

Attachment C

Advanced Relocation Experts

17800 Des Moines Way S.
SeaTac, WA 98148
Seattle (206) 242-6683
Tacoma (253) 945-6632
Toll Free 1-877-Advanced Relocation Experts

INVOICE # 1984

USDOT 1970007
Permit #WG-30430

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, ship, pack, store and/or perform the services shown. Before you sign this document it is important that you first read the entire document, including the back, and that you ask for an explanation of anything that is not clear or that is different from any previous information received from the carrier or the carrier's representative(s). This contract is subject to conditions on the back of this form.

The carrier gave me, or I declined, a copy of the brochure "Your Rights and Responsibilities as a Moving Company Customer".
Signature of customer: *[Signature]*

CUSTOMER NAME FROM: TODD - HALEY
PICK UP ADDRESS: 216 SW 172nd APT. 51
CITY: Normandy WA **STATE:** WA **ZIP:** 98186 **PHONE:**
SPLIT PICKUP & DELIVERY AT: 206 227 3610
WEIGHT OF SHIPMENT (Weight Tickets Attached):
GROSS WEIGHT: LBS. WEIGHMASTER
TARE WEIGHT: LBS. WEIGHMASTER
NET WEIGHT: LBS.
 Expedited shipment: Moving at weight of _____ pounds.
 Actual weight is: _____ pounds. Agreed to by customer.
 Customer's signature: _____

CUSTOMER NAME TO:
DELIVERY ADDRESS: STREET APT. NO.
CITY: STATE ZIP PHONE
STORAGE-IN-TRANSIT (SIT):
JOB CODE: Local/Load Only
PACKED BY: Shipper
ORDER BOOKED BY:

DATE	TRIP NO.	DRIVER	EQUIP. NO.

Note: The customer must indicate choices made on the items shown below by initialing the appropriate line:
PAYMENT: The customer and carrier agree that payment, at time of delivery, will be made by:
 cash money order certified check credit card
 personal check business check debit card
 If credit arrangements are made, bill to:
 NAME:
 ADDRESS:

TIME RECORD (Complete start and stop time chart below)
 3 LABORERS & VAN
 0 REG HOURS @ 11.75 PER HOUR = CHARGES
 OVERTIME HRS @ 25.75 PER HOUR = CHARGES
 Person 1: Start Time 8:15 Stop Time 12:45 Total Hours 4.5
 Person 2: Start Time _____ Stop Time _____ Total Hours _____
 Person 3: Start Time _____ Stop Time _____ Total Hours _____
 Person 4: Start Time _____ Stop Time _____ Total Hours _____

ESTIMATES: The customer must select one:
 I did not request a written estimate on this shipment and understand I will be required to pay charges shown on this contract.
 I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on that estimate.
 I understand this shipment is moving under a non-binding estimate. NOTE: If the charges shown on this bill exceed the charges on the non-binding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for 30 days in which I must pay the remainder due. In no case will I be required to pay more than 115% of the estimate (plus any supplemental estimates) for mileage rated shipments nor more than 125% of the estimate (plus supplements) for hourly rated shipments.

Details of packing and packing materials

DESCRIPTION	QUAN.	RATE	AMOUNT
DISH PACK			28.99
CARTONS LESS THAN 1 1/4 CU. FT.			4.8
1 1/4 CU. FT.			
3 CU. FT.			236.98
4 1/2 CU. FT. Truck			120.00
6 CU. FT.			506.98
8 1/2 CU. FT.			
WARDROBE CARTONS			Surcharge
MATTRESS CARTONS CRIB			
MATTRESS CARTONS (not exc. 39"x75")			
MATTRESS CARTONS (not exc. 54"x75")			507.5
MATTRESS CARTONS (exc. 54"x75")			
GLASS CONTAINERS MINIMUM			
GLASS CONTAINERS			
BOXES OR CRATES MINIMUM			
BOXES OR CRATES			
OTHER: Trunk			120
Total packing and materials charges ->			

VALUATION: The customer must select one option:
 Basic value protection. I release this shipment to a value of 60 cents per pound per article.
 Depreciated Value Protection. I release this shipment to a value of \$2 per pound times the shipment weight.
 or,
 I declare a lump sum total dollar valuation on this entire shipment of: \$ _____ and select the following option:
 Replacement Cost Coverage with a \$300 deductible (Declared value must be at least \$3.50 times weight of shipment.)
 Replacement Cost Coverage with no deductible. (Declared value must be at least \$3.50 times weight of shipment.)

