LTD		
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:		FOB:	<input type="checkbox"/>
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name:	Macys /Bloom Consolidation Center	DC#:	
		Div.	
Address:	14141 Alondra Boulevard	Trailer number:	TA156957
		Seal number(s):	9610999
City/State/Zip:	Santa Fe Spgs, CA 90670	SCAC:	SCNN
SID#:		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/>	MASTER BILL OF LANDING: WITH ATTACHED
<b>SPECIAL INSTRUCTIONS:</b>		(check box) UNDERLYING BILLS OF LANDING	
Load #: 50612192		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
7966946	14	46.20	Y	N	06757163000423842	OK	
1577521	8	95.13	Y	N	06757163000423873	AZ	
1787665	200	1454.44	Y	N	06757163000424009	MB	
1577521	27	298.17	Y	N	06757163000423910	JP	
1787698	11	81.51	Y	N	06757163000424047	ST	
1787698	21	141.01	Y	N	06757163000424078	CI	
1577521	95	971.92	Y	N	06757163000423859	CI	
1577521	14	194.56	Y	N	06757163000423880	TU	
1577521	38	374.28	Y	N	06757163000423934	CL	
1787698	4	28.20	Y	N	06757163000424030	TU	
1787698	1	7.93	Y	N	06757163000424054	SW	
1787698	5	35.25	Y	N	06757163000424092	GN	
1577510	35	481.42	Y	N	06757163000424153	CD	

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

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

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

COD Amount \$ \_\_\_\_\_

Fee Terms: Collect:  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: 2/26/2020 9:05:35 AM

# Master Bill Of Lading

<b>SHIP FROM</b>		Master Bill of Lading Number: 06757163000425167	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ FOB: <input type="checkbox"/>			
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys /Bloom Consolidation Center DC#: _____ Div. _____ Address: 14141 Alondra Boulevard City/State/Zip: Santa Fe Spgs, CA 90670 SID#: _____ FOB: <input type="checkbox"/>		Trailer number: TA156957 Seal number(s): 9610999 SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms:	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS:</b> Load #: 50612192		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
		Appointment Time AM PM	Actual Driver Arrival Time AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
			Y	N		DC#	Supplier#
1577521	33	398.79	Y	N	06757163000423897	ST	
1577521	45	595.54	Y	N	06757163000423941	HU	
1577521	38	415.28	Y	N	06757163000423972	HA	
1787698	3	20.49	Y	N	06757163000424023	AZ	
1787698	5	38.55	Y	N	06757163000424115	HU	
1577037	7	51.51	Y	N	06757163000423705	ST	
1577037	16	109.33	Y	N	06757163000423729	CI	
1787665	110	797.06	Y	N	06757163000423989	AZ	
1787665	222	1598.32	Y	N	06757163000424016	OK	
<b>Grand Total</b>	1264	10996.42					

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

Date: 2/26/2020 9:05:35 AM

## Master Bill Of Lading

Page 5 of 5

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys /Bloom Consolidation Center
Address:	221 Hanson Way	DC#:	
City/State/Zip:	Woodland, CA 95776	Div.:	
SID#:		Address:	14141 Alondra Boulevard
	FOB: <input type="checkbox"/>	City/State/Zip:	Santa Fe Spgs, CA 90670
		SID#:	
			FOB: <input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 50612192		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	
		AM	
		PM	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
54	Pallet			2700.00		Pallet		70
		123	ctns	692.04		Shower curtain	49385	77.5
		418	ctns	5313.61		Mattress Pads	149265	100
		87	ctns	400.05		Sheet Set & Pillowcase	49390	175
		636	ctns	4590.72		Throws,Blankets	49040	150
54				13696.42		<b>Grand Total</b>		

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

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

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

COD Amount \$ \_\_\_\_\_

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

## Trailer Loaded:


 By Shipper By Driver

## Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423750	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000423750	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home Store Minooka DC Location #: CL Address: 601 Midpoint Rd. City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0602 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577037	7	48.32	Y N	
<b>Grand Total</b>	<b>7</b>	<b>48.32</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	48.32		Shower curtain	49385	77.5
1		7		98.32		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

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


**SHIP TO:**

MACYS HOME STORE MINOOKA DC  
601 MIDPOINT RD.  
MINOOKA, IL 60447  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577037	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1143	086569170446	Johnston Shower Curtain	EA	3	3	1	3	1
1577037	MCH70977	MCH70-977	086569111128	Paris Shower Curtain	EA	3	3	1	3	1
1577037	MCH70994	MCH70-994	086569111296	Sorrel Shower Curtain	EA	3	3	1	3	1
1577037	MCH70998	MCH70-998	086569111333	Delilah Shower Curtain	EA	3	3	1	3	1
1577037	N/A	SWV70-0007H	086569263391	Blossom Shower Curtain	EA	3	6	2	6	2

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<b>Total Weight:</b>	<b>48.32</b>
<b>Total Quantity Ordered:</b>	<b>21</b>
<b>Total Cartons Ordered:</b>	<b>7</b>
<b>Total Quantity Shipped:</b>	<b>21</b>
<b>Total Cartons Shipped:</b>	<b>7</b>

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424153	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000424153	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home MMG Cheshire DC Location #: CD Address: 475 Knotter Drive City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>  <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: AM/PM Actual Driver Arrival Time: AM/PM Driver Departure Time: AM/PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577510	35	481.42	Y N	
<b>Grand Total</b>	35	481.42		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		35	ctns	481.42		Mattress Pads	149265	100
1		35		531.42		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**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	Ctns Ordered	Qty Shipped	Ctns Shipped
1577510	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	76	19	76	19
1577510	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	36	9	36	9
1577510	100058089CK	MCG16-1059	706258615613	Waterproof Mattress Pad	EA	2	14	7	14	7

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**Total Weight:** 481.42  
**Total Quantity Ordered:** 126  
**Total Cartons Ordered:** 35  
**Total Quantity Shipped:** 126  
**Total Cartons Shipped:** 35

# Bill Of Lading

SHIP FROM		SHIP TO										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Bill of Lading Number: 06757163000424153  (402)06757163000424153 CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999 SCAC: SCNN Pro Number: _____										
Name: Macys Home MMG Cheshire DC Location #: CD Address: 475 Knotter Drive City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0614		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Appointment Time</th> <th style="width: 25%;">Actual Driver Arrival Time</th> <th style="width: 25%;">Driver Departure Time</th> </tr> </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										
THIRD PARTY FREIGHT CHARGES BILL TO:												
Name: _____ Address: _____ City/State/Zip: _____		SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577510	35	481.42	Y N	
<b>Grand Total</b>	35	481.42		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		35	ctns	481.42		Mattress Pads	149265	100
1		35		531.42		<b>Grand Total</b>		


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

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

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424139	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000424139	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home MMG Bailey Rd DC Location #: BA Address: 300 South Bailey Road City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999 SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1787698	5	33.71	Y	N	
<b>Grand Total</b>	5	33.71			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	33.71		Throws,Blankets	49040	150
1		5		83.71		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**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
1787698	10016635TW	MCG51-235	675716585969	T Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635TW	MCG51-239	675716586003	T Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635FQ	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635KG	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	4	2	4	2

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<b>Total Weight:</b>	<b>33.71</b>
<b>Total Quantity Ordered:</b>	<b>10</b>
<b>Total Cartons Ordered:</b>	<b>5</b>
<b>Total Quantity Shipped:</b>	<b>10</b>
<b>Total Cartons Shipped:</b>	<b>5</b>

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424139	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000424139	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home MMG Bailey Rd DC Location #: BA Address: 300 South Bailey Road City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
			Driver Departure Time
			AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1787698	5	33.71	Y N	
<b>Grand Total</b>	5	33.71		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	33.71		Throws,Blankets	49040	150
1		5		83.71		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM	SHIP TO									
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>	Bill of Lading Number: 06757163000424023  (402)06757163000424023 CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999 SCAC: SCNN Pro Number: _____									
Name: Macys Home MMG Goodyear DC Location #: AZ Address: 16575 West Commerce Lane City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Appointment Time</th> <th style="width: 25%;">Actual Driver Arrival Time</th> <th style="width: 25%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time								
AM	AM	AM								
PM	PM	PM								
THIRD PARTY FREIGHT CHARGES BILL TO:										
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached										

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1787698	3	20.49	Y	N	
<b>Grand Total</b>	3	20.49			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	20.49		Throws,Blankets	49040	150
1		3		70.49		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**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 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
1787698	10016635FQ	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635FQ	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	4	2	4	2

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<b>Total Weight:</b>	<b>20.49</b>
<b>Total Quantity Ordered:</b>	<b>6</b>
<b>Total Cartons Ordered:</b>	<b>3</b>
<b>Total Quantity Shipped:</b>	<b>6</b>
<b>Total Cartons Shipped:</b>	<b>3</b>

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424023										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000424023										
<b>SHIP TO</b>		CARRIER NAME: Schneider										
Name: Macys Home MMG Goodyear DC Location #: AZ Address: 16575 West Commerce Lane City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999 SCAC: SCNN Pro Number: _____										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Appointment Time</th> <th style="width:33%;">Actual Driver Arrival Time</th> <th style="width:33%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1787698	3	20.49	Y N	
<b>Grand Total</b>		3	20.49	


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	20.49		Throws,Blankets	49040	150
1		3		70.49		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424078
Name: E & E COMPANY LTD		 (402)06757163000424078
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	<b>CARRIER NAME:</b> Schneider

<b>SHIP TO</b>		Trailer number: TA156957
Name: Macys Home MMG Los Angeles Location #: CI DC		Seal number(s): 9610999
Address: 15541 East Gale Ave		<b>SCAC:</b> SCNN
City/State/Zip: City of Industry, CA 91745		<b>Pro Number:</b>
CID#:		
Dept: 0784	FOB: <input type="checkbox"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Name:		<b>Prepaid:</b>	<b>Collect: X</b> <b>3rd Party:</b>
Address:		<input type="checkbox"/>	Master Bill of Lading: with attached
City/State/Zip:		(check box)	underlying Bills of Lading
<b>SPECIAL INSTRUCTIONS:</b>		Appointment Time	Actual Driver Arrival Time
Load #: 50612192		AM	AM
Packing List is Attached		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1787698	21	141.01	Y    N	
<b>Grand Total</b>	21	141.01		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		21	ctns	141.01		Throws,Blankets	49040	150
1		21		191.01		<b>Grand Total</b>		

