7-95 Shipper No. E91-067 Date 2-1095 Invoice 0915 Number a division of Restorx- Border State 3 S. Central, Sidney, MT 59270 ease Print & Complete Phone # emilyun rm Hupfler _ zip <u>133</u> State N as on Phone # once rom: ickup. the prov done lame State M+ Zip 59270 CONTENTS 0 Declared Val. (())_Zone Weight_ Amount\$ Ground Capita NET k you, _ day 🛛 Air . Y2.20 736 International _____ . 探门内脏 Tracking # _ Other UCOP. C.O.D. # _ 300 1.0 □ Insurance # _ Other _ TPO Handling Fee Sub-Total Packaging Service Packaging Supplies TOTAL Thank you for choosing the Parcel Outlet Please Read and Sign: "UNLESS A GREATER VALUE IS DECLARED IN WRITING ON THIS RECEIPT, THE SHIPPER HEREBY DECLARES AND AGREES THAT THE RELEASED VALUE OF EACH PACKAGE ORARTI-HEREBY DECLARES AND AGREES THAT THE RELEASED VALUE OF EACH PACKAGE ORARTI-HEREBY DECLARES AND AGREES THAT THE RELEASED VALUE OF EACH PACKAGE ORARTI-HEREBY DECLARES AND AGREES THAT THE RELEASED VALUE OF EACH PACKAGE ORARTI-SONABLE VALUE UNDER THE CIRCUMSTANCES SUBROUNDING THE TRANSPORTATION. THE ENTRY OF A.C.O.D. AMOUNT IS NOT A DECLARATION OF VALUE IN ADDITION. THE MAX. THE ENTRY OF A.C.O.D. AMOUNT IS NOT A DECLARATION OF VALUE IN ADDITION. THE MAX. HUM VALUE FOR AN AIR SERVICE SHIPMENT IS \$5,000 AND THE MAXIMUM CARRIER LIA. HUM VALUE FOR AN AIR SERVICE SHIPMENT IS \$5,000 AND THE MAXIMUM CARRIER LIA. BILITY IS \$5,000. CLAIMS NOT MADE TO CARRIER WITHIN 9 MONTHS OF SHIPMENT DATE ARE WAIVED. CUSTOMER'S CHECK ACCEPTED AT SHIPPER'S RISK UNLESS OTHERWISE NOTED ON C.O.D. TAG. TPO does not assume responsibility for lost or damaged goods, however, we will file a claim with the Carrier so they may determine settlement. Please verify information above. Carrier may assess additional charges for incorrect or incomplete addresses which will be passed on to yourself. inet Signature

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