Stevens global LOGISTICS

PO BOX 729
LAWNDALE CA
90260 877-729-7284

* 3 4 1 2 7 1 4 3 9 *

341271439

DATE	CONTROL	ORIGIN	DESTINATION
7/15/2016	GOX	MRY	TVC

FROM:(PICKUP IOCATION) MON770

MONTEREY BAY AQUARIUM RESEARCH INSTITUTE (
7700 SANDHOLT ROAD

MOSS LANDING CA 95039
Phone: 8317751933 Fax:

TO:(CONSIGNEE)

IRISH BOAT YARD
13000 STOVER RD

CHARLEVOIX MI 49720
Phone: Fax:

BILL TO: MON770

MONTEREY BAY AQUARIUM RESEARCH INSTITUTE (
7700 SANDHOLT ROAD

MOSS LANDING CA 95039
Phone: 8317751933 Fax:

PAYMENT TERMS

Prepaid	Collect	3rd Party	COD	
n	o	o	o	$_____ COD Amount

Unless otherwise specified,charges are prepaid

QUOTE BASED ON PARTIAL FLAT BED.

SIGNATURE OF SHIPPER OR ITS AGENT

X _____

I Certify that the cargo does not contain any unauthorized explosives,weapons,stowaways,and other prohibited items.I Consent to search of the cargo.I am aware that this endorsement and other shipping documents will be retained on file for a minmum of 30 days.

SERVICE REQUESTED (CHECK ONE)

Domestic o
Transborder o
Puerto Rico o

Type of service

o NFO
o Next Day
o Two day
o Three Day
n Deferred
o Truckload
o Local
o Logistics

o Company Check
o Cashiers Check only

QUOTE #

341271439

KNOWN SHIPPER #

INTERNATIONAL *

Air Freight	Type of service
o Prty Air	o Airport-Airport
o Stnd Air	o Door-Airport
	o Airport-Door
	o Door-Door

Ocn Freight	Type of service
o Fcl 20	o Port-Port
o Fcl 40	o Door-Port
o Fcl other	o Port-Door
o Lcl	o Door- Door

DOOR TO DOOR SERVICE

o Excluding Duties/Taxes
o Including Duties/Taxes

CUSTOMS VALUE MANDATORY

$_____

Declared value

If carrier offers Declared value and such value is requested in accordance with the conditions thereof,indicate amount in box marked "Declared value"

CHARGES

Shipper COD	$0.00

Insurance Amount
International & TransBorder

$_____

If carrier offers Insurance and such Insurance is required in accordance with the conditions therof,indicate amount to be insured in box marked"Insurance Amount"

PIECES	WEIGHT	DESCRIPTION	L	W	H	REFERENCE NUMBERS
1	5000	N/A	96	105	102	

TOTAL	TOTAL	DIM WEIGHT	CHG WEIGHT	SKID(S) SAID TO CONTAIN	PIECES
1	5000	5141	0	0	0

RECEIVED BY STEVENS
By my signature below I have verified the identification of the person above
X_____ Date _____ Time _____

TOTAL SHIPMENTS

Appointment Delivery Time:_____
Receieved in good condition except as noted Date_____
X_____ Time_____

* 0 1 *

These commodoities and material were exported from the United states in accordance with the export administration regulations.Diversion contrary to U.S law is prohibited.The exporter authorizes to act as a forwarding agent for export control. Insurance applies to International and Transborder shipments. NON NEGOTIABLE WAYBILL SUBJECT TO CONDITIONS, SET FORTH FOR ALL SERVICES, EXCEPT OCEAN, ON REVERSE SIDE HERETO, FOR OCEAN FREIGHT CONDITIONS, SEE REVERSE SIDE OF STEVENS GLOBAL FREIGHT SERVICES BILL OF LADING.