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

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

Ship Date: 02/26/2020

**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
1787698	10016635TW	MCG51-238	675716585990	T Micro Fleece Knitted Blanket	EA	2	6	3	6	3
1787698	10016635TW	MCG51-239	675716586003	T Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635TW	MCG51-240	675716586010	T Micro Fleece Knitted Blanket	EA	2	4	2	4	2
1787698	10016635FQ	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635FQ	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	6	3	6	3
1787698	10016635FQ	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	8	4	8	4
1787698	10016635FQ	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	4	2	4	2
1787698	10016635KG	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	4	2	4	2
1787698	10016635KG	MCG51-250	675716586119	K Micro Fleece Knitted Blanket	EA	2	2	1	2	1
1787698	10016635KG	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635KG	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	2	1	2	1

<b>Total Weight:</b>	<b>141.01</b>
<b>Total Quantity Ordered:</b>	<b>42</b>
<b>Total Cartons Ordered:</b>	<b>21</b>
<b>Total Quantity Shipped:</b>	<b>42</b>
<b>Total Cartons Shipped:</b>	<b>21</b>

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424078	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000424078	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home MMG Los Angeles Location #: CI DC Address: 15541 East Gale Ave City/State/Zip: City of Industry, CA 91745 CID#: _____ Dept: 0784 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1787698	21	141.01	Y N	
<b>Grand Total</b>	21	141.01		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		21	ctns	141.01		Throws,Blankets	49040	150
1		21		191.01		<b>Grand Total</b>		


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

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

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424085	
Name: E & E COMPANY LTD		 (402)06757163000424085	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA156957	
Name: Macys Home MMG Joppa DC Location #: JP		Seal number(s): 9610999	
Address: 3300 Fashion Way		SCAC: SCNN	
City/State/Zip: Joppa, MD 21085		Pro Number:	
CID#:			
Dept: 0784			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Load #: 50612192 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
1787698	2	14.76	Y N	
<b>Grand Total</b>	<b>2</b>	<b>14.76</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	14.76		Throws,Blankets	49040	150
1		2		64.76		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

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

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1787698	10016635FQ	MCG51-241	675716586027	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635KG	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	2	1	2	1

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<b>Total Weight:</b>	<b>14.76</b>
<b>Total Quantity Ordered:</b>	<b>4</b>
<b>Total Cartons Ordered:</b>	<b>2</b>
<b>Total Quantity Shipped:</b>	<b>4</b>
<b>Total Cartons Shipped:</b>	<b>2</b>

SHIP FROM		SHIP TO										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		Bill of Lading Number: 06757163000424085  (402)06757163000424085 CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999 SCAC: SCNN Pro Number: _____										
Name: Macys Home MMG Joppa DC      Location #: JP Address: 3300 Fashion Way City/State/Zip: Joppa, MD 21085 CID#: _____ Dept: 0784		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box)      Master Bill of Lading: with attached underlying Bills of Lading <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
THIRD PARTY FREIGHT CHARGES BILL TO:												
Name: _____ Address: _____ City/State/Zip: _____		SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached										

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1787698	2	14.76	Y	N	
<b>Grand Total</b>	2	14.76			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	14.76		Throws,Blankets	49040	150
1		2		64.76		<b>Grand Total</b>		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b>                      This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                      Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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SHIP FROM		Bill of Lading Number: 06757163000423897
Name: E & E COMPANY LTD	 (402)06757163000423897	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR: <span style="float: right;">FOB: <input type="checkbox"/></span>	CARRIER NAME: Schneider	

SHIP TO		Responsible Acct.No:
Name: Macys Home MMG Stone Mountain DC	Location #: ST	Trailer number: TA156957
Address: 4401 Sarr Parkway		Seal number(s): 9610999
City/State/Zip: Stone Mountain, GA 30083		SCAC: SCNN
CID#:		Pro Number:
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: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
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: Load #: 50612192	AM	AM
Packing List is Attached	PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577521	33	398.79	Y N	
<b>Grand Total</b>	33	398.79		

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		
		29	ctns	382.07		Mattress Pads	149265	100
		4	ctns	16.72		Sheet Set & Pillowcase	49390	175
1		33		448.79		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

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

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577521	100058088TX	MCG16-1043	706258615606	Mattress Pad	EA	6	6	1	6	1
1577521	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	12	3	12	3
1577521	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	2	1	2	1
1577521	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	2	1	2	1
1577521	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	10	5	10	5
1577521	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	2	1	2	1
1577521	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	18	3	18	3
1577521	100058089FU	MCG16-1056	706258615675	Waterproof Mattress Pad	EA	6	30	5	30	5
1577521	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	12	3	12	3
1577521	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	24	6	24	6
1577521	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	24	4	24	4

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<b>Total Weight:</b>	<b>398.79</b>
<b>Total Quantity Ordered:</b>	<b>142</b>
<b>Total Cartons Ordered:</b>	<b>33</b>
<b>Total Quantity Shipped:</b>	<b>142</b>
<b>Total Cartons Shipped:</b>	<b>33</b>

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423897	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423897	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home MMG Stone Location #: ST Mountain DC Address: 4401 Sarr Parkway City/State/Zip: Stone Mountain, GA 30083 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577521	33	398.79	Y N	
<b>Grand Total</b>	33	398.79		


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		
		29	ctns	382.07		Mattress Pads	149265	100
		4	ctns	16.72		Sheet Set & Pillowcase	49390	175
1		33		448.79		<b>Grand Total</b>		

<p>Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:                  "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</p>	<p><b>COD Amount:</b> _____</p> <p>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;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p>Freight Counted: <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b>                  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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<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423798	
Name: E & E COMPANY LTD		 (402)06757163000423798	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA156957	
Name: Macys Home Store Denver DC Location #: DV		Seal number(s): 9610999	
Address: 510 East 51st Avenue		SCAC: SCNN	
City/State/Zip: Denver, CO 80216		Pro Number:	
CID#:			
Dept: 0602			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 50612192 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
1577037	3	22.03	Y N	
<b>Grand Total</b>		3	22.03	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	22.03		Shower curtain	49385	77.5
1		3		72.03		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577037	N/A	MCH70-1144	086569170460	Hawthorn Shower Curtain	EA	3	3	1	3	1
1577037	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1
1577037	N/A	SWV70-0007H	086569263391	Blossom Shower Curtain	EA	3	3	1	3	1

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<b>Total Weight:</b>	<b>22.03</b>
<b>Total Quantity Ordered:</b>	<b>9</b>
<b>Total Cartons Ordered:</b>	<b>3</b>
<b>Total Quantity Shipped:</b>	<b>9</b>
<b>Total Cartons Shipped:</b>	<b>3</b>

Date: 2/26/2020 9:05:05 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423798	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423798	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home Store Denver DC      Location #: DV Address: 510 East 51st Avenue  City/State/Zip: Denver, CO 80216 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____  City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577037	3	22.03	Y    N	
<b>Grand Total</b>	3	22.03		


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		3	ctns	22.03		Shower curtain	49385	77.5
1		3		72.03		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;"><b>Shipper Signature</b></div>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757163000424054
Name: E & E COMPANY LTD		 (402)06757163000424054
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Schneider
Name: Macys Home MMG South Windsor Location #: SW DC		Responsible Acct.No:
Address: 301 Governors Hwy		Trailer number: TA156957
City/State/Zip: South Windsor, CT 06074		Seal number(s): 9610999
CID#:		
Dept: 0784	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN
Name:		Pro Number:
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS: Load #: 50612192		
Packing List is Attached		

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Appointment Time AM PM	Actual Driver Arrival Time AM PM
Driver Departure Time AM PM	Driver Departure Time AM PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1787698	1	7.93	Y N	
<b>Grand Total</b>	1	7.93		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	7.93		Throws,Blankets	49040	150
1		1		57.93		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**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
1787698	10016635KG	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	2	1	2	1

---

<b>Total Weight:</b>	7.93
<b>Total Quantity Ordered:</b>	2
<b>Total Cartons Ordered:</b>	1
<b>Total Quantity Shipped:</b>	2
<b>Total Cartons Shipped:</b>	1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424054	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000424054	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home MMG South Windsor Location #: SW DC Address: 301 Governors Hwy City/State/Zip: South Windsor, CT 06074 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)  Prepaid: _____ Collect: <b>X</b> 3rd Party: _____  <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1787698	1	7.93	Y N	
<b>Grand Total</b>	1	7.93		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		1	ctns	7.93		Throws,Blankets	49040	150
1		1		57.93		<b>Grand Total</b>		

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

<b>COD Amount:</b> _____
Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>
Customer check acceptable: <input type="checkbox"/>

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


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

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

**Shipper Signature**

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

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423927										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000423927										
<b>SHIP TO</b>		CARRIER NAME: Schneider										
Name: Macys Home MMG Gandy DC Location #: GN Address: 4130 Gandy Blvd. City/State/Zip: Tampa, FL 33611 CID#: _____ Dept: 0614 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999 SCAC: SCNN Pro Number: _____										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: <input type="checkbox"/> Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Appointment Time</th> <th style="width: 25%;">Actual Driver Arrival Time</th> <th style="width: 25%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577521	37	362.97	Y N	
<b>Grand Total</b>	37	362.97		

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		
		27	ctns	316.54		Mattress Pads	149265	100
		10	ctns	46.43		Sheet Set & Pillowcase	49390	175
1		37		412.97		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**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
1577521	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	4	1	4	1
1577521	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	2	1	2	1
1577521	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	12	6	12	6
1577521	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	4	2	4	2
1577521	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	12	2	12	2
1577521	100058089FU	MCG16-1056	706258615675	Waterproof Mattress Pad	EA	6	12	2	12	2
1577521	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	32	8	32	8
1577521	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	20	5	20	5
1577521	100058085KG	MCG21-1041	706258617624	MS Essential Bed Bug Pillow Co	EA	10	10	1	10	1
1577521	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	54	9	54	9

