


**SHIP FROM**

Name: Baldwin Filters/Parker  
 Phone:  
 Address1: 4400 Highway 30 East  
 Address2:  
 City/St/ZIP/Country: KEARNEY, NE, 68847, US  
 SID #: SHI000453466 FOB:

Bill of Lading Number: 0104768739



0254155.

**SHIP TO**

Name: BALDWIN FILTERS S DE R L DE CV  
 Address1: NUMERO EXT 4200 NUMERO INT 3-Q  
 Address2: LOC SAN IIDELFONSO COLON  
 Address3:  
 City/St/Zip/Country: QUERETARO, QA, 76295, MX  
 CID #: PO Nbr: 84309232 WWW FOB:

CARRIER NAME: J.B. Hunt  
 Trailer Number: 3803  
 Seal Number (s): UI-4869525

SCAC: HJBT  
 Pro Number: 3803



**THIRD PARTY FREIGHT CHARGES BILL TO**

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

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

Prepaid: Collect  Third Party

SPECIAL INSTRUCTIONS:

**LOAD # 7BE4469**

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: 84309232 WWW	61	3023.5	29976.85	Y (N)	
<b>GRAND TOTAL</b>		3023.5 CF	29976.85 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
61				3023.5 CF	29976.85 lbs		See Attached Supplement		
<b>GRAND TOTAL</b>									

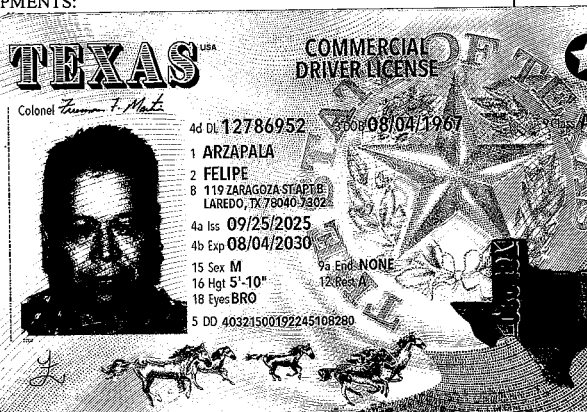
Where the rate is depended on value, Shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 The agreed declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

FOR COLLECT SHIPMENTS:  
 If the shipment is to be collected, the shipper shall sign the following payment of freight and charges:  
 Jason Peterson  
 (Signature of Shipper)

NOTE Liability Limitation for loss or damage in this shipment may be applicable.

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 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 information was made available and/or carrier has the Department of Transportation guide book or equivalent documentation in the vehicle.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Carrier

Remittance Name & Address

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