

SHIP FROM

Name: Baldwin Filters/Parker
 Phone:
 Address1: 4400 Highway 30 East
 Address2:
 City/ST/ZIP/Country: KEARNEY, NE, 68847, US
 SID #: SHI000417839 FOB:

Bill of Lading Number: 0103479244



SHIP TO

Name: BALDWIN FILTERS S.DE R.L DE CV
 Address1: NUMERO EXT 4200 NUMERO INT 3-Q
 Address2: LOC SAN IDELFONSO COLON
 Address3:
 City/SUZip/Country: QUERETARO, QA, 76295, MX
 CID #: PO Nbr: 84307907 WWW FOB:

CARRIER NAME: J.B. Hunt
 Trailer Number: 677415
 Seal Number (s): UL-6533758

SCAC: HJBT

Pro Number: 677415



THIRD PARTY FREIGHT CHARGES BILL TO

Name:
 Address1:
 Address2:
 City/ST/Zip/Country:

SPECIAL INSTRUCTIONS:

LOAD # 6KS0789

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect X Third Party

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	VOLUME	WEIGHT	PALLET/SLIP (circle one)	ADDITIONAL SHIPMENT INFO
PO Nbr: 84307907 WWW	60	3094.9	32031.71	Y (N)	
GRAND TOTAL		3094.9 CF	32031.71 lbs		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		VOLUME	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged so as to ensure safer transportation with ordinary care See Section 2(e) or NMFC Item 3:00	LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
60				3094.9 CF	32031.71 lbs		See Attached Supplement		
GRAND TOTAL									

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

FOR COLLECT SHIPMENTS:
 If the shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement: The carrier may decline to make delivery of the shipment without payment of freight and all other lawful charges.
Jason Peterson
 (Signature of Shipper)

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See carrier's tariff for details.

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, and to all applicable provincial and federal regulations.

SHIPPER SIGNATURE / DATE
 This is to certify that the above named and labeled, and are in proper condition for the Department Of Transportation
Leah Peden
 Signature



Trailer Loaded:
 By Shipper
 By Driver

Freight Counted:
 By Shipper
 By Driver pallets said to contain
 By Driver / Pieces

The carrier shall not make delivery of this shipment with Carrier acknowledges receipt of packages and required pl information was made available and/or carrier has the De guide book or equivalent documentation in the vehicle. Pr
 Signature

Remittance Name & Address

Send all Prepaid Bills: Parker Hannifin C/O Cass Information Systems P.O. Box 67 St. Louis, MO 63166