

STRAIGHT BILL OF LADING — SHORT FORM — ORIGINAL — NOT NEGOTIABLE

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Original Bill of Lading, the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification of tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

From _____ Date _____
 At _____ BY TRUCK FREIGHT Shipper's No. 14947
 Carrier **Murrow's Transfer, Inc.** (SCAC) _____ Carrier's No. _____

Consigned to _____
On Collect on Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in item 430. Sec. 1. (Mail or street address of consignee - for purpose of notification only.)

Destination _____ State _____ County _____

Route _____ Delivery Address ★ _____
(★ To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

Delivering Carrier _____ Vehicle or Car Initial _____ No. _____

No. of Shipping Units	Hazardous Materials	Description of Articles, Special Marks and Exceptions	*Weight (Subject to Corr.)	Class or Rate	Check Column	Subject to section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Total Pieces						

† This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.
 * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
 † Shipper's imprints in lieu of stamp; not a part of Bill of Lading approved by the Department of Transportation.
 NOTE — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
 The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____

REMIT C.O.D. TO:

THIS SHIPMENT IS CORRECTLY DESCRIBED.	† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41, of the Consolidated Freight Classification.	C.O.D. CHARGE TO BE PAID BY { SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/>	C.O.D. Amt. _____
CORRECT WEIGHT IS _____ LBS.			Collection Fee _____
			Total Charges _____

Shipper _____ Agent _____
 Per _____ Per _____

Permanent post office address of shipper _____