REDMAN VAN & STORAGE CO.

(3)

TIME STARTED: 9:35

TIME:

288316

2571 West 2590 South, Salt Lake City, Utah (801) 972-4420 855 South 500 West, Salt Lake City, Utah (801) 328-8581
E-16 Freeport Center, Clearfield, Utah (801) 776-2645

288316

DATE	TIME ORDERED	C.O.D.	CHARGE	PER	ORDER TAKEN BY	ORDER DATE	EST. COST	NO. ROOMS
10-02-14	8-4	NO	CHARGE		JACIE	10-01-14		1

INSURANCE	FLIGHT/STAIRS	PACKING	RANGE	REFRIG.	AUTO WASHER	AUTO DRYER	PIANO	FREEZER	EST. WEIGHT
REG									625

SHIP FROM
MOUNT OGDEN SURGICAL
4364 WASHINGTON BLVD
400 E
OGDEN, UT 84403

ATTN: RANDEE ROESSLER PHONE: 801-479-4470

SHIP TO
REDMAN VAN & STG MAIN OFFICE
2571 W. 2590 SOUTH
SALT LAKE CITY, 84119

ATTN: PHONE: 972-4420

STORAGE LOT # | ALL OUT | TYPE | EQUIPMENT NO. EITHER | NUMBER OF PERSONNEL 2

BILL TO
STI 2750
AE227000
, 0000

CALL ext 315
TIME 10:15
VOICEMAIL ☒ PERSON ☐

EST.	PACK	NO. DEL	NEW / USED	NAME	TIME IN	TIME OUT
	DRUM	7				
	1.5	10				
	3.0					
	4.5					
	6.0					
	MIRROR					
	W. ROBE					
	TAPE					
	SNGL.					
	DBL.					
	KING QUEEN					

TOTAL PACKING

-SF

10/8
driver client.
verify serial #s

SPECIAL INSTRUCTIONS:

PICK UP COPIERS.
MUST VERIFY SERIAL NUMBERS.
CORNERBOARD AND SHRINKWRAP
LGATE REQ

★ ★ IMPORTANT LIABILITY INFORMATION ★ ★

THE RESPONSIBILITY OF THIS COMPANY FOR ANY PIECE PACKAGE OR ITS CONTENTS IS LIMITED TO 60 (SIXTY) CENTS PER POUND PER ARTICLE. A HIGHER VALUE MAY BE DECLARED BELOW AND A HIGHER RATE FOR ADDITIONAL PROTECTION WILL BE ASSESSED. FAILURE TO DECLARE HIGHER VALUE ASSUMES 60¢ PER LB. LIABILITY.

SHIPMENT IS RELEASED AT 60¢ PER POUND X _____ CUSTOMER SIG.

DECLARED VALUE IS GREATER THAN 60¢ PER POUND.

CUSTOMER REQUESTS:

NOTE: ADDITIONAL PREMIUM MUST BE PAID TO COVER A HIGHER VALUE DECLARED. AMOUNTS DECLARED WITHOUT PREMIUM PAYMENT WILL BE INVALID.

DEPRECIATED VALUE PROTECTION FOR $ _____

REPLACEMENT COST PROTECTION FOR $ _____

DECLARED VALUE MUST EQUAL COST OF ENTIRE SHIPMENT

CUSTOMER SIGNATURE [signature] Randee Roessler

PRINT NAME Randee Roessler

GOODS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED. CUSTOMER SIGNATURE ACKNOWLEDGES TERMS AND CONDITIONS ON REVERSE SIDE.

TIME ARRIVED	CUST. INITIAL
9:45 A.M. P.M.	RR
TIME DEPART	**CUST. INITIAL**
10:13 A.M. P.M.	RR

NON PRODUCTIVE TIME (DRIVER MUST EXPLAIN)

COMPUTATION OF CHARGES	NO. OF MEN	REG. HRS.	O.T. HOURS	REG. RATE PER HOUR	O.T. RATE PER HOUR	Totals
MAN & VAN						
EXTRA MEN						
PACKING COSTS						
ADDITIONAL PROTECTION CHARGES						
STORAGE CHARGES (PER ____)						
OTHER (PLEASE EXPLAIN)						
					TOTAL COST	

TERMS ARE PREPAID OR UPON COMPLETION OF MOVE. CREDIT ARRANGEMENTS MUST BE APPROVED IN ADVANCE. CREDIT TERMS ARE NET 7 DAYS OF RECEIPT OF INVOICE. INTEREST WILL BE BILLED AT 1½% PER MONTH ON PAST DUE ACCOUNTS. IN THE EVENT LEGAL ACTION IS NECESSARY TO COLLECT PAST DUE AMOUNTS, CUSTOMER AGREES TO PAY ATTORNEY FEES, INTEREST AND COLLECTION COSTS.

