



**UNIFORM STRAIGHT BILL OF LADING ORIGINAL---NOT NEGOTIABLE**

ALL SERVICES SUBJECT TO THE TERMS AND CONDITIONS OF THE FXF 100 SERIES RULES TARIFF. SEE FEDEX.COM FOR DETAILS. --- QUESTIONS? CALL 1.866.393.4585

| <br><b>000000000000</b><br>  |                              | <b>Date</b> 03/24/2025  |  | <b>Purchase Order #</b> POinBOL#1  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
|---|------------------------------|---|--|--|---|---|--------------|------------------------|---|-------|--|--------------------------|------|--------------------------|-------------------------------|---------|---------------------------|---------------------------|--|---|-----------------------------|--|---|--------------------------|--|--|-------------------------|--|--|--|--|--|--|--|--|------------------|--|--|-----------------|--|--|----------------------|------------------------------|---------------|----------------------|--------------------------|---------------|-------|--|--|-------|--|--|--|--|--|--|--|--|-----------------------------|--|--|---|--|--|----------------------|--|--|--|--|--|
|   |                              | <b>Shipper #</b> Shipperid  |  | <b>Shipper #</b> Shipperid122  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
|   |                              | <b>REQUIRED: Please select a service type</b><br><input checked="" type="checkbox"/> <b>FedEx Freight® Priority</b><br><input type="checkbox"/> <b>FedEx Freight® Economy</b> |  | <b>OPTIONAL: You may select a money-back guarantee delivery (charges and tariff limitations may apply).</b><br><br><input type="checkbox"/> <b>A.M. Delivery</b> <input type="checkbox"/> <b>Close of Business Delivery</b>  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
|   |                              |   |  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">SHIPPER (from)      Please provide ZIP codes and phone numbers.</th> <th colspan="3" style="text-align: left;">CONSIGNEE (to)      Please provide ZIP codes and phone numbers.</th> </tr> <tr> <td colspan="2">Shipper<br/>FedEx Freight</td> <td>FXF Acct. #<br/>XXXXX7020</td> <td colspan="2">Consignee<br/>Canisius College</td> <td>FXF Acct. #</td> </tr> <tr> <td colspan="2">Attn. to<br/>Shipping Dept</td> <td>Area Code   Telephone No.<br/>(415) 263-9685</td> <td colspan="2">Attn. to<br/>Fr. John Demske</td> <td>Area Code   Telephone No.<br/>(716) 555-1212</td> </tr> <tr> <td colspan="3">Address<br/>258 Sing Sing</td> <td colspan="3">Address<br/>2001 Main St</td> </tr> <tr> <td colspan="3">Address (Store, Dept., Ste., Flr., Apt., Div.)</td> <td colspan="3">Address (Store, Dept., Ste., Flr., Apt., Div.)<br/>**TEST LABEL - DO NOT SHIP**</td> </tr> <tr> <td colspan="3">City<br/>HARRISON</td> <td colspan="3">City<br/>Buffalo</td> </tr> <tr> <td>State/Province<br/>AR</td> <td>ZIP/Postal Code<br/>726016353</td> <td>Country<br/>US</td> <td>State/Province<br/>NY</td> <td>ZIP/Postal Code<br/>14208</td> <td>Country<br/>US</td> </tr> <tr> <td colspan="3">Email</td> <td colspan="3">Email</td> </tr> <tr> <td colspan="3">Optional or Additional Service Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access</td> <td colspan="3">Optional or Additional Service Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access</td> </tr> <tr> <td colspan="3"> <b>BOL #</b> Bill of lading       </td> <td colspan="3"> <input type="checkbox"/> <b>Custom Delivery Window:</b> </td> </tr> <tr> <td colspan="6">Special Instructions</td> </tr> </table> |                              |   |  |  |   | SHIPPER (from)      Please provide ZIP codes and phone numbers. |              |                        | CONSIGNEE (to)      Please provide ZIP codes and phone numbers. |       |  | Shipper<br>FedEx Freight |      | FXF Acct. #<br>XXXXX7020 | Consignee<br>Canisius College |         | FXF Acct. #               | Attn. to<br>Shipping Dept |  | Area Code   Telephone No.<br>(415) 263-9685 | Attn. to<br>Fr. John Demske |  | Area Code   Telephone No.<br>(716) 555-1212 | Address<br>258 Sing Sing |  |  | Address<br>2001 Main St |  |  | Address (Store, Dept., Ste., Flr., Apt., Div.) |  |  | Address (Store, Dept., Ste., Flr., Apt., Div.)<br>**TEST LABEL - DO NOT SHIP** |  |  | City<br>HARRISON |  |  | City<br>Buffalo |  |  | State/Province<br>AR | ZIP/Postal Code<br>726016353 | Country<br>US | State/Province<br>NY | ZIP/Postal Code<br>14208 | Country<br>US | Email |  |  | Email |  |  | Optional or Additional Service Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access |  |  | Optional or Additional Service Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access |  |  | <b>BOL #</b> Bill of lading |  |  | <input type="checkbox"/> <b>Custom Delivery Window:</b> |  |  | Special Instructions |  |  |  |  |  |
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| Shipper<br>FedEx Freight  |                              | FXF Acct. #<br>XXXXX7020  | Consignee<br>Canisius College  |  | FXF Acct. #                                 |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
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| City<br>HARRISON  |                              |   | City<br>Buffalo  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| State/Province<br>AR  | ZIP/Postal Code<br>726016353 | Country<br>US   | State/Province<br>NY   | ZIP/Postal Code<br>14208   | Country<br>US                               |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| Email   |                              |   | Email  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
