Shipper Name: SHAW, JACOB	Discount
GBL #: MBFL0101927	Discount: 0.0000
TSP: TMM - TOTAL	SIT Discount: 0.0000
Origin Agen Continental International	A&E Internal Invoice
Origin/Booking Comm	APU
Packing	135A
Crating (attach preapproval w/dim	s) TPS
Load No-Touch	Rental Equipment Used by Contractor
Liftvans ( # of; New / Used; Carrier,	/ Agent Provided ; Recoup only )
Overflow Container(s)	Circle one Motorcycle Crate
CONTRACTOR PACKING CHARGEBAC	CK SHEET
Hauling Against	
Hauling Agent  Driver Name:	
Driver Pack	
135A	Less APU
Unpacking	135B
Bulky	Uncrating
Labor	Extra Pick-up
	TPS
Shuttle (Origin / Destination) Circle one	Rental Equipment Used by Contractor
	Regional Hauling
Destination Agent CAM - Campbell Moving & Sto	
· .	rage
Direct Delivery	135B
Unpacking	Debris Removal (Only)
	Bulky
SIT #: 240950021 Date In: 04-04-24	Uncrating
	TPS
Date Out: 04-26-24	Rental Equipment Used by Contractor
Total SIT Days 23	
REWEIGH DOD Automatic/ Possible LD	
REWEIGH DOD Automatic/ Required Reweigh	Internal Reweigh – DO NOT BILL

BILL OF LA	ADING		PRIVATELY OWNE							
1. TRANSPORTAT COMPANY (& AC TENDERED TO	FION MAYFLOY GENT) (Continents	WER MILITARY al International)	MOVERS, LLC	2. SCAC MFMV	3. SERVICE CODE D	4. SHIPMENT NO.	5. DATE B/L PI 20240301	<del></del>		
6. REQUESTED PACKING DATE 20240305	7. REQUESTED PICKUP DATE 20240305	8. REQUIRED DELIVERY DATE 20240418	9. PRIVACY ACT DATA (5 USC 552a) THIS FORM SERVES AS A PROCUREMENT, ACCOUNTABILITY AND PAYMENT FORM IN THE SHIPMENT OF	10. PROPERTY OWNER'S NAME, SOCIAL SECURITY NO., RANK AND PAY GRADE SHAW, JACOB, A XXX-XX-XXXX SRA/E-4 WOD 325 MAINTENANCE SQ, T						
	P/DELIVERY (Comple T APPLICABLE	ete address)	PRIVATELY OWNED PERSONAL PROPERTY FOR THE ACCOUNT OF THE U.S. INFORMA' THEREON MAY BE USED TO PREPARE	11. AUTHORITY F AR-054046 A	OR SHIPMENT (Order N. FPC RANDOLPH A		12. DATE OF O			
			RELATED COSUMENTS OR COLLECT EXCE COSTS. DISCLOSURE OF INFORMATION IS VOLUNTARY BUT ITS ABSENCE MAY PRECLUDE SHIPMENT OR PROPERTY.	SS 14. DEPARTMENT United States A	/AGENCY	15. TRANSPOR	TATION CONTROL NO.			
BY THE SAID COMPAN SAID CONSIGNEE, TH	IY AND CONNECTING LI IS BILL OF LADING IS GO 8 OF THE CODE OF FEE	NES, THERE TO BE DEL	THE PROPERTY HERINAFTER DESCRIBED, IN JNKNOWN), TO BE FORWARDED TO DESTINATION IVERED IN LIKE GOOD ORDER AND CONDITION T LLATIONS RELATING THERETO AS PUBLISHED IN TERMS AND CONTAINED	O JOINT BASE	SHIPPER ELMENDORF-RICH	HARDSON, AK				
18. CONSIGNEE (N TYNDALL AF	ame and destination of B, FL 32403	delivery address) (See	b block 13.)	1 31/0 Fairchild	te address of point of pick Avenue Unit A AFB, AK 99506	up) (See block 13.)				
20. RESPONSIBLE DESTINATION INSTALLATION/OFFICE JPPSO SOUTH CENTRAL JPPSO SOUTH CENTRAL, DETACHMENT 3 2261 HUGHES AVE, SUITE 160 LACKLAND AFB, TX 78236				21. BILL CHARGES US Bank Power Minneapolis, M 800-417-1844 PowerTrack@u:		OFF., AND COMPLE	TE MAILING ADD	PRESS)		
22. VIA (Names of int	erlining carriers)		23. FOR CARRIER USE ONLY- WAYBILL/FREIGHT BILL NO.	24. APPROPRIATION CHARGEABLE SDN: G481 AIN: G481 DI: 57 TAC: G487 SAC: 574 3500 324 480Z 58710Y 05 525725						
5. KEMARKS (Speci	al services, use rever	se)	,							
6. PACKAGES		27. DESCRIPTION	OF SHIPMENT (Specify) *	28. WEIGHT †		FOR HET OF				
1	LOT	Household Coo	de Court			FOR USE OF	DESTINATION CA	ARRIER ONLY		
		defined by the D	ds. Containers: 0 Shipment is eplacement protection as efense Personal Property	GROSS		RVICES 25	9. RATE	30. CHARGES		
		Rules.	and Liability Business	450	, ,	IE-HAUL ANSPORTATION				
				NET 30	ON	CKING/ PACKING				
				† INCLUDES PROFESSION	OR	HER/ACCESS- IAL SERVICES	,			
				AND EQUIPMENT WEIGHIN	NG 0 31.	TARIFF OR SPECIAL	TOTAL	FIFO		
SUED AT LOWEST VALU ARIFF UNLESS OTHERV	JATION CITED IN APPROVISE STATED HEREON.	OPRIATE LENDER OR	B/L NO. MBFL0101927	32a. ISSUING OFFICER	(Name and ##4.)	NG-2023 LH 67 % S	IT 55 %	1100		
CERTIFIC	ATE FOR RECEIPT	OF SHIPMENT AND	ORIGINAL BILL OF LADING	MIKE M. ANDRU	JSS, GS-12 - Installat	tion Transportation	Officer	GBLOC: MBFL		

