Ship F	Date:	11/10	14.4		_							
Only L	Jale.	11/10		SHIP FR	OM	INAL	BILL	OF L	ADING		Page: 1	
Name: Address City/Stat			rican Wo Mohave	oodmark Corporation Airport Drive AZ 86401 FOB:				ОВ: 🔲	Bill of Lading Number: 04-077323-001-01-02-00			
Custome Name: Address City/Stat Phone 1:	: e/Zip:	2107 MISS	MEL, ANT TRAIL ST OULA 529-2816	NTHONY ST Location#: MT 59801					CARRIER NAME: Trailer number: Seal number(s): SCAC: Redman Van And Storage P56036 MEWF			
Name: American Woodmark Corp. c/o Williams & Associates Address: 405 East 78th Street City/State/Zip: Bloomington, MN 55420									Pro number: Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid X Collect 3rd Party			
SPECIAL Master Bo			NS: 4-077323 -	-000-00-	00-00				Agent: meridian bil	lings mt		
ECTRO NO.	Provided to	No. 4 de la	A STAR					ER INFORM				Mary and the second
CUST ORDER NUMBER				Cabinets Parts		Wgt	GHT Cubes	(CIRCLE		ADDITIONAL SHIPPER INFO		
KP 72170320				18 26		1295	248	Υ	N	PO # 872056549		
KP 72226710				0	1	15	0	Υ	N	PO# XP5529		
GRAI	ND TO	TAL		18	27	1310	248				2.29	
HANDLING PIECES UNIT QTY TYPE QTY TYPE 18 Cartons 18 Cabinets				WEIGHT ((X) Commodities requiring special o must be marked and packaged			DDITY DESCR or additional care or a as to ensure safe tra attion 2(e) of NMFC h	attention in handling or stowing insportation with ordinary care.	LTL NMFC#	ONLY
	rtons	18 Cabinets 1 27 Parts			1310		Woo	oden Kitc	hen Cabinets	, s/u no glass		A Maria de la composición del composición de la composición del composición de la co
31		45		1310				GRAND TOTAL				
RECEIVED, subject agreed upon in withe rates, classificavailable to the significance of the significance o	vriting between cations and shipper, on r	een the ca rules that request a	ermined rates rrier and shipp t have been es	or contracts to per, if applica stablished by	that have be ble, otherwis the carrier a	en se to nd are		Subj ship the o	ect to section 7 of the ment is to be delivered	9 U.S.C. 14706(c)(1) a agreement between Shipper and to the consignee without recoune following statement; The carrie without payment of freight and all	d Carrier if the	nor N 1
Consign	nee Sigr	nature	/ Date	///	25/	14			5im Signature	Fletcher	Shipp	per Sign
SHIPPER S This is to certify the classified, describe are in proper concurred applicable regulated.	hat the above bed, packag dition for tra	ve named ed, marke	materials are	properly	Trailer L By Si By Di	hipper	Ж ву ву	t Counted Shipper Driver/pallet	s said to contain	CARRIER SIGNAT Carrier acknowledges receipt placards. Carrier certifies em was made available and/or ca response guidebook or equiva in the vehicle. Property described above is order, except as noted.	of packages and ergency response rrier has the DOT llent documentati	required e information emergency on
Comments	:51	tee	lknl	4								

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RUN DATE: 11/18/14 6:38:57PM