

Oscar 1119-10

RULES

(To be printed on white paper)

UNIFORM STRAIGHT BILL OF LADING

ORIGINAL—NOT NEGOTIABLE

Carrier's Pro No. _____
 Shipper's Bill of Lading No. # 208131
 Consignee's Reference (P.O. No.) 208131
 Carrier's Code (SCAC) _____

Name of Carrier UPS FREIGHT

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request:

From JACOB TUBING 3948 WILLOW LAKE BLVD Date 7-16-10
 Street SEE ABOVE City MEMPHIS County _____ State TN Zip 38118

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to ACCELLENT
On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name

Destination Street 200 S. YORKSHIRE ST.
 City SALEM County _____ State VA Zip 24153

Delivering Carrier _____ Trailer No. _____
 Additional Shipment Information ACCT # 38539E

Collect on Delivery \$ _____ and remit to: _____	C.O.D. charge _____ Shipper <input type="checkbox"/>
Street _____ City _____ State _____	to be paid by _____ Consignee <input type="checkbox"/>

Handling Units No. Type	Packages No. Type	HM	Kind of Package, Description of Articles, Special Marks and Exceptions (Subject to correction)	Weight (Subject to Correction)	Class or Rate Ref. (For Info. Only)	Cube (Optional)
1			<u>PALLET OF STEEL TUBING</u>	<u>537</u> <u>361</u>	<u>85</u> <u>85</u>	
			<u>DO NOT DOUBLE STACK</u>			
<u>2</u>			<u>← TOTALS →</u>	<u>898</u>		

Mark "X" to designate Hazardous Materials as defined in DOT Regulations.

NOTE (1) **LIMITATIONS OF LIABILITY APPLY. SUBJECT TO LIMITS OF LIABILITY OF THE CARRIER'S RULES TARIFF. CUSTOMER SERVICE 1-800-333-7400**

The agree exceeding _____ the shipper to be not _____

NOTE (2) applicat UPS Freight 455 550 314 MEM pment may be _____

NOTE (3) Commodities requiring special or additional care of shipment handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360.

Notify if problem en route or at delivery _____ Name _____ Fax No. _____ Tel. No. _____ (for informational purposes only)

Send freight bill to: _____ Company Name _____ City _____ Street _____ State _____ Zip _____

Shipper JACOB TUBING Carrier UPS FREIGHT
 Per S Turner Per _____ Date 7-16-10

<p>Shipper Certification</p> <p>This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</p> <p>Per _____ Date _____</p>	<p>Carrier Certification</p> <p>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.</p> <p>Per _____ Date _____ Package Nos. _____</p>
---	--

LEAF (J) BHT 7-16-10