**Total Weight:** 362.97  
**Total Quantity Ordered:** 162  
**Total Cartons Ordered:** 37  
**Total Quantity Shipped:** 162  
**Total Cartons Shipped:** 37

SHIP FROM		SHIP TO								
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____	Bill of Lading Number: 06757163000423927  (402)06757163000423927 CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999 SCAC: SCNN Pro Number: _____									
Name: Macys Home MMG Gandy DC      Location #: GN Address: 4130 Gandy Blvd. City/State/Zip: Tampa, FL 33611 CID#: _____ Dept: 0614	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X      3rd Party: <input type="checkbox"/> (check box)      Master Bill of Lading: with attached underlying Bills of Lading									
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Appointment Time</th> <th style="width: 33%;">Actual Driver Arrival Time</th> <th style="width: 33%;">Driver Departure Time</th> </tr> </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								

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1577521	37	362.97	Y    N		
<b>Grand Total</b>	37	362.97			

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		
		27	ctns	316.54		Mattress Pads	149265	100
		10	ctns	46.43		Sheet Set & Pillowcase	49390	175
1		37		412.97		<b>Grand Total</b>		

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


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

<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 2/26/2020 9:05:17 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423835	
Name: E & E COMPANY LTD		 (402)06757163000423835	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA156957	
VENDOR: <span style="float: right;">FOB: <input type="checkbox"/></span>		Seal number(s): 9610999	
<b>SHIP TO</b>		SCAC: SCNN	
Name: Macys Home Store Goodyear DC Location #: AZ		Pro Number:	
Address: 16575 West Commerce Drive			
City/State/Zip: Goodyear, AZ 85338			
CID#:			
Dept: 0602 <span style="float: right;">FOB: <input type="checkbox"/></span>			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <b>X</b> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7966946	12	39.60	Y N	
<b>Grand Total</b>	12	39.60		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	39.60		Shower curtain	49385	77.5
1		12		89.60		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

MACYS.COM (DC)  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45241  
US


**SHIP TO:**

MACYS HOME STORE GOODYEAR DC  
16575 WEST COMMERCE DRIVE  
GOODYEAR, AZ 85338  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7966946	MCH701687	MCC70-1694	086569348234	Ciel Shower Curtain	EA	3	36	12	36	12

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<b>Total Weight:</b>	39.6
<b>Total Quantity Ordered:</b>	36
<b>Total Cartons Ordered:</b>	12
<b>Total Quantity Shipped:</b>	36
<b>Total Cartons Shipped:</b>	12

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423835	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423835	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home Store Goodyear DC Location #: AZ Address: 16575 West Commerce Drive City/State/Zip: Goodyear, AZ 85338 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
7966946	12	39.60	Y	N	
<b>Grand Total</b>	12	39.60			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	39.60		Shower curtain	49385	77.5
1		12		89.60		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;"><b>Shipper Signature</b></div>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423705	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423705	
<b>SHIP TO</b>		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
Name: Macys Home Store Stone Mountain DC      Location #: ST Address: 4401 Sarr Parkway City/State/Zip: Stone Mountain, GA 30083 CID#: _____ Dept: 0602		SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box)                      Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577037	7	51.51	Y    N	
<b>Grand Total</b>	<b>7</b>	<b>51.51</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	51.51		Shower curtain	49385	77.5
1		7		101.51		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

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


**SHIP TO:**

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

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577037	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	6	2	6	2
1577037	N/A	MCH70-1491	086569255518	La Dolce Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1495	086569263384	Sorrento Shower Curtain	EA	3	3	1	3	1
1577037	MCH70994	MCH70-994	086569111296	Sorrel Shower Curtain	EA	3	3	1	3	1
1577037	MCH70998	MCH70-998	086569111333	Delilah Shower Curtain	EA	3	3	1	3	1
1577037	N/A	SWV70-0007H	086569263391	Blossom Shower Curtain	EA	3	3	1	3	1

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<b>Total Weight:</b>	<b>51.51</b>
<b>Total Quantity Ordered:</b>	<b>21</b>
<b>Total Cartons Ordered:</b>	<b>7</b>
<b>Total Quantity Shipped:</b>	<b>21</b>
<b>Total Cartons Shipped:</b>	<b>7</b>

SHIP FROM		Bill of Lading Number: 06757163000423705
Name: E & E COMPANY LTD		
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776	(402)06757163000423705	
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Schneider
Name: Macys Home Store Stone Mountain DC	Location #: ST	Responsible Acct.No:
Address: 4401 Sarr Parkway	Trailer number: TA156957	
City/State/Zip: Stone Mountain, GA 30083	Seal number(s): 9610999	
CID#:		
Dept: 0602	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN
Name:	Pro Number:	
Address:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
City/State/Zip:	Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
SPECIAL INSTRUCTIONS: Load #: 50612192	<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Packing List is Attached	Appointment Time	Actual Driver Arrival Time
	AM	AM
	PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1577037	7	51.51	Y	N	
<b>Grand Total</b>	7	51.51			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	51.51		Shower curtain	49385	77.5
1		7		101.51		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;"><b>Shipper Signature</b></div>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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SHIP FROM		Bill of Lading Number: 06757163000423903
Name: E & E COMPANY LTD		 (402)06757163000423903
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: Schneider
Name: Macys Home MMG South Windsor Location #: SW DC		Responsible Acct.No:
Address: 301 Governors Hwy		Trailer number: TA156957
City/State/Zip: South Windsor, CT 06074		Seal number(s): 9610999
CID#:		
Dept: 0614	FOB: <input type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: SCNN
Name:		Pro Number:
Address:		
City/State/Zip:		
SPECIAL INSTRUCTIONS: Load #: 50612192		
Packing List is Attached		

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Appointment Time	Actual Driver Arrival Time
AM	AM
PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577521	20	234.91	Y N	
<b>Grand Total</b>	20	234.91		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		18	ctns	226.55		Mattress Pads	149265	100
		2	ctns	8.36		Sheet Set & Pillowcase	49390	175
1		20		284.91		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**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
1577521	100058088FU	MCG16-1044	706258615347	Mattress Pad	EA	6	6	1	6	1
1577521	100058088QN	MCG16-1045	706258615576	Mattress Pad	EA	4	16	4	16	4
1577521	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	4	1	4	1
1577521	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	2	1	2	1
1577521	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	2	1	2	1
1577521	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	6	3	6	3
1577521	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	2	1	2	1
1577521	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	6	1	6	1
1577521	100058089FU	MCG16-1056	706258615675	Waterproof Mattress Pad	EA	6	12	2	12	2
1577521	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	8	2	8	2
1577521	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	4	1	4	1
1577521	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	12	2	12	2

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**Total Weight:** 234.91  
**Total Quantity Ordered:** 80  
**Total Cartons Ordered:** 20  
**Total Quantity Shipped:** 80  
**Total Cartons Shipped:** 20

Date: 2/26/2020 9:05:26 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423903	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423903	
<b>SHIP TO</b>		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
Name: Macys Home MMG South Windsor Location #: SW DC Address: 301 Governors Hwy City/State/Zip: South Windsor, CT 06074 CID#: _____ Dept: 0614		SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577521	20	234.91	Y N	
<b>Grand Total</b>	20	234.91		


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		
		18	ctns	226.55		Mattress Pads	149265	100
		2	ctns	8.36		Sheet Set & Pillowcase	49390	175
1		20		284.91		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;"><b>Shipper Signature</b></div>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423934										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423934										
<b>SHIP TO</b>		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999										
Name: Macys Home MMG Minooka DC    Location #: CL Address: 601 Midpoint Rd. City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0614		SCAC: SCNN Pro Number: _____										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> (check box)                      Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Appointment Time</td> <td style="width: 33%;">Actual Driver Arrival Time</td> <td style="width: 33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1577521	38	374.28	Y    N		
<b>Grand Total</b>	38	374.28			

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	(X)	Pallet		
		24	ctns	315.76		Mattress Pads	149265	100
		14	ctns	58.52		Sheet Set & Pillowcase	49390	175
1		38		424.28		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**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
1577521	100058088FU	MCG16-1044	706258615347	Mattress Pad	EA	6	6	1	6	1
1577521	100058088QN	MCG16-1045	706258615576	Mattress Pad	EA	4	4	1	4	1
1577521	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	10	5	10	5
1577521	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	4	2	4	2
1577521	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	12	2	12	2
1577521	100058089FU	MCG16-1056	706258615675	Waterproof Mattress Pad	EA	6	48	8	48	8
1577521	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	8	2	8	2
1577521	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	12	3	12	3
1577521	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	84	14	84	14

**Total Weight:** 374.28  
**Total Quantity Ordered:** 188  
**Total Cartons Ordered:** 38  
**Total Quantity Shipped:** 188  
**Total Cartons Shipped:** 38

Date: 2/26/2020 9:05:30 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423934	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423934	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home MMG Minooka DC Location #: CL Address: 601 Midpoint Rd. City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577521	38	374.28	Y N	
<b>Grand Total</b>	38	374.28		


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		
		24	ctns	315.76		Mattress Pads	149265	100
		14	ctns	58.52		Sheet Set & Pillowcase	49390	175
1		38		424.28		<b>Grand Total</b>		

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

<p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right;"><b>Shipper Signature</b></p>
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<p><b>SHIPPER SIGNATURE / DATE</b>                  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></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><b>CARRIER SIGNATURE / PICKUP DATE</b>                  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p>
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<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423736	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423736	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home Store Joppa DC      Location #: JP Address: 3300 Fashion Way City/State/Zip: Joppa, MD 21085 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party:	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box)                      underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1577037	6	33.90	Y	N	
<b>Grand Total</b>		6	33.90		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	33.90		Shower curtain	49385	77.5
1		6		83.90		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;"><b>Shipper Signature</b></div>		
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width: 50%;"> <b>Trailer Loaded:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver                 </td> <td style="width: 50%;"> <b>Freight Counted:</b>  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces                 </td> </tr> </table>	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.		