34. FOR USE OF PAYING OFFICER (Does not affect carrier charges.)

[] SHORTAGE

35g. SIGNATURE OF CARRIER'S AUTHORIZED AGENT

[] EXCESS DISTANCE

[ ] CARRIER OS&D

REPORT ATTACHED

[ ] EXCESS WEIGHT

[] DAMAGE

[] OTHER

remarks.)

(Explain under

[] UNAUTHORIZED ITEMS

[ ] EXCESS VALUATION

35c. THE (Name of delivering carier)

GERTIFICATE OF CARRIER BILLING FOR CHARGES - CONSIGNEE MUST NOT PAY ANY CHARGES ON THIS SHIPMENT

33b. DATE OF RECEIPT OF SHIPMENT

33d. PER

35e, COMPLETE AND IN APPARENT GOOD ORDER EXCEPT

AS MAY BE INDICATED HEREAFTER.

[ ] RESIDENCE

33a. NAME OF TRANSPORTATION COMPANY (Agent Name) MAYFLOWER MILITARY MOVERS, LLC (Continental International)

35b. AT (Actual delivery point) ‡

[] STORAGE IN

TRANSIT

35f, NAME OF DESTINATION CARRIER (Carrier authorized to bill charges)

33c. SIGNATURE OF AGENT/DRIVER

35a. ON (Date)

35d, DELIVERED THIS

CONSIGNMENT TO

# CERTIFIED WEIGHT TICKET PLATFORM SCALE LOCATED AT CONTINENTAL VAN LILNES 1031 EAST FIRST AVE ANCHORAGE, AK 99501

CARRIER:

MFMV / C-D / TMM

Apple Moving dba C & Storage
34 Indusdrial St

Fort Walton Beach, FL 32548

Ph: 850-243-6125

## Continental Van Lines

(OFFICE)

Anchorage, Alaska

D47=		
DATE:	3/5/2024	
SHIPPER:	SHAW, JACOB	·
ORIGIN:	ELMENDORF AFB, AK	
DEST:	TYNDALL AFB, FL	······································
GBL#:	MBFL0101927	
CADDIED		

