


<p align="center">SHIP FROM</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 : 2309301656</p> <p align="center"> 2309301656</p>
<p align="center">SHIP TO</p> <p>Name : Bigge Crane Rigging (Kaiser PSJ) Attn To : Address1: 600 California Ave. Address2: Address3: City/St/Zip/Cntry: SAN FRANCISCO/CA/94130/US</p>	<p>Carrier Name : SQST - SUPER TRANSPORT INTL</p> <p>Trailer Number : 6423</p> <p>Seal Number : SE M4 250264/2600171</p> <p>SCAC : SRIR</p> <p>Pro number :</p>
<p align="center">THIRD PARTY FREIGHT CHARGES BILL TO:</p>	<p>Freight Charge Terms: (Freight Charge Terms are prepaid unless marked otherwise)</p> <p>Prepaid : <input checked="" type="checkbox"/> Collect : <input type="checkbox"/> 3rd party : <input type="checkbox"/></p> <p><input type="checkbox"/> Master Bill of Lading with attached underlying Bill of Lading</p>
<p>SPECIAL INSTRUCTIONS : Carrier must book delivery appt. 48hrs ahead. Contact: Justin (1-510-318-4912)</p>	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	VOLUME	WEIGHT (LB)	PALLET/SLIP (Circle one)	ADDITIONAL SHIPPER INFORMATION
60753978			20,528.383	Y (N)	4703823461
GRAND TOTAL			20,528.383		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		VOLUME	WEIGHT (LB)	I.L.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE					
							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	#NMFC CLASS
	PLT				20,528.383		Swthchbrds or Parts, NOI	63240 85
	5 boxes				20,528.383		GRAND TOTAL	

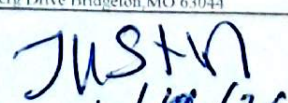
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows. The agreed or declared value of the property is specifically stated shipper to be not exceeding _____ per _____

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.

COD AMOUNT \$ _____
 Fee Terms Collect Prepaid
 Customer Check if applicable: _____
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
 Shipper Signature _____

<p>SHIPPER SIGNATURE/ DATE</p> <p>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</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted</p> <p><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</p> <p>Carrier acknowledges receipt of packages & 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


 4/10/26 