**Customer:** MACYS HOME STORE JOPPA DC

**Ship Date:** 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

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

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577037	N/A	MCH70-1493	086569263377	Victoria Shower Curtain	EA	3	3	1	3	1
1577037	MCH70977	MCH70-977	086569111128	Paris Shower Curtain	EA	3	6	2	6	2
1577037	MCH70998	MCH70-998	086569111333	Delilah Shower Curtain	EA	3	6	2	6	2
1577037	N/A	SWV70-0007H	086569263391	Blossom Shower Curtain	EA	3	3	1	3	1


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<b>Total Weight:</b>	<b>33.9</b>
<b>Total Quantity Ordered:</b>	<b>18</b>
<b>Total Cartons Ordered:</b>	<b>6</b>
<b>Total Quantity Shipped:</b>	<b>18</b>
<b>Total Cartons Shipped:</b>	<b>6</b>

Date: 2/26/2020 9:02:30 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Joppa DC Location #: JP
Address:	221 Hanson Way	Address:	3300 Fashion Way
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Joppa, MD 21085
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000423736		Trailer number: TA156957	
		Seal number(s): 9610999	
(402)06757163000423736		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
3rd Party:		Master Bill of Lading: with attached underlying Bills of Lading	
<input type="checkbox"/>		(check box)	
Appointment Time		Actual Driver Arrival Time	
AM		AM	
PM		PM	
Driver Departure Time		AM	
		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 50612192			
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577037	6	33.90	Y N	
<b>Grand Total</b>	<b>6</b>	<b>33.90</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		6	ctns	33.90		Shower curtain	49385	77.5
1		6		83.90		<b>Grand Total</b>		

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

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

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:


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

## CARRIER SIGNATURE / PICKUP DATE

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

Date: 2/26/2020 9:02:33 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423811	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757163000423811	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home Store Cheshire DC Location #: CD Address: 475 Knotter Drive City/State/Zip: Cheshire, CT 06410 CID#: _____ Dept: 0602 FOB: <input type="checkbox"/>		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7966946	5	16.50	Y N	
<b>Grand Total</b>	5	16.50		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	16.50		Shower curtain	49385	77.5
1		5		66.50		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

MACYS.COM (DC)  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45241  
US

**SHIP TO:**

MACYS HOME STORE CHESHIRE DC  
475 KNOTTER DRIVE  
CHESHIRE, CT 06410  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7966946	MCH701687	MCC70-1694	086569348234	Ciel Shower Curtain	EA	3	15	5	15	5


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<b>Total Weight:</b>	<b>16.5</b>
<b>Total Quantity Ordered:</b>	<b>15</b>
<b>Total Cartons Ordered:</b>	<b>5</b>
<b>Total Quantity Shipped:</b>	<b>15</b>
<b>Total Cartons Shipped:</b>	<b>5</b>

Date: 2/26/2020 9:02:33 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store 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:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000423811		Trailer number: TA156957	
		Seal number(s): 9610999	
(402)06757163000423811		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: <input checked="" type="checkbox"/>	
3rd Party:		3rd Party: <input type="checkbox"/>	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50612192 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
7966946	5	16.50	Y	N	
<b>Grand Total</b>	<b>5</b>	<b>16.50</b>			

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	16.50		Shower curtain	49385	77.5
1		5		66.50		<b>Grand Total</b>		

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

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

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

SHIP FROM		Bill of Lading Number: 06757163000423729
Name: E & E COMPANY LTD	 (402)06757163000423729	
Address: 221 Hanson Way		
City/State/Zip: Woodland, CA 95776		
SID#:		
PHONE:		
VENDOR: _____	FOB: <input type="checkbox"/>	CARRIER NAME: Schneider
		Responsible Acct.No:

SHIP TO		Trailer number: TA156957
Name: Macys Home Store Los Angeles Location #: CI DC	Seal number(s): 9610999  SCAC: SCNN Pro Number:	
Address: 15541 East Gale Avenue		
City/State/Zip: City of Industry, CA 91745		
CID#:		
Dept: 0602		
		FOB: <input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)														
Name:	Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>  <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 25%;">Appointment Time</th> <th style="width: 25%;">Actual Driver Arrival Time</th> <th style="width: 25%;">Driver Departure Time</th> <th style="width: 25%;"></th> </tr> <tr> <td style="text-align: center;">AM</td> <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> <td style="text-align: center;">PM</td> </tr> </table>				Appointment Time	Actual Driver Arrival Time	Driver Departure Time		AM	AM	AM	AM	PM	PM	PM	PM
Appointment Time					Actual Driver Arrival Time	Driver Departure Time										
AM					AM	AM	AM									
PM	PM	PM	PM													
Address:																
City/State/Zip:	SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached															

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1577037	16	109.33	Y	N	
<b>Grand Total</b>	16	109.33			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	109.33		Shower curtain	49385	77.5
1		16		159.33		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

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


**SHIP TO:**

MACYS HOME STORE LOS ANGELES DC  
15541 EAST GALE AVENUE  
CITY OF INDUSTRY, CA 91745  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577037	MCH701001	MCH70-1001	086569111364	Serene Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1141	086569170408	Elm Waffle Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1142	086569170422	Durant Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1143	086569170446	Johnston Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1144	086569170460	Hawthorn Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1491	086569255518	La Dolce Shower Curtain	EA	3	6	2	6	2
1577037	N/A	MCH70-1493	086569263377	Victoria Shower Curtain	EA	3	6	2	6	2
1577037	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	6	2	6	2
1577037	MCH70994	MCH70-994	086569111296	Sorrel Shower Curtain	EA	3	3	1	3	1
1577037	MCH70998	MCH70-998	086569111333	Delilah Shower Curtain	EA	3	3	1	3	1
1577037	N/A	SWV70-0007H	086569263391	Blossom Shower Curtain	EA	3	9	3	9	3

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<b>Total Weight:</b>	<b>109.33</b>
<b>Total Quantity Ordered:</b>	<b>48</b>
<b>Total Cartons Ordered:</b>	<b>16</b>
<b>Total Quantity Shipped:</b>	<b>48</b>
<b>Total Cartons Shipped:</b>	<b>16</b>

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423729										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423729										
<b>SHIP TO</b>		CARRIER NAME: Schneider Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999										
Name: Macys Home Store Los Angeles Location #: CI DC Address: 15541 East Gale Avenue City/State/Zip: City of Industry, CA 91745 CID#: _____ Dept: 0602		SCAC: SCNN Pro Number: _____										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Appointment Time</th> <th style="width:25%;">Actual Driver Arrival Time</th> <th style="width:25%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577037	16	109.33	Y N	
<b>Grand Total</b>	16	109.33		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		16	ctns	109.33		Shower curtain	49385	77.5
1		16		159.33		<b>Grand Total</b>		

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

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <p style="text-align: right;"><b>Shipper Signature</b></p>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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**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: 06757163000423699  
  
 (402)06757163000423699

**SHIP TO**  
 Name: Macys Home Store Tukwila DC Location #: TU  
 Address: 17000 Southcenter Parkway  
 City/State/Zip: Tukwila, WA 98188  
 CID#: \_\_\_\_\_  
 Dept: 0602 FOB:

**CARRIER NAME:** Schneider  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: TA156957  
 Seal number(s): 9610999

**SCAC:** SCNN  
**Pro Number:** \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:**  
 Load #: 50612192  
 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
1577037	2	14.32	Y	N	
<b>Grand Total</b>	<b>2</b>	<b>14.32</b>			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	14.32		Shower curtain	49385	77.5
1		2		64.32		<b>Grand Total</b>		

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

**COD Amount:** \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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

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

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

**Customer:** MACYS HOME STORE TUKWILA DC

**Ship Date:** 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACYS HOME STORE TUKWILA DC  
17000 SOUTHCENTER PARKWAY  
TUKWILA, WA 98188  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577037	N/A	MCH70-1143	086569170446	Johnston Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1144	086569170460	Hawthorn Shower Curtain	EA	3	3	1	3	1


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<b>Total Weight:</b>	<b>14.32</b>
<b>Total Quantity Ordered:</b>	<b>6</b>
<b>Total Cartons Ordered:</b>	<b>2</b>
<b>Total Quantity Shipped:</b>	<b>6</b>
<b>Total Cartons Shipped:</b>	<b>2</b>

Date: 2/26/2020 9:02:41 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Tukwila DC Location #: TU
Address:	221 Hanson Way	Address:	17000 Southcenter Parkway
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Tukwila, WA 98188
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000423699		Trailer number: TA156957	
		Seal number(s): 9610999	
(402)06757163000423699		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party:	
Appointment Time		Master Bill of Lading: with attached underlying Bills of Lading	
Actual Driver Arrival Time		Driver Departure Time	
AM		AM	
PM		PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 50612192			
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1577037	2	14.32	Y	N	
<b>Grand Total</b>	<b>2</b>	<b>14.32</b>			

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	14.32		Shower curtain	49385	77.5
1		2		64.32		<b>Grand Total</b>		

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

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

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:


 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423774	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423774	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home Store Secaucus DC Location #: SC Address: 500 Meadowlands Parkway  City/State/Zip: Secaucus, NJ 07094 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____  City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1577037	12	70.67	Y	N	
<b>Grand Total</b>	12	70.67			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	70.67		Shower curtain	49385	77.5
1		12		120.67		<b>Grand Total</b>		

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

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

**Ship Date:** 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACYS HOME STORE SECAUCUS DC  
500 MEADOWLANDS PARKWAY  
SECAUCUS, NJ 07094  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577037	MCH701001	MCH70-1001	086569111364	Serene Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1143	086569170446	Johnston Shower Curtain	EA	3	6	2	6	2
1577037	N/A	MCH70-1491	086569255518	La Dolce Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1495	086569263384	Sorrento Shower Curtain	EA	3	3	1	3	1
1577037	MCH70977	MCH70-977	086569111128	Paris Shower Curtain	EA	3	3	1	3	1
1577037	MCH70994	MCH70-994	086569111296	Sorrel Shower Curtain	EA	3	3	1	3	1
1577037	MCH70998	MCH70-998	086569111333	Delilah Shower Curtain	EA	3	6	2	6	2
1577037	N/A	SWV70-0007H	086569263391	Blossom Shower Curtain	EA	3	9	3	9	3