STI delivers P.O. Box 80520 Fort Wayne, IN 46898-0520 www.stidelivers.com

CONTINUE BELOW

AREA CODE (260) 429-3801

BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

CONTRACT NUMBER AE227000

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DATE
N31085 003	7702/7702				PUD 10/01/14-10/03/14 DEL 10/09/14-10/10/14	

TEM 00010.0 SSEG 0

SHIP FROM — SHIPPER: MOUNT ODGEN SURGICAL ST. 4364 WASHINGTON BLVD
CITY/ST. OGDEN UT ZIP 84403 NOTIFY/PHONE RANDEE ROESSLER 801 479 4470
COUNTY

SHIP TO — SHIPPER: ALS ST. 9701 RESEARCH DR
CITY/ST. IRVINE CA ZIP 92618 NOTIFY/PHONE TONY LAMBERT 866 727 3750
COUNTY

RECEIVED, SUBJECT TO CLASSIFICATIONS, TARIFFS, RULES AND REGULATIONS INCLUDING ALL TERMS PRINTED OR STAMPED HEREON OR ON THE REVERSE SIDE HEREOF IN EFFECT ON THE DATE OF ISSUE OF THIS BILL OF LADING.

*CHARGES STATED HEREIN ARE ESTIMATES ONLY. ACTUAL CHARGES ARE BASED UPON THE APPLICABLE TARIFF.

BILL TO — NAME CREDIT EXPRESS ADDR PO BOX 988
FORT WAYNE IN 4680 ATTN: HVP CREDIT EXPRE P.O./NO. IK10300454

SPECIAL INSTRUCTIONS

BILLING INSTRUCTIONS: Charges payable by certified check or cashier's check (per tariff) made payable to STI at
☐ Origin ☐ Before delivery ☒ Carrier shall bill above party

PC CNT 2
2WHL DOLLY ORG;PALLET JACK ORG
USED: COPIERS: PACKAGING LOOSE
VALUATION OF $4000
DRIVER MUST VERIFY SERIAL #'S OF EQUIPMENT AND PIECE COUNT. IF THERE IS A DISCREPANCY, CALL 260-429-1989 ASAP FROM SITE ENSURE FREIGHT IS STRAPPED, SHIPPED W/ CORNERBOARD, SHRINKWRAPREMOVE SORTER IF REQUIRED. STRAP SECURLY, NOTE ANY DAMAGES ON BL. PLEASE ATTACH COPY OF IFS EQT RETURN LETTER TO EACH MACHINE. 24HR PRECALL REQUIRED FOR PICKUP
MUST BE DRIVER & 1 HELPER AT P/U. IF CUSTOMER NEEDS ADDITIONALSERVICES. DRIVER MUST CALL 260-429-1989 FOR PREAPPROVAL. FORM 365 MUST BE FILLED OUT &

SPECIAL INSTRUCTIONS CONTINUED ON NEXT PAGE

WEIGHT	ORIGINAL	REWEIGH
GROSS		
TARE		
NET		

Shipper: The tare weight of the vehicle (including the shipments on board) must be entered on the line prior to loading your shipment on the vehicle.

Shipment consists solely of containers or machinery and shipper certifies the total weight of the shipment to be: 625 pounds.

Shipper Signature X [signature]

SHIPPER'S SIGNATURE FOR SPECIAL SERVICES

X ______ Expedited service ordered by shipper. Deliver on or before ______

X ______ Selected delivery date service ordered by shipper Deliver on or before ______ DATE | AGREED WEIGHT

X ______ Shipment completely occupied a ______ cu. ft. vehicle

X ______ Exclusive use of a ______ cu. ft. vehicle ordered

X ______ Space occupied ______ cu. ft. (@ 7lbs./cu. ft.)

