

COMPLETE SHADED AREAS

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - Not Negotiable

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

THE PROPERTY DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF CONTENTS OF PACKAGE UNKNOWN) MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, 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 ITS 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 PORTION OF SAID ROUTE TO DESTINATION, AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY OF SAID PROPERTY, THAT EVERY SERVICE TO BE PERFORMED HERE UNDER SHALL BE SUBJECT TO ALL THE TERMS AND CONDITIONS OF THE UNIFORM DOMESTIC STRAIGHT BILL LADING SET FORTH (1) IN OFFICIAL, SOUTHERN, WESTERN, AND ILLINOIS FREIGHT CLASSIFICATIONS IN EFFECT ON THE DATE HEREOF, IF THIS IS A RAIL OR A RAIL-WATER SHIPMENT, OR (2) IN THE APPLICABLE MOTOR CARRIER CLASSIFICATION OR TARIFF IF THIS IS A MOTOR CARRIER SHIPMENT.

SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE TERMS AND CONDITIONS OF THE SAID BILL OF LADING, INCLUDING THOSE ON THE BACK THEREOF, SET FORTH IN THE CLASSIFICATIONS OR TARIFF WHICH GOVERNS THE TRANSPORTATION OF THIS SHIPMENT, AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER AND ACCEPTED FOR HIMSELF AND HIS ASSIGNS

| | | |
|--------------------------------------|---|----------------------------------|
| Ship From YOUR COMPANY NAME ▶ | DATE | TRAILER NO. |
| ADDRESS ▶ /CITY ▶ /STATE ▶ /ZIP ▶ | SHIPPERS NUMBER | |
| Ship To CO. NAME ▶ | FREIGHT CHARGES ARE TO BE "MARK ONE" | |
| STREET ▶ | <input checked="" type="checkbox"/> PREPAID | <input type="checkbox"/> COLLECT |
| CITY/STATE/ZIP CODE ▶ | CARRIER REQUESTED HES Logistics | |
| ATTENTION ▶ TELEPHONE ▶ | CARRIER USED | |

Indicate desired method of shipment : Common Carrier Air Freight Van Lines Company Truck Overnite Carrier Customer Pick up

Desired Arrival Date _____

| Number Pieces | KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS | *Weight (Sub. to Cor.) | Class or Rate | Check Column |
|-----------------------------|---|------------------------|---------------|--------------|
| | Crates Exhibition Paraphenalia (Item 154630-NMFC) | | | |
| | Cartons | | | |
| | Cases / Trunks | | | |
| | Skids | | | |
| | Carpets | | | |
| ← TOTAL PIECES VALUE: _____ | | → TOTAL WEIGHT → | | |

SEND FREIGHT CHARGES TO

SEND FREIGHT CHARGES TO:

Company Name **HES Logistics, Inc.**

Street **620 Shenandoah Ave.**

City, State **St. Louis, MO 63104**

Attn: _____ Telephone **1-866-493-1675**

INSTRUCTIONS

RETURN COMPLETE BILL OF LADING TO SERVICE DESK.

HERITAGE EXPOSITION SERVICE IS NOT RESPONSIBLE FOR SHIPMENTS LEFT IN BOOTH BY EXHIBITOR. WE WILL COUNT AND SHIP PIECES AS WE FIND SHIPMENT WHEN WE REMOVE FROM EXHIBIT HALL. EXHIBITORS MUST INSURE THEMSELVES AGAINST LOSS OR THEFT.

IF CONSIGNED TO ADDRESS AND BILL TO ADDRESS ARE THE SAME, FREIGHT WILL BE SENT COLLECT (CHARGES TO BE PAID BY CONSIGNEE) UNLESS PRIOR ARRANGEMENTS ARE MADE DIRECTLY WITH FREIGHT CARRIER Day: _____ Date: _____ Time: _____

X _____
SIGNATURE OF SHIPPER / PRINT

X _____
SIGNATURE OF CARRIER OR AGENT



PLEASE FAX OR EMAIL TO:

PHONE: 1-866-493-1675 exhibitfreight@heslogistics.com Fax: 1-708-361-3866