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<b>Total Weight:</b>	<b>70.67</b>
<b>Total Quantity Ordered:</b>	<b>36</b>
<b>Total Cartons Ordered:</b>	<b>12</b>
<b>Total Quantity Shipped:</b>	<b>36</b>
<b>Total Cartons Shipped:</b>	<b>12</b>

**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: 06757163000423774  
  
 (402)06757163000423774

**SHIP TO**  
 Name: Macys Home Store Secaucus DC Location #: SC  
 Address: 500 Meadowlands Parkway  
 City/State/Zip: Secaucus, NJ 07094  
 CID#: \_\_\_\_\_  
 Dept: 0602 FOB:

**CARRIER NAME:** Schneider  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: TA156957  
 Seal number(s): 9610999

**SCAC:** SCNN  
**Pro Number:** \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:**  
 Load #: 50612192  
 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  
 (check box)

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
1577037	12	70.67	Y	N	
<b>Grand Total</b>	12	70.67			

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		12	ctns	70.67		Shower curtain	49385	77.5
1		12		120.67		<b>Grand Total</b>		

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

**COD Amount:** \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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

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

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

**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: 06757163000423866  
  
 (402)06757163000423866

**CARRIER NAME:** Schneider  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: TA156957  
 Seal number(s): 9610999

**SHIP TO**  
 Name: Macys Home MMG Bailey Rd DC Location #: BA  
 Address: 300 South Bailey Road  
 City/State/Zip: North Jackson, OH 44451  
 CID#: \_\_\_\_\_  
 Dept: 0614 FOB:

**SCAC:** SCNN  
**Pro Number:** \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:**  
 Load #: 50612192  
 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
1577521	21	239.83	Y	N	
<b>Grand Total</b>	21	239.83			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		20	ctns	235.65		Mattress Pads	149265	100
		1	ctns	4.18		Sheet Set & Pillowcase	49390	175
1		21		289.83		<b>Grand Total</b>		

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

**COD Amount:** \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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

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

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

**Customer:** MACYS HOME MMG BAILEY RD DC

**Ship Date:** 02/26/2020

**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
1577521	100058088TX	MCG16-1043	706258615606	Mattress Pad	EA	6	6	1	6	1
1577521	100058088FU	MCG16-1044	706258615347	Mattress Pad	EA	6	12	2	12	2
1577521	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	8	2	8	2
1577521	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	2	1	2	1
1577521	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	2	1	2	1
1577521	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	8	4	8	4
1577521	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	4	2	4	2
1577521	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	12	2	12	2
1577521	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	12	3	12	3
1577521	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	8	2	8	2
1577521	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	6	1	6	1

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<b>Total Weight:</b>	<b>239.83</b>
<b>Total Quantity Ordered:</b>	<b>80</b>
<b>Total Cartons Ordered:</b>	<b>21</b>
<b>Total Quantity Shipped:</b>	<b>80</b>
<b>Total Cartons Shipped:</b>	<b>21</b>

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423866										
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423866										
<b>SHIP TO</b>		CARRIER NAME: Schneider										
Name: Macys Home MMG Bailey Rd DC Location #: BA Address: 300 South Bailey Road City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0614		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999 SCAC: SCNN Pro Number: _____										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)										
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading										
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577521	21	239.83	Y N	
<b>Grand Total</b>		21	239.83	

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		20	ctns	235.65		Mattress Pads	149265	100
		1	ctns	4.18		Sheet Set & Pillowcase	49390	175
1		21		289.83		<b>Grand Total</b>		

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;">Shipper Signature _____</div>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 2/26/2020 9:02:50 AM

**Bill Of Lading**

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Houston DC Location #: HU
Address:	221 Hanson Way	Address:	2103 Ernestine
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Houston, TX 77023
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000423767		Trailer number: TA156957	
		Seal number(s): 9610999	
(402)06757163000423767		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50612192		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
1577037	8	57.92	Y	N	
<b>Grand Total</b>	8	57.92			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	57.92		Shower curtain	49385	77.5
1		8		107.92		<b>Grand Total</b>		

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

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

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

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

Fee Terms:

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

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

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

Shipper Signature

**SHIPPER SIGNATURE / DATE**

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

 By Shipper By Driver/pallets said to contain By Driver/Pieces**CARRIER SIGNATURE / PICKUP DATE**

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

**Customer:** MACYS HOME STORE HOUSTON DC

**Ship Date:** 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**

MACYS HOME STORE HOUSTON DC  
2103 ERNESTINE  
HOUSTON, TX 77023  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577037	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1143	086569170446	Johnston Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1493	086569263377	Victoria Shower Curtain	EA	3	9	3	9	3
1577037	MCH70977	MCH70-977	086569111128	Paris Shower Curtain	EA	3	3	1	3	1
1577037	MCH70998	MCH70-998	086569111333	Delilah Shower Curtain	EA	3	3	1	3	1
1577037	N/A	SWV70-0007H	086569263391	Blossom Shower Curtain	EA	3	3	1	3	1


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**Total Weight:** 57.92  
**Total Quantity Ordered:** 24  
**Total Cartons Ordered:** 8  
**Total Quantity Shipped:** 24  
**Total Cartons Shipped:** 8

Date: 2/26/2020 9:02:50 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home Store Houston DC Location #: HU
Address:	221 Hanson Way	Address:	2103 Ernestine
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Houston, TX 77023
SID#:		CID#:	
PHONE:		Dept:	0602
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000423767		Trailer number: TA156957	
		Seal number(s): 9610999	
(402)06757163000423767		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Trailer number: TA156957		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Seal number(s): 9610999		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SCAC: SCNN		Appointment Time	
Pro Number:		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:			
Load #: 50612192			
Packing List is Attached			

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1577037	8	57.92	Y	N	
<b>Grand Total</b>	<b>8</b>	<b>57.92</b>			

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 366</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		8	ctns	57.92		Shower curtain	49385	77.5
1		8		107.92		<b>Grand Total</b>		

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

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

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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


## CARRIER SIGNATURE / PICKUP DATE

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

Date: 2/26/2020 9:02:54 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 95776	City/State/Zip:	City of Industry, CA 91745
SID#:		CID#:	
PHONE:		Dept:	0614
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000423859		Trailer number: TA156957	
		Seal number(s): 9610999	
(402)06757163000423859		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party: <input type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
		AM AM AM	
		PM PM PM	
SPECIAL INSTRUCTIONS:		CUSTOMER ORDER INFORMATION	
Load #: 50612192		CUSTOMER ORDER NUMBER	
Packing List is Attached		# PKGS	
		WEIGHT	
		PALLET/SLIP	
		ADDITIONAL SHIPPER INFO	
		1577521	
		95	
		971.92	
		Y N	
		Grand Total	
		95	
		971.92	

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE		Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
2	Pallet				Pallet		
		83	ctns	915.14	Mattress Pads	149265	100
		12	ctns	56.78	Sheet Set & Pillowcase	49390	175
2		95		1071.92	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 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 LOS ANGELES DC

Ship Date: 02/26/2020

**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
1577521	100058088TX	MCG16-1043	706258615606	Mattress Pad	EA	6	6	1	6	1
1577521	100058088FU	MCG16-1044	706258615347	Mattress Pad	EA	6	12	2	12	2
1577521	100058088QN	MCG16-1045	706258615576	Mattress Pad	EA	4	4	1	4	1
1577521	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	4	1	4	1
1577521	100058088CK	MCG16-1047	706258615118	Mattress Pad	EA	2	20	10	20	10
1577521	100058084TW	MCG16-1050	706258616399	Waterproof Mattress Cover	EA	2	16	8	16	8
1577521	100058084FU	MCG16-1051	706258616351	Waterproof Mattress Cover	EA	2	2	1	2	1
1577521	100058084QN	MCG16-1052	706258616375	Waterproof Mattress Cover	EA	2	14	7	14	7
1577521	100058084KG	MCG16-1053	706258616368	Waterproof Mattress Cover	EA	2	8	4	8	4
1577521	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	30	5	30	5
1577521	100058089FU	MCG16-1056	706258615675	Waterproof Mattress Pad	EA	6	48	8	48	8
1577521	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	76	19	76	19
1577521	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	12	3	12	3
1577521	100058089CK	MCG16-1059	706258615613	Waterproof Mattress Pad	EA	2	26	13	26	13
1577521	100058085QN	MCG21-1040	706258617631	MS Essential Bed Bug Pillow Co	EA	10	20	2	20	2
1577521	100058083QN	MCG21-1048	706258616344	Pillow Cover	EA	6	60	10	60	10

**Total Weight:** 971.92  
**Total Quantity Ordered:** 358  
**Total Cartons Ordered:** 95  
**Total Quantity Shipped:** 358  
**Total Cartons Shipped:** 95

Date: 2/26/2020 9:02:54 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000423859
Name:	E & E COMPANY LTD	 (402)06757163000423859
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:		
PHONE:		
VENDOR:	FOB: <input type="checkbox"/>	CARRIER NAME: Schneider
		Responsible Acct.No:

SHIP TO	
Name:	Macys Home MMG Los Angeles Location #: CI DC
Address:	15541 East Gale Ave
City/State/Zip:	City of Industry, CA 91745
CID#:	
Dept:	0614 FOB: <input type="checkbox"/>

Trailer number: TA156957
Seal number(s): 9610999
SCAC: SCNN
Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	
Address:	
City/State/Zip:	
SPECIAL INSTRUCTIONS:	
Load #: 50612192	
Packing List is Attached	

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Prepaid:	Collect: X	3rd Party:
<input type="checkbox"/>	Master Bill of Lading: with attached	
(check box)	underlying Bills of Lading	
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1577521	95	971.92	Y N		
<b>Grand Total</b>	95	971.92			

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 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			100.00		Pallet		
		83	ctns	915.14		Mattress Pads	149265	100
		12	ctns	56.78		Sheet Set & Pillowcase	49390	175
2		95		1071.92		<b>Grand Total</b>		