DATE	PTS ID/INITIALS	LOCATION	TIME

ORIG: Arrive: ______ Depart: ______ Van Crew(#): ______ Initials ______
DEST: Arrive: ______ Depart: ______ Van Crew(#): ______ Initials ______
ORIG. NAME ______ PHONE # ______ DATE ______
DEST. NAME ______ PHONE # ______ DATE ______
BKKR- ______ PHONE # ______ DATE ______

VALUATION STATEMENT

This shipment is released to Carrier upon the terms and conditions and limitation of liability contained in the applicable tariff, unless otherwise noted hereon by an authorized Carrier representative. If the shipper desires to increase Carrier's liability, the shipper must contact the Carrier representative that registered the shipment with Carrier and obtain Carrier's approval for such increased liability. CARRIER'S DRIVER IS NOT AUTHORIZED TO CHANGE THE TERMS AND CONDITIONS, INCLUDING WITHOUT LIMITATION CARRIER'S LIABILITY, APPLICABLE TO THE SHIPMENT. Carrier shall have no liability above the released value contained in the tariff if Carrier has not agreed in advance to such increased liability and the shipper has not paid the increased rate applicable thereto.

TOTAL **PIECE COUNT** PER ATTACHED DESCRIPTIVE INVENTORY IS: ______ PIECE COUNT

MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

AUTHORIZED PICK UP CODE 7445 AE227000 CONTRACT NO.

APU DATE ______

HAULED BY 1st ______ CODE ______
or set off station & code ______ DATE ______
HAULED BY 2nd ______ CODE ______
or set off station & code ______ DATE ______
HAULED BY 3rd ______ CODE ______
or set off station & code ______ DATE ______
HAULED BY 4th ______ CODE ______
or set off station & code ______ DATE ______
er conv. ery by ______ CODE ______

PAYMENT RECEIVED

BY ______
AMOUNT ______
DATE ______
CK # ______
BANK NAME ______
BANK ADDRESS ______

X ______ CONSIGNEE

DELIVERY ACKNOWLEDGEMENT: All listed services were rendered and the property described has been received in apparent good condition except as noted on other shipping documents.

CONSIGNEE PRINTED NAME ______ ACTUAL DELIVERY DATE / /

NET WEIGHT	MILES	RATE	CHARGES	CODE
1250	0727			
OTHER ACCESSORIALS-LIST	TYPE	QTY.		
LIFTGATE	LG			ORD
ADDITIONAL	99			ORD
LONG CARRY	A2			
			TOTAL CHARGES	

CHARGES PAYABLE IN U.S. CURRENCY OR ITS EQUIVALENT

PAGE 01

Original - If charges are C.O.D., record collection, and give this copy to shipper. Otherwise, driver mail this copy to Ft. Wayne.

Form STI-DP 379 07/09

GM10232

1A

PAGE NO.	NO. OF PAGES

VISUAL COPIER/SORTER INVENTORY

STI delivers
www.stidelivers.com

FIRST HAULER	HAULER CODE #	TRAILER #	CONTRACT AE227CCO
SHIPPER'S NAME MNT OGDEN SURGICAL			MAKE
ORIGIN LOADING ADDRESS 4346 WASHINGTON BLVD	CITY OGDEN	STATE UT	MODEL
DESTINATION	IRVINE	CA	SERIAL

DESCRIPTIVE SYMBOLS

CP – Packed By Carrier
DBS – Disassembled By Shipper
PBS – Packed By Shipper
MCU – Mechanical Condition Unknown
CD – Carrier Disassembled
CU – Contents and Conditions Unknown

EXCEPTION SYMBOLS

BE – Bent, D – Dented, M – Marred, SO – Soiled
BR – Broken, F – Faded, R – Rubbed, T – Torn
BU – Burned, G – Gouged, RU – Rusted, W – Badly Worn
CH – Chipped, L – Loose, SC – Scratched, Z – Cracked

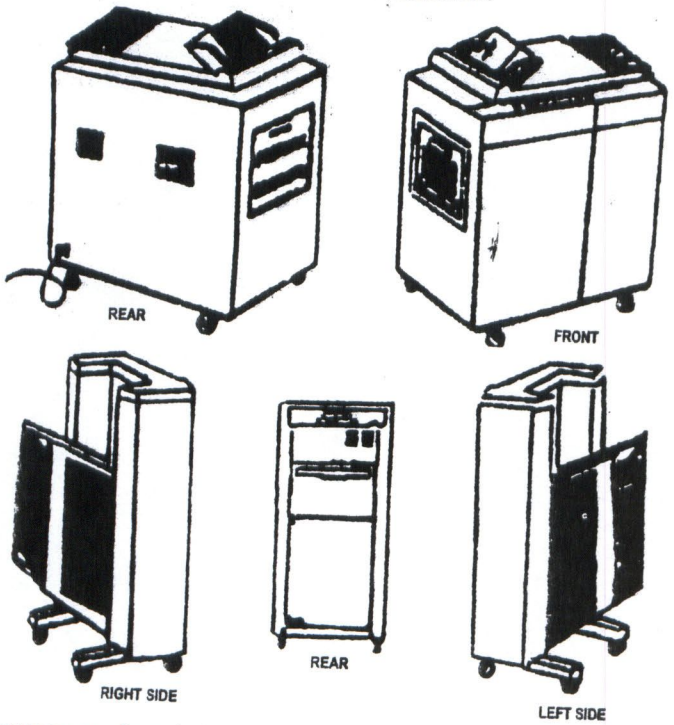
NOTE: The omission of these symbols indicates good condition for normal wear.