Details transportation, valuation and services provided:

APPLIANCE SERVICE	
OTHER SERVICES	
TRANSPORTATION: _____ MILES _____ NET WT	
TRANSP. OF STORAGE IN TRANSIT SHIPMENT	
WAREHOUSE TO DESTINATION: _____ MILES	
WAREHOUSE IN TRANSIT 30 DAYS OR FRACTION	
WAREHOUSE HANDLING IN/OUT	
STORAGE VALUATION CHARGES	
EXTRA PICKUP/DELIVERY	
HOISTING OR PIANO HANDLING	
STAIRS, ELEVATORS OR CARRIES	
TRANSPORTATION VALUATION CHARGES	
OTHER:	
OTHER:	
Total for transportation, valuation, services ->	
TOTAL BOTH SECTIONS	
LESS AMOUNT PREPAID	
BALANCE DUE FROM CUSTOMER \$527.9	

STORAGE: If shipment will be placed in storage, the customer must select one option:
 This shipment is to be placed in storage for a period of less than 180 days (storage in transit).
 This shipment is to be placed in storage for more than 180 days (permanent storage).
 This shipment is to be placed in storage in transit for an unknown period of time. I understand that on the 180th day of storage the shipment becomes permanent storage.

Receipt for goods: *[Signature]* Date: *09/29/05* Delivery Receipt: *[Signature]* Customer Date: _____
 Damage Noted: _____

Advanced Relocation Experts

17800 Des Moines Way S.
SeaTac, WA 98148
Seattle (206) 242-6883
Tacoma (253) 945-6632
Toll Free 1-877-4-Advanced Relocation Experts

INVOICE # 19478

Advanced Relocation Experts

FORM 100-50430

Uniform Household Goods Bill of Lading

DATE ORDER TAKEN: 06-29-05
MOVE DATE: 06-29-05

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, ship, pack, store and/or perform the services shown. Before you sign this document it is important that you first read the entire document, including the back, and that you ask for an explanation of anything that is not clear or that is different from any previous information received from the carrier or the carrier's representative(s). This contract is subject to conditions on the back of this form.

Rights and Responsibilities Guide (customer must sign this section)

The carrier gave me, or I declined, a copy of the brochure "Your Rights and Responsibilities as a Moving Company Customer".
Signature of customer: Payee Ebrima - Wadch

CUSTOMER NAME <u>Lamin - Sisawoo</u>	CUSTOMER NAME <u>TO</u>
PICK UP ADDRESS <u>2102 19th St SW</u>	DELIVERY ADDRESS <u>1231 65th Pl SW</u>
CITY <u>Hywood</u> STATE <u>WA</u> ZIP <u>98030</u> PHONE <u></u>	CITY <u>Everett</u> STATE <u>WA</u> ZIP <u>98204</u> PHONE <u></u>
SPLIT PICKUP & DELIVERY AT	STORAGE-IN-TRANSIT (SIT) AT

WEIGHT OF SHIPMENT (Weight Tickets Attached)		JOB CODE <u>local</u>	PICKED UP BY <u>Shipper</u>
GROSS WEIGHT LBS. WEIGHMASTER	TARE WEIGHT LBS. WEIGHMASTER	PACKED BY <u>Shipper</u>	ORDER BOOKED BY
NET WEIGHT LBS.			

Expedited shipment: Moving at weight of _____ pounds.
Actual weight is: _____ pounds. Agreed to by customer.
Customer's signature: _____

WSDL 8/31/05 *328LS
Note: The customer must indicate choices made on the items shown below by initialing the appropriate line:

PAYMENT: The customer and carrier agree that payment, at time of delivery, will be made by:
 cash money order certified check credit card
 personal check business check debit card
If credit arrangements are made, bill to: _____

NAME: _____
ADDRESS: _____

ESTIMATES: The customer must select one:
 I did not request a written estimate on this shipment and understand I will be required to pay charges shown on this contract.
 I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on that estimate.
 I understand this shipment is moving under a non-binding estimate. NOTE: If the charges shown on this bill exceed the charges on the non-binding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for 30 days in which I must pay the remainder due. In no case will I be required to pay more than 115% of the estimate (plus any supplemental estimates) for mileage rated shipments nor more than 125% of the estimate (plus supplements) for hourly rated shipments.