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

<b>COD Amount:</b> _____
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/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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423712	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423712	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home Store South Windsor Location #: SW DC Address: 301 Governors Hwy City/State/Zip: South Windsor, CT 06074 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
			Driver Departure Time
			AM PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1577037	5	35.68	Y N		
<b>Grand Total</b>	<b>5</b>	<b>35.68</b>			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	35.68		Shower curtain	49385	77.5
1		5		85.68		<b>Grand Total</b>		

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

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

**Fee Terms:** Collect:  Prepaid:

Customer check acceptable:

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

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

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

**Shipper Signature**

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

Trailer Loaded:  By Shipper  By Driver

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

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

**Customer:** MACYS HOME STORE SOUTH WINDSOR DC

**Ship Date:** 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

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

**SHIP TO:**


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

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577037	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1141	086569170408	Elm Waffle Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1491	086569255518	La Dolce Shower Curtain	EA	3	3	1	3	1
1577037	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1
1577037	N/A	SWV70-0007H	086569263391	Blossom Shower Curtain	EA	3	3	1	3	1

Total Weight: 35.68  
 Total Quantity Ordered: 15  
 Total Cartons Ordered: 5  
 Total Quantity Shipped: 15

Date: 2/26/2020 9:02:58 AM

**Bill Of Lading**

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423712									
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423712									
<b>SHIP TO</b>		CARRIER NAME: Schneider									
Name: Macys Home Store South Windsor Location #: SW DC Address: 301 Governors Hwy City/State/Zip: South Windsor, CT 06074 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999									
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN									
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____ Freight Charge Terms: (freight charges are prepaid unless marked otherwise)									
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading									
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Appointment Time</td> <td style="width:33%;">Actual Driver Arrival Time</td> <td style="width:33%;">Driver Departure Time</td> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table>	Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time									
AM	AM	AM									
PM	PM	PM									

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1577037	5	35.68	Y N		
<b>Grand Total</b>	5	35.68			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00	(X)	Pallet		
		5	ctns	35.68		Shower curtain	49385	77.5
1		5		85.68		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature _____</div>
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Trailer Loaded: 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: 2/26/2020 9:03:02-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: 06757163000424115



(402)06757163000424115

**SHIP TO**

Name: Macys Home MMG Houston DC Location #: HU  
 Address: 2103 Ernestine  
 City/State/Zip: Houston, TX 77023  
 CID#:  
 Dept: 0784 FOB:

CARRIER NAME: Schneider  
 Responsible Acct.No:  
 Trailer number: TA156957  
 Seal number(s): 9610999  
 SCAC: SCNN  
 Pro Number:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:  
 SPECIAL INSTRUCTIONS:  
 Load #: 50612192  
 Packing List is Attached

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

Prepaid:  Collect:  3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading

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

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1787698	5	38.55	Y	N	
<b>Grand Total</b>	<b>5</b>	<b>38.55</b>			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		5	ctns	38.55		Throws,Blankets	49040	150
1		5		88.55		<b>Grand Total</b>		

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

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

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

**Shipper Signature**

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are property 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 HOUSTON DC

**Ship Date:** 02/26/2020

**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 HOUSTON DC  
2103 ERNESTINE  
HOUSTON, TX 77023  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1787698	10016635FQ	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635KG	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	4	2	4	2
1787698	10016635KG	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635KG	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	2	1	2	1

Total Weight: 38.55  
 Total Quantity Ordered: 10  
 Total Cartons Ordered: 5  
 Total Quantity Shipped: 10

Date: 2/26/2020 9:03:02 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: 06757163000424115



(402)06757163000424115

**SHIP TO**

Name: Macys Home MMG Houston DC Location #: HU  
 Address: 2103 Ernestine  
 City/State/Zip: Houston, TX 77023  
 CID#:  
 Dept: 0784 FOB:

CARRIER NAME: Schneider  
 Responsible Acct.No:  
 Trailer number: TA156957  
 Seal number(s): 9610999  
 SCAC: SCNN  
 Pro Number:

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name:  
 Address:  
 City/State/Zip:

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

Prepaid:  Collect:  3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading  
 (check box)

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

SPECIAL INSTRUCTIONS:  
 Load #: 50612192  
 Packing List is Attached

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
1787698	5	38.55	Y N		
<b>Grand Total</b>	<b>5</b>	<b>38.55</b>			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360			
1	Pallet			50.00		Pallet			
		5	ctns	38.55		Throws, Blankets		49040	150
1		5		88.55		<b>Grand Total</b>			

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

COD Amount: \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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

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

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



Customer: MACYS HOME STORE MARTINSBURG DC

Ship Date: 02/26/2020

**SHIP FROM:**

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

**BILL TO:**

MACYS.COM (DC)  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45241  
US

**SHIP TO:**

MACYS HOME STORE MARTINSBURG DC  
333 CAPERTON BLVD  
MARTINSBURG, WV 25403  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7966946	MCH701687	MCC70-1694	086569348234	Ciel Shower Curtain	EA	3	33	11	33	11

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Total Weight:	36.3
Total Quantity Ordered:	33
Total Cartons Ordered:	11
Total Quantity Shipped:	33
Total Cartons Shipped:	11

Date: 2/26/2020 9:03:05 AM

# Bill Of Lading

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

Bill of Lading Number: 06757163000423828  
  
 (402)06757163000423828

**SHIP TO**  
 Name: Macys Home Store Martinsburg Location #: MB  
 DC  
 Address: 333 Caperton Blvd  
 City/State/Zip: Martinsburg, WV 25403  
 CID#: \_\_\_\_\_  
 Dept: 0602 FOB:

CARRIER NAME: Schneider  
 Responsible Acct.No: \_\_\_\_\_  
 Trailer number: TA156957  
 Seal number(s): 9610999

SCAC: SCNN  
 Pro Number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

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

SPECIAL INSTRUCTIONS:  
 Load #: 50612192  
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
7966946	11	36.30	Y	N	
<b>Grand Total</b>	<b>11</b>	<b>36.30</b>			

CARRIER INFORMATION						PACKAGE		
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>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1	Pallet			50.00		Pallet		
		11	ctns	36.30		Shower curtain	49385	77.5
1		11		86.30		<b>Grand Total</b>		

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

COD Amount: \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are property 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: 2/26/2020 9:03:08 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macy's Home MMG Owasso DC Location #: OK
Address:	221 Hanson Way	Address:	7120 E.76th Street North
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Owasso, OK 74055
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000424016		Trailer number: TA156957	
		Seal number(s): 9610999	
(402)06757163000424016		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid: <input type="checkbox"/>		Collect: X	
(check box)		3rd Party: <input type="checkbox"/>	
Master Bill of Lading: with attached underlying Bills of Lading		Appointment Time	
		Actual Driver Arrival Time	
		Driver Departure Time	
SPECIAL INSTRUCTIONS:		AM	
Load #: 50612192		PM	
Packing List is Attached		AM	
		PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1787665	222	1598.32	Y N	
<b>Grand Total</b>	<b>222</b>	<b>1598.32</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		222	ctns	1598.32		Throws,Blankets	49040	150
3		222		1748.32		<b>Grand Total</b>		

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

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

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

Fee Terms: Collect:  Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACY'S HOME MMG OWASSO DC

Ship Date: 02/26/2020

**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:**  
MACY'S HOME MMG OWASSO DC  
7120 E.76TH STREET NORTH  
OWASSO, OK 74055  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1787665	10016635TW	MCC51-689	675716586010	Fleece Blanket	EA	2	38	19	38	19
1787665	10016635FQ	MCC51-690	675716586072	Fleece Blanket	EA	2	54	27	54	27
1787665	10016635KG	MCC51-691	675716586133	Fleece Blanket	EA	2	60	30	60	30
1787665	10016635TW	MCC51-692	675716585990	Fleece Blanket	EA	2	16	8	16	8
1787665	10016635FQ	MCC51-693	675716586058	Fleece Blanket	EA	2	8	4	8	4
1787665	10016635KG	MCC51-694	675716586119	Fleece Blanket	EA	2	46	23	46	23
1787665	10016635FQ	MCC51-696	675716586065	Fleece Blanket	EA	2	48	24	48	24
1787665	10016635KG	MCC51-697	675716586126	Fleece Blanket	EA	2	54	27	54	27
1787665	10016635FQ	MCC51-699	675716586027	Fleece Blanket	EA	2	66	33	66	33
1787665	10016635KG	MCC51-700	675716586089	Fleece Blanket	EA	2	54	27	54	27

Total Weight: 1598.32  
 Total Quantity Ordered: 444  
 Total Cartons Ordered: 222  
 Total Quantity Shipped: 444  
 Total Cartons Shipped: 222

Date: 2/26/2020 9:03:08 AM

# Bill Of Lading

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

Bill of Lading Number: 06757163000424016  
  
 (402)06757163000424016

**SHIP TO**  
 Name: Macy's Home MMG Owasso DC Location #: OK  
 Address: 7120 E.76th Street North  
 City/State/Zip: Owasso, OK 74055  
 CID#:  
 Dept: 0784 FOB:

**CARRIER NAME:** Schneider  
 Responsible Acct.No:  
 Trailer number: TA156957  
 Seal number(s): 9610999

**SCAC:** SCNN  
**Pro Number:**

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
 Name:  
 Address:  
 City/State/Zip:

**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

**SPECIAL INSTRUCTIONS:**  
 Load #: 50612192  
 Packing List is Attached

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

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		
1787665	222	1598.32	Y	N	
<b>Grand Total</b>	222	1598.32			

CARRIER INFORMATION						PACKAGE			
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		NMFC #	CLASS
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360			
3	Pallet			150.00		Pallet			
		222	ctns	1598.32		Throws,Blankets		49040	150
3		222		1748.32		<b>Grand Total</b>			