**CARRIER REF.#:** 

			4			CARRIER	KEF.#:			
PIECE		NEW/	FURNISHED	GROSS	Date	RDD:		41	8/24	
NUMBER:	SEAL NUMBER	USED	BY:	WEIGHT:	Weighed	TARE WEIGHT:	Date Weighed	NET WEIGHT:	CUBE:	DENS
1 OF 4	1764628	Used	TMM	1,643	3/5/24	320	3/4/24	1,323	193	7
2 OF 4	1764629	Used	TMM	1,351	3/5/24	325	3/4/24	1,026	193	
3 OF 4	1764630	Used	TMM	969	3/5/24	301	3/4/24	668	193	
4 OF 4	1764631	New	CVL	553	3/5/24	116	3/4/24	437	107	+-
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DOCUMENTS ENCLOSED[ ] ORIGINAL GB	L COMMENTS:	PC-4 CTN SOFA	A BOX 100X40X46		0.00
[ ] BILL OF LADIN	1G		100,1,00,1,0,1,0		
[ ] WEIGHT TICK	ETS		The state of the s		
[ ] INVENTORIES					
Printed Name: Sanele Ah Chong Signat	ure:		Date: 3/6/24	Time:	7:35

PRINTING CO.	CAMPBELL MOVING	۷	ustrial St Ft. Walton Beach, FL 32548"  To Lynn Haven, Fl SIALETS haw Ja	L MABEL
STANDARD OMA 87	144 44 M	Tare		COB 101927 MFMV 4/26/24
	with a special state of the sp	Net	ornelis Capey	

#### STATEMENT OF ACCESSORIAL SERVICES PERFORMED

OMB No. 0704-0531 OMB approval expires Mar, 31 2022

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whis winc-alex, esd, mbx.dd-dod-information. Clediction of information including notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information including notwithstanding any other provision of law. The ABOVE ORGANIZATION.

1. BILL OF LA MBFL010	ADING NUMBER 01927			AME (Last, First, Middle /, JACOB	e Init I)				3. RANK/GRADE SRA/E-4	
4. ORIGIN OF S	SHIPMENT ORF AFB, AK			DATE OF PICKUP AT 3-05-24	T ORIGIN (	DDMMMYYYY)	1		F SHIPMENT	
	ACTIVITY/INSTALLA	ATION NAME				<del> </del>	LYNN F			
	CHALLIMAINT	IION NAME	8. 3	SCAC/NAME OF TRA SERVICE PROVIDER	ANSPORTA R (TSP)	TION	9. NAME C	OF AGENT	Г	
HAFC			N	MFMV	·		CAMPBEL	LL M/S dba	APPLE MOVING	
10. TSP SHIPME	ENT REFERENCE N	10.   11. SIC	NATU	RE OF TSP REPRES	SENTATIVE	-	<del></del> -		12. DATE (DDMMMYYY	
42 ADDITIONA				18th	1	2			26042024	
a CRATES	AL SERVICES (Enter (Indicate number of cra	r additional info	rmation	n in Item 14, "Remarks	s".)				<del></del>	
b. THIRD P	ARTY SERVICES	ites and name or	item(s) !	in "Remarks".) e, etc. Must provide invo			d. EXTRA			
c. SHUTTLE	E SERVICE (Describe	in "Remarks".)	OUI Lawie	3, etc. Must provide invo	pice to PPSC	).)	e. EXTRA			
and the second s		71	-		madea poment occopyage and bits wise		f. OTHER (	(Describe in	ı "Remarks".)	
Initial X	Motorcycle	CC:		_Make:	Serv Model:	vice Perfori				
	Extra Pickup /Delivery	Pickup:			Deliver		_ Crate Dims	S:		
	Extra Labor		men x nours	Reason for labor:						
	Bulky items	Y	<u>Uurs</u>	Description of bul	iky:					
	Origin Weight			Gross: 4516		Tare: 1062		Net: 34	151	
	Reweigh			Gross: \7980	)	Tare: (444	ō		440	
	O.SIT	SIT#		Date In:		Date Out:		Days ir	ys in SIT: 0	
	D.SIT	SIT# 24095	0021	Date In: 04-04-24	+	Date Out: 04	-26-24		n SIT: 23	
	Crating	Description:			Dims:				1011, 20	
->-		SHUTTLE						<del></del>		
10-5		Unpack								
las		SIT Out								
123		FINAL WAL	K-THR	OUGH COMPLETE	D					
	PROGEAR	Member:		lbs. SPOUSE:		lbs.				
	Remarks:									
	4									
	Releas			(Drive	er Signature	<i>a)</i>	(Date	\	,	
REMARKS (C NC JG	Customer must initial	I next to each t	hat app	oly.)	Olymore.		(Dan	<u>∍)</u>		
STATEMENT O										
UTORIGIN	•	[V-]DE:	STINAT			- -	OTHER (Expla	∍in in "Rem	arks")	
. SIGNATURE ([	Do not sign until the	TSP has explai	ned ALI	L that apply in Item 13,	3, "Additiona	J Services".)			c. DATE (DDMMMYYYY)	
		,						- 1	26/-4/2024	