LOCATION SYMBOLS

1. Arm, 2. Bottom, 3. Corner, 4. Front, 5. Left, 6. Leg, 7. Rear, 8. Right, 9. Side, 10. Top, 11. Veneer, 12. Edge, 13. Center

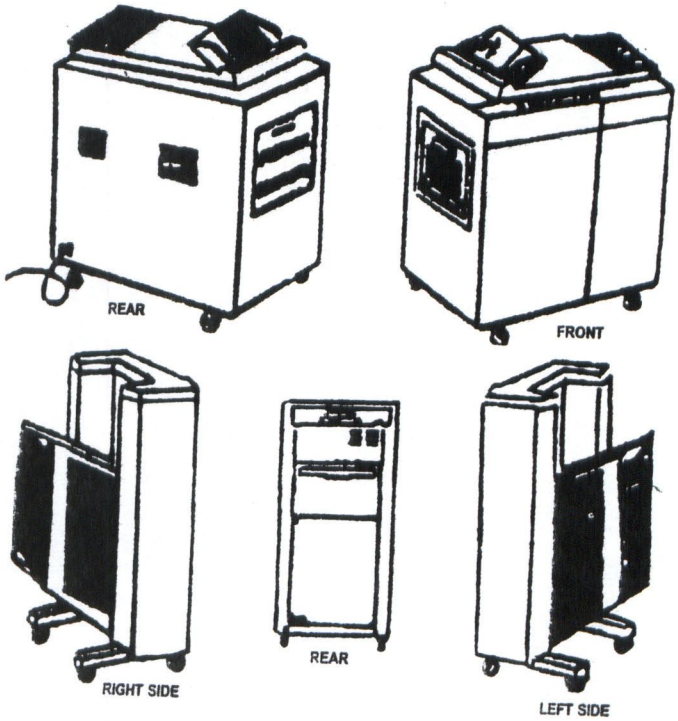
ITEM NO.	INVENTORY TRACKING NUMBERS	ITEM DESCRIPTION AND CONDITION	EXCEPTIONS (IF ANY) AT DESTINATION
1	011648017-B	PBS INMCU	
2		PBS INMCU.	
3	011648015-B	PBS INMCU.	

ORIGIN CONDITION



hen necessary, draw in appropriate configuration
HEELED SORTERS & FINISHERS MUST BE
ETACHED BY SHIPPER

INDICATE CHANGES (IF ANY) AT DESTINATION



NTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE
nature)		(Signature)	
PPER OR AUTHORIZED AGENT	DATE	SHIPPER OR AUTHORIZED AGENT	DATE
nature)		(Signature)	

ORIGINAL - SEND TO STI, P.O. BOX 80520, FORT WAYNE, IN 46898-0520 AFTER FINAL DELIVERY

PAGE NO.	NO. OF PAGES

VISUAL COPIER/SORTER INVENTORY

STI delivers
www.stidelivers.com

FIRST HAULER	HAULER CODE #	TRAILER #	CONTRACT
			AE227000

SHIPPER'S NAME: MNT OGDEN SURGICAL — MAKE:

ORIGIN LOADING ADDRESS: 4346 Washington BLVD — CITY: OGDEN — STATE: UT — MODEL:

DESTINATION: IVINE CA — SERIAL:

DESCRIPTIVE SYMBOLS

CP – Packed By Carrier	DBS – Disassembled By Shipper
PBS – Packed By Shipper	MCU – Mechanical Condition Unknown
CD – Carrier Disassembled	CU – Contents and Conditions Unknown

EXCEPTION SYMBOLS

BE – Bent	D – Dented	M – Marred	SO – Soiled
BR – Broken	F – Faded	R – Rubbed	T – Torn
BU – Burned	G – Gouged	RU – Rusted	W – Badly Worn
CH – Chipped	L – Loose	SC – Scratched	Z – Cracked

