

04/07/2016

STRAIGHT BILL OF LADING

Carrier Name	Purchase Order Number	Shipment Number	Bill of Lading Number
CON-WAY TRANSPORTATION SERVICES, INC.	13741393OD000BK150095 (MULTIPLE)	CS00068390	1022536
Shipper (from)		Consignee (to)	
Name BALKAMP, INC Plainfield.		Name CANDELA AUTO PARTS INC	
Address 1601 Whitaker Rd		Address 2713B SOUTH WOODLAND BLVD	
City Plainfield State or Province IN		City DELAND State or Province FL	
Zip 46168		Zip 32720	
Freight Charges (Note: Freight Charges are to be Prepaid unless marked collect) <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Third Party			
<input checked="" type="checkbox"/> Underlying_BOL Bill Freight charges to (if different than above) Name _____ Address _____ City : _____ St: _____ Zip: _____		SPL_INSTRC DO NOT STACK null PRO # : 2525258	
OTHER PURCHASE ORDERS: 13754817OD000BK053141, 13754901OD000BK087317, 13756792OD000BK063727, 13757169OD000BK2341F, 13757753OD000BK052757, 13758367OD000BK189531			

**Emergency Contact Number For Hazardous Materials
(SPILL, LEAK, FIRE, EXPOSURE or ACCIDENT)
1-800-424-9300 (Chemtrec-CCN2285)**

HANDLING UNITS	HM PACKAGES	HM X	KIND OF PACKAGING DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS	WEIGHT IN LBS.	NMFC	Class	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 the following statement: The carrier shall not make delivery of this shipment without payment of freight and ll other lawful charges. _____ Signature of Consignee
(SUBJECT TO CORRECTION)							
			SEE ATTACHED UNDERLYING				
			BILLS OF LADING				
							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 \$ _____ per pound
							CHARGES ADVANCED \$ REMITT TO <input type="checkbox"/> SHIPPER <input type="checkbox"/> OTHER IF OTHER THAN SHIPPER WRITE NAME AND ADDRESS IN DESCRIPTION COLUMN
0	TOTAL HANDLING UNITS		TOTAL HAZARDOUS MATERIALS WEIGHT	0.00			
			TOTAL WEIGHT	0.00			

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.

Loose LPNs	Pallets	Total Handling Units	Single Shipment	Driver	Date	Start	Stop
2	14	16	CIRCLE ONE Y N				
Truck #		Shipper Load & Count	DATE	SEAL NUMBER	AUTHORIZED SIGNATURE		
4412007		CIRCLE ONE Y N	03/21/2016				

**Carefully Affix
Freight Bill Number
Label Here**

Received, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading. Tariff means any classifications, charge, price, rule or rate, established by a carrier or carriers. The property described above in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as indicated above 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 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 lading terms and conditions in the governing classification on the date of shipment and shall be subject to all of the terms and conditions of the United States Carriage of good by Sea Act of 1936 if it is a water shipment. Shipper hereby certifies that he is familiar with all of the bill of lading terms and conditions in the governing classifications and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

04/07/2016

STRAIGHT BILL OF LADING (SUPPLEMENT)

Page:2

Carrier Name		Purchase Order Number		Shipment Number		Bill of Lading Number	
CON-WAY TRANSPORTATION		13741393OD000BK150095 (MULTIPLE)		CS00068390		1022536	
Shipper (from)				Consignee (to)			
Name NAPA BALKAMP, INC.				Name CANDELA AUTO PARTS INC			
Address 1601 Whitaker Rd				Address 2713B SOUTH WOODLAND BLVD			
City Plainfield		State or Province IN		City DELAND		State or Province FL	
Zip 46168				Zip 32720			
Emergency Contact Number For Hazardous Materials (SPILL, LEAK, FIRE, EXPOSURE or ACCIDENT) 1-800-424-9300 (Chemtrec-CCN2285)							
HANDLING UNITS	HM PACKAGES	HM X	KIND OF PACKAGING DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS			WEIGHT IN LBS.	NMFC
							CLASS
(SUBJECT TO CORRECTION)							
Truck #			DATE		SEAL NUMBER		
4412007			03/21/2016				