HIGH RISK/HIGH VALUE INVENTORY TAGLOT NO 1918676 OPTIONAL IDENTIFIERS: TMM / MFMV TSP REFERENCE NO. CONTINIENTAL VAN LINES SHIPPER'S NAME/GRADE/RATING CONTRACT/BOL NO. SHAW, JACOB ORIGIN LOADING ADDRESS (CITY, STATE, COUNTRY) MBFL0101927 ELMENDORF AFB, AK GOVT. SERVICE ORDER NO. DESTINATION DELIVERY ADDRESS (CITY, STATE, COUNTRY) 3960 Oubor Trace Dr. Unito, IMPORTANT - READ CAREFULLY: This form is required for all items considered to be "high risk" or "high value" by either the shipper or TSP and affords both the shipper and TSP the opportunity to monitor the tender and receipt of the items. High risk / high value items may include but are not are limited to, currency, coins, jewelry, silverware and silver service sets, crystal, figurines, furs, objects of art, computer software programs, manuscripts, comic books, baseball cards, stamps, and other collectable items or rare documents that have a value in excess of \$100 per pound. For purposes of determining the TSP's flability, all such items shall be deemed to weigh at least one bound. A collection of compact disks (CDs) and digital video disks (DVDs) will not be considered high risk / high value items. However, individual CDs or DVDs with a value in excess of \$50 will be considered a high value item. IF YOU FAIL TO LIST YOUR HIGH RISK / HIGH VALUE ITEMS ON THIS FORM YOUR RECOVERY WILL BE LIMITED TO \$100 PER POUND ARTICLE SEAL NO. NUMBER DESCRIPTION SHIPPER REMARKS NITIAL ON RECEIPT (IF USED) AOC 32" Mondov زه ل 19) 125 191 )as TSP WILL LIMIT CLAIM SETTLEMENTS FOR HIGH RISK/HIGH VALUE ITEMS NOT LISTED ON THIS FORM. ORIGIN DESTINATION CAUTION: READ BEFORE SIGNING CAUTION: READ BEFORE SIGNING This is a special inventory for high risk/high value items. Before signing below, ensure that all items listed have Shipper and TSP acknowledge by signatures below that been delivered and that seals (if used) are intact. Open all TSP has requested a complete list of high risk/high value cartons, inspect and verify receipt of all contents. Note any items and that this is a true and complete list of high loss or damage in Remarks column and on Notification of risk/high value items tendered. Loss or Damage at Delivery form. Your signature acknowledges receipt of all items except as noted. IF YOU INITIAL YOUR RECEIPT YOU MAY NOT CLAIM LATER THAT THIS ITEM IS MISSING WITH EITHER THE TSP OR MCO.

