BAR CODE DESCRIPTIVE INVENTORY

STI
www.stidelivers.com

LABEL COLOR ____ NOS. ____ THRU ____

FIRST HAULER Redman Van & Storage	CODE #	PAGE NO. / NO. OF PAGES
SHIPPER'S NAME Epoch West Furni		CARRIER'S REFERENCE NO.
ORIGIN LOADING ADDRESS 215 Quail Run Rd	CITY Bozeman STATE MT	CONTRACT OR GBL NO. RP1073
DESTINATION Truckee California		GOVT. SERVICE ORDER NO.
		TRAILER NUMBER

DESCRIPTIVE SYMBOLS
CP - Packed By Carrier; DBS - Disassembled By Shipper; PBS - Packed By Shipper; MCU - Mechanical Condition Unknown; CD - Carrier Dis-assembled; CU - Contents and Condition 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

FREIGHT CLASSIFICATIONS: A) LOOSE OR CARTONED ITEMS UNDER 80 LBS. B) ITEMS SKIDDED SECURED C) ITEMS ON WHEELS D) ITEMS NOT ON WHEELS OVER 80 LBS.

ITEM NO.	INVENTORY TRACKING NUMBERS	CLASS.	ITEM DESCRIPTION AND CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
	crst sm little 1-866-790-6501 @Destination		~~840~~ ~~[illegible]~~	
	Detwiler Door/cabinet Piece		PBS SF	
			8/19 Hansen	
			driver didnt get inbound	

"WE HAVE CHECKED ALL THE ITEMS LISTED AND NUMBERED ON THIS PAGE INCLUSIVE AND ACKNOWLEDGE THAT THIS IS A TRUE AND COMPLETE LIST OF THE ITEMS TENDERED AND OF THE STATE OF THE ITEMS RECEIVED."

IMPORTANT NOTICE → BEFORE SIGNING - CHECK SHIPMENT, COUNT ITEMS AND DESCRIBE LOSS OR DAMAGE IN SPACE ON THE RIGHT ABOVE.

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) (Signature) [signature]	DATE 8/14/14	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) (Signature)	DATE
	SHIPPER OR AUTHORIZED AGENT (Signature) [signature]	DATE		SHIPPER OR AUTHORIZED AGENT (Signature)	DATE

ORIGINAL – SEND TO STI, P.O. BOX 80520 FT. WAYNE, INDIANA 46898-0520 AFTER FINAL DELIVERY

FORM STI-382 (Rev. 7/10)

STI delivers

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

AREA CODE (260) 429-3801

BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

CONTRACT NUMBER

[illegible]

CONTINUE BELOW

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DATE
N10990 003	7445/7445				PUD 08/13/14 08/15/14 DEL BY 08/22/14	

ITEM 00001.0 SSEQ J

SHIP FROM
SHIPPER: EPOCH WEST FURNITURE ST. 215 QUAIL RUN RD STE A
CITY/ST. BOZEMAN MT ZIP 59718 NOTIFY/PHONE CLARICE LIEN 406 587 1080
COUNTY

SHIP TO
SHIPPER: HIGH CAMP HOME ST. 11410 DEERFEILD DR UNIT A
CITY/ST. TRUCKEE CA ZIP 96161 NOTIFY/PHONE
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 ADDR.
ATTN: P.O./NO. HIGH CAMP

SPECIAL INSTRUCTIONS

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

PC CNT 1
N/P LTL HANDLE WITH EXTREME CARE
SHIPMENT IS TO BE PREPAID AT ORIGIN $528.63
BOULDER COLLECTION--DETWILER 61X22X38"H. DOUBLE PA
D WRAP WELL ALL AREAS. STRAP W/ CARE. MUST REMAIN
PADDED AT ALL TIMES.
NEW: FURNITURE: PACKAGING LOOSE
LIFTGATE AT ORIG/DST;LTL
VALUATION OF $2117
CURB/DOCK LOADING/UNLOADING INCLUDED PER TARIFF. P
LS CALL MIKE/ PAULETTE @ 800-733-6261 IF PROBLEMS/
QUESTIONS.
CALL 24 HRS PRIOR TO SCHEDULE LOADING. REQUEST LOA
DING 8/15 IFPOSSIBLE.
CALL 24 HRS PRIOR TO SCHEDULE DELIVERY. PLS DELIVE
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 500 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: 3:48 Depart: 4:00 Van Crew(#): 2 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 ______
APU DATE ______

CONTRACT NO. [illegible]

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

HAULED BY 1st SHAWN PAOTILEO CODE L05200
v/v or set off location & code ...CKEE CA 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
500	0020			

OTHER ACCESSORIALS-LIST	TYPE	QTY.	RATE	CHARGES	CODE
ORIG BEYOND	JT	1			ORD
DEST BEYOND	JT	1			ORD
LIFTGATE	LG				ORD
ADDITIONAL	9A	1			ORD

TOTAL CHARGES ______

CHARGES PAYABLE IN U.S. CURRENCY OR ITS EQUIVALENT

Jonathan Hansen

PAGE

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