12;0;T;2;2;4;2! THAN ORIGE CONTINUE BELOW

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

15

AREA CODE (260) 429-3801

BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

CONTRACT NUMBER IJ539400

TAR / SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DATE
N30041 003N	7009/7009				PUD BY -06/16/16 DEL BY -06/23/16	

ITEM 00048.0 SSEG D

SHIP FROM
SHIPPER STI C/O IKEA DISTRIB ST. 4104 INDUSTRIAL PARKWAY
CITY/ST. LEBEC CA ZIP 93243
NOTIFY/PHONE STI C/O IKEA DI 800 434 4532 EXT 00000
COUNTY

SHIP TO
SHIPPER SARAH RADABAUGH ST. 1529 ROAD 13
CITY/ST. WORLAND WY ZIP 82401
NOTIFY/PHONE SARAH RADABAUGH 307 931 02CC
COUNTY WASHAKIE

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 IKEA US EAST LLC-159 ADDR. PO BOX 20902
INDIANAPOLI IN 46220 ATTN: ACCOUNTS PAYABLE
P.O./NO. 326400023-159-1

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 87
NEW: FURNITURE: PACKAGING CARTONED
LIFTGATE AT DST
2 MAN INSIDE DELIVERY TO ROOM OF CHOICE REQUIRED.
HAVE CUSTOMER SIGN BOL PALLET INTACT UPON ARRIVAL.
DE-PALLETIZE AND REMOVAL OF DEBRIS TO CURB IS REQU
IRED. ANY ACCESSORIAL OR QUESTIONS CALL BOOK
ER AT 877-840-0200. MUST CONTACT ORIGIN AND DE
STINATION 24 HRS PRIOR TO PICK UP OR DEL
IVERY.
CSR - CUSTOMER SERVICE 877-840-0200.
E-MAIL ADDRESS CUSTSVC@ICATTRANSPORT.COM
CSR IS CUSTOMER SERVICE PH# 877-840-0200, E-MAIL
CUSTSVC@ICATTRANSPORT.COM
INVENTORY NUMBERS DESCRIPTION
945014385834-X CARTON(S) OF KD FURNITUR
ITM# 0

NT SF did not recap

SLT

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: 1542 pounds.

Shipper Signature X

SHIPPER'S SIGNATURE FOR SPECIAL SERVICES

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

Selected delivery date service ordered by shipper

X ______ 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
		T-5	D
		Trailer	S1

ORIG: Arrive: ______ Depart: ______ Van Crew(#): ______ Initials ______
DEST: Arrive: ______ Depart: ______ Van Crew(#): ______ Initials ______

ORIG. NAME PHONE # DATE
DEST. NAME PHONE # DATE
BKKR- PHONE # DATE

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

MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

AUTHORIZED PICK UP CODE 7364 IJ539400 CONTRACT NO.
APU DATE 06/16/16

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.

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.

Sarah Radabaugh / /
CONSIGNEE PRINTED NAME ACTUAL DELIVERY DATE

HAULED BY 1st ______ CODE ______
v/v or set off location & code ______ DATE ______
HAULED BY 2nd ______ CODE ______
v/v or set off location & code ______ DATE ______
HAULED BY 3rd ______ CODE ______
v/v or set off location & code ______ DATE ______
HAULED BY 4th ______ CODE ______
v/v or set off location & code ______ DATE ______
carrier conv. delivery by ______ CODE ______

PAYMENT RECEIVED
BY
AMOUNT
DATE
CK #
BANK NAME
BANK ADDRESS

NET WEIGHT	MILES	RATE	CHARGES	CODE
1542	1104			

OTHER ACCESSORIALS-LIST	TYPE	QTY.		CODE
LIFTGATE		1.0		080

TOTAL CHARGES

CHARGES PAYABLE IN U.S. CURRENCY OR ITS EQUIVALENT

tIJ539400t
tIJ539400t

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