CO	NTRACTOR OR CARRI	ER MC	DUSEHOLD GOO	DS D ESCRIPTION	Æ INVENTARV	**************************************	The same of the sa	· · · · · · · · · · · · · · · · · · ·	ene-teringen - no committee and the second
				a CVC AVE			PAGE NO.	10	OF PAGES
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QF	HIGIN LOADING ADDRES	en e	SHAW, JA					3FL0101	
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1 C-0	BLACK & WHITE TV	DBG - DISASSEMBLED BY OWNER PB - PROFESSIONAL BOOKS	BE - BENT BR - BROKEN	EXCEPTION SYMBOLS  Dented MO MOTHER FRADED P. BEETIN	ATEN SO - SOILED			CATION SYMI	BOLS
PBO -	Carmen Packed Packed by Owner Carmer Disassemeled STRETCH WRAPPED	PE - PROFESSIONAL EQUIPMENT PP - PROFESSIONAL PAPERS NCU - MECHANICAL CONDITION	BU BURNED CH - CHIPPED CU - CONTENTS	G GOUGED R RUBBE L LOOSE RU RUSTEI	ST - STAINED S - STRETCHED T - TORN	3. C	HOTTOM HORNER HONT	8. RIGHT 9. SIDE 10. TOP	15, SEAT 16, DRAWER 17, DOOR
ITEM		NOTE: THE OMISSION OF THE	R. COMPRISON SAMPLINGER	to the marks	HED W - BADLY WORK	5 LU 6. LU 7. RI	EFT EGS	11. VENEER 12. EEKGE 13. CENTER	18. SHELF 19. HAROWAFI
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IS A T	RUE AND COMPLETE LIS	ST OF THE GOODS TENDERED AND	OF THE STATE OF THE GOO	ID ACKNOWLEDGE THAT THIS DS RECEIVED"	1/7/	8676	TAPE	unite	
		LOGG OFF DANIMAGE MA	SPACE ON THE HIGHT	TEMS AND DESCRIBE ABOVE.	NOS: FROM 7		and the state of t	340	
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AT ORIGIN	OWNER OR AUTHOR	ZED AGENT,	5/5/20	AT (SIGNARUE	is been	Sinteren appropriate propriet	TO SOUTH THE PERSON NAMED OF	ZUZ	brlzv
<del></del>	(SIGNATURE)	<u>m</u>	3/5/24	NATION OWNER OF	AUTHORIZED AGENT	7_		26A	
BURN PR	INTING • 800-990-8	900 - v		HUIAMDIG)			·	auri	7 9 5 5 (

CARRIER'S REFERENCE NO.  CONTRACT OR GBL. NO. MBFL0101927  GOVT. SERVICE ORDER NO.  VAN NUMBER  LOCATION SYMBOLS  LOCATI
CONTRACT OR GBL NO.  MBFL0101927  E GOVT. SERVICE ORDER NO.  VAN NUMBER  LOCATION SYMBOLS  1. ARM
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D B. LEGS 12. EDGE 19. HARDA 13. CENTER 19. HARDA 14. MISSIDE  CHECK CHECK CHECK AT DESTINATION
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•	CONTRACTOR OR CARRIER	HOUSEHOLD GOODS DESCRIPTIVE INVENTORY	"7.997, dansar
		N. COMP.	10. 05 41955 ]
-	OWNER'S GRADE OR RATING AND NAME	CONTINENTAL VAN LINES CARRIER'S REFERENCE	
	ORIGIN LOADING ADDRESS	SHAW, JACOL 3 CONTRACT OR GBL, NO. MBFL010	1927
-	DESTINATION	E-LMENDORF AFB, AK <sup>STATE</sup> GOVT. SERVICE ORDER N	10.
	3960 Arbor Taxe O	27 Unit O, Lyna Haven XNDALL AFB, FL VAN NUMBER	
E .	W-BLACK A WHITE TV DBO - DISASSEMBLED BY OWNER	EXCEPTION SYMBOLS	
CF P6	- CARRIER PACKED PE - PROFESSIONAL SOURMENT O - FACKED BY OWNER PP - PROFESSIONAL SOURMENT	BU-BURNED G-GOUGED R- RUSSED ST- STAINED 2. BOTTOM 8. RIGHT	15. SEAT
SW	- STRETCH WRAPPED UNKNOWN	CU-CONTENTS M- MARRIED SC - SCRATCHED T- TORN S - FRONT 10 TOP	15. DRAWER 17. DOOR 18. SHELF 19. HARDWARE
ITE	M CR. ARTICLES	THESE STREETS GOOD CONDITION EXCEPT FOR NORMAL WEAR. 7. REAR 14. INSIDE	
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_2_	4. TOWQ	Ran Dra	1
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7	U. TAICA-	Stanker, Mustel Humals tiguring	6
8	U. C CTA/CD-	Clothes, Blanker	7
9 N	4 TUS CTAID	Store Direct Min	8
o l	4 34 XAW 701139 2	DINGER, MILOW, NINTERDO SWITCH-HICCOL	9
NO. RE	MARKS/EXCEPTIONS		0
WE.	HAVE CHECKED ALL THE ITEMS LISTED AND NUMBERED		
	TRUE AND COMPLETE LIST OF THE GOODS TENDERED A  BEFORE SIGNING (	CHECK SHIPMENT COUNTY THE GOODS RECEIVED"	<u>ر</u>
	Marie Control of the	" JAGE UN THE HIGHT ABOVE	
AT	CONTRACTOR, CARMIEN OR AUTHORIZED AGENT (	CONTRACTOR, CAPRIER OR AUTHORIZED AGENT (DRIVER)	IE),
ORIGIN	OWNER OR AUTHORIZED AGENT	DATE DESTI-	214
	(SIGNATURE)	3/5/24 MATION OWNER OR AUTHORIZED AGENT DAT	
ILBURN PE	RINTING • 800-999-6690 • www.milburnprinting	PCOM	

