[redacted]

020-3957383

NO. OF PIECES	NO. OF HANDLING UNITS	TYPE OF HANDLING UNITS
6	5	plt

STRAIGHT BILL OF LADING
(SHORT FORM)

Date: 11/30/2005

Route: OAKH

Consignee (TO)	Shipper (FROM)
[redacted]	[redacted]
	C/O [redacted]
Street [redacted]	Street [redacted]
PO Box 1118	
City, State, Zip Bellingham, WA 98227	City, State, Zip Sparks, NV 89431

Phone No:	Emergency Response Number	Shipper #:	PO #:
0 -		208515	14136/052885-0001 PA

Number Packages	HM *	PACKAGING & DESCRIPTION	WEIGHT	NMFC#	CLASS
6	N	Stove: cast iron wood burning	1079	27400	70

Qty: 6 Weight: 1079

See 3rd Party billing address below:

Bill Freight Charges t Jotul	COD Amount	Remit To:	Freight Charges
Mailing Address 400 Riverside Street	COD Fee: Prepaid: ___ Collect: __		Prepaid ___ Collect ___
City, State Zip Portland, ME 0410	Is Customer Check Acceptable for COD _____Yes ___No		3rd Party Pre-paid : __X_

Section 7:
For freight collect shipments. If the shipment is to be delivered to the consignee without recourse to the consignor, the consignor shall sign the following statements: The carrier decline to make delivery of this shipment without paymment of the freight and all other lawful charges.
Signature of Consignor _____
Special services requested (Subject to additional charges)

See Below for Special Instructions ↓ ↓ ↓

WS

- ☐ **Inside delivery (ONLY), No Stairs**
- ☐ **Delivery to End of Truck (ONLY).**
- ☐ **ABF or Sierra West: TURNKEY, Set-up into home, take out trash.**
- ☐ **Delivery Appointment Required. 24 hr Advanced Notice.**
- ☐ **Liftgate Service Required.**

Name: _____

Shipper/Consignor [redacted]	Carrier OAKH
Authorized Signature: Date: 11/30/2005	Authorized Signature: Date: Pkg Count 1003 11 30 05 6pc