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

**COD Amount:** \_\_\_\_\_  
**Fee Terms:** Collect:  Prepaid:   
 Customer check acceptable:

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

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

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

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


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

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

Date: 2/26/2020 9:03:12 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424047	
Name:	E & E COMPANY LTD	 (402)06757163000424047	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		<b>CARRIER NAME:</b> Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA156957	
Name:	Macys Home MMG Stone Mountain DC	Seal number(s): 9610999	
Address:	4401 Sarr Parkway	<b>SCAC:</b> SCNN	
City/State/Zip:	Stone Mountain, GA 30083	<b>Pro Number:</b>	
CID#:			
Dept:	0784		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:                      Collect: <input checked="" type="checkbox"/> 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50612192		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1787698	11	81.51	Y N	
<b>Grand Total</b>	<b>11</b>	<b>81.51</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	81.51		Throws,Blankets	49040	150
1		11		131.51		<b>Grand Total</b>		

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

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

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

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

Fee Terms:                      Collect:                       Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper  
 By Driver

Freight Counted:

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

## CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME MMG STONE MOUNTAIN DC

Ship Date: 02/26/2020

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1787698	10016635TW	MCG51-235	675716585969	T Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635FQ	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	2	1	2	1
1787698	10016635FQ	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635FQ	MCG51-246	675716586072	F/Q Micro Fleece Knitted Blank	EA	2	2	1	2	1
1787698	10016635KG	MCG51-247	675716586089	K Microfleece Solid Blanket	EA	2	4	2	4	2
1787698	10016635KG	MCG51-251	675716586126	K Microfleece Solid Blanket	EA	2	4	2	4	2
1787698	10016635KG	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	6	3	6	3

Total Weight:	81.51
Total Quantity Ordered:	22
Total Cartons Ordered:	11
Total Quantity Shipped:	22
Total Cartons Shipped:	11

Date: 2/26/2020 9:03:12 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM						SHIP TO					
Name: E & E COMPANY LTD						Name: Macys Home MMG Stone Location #: ST					
Address: 221 Hanson Way						Address: 4401 Sarr Parkway					
City/State/Zip: Woodland, CA 95776						City/State/Zip: Stone Mountain, GA 30083					
SID#:						CID#:					
PHONE:						Dept: 0784					
VENDOR:						FOB: <input type="checkbox"/>					
Bill of Lading Number: 06757163000424047						Trailer number: TA156957					
						Seal number(s): 9610999					
(402)06757163000424047						SCAC: SCNN					
CARRIER NAME: Schneider						Pro Number:					
Responsible Acct.No:						Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
Prepaid: <input type="checkbox"/>						Collect: X					
3rd Party: <input type="checkbox"/>						Master Bill of Lading: with attached underlying Bills of Lading					
Appointment Time						Actual Driver Arrival Time					
AM						AM					
PM						PM					
Driver Departure Time						AM					
PM						PM					
THIRD PARTY FREIGHT CHARGES BILL TO:											
Name:						SPECIAL INSTRUCTIONS:					
Address:						Load #: 50612192					
City/State/Zip:						Packing List is Attached					
CUSTOMER ORDER INFORMATION											
CUSTOMER ORDER NUMBER				# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO			
1787698				11	81.51	Y	N				
<b>Grand Total</b>				11	81.51						
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE				
QTY	TYPE	QTY	TYPE				NMFC #	CLASS			
1	Pallet			50.00		Pallet					
		11	ctns	81.51		Throws, Blankets	49040	150			
1		11		131.51		<b>Grand Total</b>					

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

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

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

## SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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


## CARRIER SIGNATURE / PICKUP DATE

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

Date: 2/26/2020 9:03:16 AM

# Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757163000422906	
Name:	E & E COMPANY LTD	 (402)06757163000422906	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		CARRIER NAME: Schneider	
VENDOR:		Responsible Acct.No:	
SHIP TO		Trailer number: TA156957	
Name:	Macys Home MMG Goodyear DC Location #: AZ	Seal number(s): 9610999	
Address:	16575 West Commerce Lane	SCAC: SCNN	
City/State/Zip:	Goodyear, AZ 85338	Pro Number:	
CID#:			
Dept:	0614		
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 50612192		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
1127731	18	365.04	Y N	
<b>Grand Total</b>	18	365.04		

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
18	ctns			365.04		Mattress Pads	149265	100
18				365.04		<b>Grand Total</b>		

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

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

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

**Shipper Signature**

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

Trailer Loaded:  By Shipper  By Driver

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

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

Customer: MACYS HOME MMG GOODYEAR DC

Ship Date: 02/26/2020

**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 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
1127731	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	72	18	72	18

Total Weight: 365.04  
 Total Quantity Ordered: 72  
 Total Cartons Ordered: 18  
 Total Quantity Shipped: 72  
 Total Cartons Shipped: 18

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000422906	
Name: E & E COMPANY LTD		 (402)06757163000422906	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA156957	
VENDOR:		Seal number(s): 9610999	
FOB: <input type="checkbox"/>		SCAC: SCNN	
<b>SHIP TO</b>		Pro Number:	
Name: Macys Home MMG Goodyear DC Location #: AZ		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address: 16575 West Commerce Lane		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
City/State/Zip: Goodyear, AZ 85338		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	
CID#:			
Dept: 0614		Appointment Time	
FOB: <input type="checkbox"/>		Actual Driver Arrival Time	
SPECIAL INSTRUCTIONS: Load #: 50612192  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	
1127731	18	365.04	Y N		
<b>Grand Total</b>	18	365.04			

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
18	ctns			365.04		Matress Pads	149265	100
18				365.04		<b>Grand Total</b>		

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

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

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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


**Shipper Signature**

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are property 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.

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423842	
Name: E & E COMPANY LTD		 (402)06757163000423842	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA156957	
VENDOR:		Seal number(s): 9610999	
<b>SHIP TO</b>		SCAC: SCNN	
Name: Macys Home Store Tulsa DC Location #: OK		Pro Number:	
Address: 7120 E 76th St North			
City/State/Zip: Owasso, OK 74055			
CID#:			
Dept: 0602			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50612192		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
7966946	14	46.20	Y N	
<b>Grand Total</b>	14	46.20		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		14	ctns	46.20		Shower curtain	49385	77.5
1		14		96.20		<b>Grand Total</b>		

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

Ship Date: 02/26/2020

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

**BILL TO:**  
MACYS.COM (DC)  
2101 EAST KEMPER ROAD  
CINCINNATI, OH 45241  
US

**SHIP TO:**  
MACYS HOME STORE TULSA DC  
7120 E 76TH ST NORTH  
OWASSO, OK 74055  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
7966946	MCH701687	MCC70-1694	086569348234	Ciel Shower Curtain	EA	3	42	14	42	14


Total Weight: 46.2  
 Total Quantity Ordered: 42  
 Total Cartons Ordered: 14  
 Total Quantity Shipped: 42  
 Total Cartons Shipped: 14



Date: 2/26/2020 9:03:23 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423965	
Name: E & E COMPANY LTD		 (402)06757163000423965	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA156957	
VENDOR:		Seal number(s): 9610999	
<b>SHIP TO</b>		SCAC: SCNN	
Name: Macys Home MMG Denver DC Location #: DV		Pro Number:	
Address: 510 East 51st Ave			
City/State/Zip: Devnver, CO 80216			
CID#:			
Dept: 0614			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50612192		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	
1577521	11	171.99	Y N		
<b>Grand Total</b>	11	171.99			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
						Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1	Pallet			50.00		Pallet		
		11	ctns	171.99		Mattress Pads	149265	100
1		11		221.99		<b>Grand Total</b>		

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

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

**Fee Terms:** Collect:  Prepaid:

Customer check acceptable:

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

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

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

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

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

Trailer Loaded:  By Shipper  By Driver

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

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

Customer: MACYS HOME MMG DENVER DC

Ship Date: 02/26/2020

**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  
DEVNVER, 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
1577521	100058088QN	MCG16-1045	706258615576	Mattress Pad	EA	4	12	3	12	3
1577521	100058088KG	MCG16-1046	706258615569	Mattress Pad	EA	4	4	1	4	1
1577521	100058089TW	MCG16-1054	706258615897	Waterproof Mattress Pad	EA	6	6	1	6	1
1577521	100058089QN	MCG16-1057	706258615880	Waterproof Mattress Pad	EA	4	8	2	8	2
1577521	100058089KG	MCG16-1058	706258615873	Waterproof Mattress Pad	EA	4	12	3	12	3
1577521	100058089CK	MCG16-1059	706258615613	Waterproof Mattress Pad	EA	2	2	1	2	1

Total Weight: 171.99

Total Quantity Ordered: 44


Total Cartons Ordered: 11

Total Quantity Shipped: 44

Date: 2/26/2020 9:03:23 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423965	
Name: E & E COMPANY LTD		 (402)06757163000423965	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776			
SID#:			
PHONE:			
VENDOR:		CARRIER NAME: Schneider	
		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA156957	
Name: Macys Home MMG Denver DC Location #: DV		Seal number(s): 9610999	
Address: 510 East 51st Ave		SCAC: SCNN	
City/State/Zip: Devnver, CO 80216		Pro Number:	
CID#:			
Dept: 0614			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Appointment Time Actual Driver Arrival Time Driver Departure Time	
Load #: 50612192		AM AM AM	
Packing List is Attached		PM PM PM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577521	11	171.99	Y N	
<b>Grand Total</b>	11	171.99		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		11	ctns	171.99		Mattress Pads	149265	100
1		11		221.99		<b>Grand Total</b>		

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

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

**Fee Terms:** Collect:  Prepaid:

Customer check acceptable:

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

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

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

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

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

**Trailer Loaded:**  By Shipper  By Driver


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

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

Date: 2/26/2020 9:03:27 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424009	
Name: E & E COMPANY LTD		 (402)06757163000424009	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA156957	
VENDOR:		Seal number(s): 9610999	
<b>SHIP TO</b>		SCAC: SCNN	
Name: Macys Home MMG Martinsburg Location #: MB		Pro Number:	
Address: 333 Caperton Blvd			
City/State/Zip: Martinsburg, WV 25403			
CID#:			
Dept: 0784			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<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 #: 50612192		PM PM PM	
Packing List is Attached			

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1787665	200	1454.44	Y N		
<b>Grand Total</b>	200	1454.44			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		200	ctns	1454.44		Throws, Blankets	49040	150
3		200		1604.44		<b>Grand Total</b>		