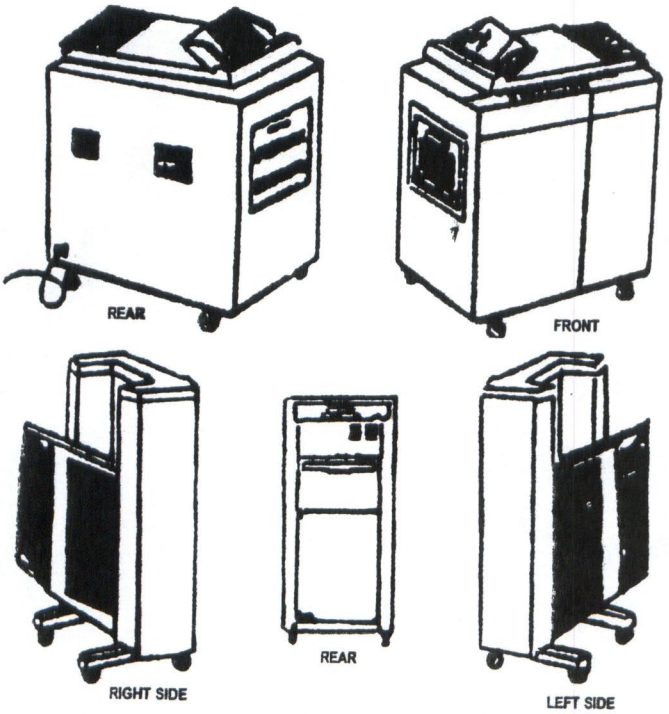
NOTE: The omission of these symbols indicates good condition for normal wear.

LOCATION SYMBOLS

1. Arm	5. Left	9. Side
2. Bottom	6. Leg	10. Top
3. Corner	7. Rear	11. Veneer
4. Front	8. Right	12. Edge
	13. Center	

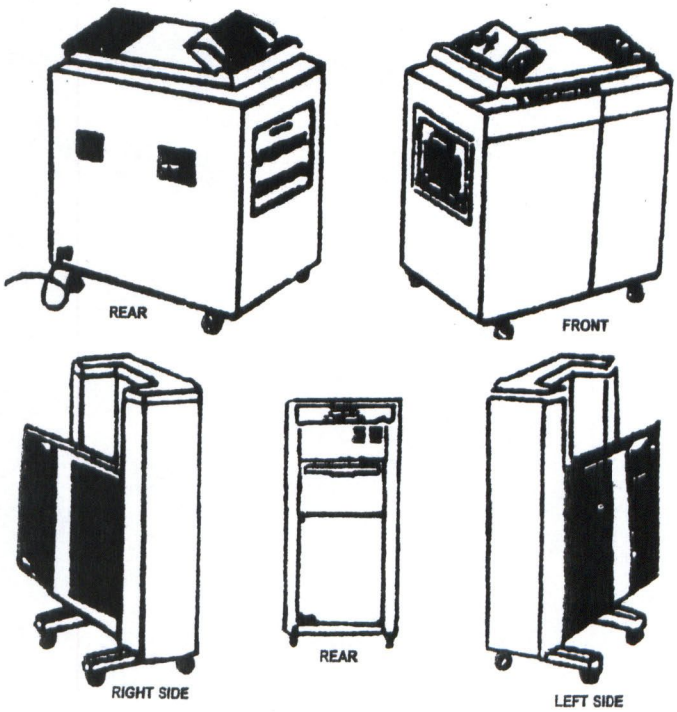
ITEM NO.	INVENTORY TRACKING NUMBERS	ITEM DESCRIPTION AND CONDITION	EXCEPTIONS (IF ANY) AT DESTINATION
2	011648016-B	PBS / MCU	

ORIGIN CONDITION



When necessary, draw in appropriate configuration
WHEELED SORTERS & FINISHERS MUST BE DETACHED BY SHIPPER

INDICATE CHANGES (IF ANY) AT DESTINATION



CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) (Signature)	DATE	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) (Signature)	DATE
SHIPPER OR AUTHORIZED AGENT (Signature)	DATE	SHIPPER OR AUTHORIZED AGENT (Signature)	DATE

ORIGINAL - SEND TO STI P.O. BOX 80520 FORT WAYNE, IN 46898-0520 AFTER FINAL DELIVERY