


<p align="center"><b>SHIP FROM</b></p> <p>Name : MONTERREY 4 PLANT          Phone :          Address1: 110 Neutron          Address2:          City/St/Zip/Cntry : Apodaca / NL / 66600 / MX</p>	<p>Bill of Lading Number : 2309240494</p>  <p align="center">2309240494</p>
<p align="center"><b>SHIP TO</b></p> <p>Name : ADVENTIST HEALTH SYSTEMS#015614-002          Attn To :          Address1: 601 E Rollins St          Address2:          Address3:          City/St/Zip/Cntry:Orlando/FL/32803-1248/US</p>	<p>Carrier Name : SQST - SUPER TRANSPORT INTL          Traller Number : 6841          Seal Number : SE M4 250232/2600187          SCAC : SRIR          Pro number :</p>
<p align="center"><b>THIRD PARTY FREIGHT CHARGES BILL TO:</b></p>	<p align="center"><i>Christopher Cabán</i></p>
<p>SPECIAL INSTRUCTIONS : 48 HOUR CALL AHEAD CHASE EVANS          407-205-5404</p>	<p>Freight Charge Terms: (Freight Charge Terms are prepaid unless marked otherwise)          Prepaid : <input checked="" type="checkbox"/>    Collect : <input type="checkbox"/>    3rd party : <input type="checkbox"/>  <input type="checkbox"/> Master Bill of Lading with attached underlying Bill of Lading</p>

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	VOLUME	WEIGHT (LB)	PALLET/SLIP (Circle one)	ADDITIONAL SHIPPER INFORMATION
51659722			5.515,330	Y (N)	504JRA1740083
<b>GRAND TOTAL</b>			5.515,330		

CARRIER INFORMATION							
HANDLING UNIT		PACKAGE			H.M.	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	VOLUME	WEIGHT (LB)	(N)	
							Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care
							see section 2e of NMFC item 360
4	PLT				5.515,330		Switchbrds or Parts, NOI
4					5.515,330		<b>GRAND TOTAL</b>
							#NMFC CLASS
							63240 85

<p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated shipper to be not exceeding _____ per</p>	<p>COD AMOUNT : \$ 0.00          Fee Terms : Collect <input type="checkbox"/>    Prepaid <input type="checkbox"/>          Customer Check if applicable :</p>
<p>Received, subject to the "CARRIER RATE AGREEMENT" or the CONTRACT between the shipper and the carrier in the effect on the date of the shipment described above or below, in apparent good order except as noted (contents and condition of contents of packages unknown), marked consigned, and as shown. This bill of lading is not subject to any tariffs whether individually determined or filed with any federal or state regulatory agency, except as specifically agreed to in writing by the shipper and the carrier. In addition, rates are individually determined Not subject to filed tariffs unless stated in the Carrier Rate Agreement.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Shipper Signature _____</p>

<p>SHIPPER SIGNATURE/ DATE          This is to certify that above named materials are properly classified, described, packaged, marked and labeled, and for transportation according to the applicable regulations of the U.S. DOT.</p>	<p>Trailer Loaded  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p>Freight Counted  <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pieces  <input type="checkbox"/> By Driver/pallets          said to contain</p>	<p>Carrier Signature/Pickup Date          Carrier acknowledges receipt of packages &amp; required placards Carrier certifies emergency response info was made available and/or carrier has U.S. DOT emergency response book or equivalent document in vehicle. Property above is received in good order, except as noted.</p>
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Remittance Name & Address: Cass Information Systems C/O Schneider Electric Square D, 13001 Hollenberg Drive Bridgeton, MO 63044