Salmon River Stages Inc. P.O. Box 2166 Pocatello, ID 83206

PLACE CARRIER **PRO-LABEL HERE**

SHIPPER'S NUMBER	
P.O. #	
REF./BOL. #	

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то	CUSTOMER I.D. NO.		HONE O.		TLUCIMI I'D' V	TOMER IO.	PHONE NO.			
CONSIGNEE					SHIPPER					
STREET					STREET					
DESTINATION CITY STATE ZIP CODE (REQUIRED)					ORIGIN CITY STATE ZIP CODE (REQUIRED)					
DELIVERING CARRIER RATE QUOTE NUMBER HAZMAT			EMER. TELEPHONE	E #		Subject to s applicable Bill of	ection 7 of conditions of Lading, if this shipment			
THIRD PARTY BILLING					FREIGHT	CHARGE	is to be delivered to the consignee without recourse on the consignor the consignor shall sign the following			
BILL TO					PREPAID UNLESS			statement. The carrier shall not make delivery		
ADDRESS					MARKED	COLLEC.	Τ		nt without payment of ther lawful charges.	
CITY		Si	ATE	ZIP (REQUIRED) +4	COLL		(signature of consignor)			
NO. OF	NO. OF HANDLING	TYPE OF HANDLING UNITS	HAZ MAT	DESCRIPTION OF ARTICL	ES, SPECIAL MARKS, A	ND EXCEPTIONS	WEIG (subjective)	HT CLAS	S MMEC #	
PIECES	UNITS	UNITS	MAI			:	comec	tion) (sctual ch	(88)	
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Note (I): Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or deduced value of the property. The agreed valuation on household goods or personal effects does not exceed 10 s per lb, per artiste, unless otherwise specified. The agreed or deduced value of the property is hereby specifically dated by the shipper nat to be exceeding:					Note (2): Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A)(B) Note (3) 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 Sec. 2(e) of NMFC Itam 360.					
\$										
is subject to the by customer at contract, promis	provisions of carrier's t carrier's Corporate Off	arrifs and discountice. This notice so derstanding betw	s applicable fi percedes an	reight moving under this Bill of Ladin, or shipper and are available for review d negates any claimed oral or writte es, except to the extent of any writte	marked and labeled	and are in prop	er condition for tra		d, described, packaged, ording to the applicable	
		EE TO BE P	AID BY	☐ COMPANY CH	IECK OK	\ '	NAME			
COD □ SHIPPER □ CONSIGNEE □ CASH OR CER				TIFIED FUNDS REMIT C.O.D.						
\$	X	•				то	Offy	STATE	ZP	
SHIPPER					CARRIER Salmon R	tiver Stage		TIME IN	TIME OUT	
PER			-		PER			EMP. NAME		
PERMANENT	TADDRESS OF SH	IPPER		i was	DATE	NO. OF PIEC	ES RECEIVED			

RECEIVED, subject to the classifications and lewfully filed tariffs in effect on the date of issue of this Bill of lading.

the property described above, in apparent good order, except as noted (contants and conditions of contants unforward, consigned, and beathed as indicated above, which said carrier (the word carrier the word carrier being understood throughout this contant as meaning any person or conpension in possession of the property under the contant agrees to carry to its usual, after of delivery at said destination, if on its route, otherwise to deliver to another carrier of all or any of said property, there are no add rought to destination, if on its route, otherwise to deliver to another carrier of all or any of said property, there are no add property, there are no be portment of hereuland routed in a life fills of Lading terms and conditions in the governing classification on the date of athornest.

Shaper hereby certifies that he is familiar with all the terms and conditions of the said Bill of Lading, set forth in the classification or tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.