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### CONTINENTAL

For Every Move You Make

# Record of Firearra Chain of Custody

Inv. No. Item Type/Make Model/Guage Serial Number    Inv. No.   Item Type/Make   Model/Guage   Serial Number	Customer No	meSHAW, JA	COB Van Line Reg. #	
undersigned, transfer custody of the above listed firearm(s) to: Continental Van Lines, Anchorage, AK  Doite:  Doite: Doi	GBL #	MBFL0101927		
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Date:  3/3/24  Date:  D	ndersigned,	transfer custody of the above	e listed firearm(s) to: Continental Van	Lines, Anchorage, AK
JJ 3/3/24 J 26/A	stomer Signature:	Pates	Dastination Customer Signature:	Dates
	9			26/Aprhy
7/2/01/	A A A	Dane:	Destination TSP/Driver Signature:	

# DOD NOTIFICATION OF LOSS OR DAMAGE AT DELIVERY (This is not a Claim)

			RANK/GRADE	WT OF SHIPMENT
SHAW, JACOB PPBOL/ORDER NO.		5545 5005	SRA/E-4	3454
MBFL0101927		SCAC CODE MFMV	PICKUP DATE 03-05-24	TSP REFERENCE NO.
this document. You at delivery, you mus	t list it on this doc <u>If</u>	ument. no loss and/ or damage	is discovered at the time of delivery	tion Service Provider's (TSP's) delivery representative must jointly competer the TSP's representative leaves your home. If you find loss or danger the TSP's representative leaves your home. If you find loss or danger the TSP's representative leaves your home. If you find loss or danger the TSP's representative leaves your home. If you find loss or danger the TSP's representative must jointly competent to the TSP's) delivery representative must jointly competent to the TSP's) delivery representative must jointly competent to the TSP's) delivery representative must jointly competent to the TSP's representative must jointly competent to the TSP's representative must jointly competent to the TSP's representative leaves your home. If you find loss or danger the TSP's representative leaves your home. If you find loss or danger the TSP's representative leaves your home. If you find loss or danger the TSP's representative leaves your home. If you find loss or danger the TSP's representative leaves your home. If you find loss or danger the TSP's representative leaves your home.
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		NOHO A	++4,5 +1 ml	, so specify. Electronic items, provide brand & model number)
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# **DP3 Real Property Damage Form**

SHIPMENT INFORMATION: (To be completed by TSP)	
Customer Name: SHAW, JACOB	Bill of Lading (BOL) #: MBFL0101927
TSP Name & SCAC: MFMV Mayflower Military Movers, LLC (MFMV)	TSP Phone & Email: 800-283-5728 mail_ugdod@unigroupinc.com
TSP Real Property Damage Contact Information: 800-283	
Actual Pickup (PU) Date: 03-05-24	Actual Delivery Date: 04-26-24
PU Address: 3176 Fairchild Avenue Unit A ELMENDORF AFB, AK. US	Delivery Address: 3960 ARBOR TRACE DR LYNN HAVEN, FL 32444. United States
USTOMER INFORMATION: (To be completed by CUSTOM	IER)
Customer Information	
Customer Phone No.: (965) 969 _ 12 00	
Alternate Phone: ()Email: Ja	18 12 97 16 @ gmq/l. 64 Alt. Email:
Mailing Address: 3960 Arbor trace 44,70	
City: Uhh h aviaState	e/Country: FL Zin Code: 22444
Pamaged Items (example: scratches/gouges in floor; dam dditional space for real property damages. 	age to walls; broken hand rails (etc.) See reverse of form for
ustomer/Authorized Representative Signature:	Date: 26/04/24
P/Moving Company Representative Signature:	Str. 3 Date: 4/26/24
	n (7) calendar days from pickup/delivery of any real property damag alendar day notification timeline starts on the first day after alendar days could result in the denial of your claim. Failure of the negates the 7 calendar day period

