



P.O. Box 155, 533 S. First St., Pierceton, IN 46562
Phone: (574) 594-2217 • Fax: (574) 594-2501 www.tri-lakes.com

STRAIGHT BILL OF LADING

Bill of Lading #: 3383

Customer Dock time _____

Page #: 1

Date : 03/11/2010

Ship To:

Abbot Laboratories
123 Abbot Lane
Attn: Accounts Payables Dept.
Langhorne, PA 19047

Class: A

A

Date	FOB	Trailer#	Carrier	Freight Terms
03/11/2010	Destination		Our Truck	Prepaid

Item# / Part	Order#/ Customer PO#	JOB#	Description	Unit-Quantity	P/C	Weight
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CABB10000182A	201657	201657-00	RSC 18x12x8	200 @	25	C
ABB-7436	Reverse Corr					
				=====		
				200 =	5000	5462

Shipping Instructions:

Abbot Labs Corp Office:
All Deliveries must be to Receiving Docks at specific plant

Total Units	:	200
Total Weight	:	5,462.00

ALL CLAIMS ON SHIPMENT MUST BE MADE WITHIN 10 DAYS

Subject To Section 7 of Conditions of applicable bill of lading, 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 statement without payment of freight and all other lawful charges.

(Signature of consignor)

If charges are to be prepaid write or stamp here, "To be Prepaid."

Received \$ _____

to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(The signature here acknowledges only the amount proposed.)

Charges

advanced:\$ _____

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.

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.

SHIPER PER _____

AGENT _____

PER _____