

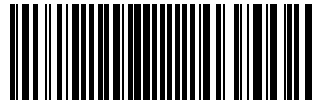
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**BILL OF LADING**

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**SHIP FROM**

Name: Rashti  
 Address: 11130 HOLDER ST.  
 City/State/Zip: CYPRESS CA 90630  
 SID#: FOB:

Bill of Lading Number: **00222530100467385**

(402) 00222530100467385

**SHIP TO**

Name: AAFES STORE#1059967  
 Address: BLDG 550A 700 E ROTH RD  
 City/State/Zip: FRENCH CAMP CA 95231  
 CID#: FOB:

CARRIER NAME: FEDEX COL GROUND

Trailer Number:

Seal Number(s):

SCAC: **FDEG**Pro number: **001R0046738**

(9012K) FDEG001R0046738

**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:

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (circle one)	ADDITIONAL SHIPPER INFO
				DEPT 6 units
SEE ATTACHED				
SUPPLEMENT PAGE				
<b>GRAND TOTAL</b>	6	40		

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
6	ctns	6	ctns	40	(X)	MISC 57units	49880-06	100
6		6		40		<b>GRAND TOTAL</b>		

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

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

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

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

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

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

Signature \_\_\_\_\_

Shipper

**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 DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