# **Shipment Information**

SHAW, JACOB	MBFL0101927
Job Type: Military COS: D	Pack: 03-05-24 Load: 03-05-24
Est. Weight: 5500	RDD: 04-18-24
TSP: Mayflower Military Movers, LLC	Del Date: 04-26-24
SCAC: (MFMV	Est Linehaul: 0.0000
Origin	
Customer: SHAW, JACOB	Destination Consignee: SHAW, JACOB
Address: 3176 Fairchild Avenue Unit A	Address: 3960 ARBOR TRACE DR LYNN HAVEN,
ELMENDORF AFB, AK. US	FL 32444. United States
Zipcode 99506	Zipcode 32444
Phone: (865) 809-1200 Email: jas129716@gmail.com	Phone:
Rel Agent x	Email: jacob.shaw.4@us.af.mil
	Rec. Agent X
Origin Extra Pick up Address:	Destination Extra Delivery Address:
	Destination Extra Delivery Address:
,	
Origin Agent Hauling Agent	,
Name: Continental International	Destination Agent
Phone:	Name: CAM - Campbell Moving & Storage
	Phone: (850) 243-6125
Pack Driver:	
Pack Crew:	Delivery Driver LowderGang / Terrance Lowder
Pack Vehicle:	Delivery Crew
Load Driver	Delivery Vehicle:
Load Crew	
Load Vehicle	
Load Vernicle	
NOTES	
NOTES: , ,	
Hourly Rate: # of Men:	# of Trucks :
Beginning Time Ending Time	Total Hours:
oad day complete walk through everything completed.	· · · · · · · · · · · · · · · · · · ·
Delivery day unpacked items requested and reassembly co	omplete. Jas
Priver Signature 26/19/12/	XANA/
	Customer Signature

NOTE: This rider is only for the use within our organization and should not be shown or delivered to the customer

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		•			3	DATE: 3-29-24
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	190	[	4	4	Good	SEAL# 1764629
	190	2	4	3	GOOD	SEAL# 1764630
SOFA	90	2	4	4	GOOD	SEAL# 1764631
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RIVER SIGN	NATURE: _					COMPANY:
AREHOUS	E SIGNATL	JRE:				COMPANY:

#### ndition Definition:

OD:

R:

ELLENT: NEW or LIKE NEW, only stenciled once, no damage at all

IN TACT, no patches, doors solid, all feet in tact,

missing foot , door not square, damage to sides, patching required

POSE: door doesn't fit or cannot close, no feet, crushed, holes in side, wet, possible leaning (hotograph this for MS & proof to carrier)

## HARRISON'S MOVING & STORAGE INC. 1010 CAVALIER BOULEVARD CHESAPEAKE, VA 23323

CONTAINER CHECK LIST

Owner (Name an	d Rank or Rate)	Da	ite Delivery 3-27-2
	SRA/E-4		
BANAS BOX NO.	BOX NO. 2	BOX NO. 3  BANDS ABA	BOX NO. 4
SEAL S 190 4 CUBE	SEALS 190 4:	SEALS 190 45E	SOFA CTN
EAL# 1764608/ SE		ROKEN #1764630 SEAL	# 1764631
BOX NO	BOX NO	BOX NO.	BOI NO.
BOX NO	BOX NO.	BOX NO.	BOX NO.
remarks: <i>GB</i>	C# MBFL 016	01927	
ALL FOU	IR CRATES V	ARE IN GOOD	CONSTTION
Motor Freight Carri	er		