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| <b>BOL #</b> Bill of lading   |                              |   | <input type="checkbox"/> <b>Custom Delivery Window:</b>  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| Special Instructions  |                              |   |  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <b>BILL FREIGHT CHARGES TO (if different than above):</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> <td colspan="2">FXF Acct. #</td> <td colspan="2">Email</td> </tr> <tr> <td>Mailing Address</td> <td>City</td> <td>State</td> <td>ZIP/Postal Code</td> <td>Country</td> <td>Area Code   Telephone No.</td> </tr> </table>  |                              |   |  |  |   | Name  |              | FXF Acct. #            |   | Email |  | Mailing Address          | City | State                    | ZIP/Postal Code               | Country | Area Code   Telephone No. |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| Name  |                              | FXF Acct. #   |  | Email  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| Mailing Address   | City                         | State   | ZIP/Postal Code  | Country  | Area Code   Telephone No.                   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| Freight charges are PREPAID unless marked collect. <b>CHECK BOX IF COLLECT</b> <input type="checkbox"/>   |                              |   |  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <small>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 state and federal regulations, the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown hereon, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, and the conditions of the FXF 100 Series Rules Tariff, or otherwise referenced, which are hereby agreed to by the shipper and accepted for himself and his assigns.</small>   |                              |   |  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <b>HANDLING UNITS (H/U)</b>   | <b>H/U PKG. TYPE</b>         | <b>PIECES</b>   | <b>HM (X)</b>  | <b>KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS</b>  | <b>WEIGHT IN LBS.</b>                       | <b>NMFC ITEM #</b>  | <b>CLASS</b> | <b>CUBE (OPTIONAL)</b> |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
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|   |                              |   |  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
|   | 1 PLT                        | 1   |  | books autograph  | 1000.0 LB                                   |   | 060          |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
|   |                              |   |  | DIMS: 48 X 42 X 40 IN    PO #: POinBOL#1   |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
|   |                              |   |  | <b>TOTAL WEIGHT</b>  | <b>1000.0 LB</b>                            |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
|   |                              |   |  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
|   |                              |   |  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
|   |                              |   |  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
|   |                              |   |  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <b>TOTAL H/U: 1</b>   |                              | <b>★ MARK "X" OR "RQ" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.</b>   |  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <b>HM EMERGENCY CONTACT PHONE NUMBER</b> _____  |                              |   |  | <b>FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS.</b>  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <b>CUSTOMER REGISTERED W/EMERGENCY RESPONSE INFO. PROVIDER or CONTRACT #</b> _____  |                              |   |  | <b>EEI/SED Number or Exception</b> _____ <b>Phone #</b> _____<br><b>Broker Name</b> _____ <b>Fax #</b> _____   |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <small>NOTE (1) Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per USD _____."</small>   |                              |   |  | <b>FOR FREIGHT COLLECT SHIPMENTS</b>   |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <small>Note (2) Liability limitation for loss or damage on this shipment shall be applicable as provided by contract or in the current NMFC or this carrier's governing tariffs. See FXF 100 Series Rules Tariff for complete limited liability provisions. Carrier's maximum standard liability is limited to \$25 per pound per package for NEW articles and \$.50 per pound per package (or its equivalent in Mexican Pesos (MXN) or Canadian Dollars (CAD), at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. In no case shall carrier liability exceed \$100,000 per occurrence (or its equivalent in MXN or CAD at the rate of exchange which is in effect at the place and on the date of shipment) for NEW articles or \$10,000 per occurrence (or its equivalent in MXN or CAD at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. For availability and limits of excess liability coverage and applicable rates and charges, please refer to FXF 100 Series Rules Tariff. Not selecting an additional coverage option is considered to be a waiver of same and standard liability coverage will apply.</small>  |                              |   |  | 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 may decline to make delivery of this shipment without payment of freight and all other lawful charges.                                 |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <input type="checkbox"/> Articles are <b>NEW</b> , and require Excess Liability Coverage in the amount of _____<br><input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> MXN per <input type="checkbox"/> lb. or <input type="checkbox"/> kg. <b>Additional charges will apply.</b>  |                              |   |  | <b>SHIPPER CERTIFICATION</b><br>Thereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <input type="checkbox"/> Articles are <b>USED or RECONDITIONED</b> and require Excess Liability Coverage. <b>Additional charges will apply.</b>   |                              |   |  | <b>SHIPPER SIGNATURE</b> _____ <b>Date</b> _____   |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <small>NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360.</small>  |                              |   |  | <b>CARRIER CERTIFICATION</b><br>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.   |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
| <b>DATE</b>   |                              | <b>DRIVER/EMPLOYEE NUMBER</b>   |  | <b>H/U</b>   |   | <b>TRAILER #</b>  |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |
|   |                              |   |  |  |   |   |              |                        |   |       |  |                          |      |                          |                               |         |                           |                           |  |   |                             |  |   |                          |  |  |                         |  |  |  |  |  |  |  |  |                  |  |  |                 |  |  |                      |                              |               |                      |                          |               |       |  |  |       |  |  |  |  |  |  |  |  |                             |  |  |   |  |  |                      |  |  |  |  |  |