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

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

Fee Terms: Collect:  Prepaid:

Customer check acceptable:

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

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

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

**Shipper Signature**

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are property 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 MARTINSBURG DC

Ship Date: 02/26/2020

**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 MARTINSBURG DC  
333 CAPERTON BLVD  
MARTINSBURG, WV 25403  
US

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1787665	10016635TW	MCC51-689	675716586010	Fleece Blanket	EA	2	22	11	22	11
1787665	10016635FQ	MCC51-690	675716586072	Fleece Blanket	EA	2	82	41	82	41
1787665	10016635KG	MCC51-691	675716586133	Fleece Blanket	EA	2	72	36	72	36
1787665	10016635TW	MCC51-692	675716585990	Fleece Blanket	EA	2	14	7	14	7
1787665	10016635KG	MCC51-694	675716586119	Fleece Blanket	EA	2	46	23	46	23
1787665	10016635FQ	MCC51-696	675716586065	Fleece Blanket	EA	2	42	21	42	21
1787665	10016635KG	MCC51-697	675716586126	Fleece Blanket	EA	2	42	21	42	21
1787665	10016635FQ	MCC51-699	675716586027	Fleece Blanket	EA	2	36	18	36	18
1787665	10016635KG	MCC51-700	675716586089	Fleece Blanket	EA	2	44	22	44	22

Total Weight: 1454.44  
 Total Quantity Ordered: 400  
 Total Cartons Ordered: 200  
 Total Quantity Shipped: 400

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424009	
Name: E & E COMPANY LTD		 (402)06757163000424009	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA156957	
VENDOR:		Seal number(s): 9610999	
<b>SHIP TO</b>		SCAC: SCNN	
Name: Macys Home MMG Martinsburg Location #: MB DC		Pro Number:	
Address: 333 Caperton Blvd			
City/State/Zip: Martinsburg, WV 25403			
CID#:			
Dept: 0784			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 50612192		Appointment Time	Actual Driver Arrival Time
Packing List is Attached		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1787665	200	1454.44	Y N	
<b>Grand Total</b>	200	1454.44		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	Pallet			150.00		Pallet		
		200	ctns	1454.44		Throws, Blankets	49040	150
3		200		1604.44		<b>Grand Total</b>		

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


RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  <div style="text-align: right;">Shipper Signature</div>
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<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
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Date: 2/26/2020 9:03:31 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423781	
Name: E & E COMPANY LTD		 (402)06757163000423781	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:			
PHONE:		Responsible Acct.No:	
VENDOR:		Trailer number: TA156957	
<b>SHIP TO</b>		Seal number(s): 9610999	
Name: Macys Home Store Bailey Rd. DC Location #: BA		SCAC: SCNN	
Address: 300 South Bailey Road			
City/State/Zip: North Jackson, OH 44451		Pro Number:	
CID#:			
Dept: 0602			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		(check box)	
SPECIAL INSTRUCTIONS: Load #: 50612192  Packing List is Attached		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
		Driver Departure Time	AM PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1577037	4	30.48	Y	N	
<b>Grand Total</b>	4	30.48			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	30.48		Shower curtain	49385	77.5
1		4		80.48		<b>Grand Total</b>		

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

Customer: MACYS HOME STORE BAILEY RD. DC

Ship Date: 02/26/2020

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

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

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

Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577037	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1491	086569255518	La Dolce Shower Curtain	EA	3	3	1	3	1
1577037	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1
1577037	MCH70994	MCH70-994	086569111296	Sorrel Shower Curtain	EA	3	3	1	3	1


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Total Weight: 30.48  
 Total Quantity Ordered: 12  
 Total Cartons Ordered: 4  
 Total Quantity Shipped: 12

Date: 2/26/2020 9:03:31 AM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423781	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000423781	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home Store Bailey Rd. DC Location #: BA Address: 300 South Bailey Road City/State/Zip: North Jackson, OH 44451 CID#: _____ Dept: 0602		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999 SCAC: SCNN Pro Number: _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: _____ Address: _____ City/State/Zip: _____		Prepaid: _____ Collect: <b>X</b> 3rd Party: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM
		Driver Departure Time	AM
			PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577037	4	30.48	Y N	
<b>Grand Total</b>	4	30.48		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	30.48		Shower curtain	49385	77.5
1		4		80.48		<b>Grand Total</b>		

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

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

Fee Terms: Collect:  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: 2/26/2020 9:03:34 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Macys Home MMG Minooka DC Location #: CL
Address:	221 Hanson Way	Address:	601 Midpoint Rd.
City/State/Zip:	Woodland, CA 95776	City/State/Zip:	Minooka, IL 60447
SID#:		CID#:	
PHONE:		Dept:	0784
VENDOR:		FOB:	<input type="checkbox"/>
Bill of Lading Number: 06757163000424108		Trailer number: TA156957	
		Seal number(s): 9610999	
(402)06757163000424108		SCAC: SCNN	
CARRIER NAME: Schneider		Pro Number:	
Responsible Acct.No:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid:		Collect: X	
<input type="checkbox"/>		3rd Party:	
(check box)		Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 50612192 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	
1787698	4	27.10	Y N		
<b>Grand Total</b>	<b>4</b>	<b>27.10</b>			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	27.10		Throws, Blankets	49040	150
1		4		77.10		<b>Grand Total</b>		

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

Customer: MACYS HOME MMG MINOOKA DC

Ship Date: 02/26/2020

**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
1787698	10016635TW	MCG51-239	675716586003	T Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635FQ	MCG51-244	675716586058	F/Q Micro Fleece Knitted Blank	EA	2	2	1	2	1
1787698	10016635FQ	MCG51-245	675716586065	F/Q Microfleece Solid Blanket	EA	2	2	1	2	1
1787698	10016635KG	MCG51-252	675716586133	K Micro Fleece Knitted Blanket	EA	2	2	1	2	1

Total Weight: 27.1  
 Total Quantity Ordered: 8  
 Total Cartons Ordered: 4  
 Total Quantity Shipped: 8

Date: 2/26/2020 9:03:34 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000424108	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757163000424108	
<b>SHIP TO</b>		CARRIER NAME: Schneider	
Name: Macys Home MMG Minooka DC Location #: CL Address: 601 Midpoint Rd. City/State/Zip: Minooka, IL 60447 CID#: _____ Dept: 0784		Responsible Acct.No: _____ Trailer number: TA156957 Seal number(s): 9610999	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		SCAC: SCNN	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Load #: 50612192 Packing List is Attached		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid: _____ Collect: <input checked="" type="checkbox"/> 3rd Party: _____	
		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM PM	AM PM
			Driver Departure Time
			AM PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO	
1787698	4	27.10	Y N		
<b>Grand Total</b>	4	27.10			


CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		4	ctns	27.10		Throws,Blankets	49040	150
1		4		77.10		<b>Grand Total</b>		

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

Date: 2/26/2020 9:03:38 AM

## Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423743	
Name:	E & E COMPANY LTD	 (402)06757163000423743	
Address:	221 Hanson Way		
City/State/Zip:	Woodland, CA 95776		
SID#:			
PHONE:		<b>CARRIER NAME:</b> Schneider	
VENDOR:		Responsible Acct.No:	
<b>SHIP TO</b>		Trailer number: TA156957	
Name:	Macys Home Store Gandy DC	Location #:	GN
Address:	4130 Gandy Blvd.		
City/State/Zip:	Tampa, FL 33611		
CID#:			
Dept:	0602	FOB:	<input type="checkbox"/>
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:	Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/>		
Load #: 50612192	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading		
Packing List is Attached	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
	AM	AM	AM
	PM	PM	PM

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
1577037	7	51.98	Y N	
<b>Grand Total</b>	<b>7</b>	<b>51.98</b>		

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		7	ctns	51.98		Shower curtain	49385	77.5
1		7		101.98		<b>Grand Total</b>		

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

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

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

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

Fee Terms:

Collect: Prepaid: Customer check acceptable: 

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

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

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

Shipper Signature

SHIPPER SIGNATURE / DATE

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

Trailer Loaded:

 By Shipper By Driver

Freight Counted:

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

CARRIER SIGNATURE / PICKUP DATE

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

**Customer:** MACYS HOME STORE GANDY DC

**Ship Date:** 02/26/2020

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

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

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


Cust. PO No.	Cust. SKU No.	Item No.	UPC	Description	UO M	Case Pack Qty	Qty Ordered	Ctns Ordered	Qty Shipped	Ctns Shipped
1577037	N/A	MCH70-1140	086569170392	Elm Waffle Shower Curtain	EA	3	6	2	6	2
1577037	N/A	MCH70-1144	086569170460	Hawthorn Shower Curtain	EA	3	3	1	3	1
1577037	N/A	MCH70-1491	086569255518	La Dolce Shower Curtain	EA	3	3	1	3	1
1577037	MCH70988	MCH70-988	086569111234	Spa Waffle Shower Curtain	EA	3	3	1	3	1
1577037	N/A	SWV70-0007H	086569263391	Blossom Shower Curtain	EA	3	6	2	6	2

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**Total Weight:** 51.98  
**Total Quantity Ordered:** 21  
**Total Cartons Ordered:** 7  
**Total Quantity Shipped:** 21  
**Total Cartons Shipped:** 7

Date: 2/26/2020 9:03:38 AM

# Bill-Of-Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757163000423743	
Name: E & E COMPANY LTD		 (402)06757163000423743	
Address: 221 Hanson Way			
City/State/Zip: Woodland, CA 95776		CARRIER NAME: Schneider	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: TA156957	
VENDOR:		Seal number(s): 9610999	
<b>SHIP TO</b>		SCAC: SCNN	
Name: Macys Home Store Gandy DC Location #: GN		Pro Number:	
Address: 4130 Gandy Blvd.			
City/State/Zip: Tampa, FL 33611			
CID#:			
Dept: 0602			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: X 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 50612192		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
1577037	7	51.98	Y N	
<b>Grand Total</b>	7	51.98		

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	
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1		7		101.98		<b>Grand Total</b>		

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 "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.