#### BILL OF LADING



BOL: 1372687
Carrier: SINAI EXPRESS LLC

Ship From Pickup Date: 03/25/2024 CONTINENTAL VAN LINES Origin Terminal 2802 70TH AVE EAST Fife, WA 98424 P: F: Destination Terminal Ship To P: F: APPLE MOVING 34 INDUSTRIAL References: FORT WALTON BEACH, FL 32548 Load ID: 1372687 Equipment Size: 53 PRO: 1372687 3rd Party Freight Charges Bill To Pickup Number: SHAW, JACOB - 742718/1 -BEDROCK LOGISTICS MBFL0101927 2501 NORTH HARWOOD STREET, SUITE 2600 DALLAS, TX 75201 Documents Special Instructions: DRIVER/CARRIER IS RESPONSIBLE FOR MAKING SURE THE CORRECT NUMBER OF CRATES ARE LOADED. ANY DISCREPANCY NEEDS TO BE ADDRESSED IMMEDIATELY AT TIME OF SHIPPING. Freight Terms: DRIVER/CARRIER MUST NOTIFY BEDROCK IF THE FOOTAGE IS DIFFERENT FROM THE AGREED UPON Prepaid: FOOTAGE WHILE STILL AT THE SHIPPER. Collect: Accessorials: 3rd Party: X HM LTL Qty Type Weight (X) Item Description **NMFC** CRT Class 4550 TRUCK LOAD 0 Dimensions: 4 4550 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 Remit COD to: Collect Prepaid Customer check acceptable COD Amount: Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B). 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 Trailer Freight The carrier shall not make delivery of this shipper, on request, and to all applicable state and federal regulations. Loaded: shipment without payment of freight and Counted: by Shipper all other lawful charges. by Shipper by Driver \_\_ by Driver Shipper:

Shipper Signature/Date:

This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Carrier Signature/Pickup Date:

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted

Carrier:

recoived

# INVENTORY CONTROL FORM

Order Number: MBFL0101927 SRA/E-4 SHAW, JACOB

Tag Color: WHITE Lot Number: 1918676

								to make	ered and	Customer Responsibility: Please note that it is your responsibility to check off the items delivered and to make no control to the control to	off the it	to check	nsibility i	ur respo	at it is yc	note th	y: Please	onsibilit	mer Res	Custo
	500	499	498	497	496	495	494	493	492	TC+	004	100	6	[						
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	10000	439	+	43/	150	100	† †	100	700	151	450	449	448	447	446	445	444	443	442	441
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received:		2	2 2	214	22.50	22	22	ν ν	3	82 17	310	309	308	307	306	305	304	303	302	301
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	280	279	278	277	276	275	274	273	272	271	270	269	268	797	200	202	107	0 5	78.	281
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	240	239	238	237	236	235	234	233	232	231	230	677	077	777	27.0	3/10	2/1/2	242	242	241
	220	219	218	217	216	215	214	213	717	77.7	777	3 00	220	777	226	205	224	223	222	221
	200	199	198	/6T	96T	745 CGT	777 704	113	277	211	210	200	208	-	206	205	204	203	202	201
	180	1/9	2/7	1	170	100	10/	103	103	101	190	189	188		186	185	184	183	182	181
	TOO	TOU	770	177	176	175	17/	173	170	171	170	169	168	167	166	165	164	163	162	T9T
	160	150	150 T20	157	156	155	154	153	152	151	150	149	148	147	146	145	144	143	+	141
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	3 5	110	110	117	116	115	114	113	112	111	110	109	108	107	106	105	104	+-	+-	101
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delivery:										-			3	3	3	2	2/	22	23	21
Description of damage	20	19	18	17	16	15	14	13	12	11	10		œ		0					
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the driver's copy of the descriptive inventory form will assist in the expeditious resolution of any claim for lost of damaged items. Therefore, it is essential that you, the customer, check the appropriate box: 💹 I HAVE CHECKED OFF THE INVENTORY CONTROL FORM I WAIVE THE RIGHT TO CHECK OFF THE INVENTORY CONTROL FORM the Inventory Control Form to indicate new damage discovered, any missing items or items without inventory tags. Proper completion of this Inventory Control Form and appropriate notation on WAS EVERYTHING RECEIVED? YES NO if not contact claims dept. at 703-497-2700 ility to check off the items delivered and to make necessary notations on the drivers copy of the Descriptive Inventory Form or on

\_ Customer Signature:

Driver Signature \

Date: 26ANIX4