VALUATION: The customer must select one option:
 Basic value protection. I release this shipment to a value of 60 cents per pound per article.
 Depreciated Value Protection. I release this shipment to a value of \$2 per pound times the shipment weight.
or:
 I declare a lump sum total dollar valuation on this entire shipment of: \$ _____ and select the following option:
 Replacement Cost Coverage with a \$300 Deductible (Declared value must be at least \$3.50 times weight of shipment.)
 Replacement Cost Coverage with no deductible. (Declared value must be at least \$3.50 times weight of shipment.)

STORAGE: If shipment will be placed in storage, the customer must select one option:
 This shipment is to be placed in storage for a period of less than 180 days (storage in transit).
 This shipment is to be placed in storage for more than 180 days (permanent storage).
 This shipment is to be placed in storage in transit for an unknown period of time. I understand that on the 180th day of storage the shipment becomes permanent storage.

DATE	TRIP NO.	DRIVER	EQUIP. NO.
06/29/05	00	Alstae	0001

TIME RECORD			
LABORERS & PERIODS	(Complete start and stop time chart below)		
REG HOURS	PER HOUR	= CHARGES	
OVERTIME	PER HOUR	= CHARGES	
Person 1: Start Time	Stop Time	Total Hours	9.00
Person 2: Start Time	Stop Time	Total Hours	
Person 3: Start Time	Stop Time	Total Hours	1.75
Person 4: Start Time	Stop Time	Total Hours	

Details of packing and packing materials			
DESCRIPTION	QUAN.	RATE	AMOUNT
DISH PACK			
CARTONS LESS THAN 1 1/4 CU. FT.			
1 1/4 CU. FT.			5.75
3 CU. FT.			
4 1/4 CU. FT.			
6 CU. FT.			4.94
8 1/4 CU. FT.			4.44
WARROBE CARTONS			
MATTRESS CARTONS CRIB			
MATTRESS CARTONS (not exc. 39"x75")			
MATTRESS CARTONS (not exc. 54"x75")			
MATTRESS CARTONS (exc. 54" x 75")			
GLASS CONTAINERS MINIMUM			
GLASS CONTAINERS _____ CU. FT.			
BOXES OR CRATES MINIMUM			
BOXES OR CRATES _____ CU. FT.			
OTHER:			

Total packing and materials charges →			
Details transportation, valuation and services provided:			
APPLIANCE SERVICE			
OTHER SERVICES			
TRANSPORTATION: _____ MILES	NET WT		
TRANSP. OF STORAGE IN TRANSIT SHIPMENT			
WAREHOUSE TO DESTINATION: _____ MILES			
STORAGE IN TRANSIT 30 DAYS OR FRACTION			
WAREHOUSE HANDLING IN/OUT			
STORAGE VALUATION CHARGES			
EXTRA PICKUP/DELIVERY			
HOISTING OR PIANO HANDLING			
STAIRS, ELEVATORS OR CARRIES			
TRANSPORTATION VALUATION CHARGES			20.70
OTHER:			
OTHER:			
Total for transportation, valuation, services →			
TOTAL BOTH SECTIONS			
LESS AMOUNT PREPAID			
BALANCE DUE FROM CUSTOMER: <u>518.70</u>			

All goods were received in good condition as noted on this receipt or on the inventory form.
Receipt for goods Driver: _____ Date: 06/29/05
Delivery Receipt Customer: _____ Date: 6/28/05
Damage Noted: _____

Advanced Relocation Experts

17800 Des Moines Way S.
SeaTac, WA 98148
Seattle (206) 242-6683
Tacoma (253) 945-6632
Toll Free 1-877-450-MOVE

INVOICE # 1077

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, ship, pack, store and/or perform the services shown. Before you sign this document it is important that you first read the entire document, including the back, and that you ask for an explanation of anything that is not clear or that is different from any previous information received from the carrier or the carrier's representative(s). This contract is subject to conditions on the back of this form.

Rights and Responsibilities Guide (customer must sign this section)

The carrier gave me, or I declined, a copy of the brochure "Your Rights and Responsibilities as a Moving Company Customer".
Signature of customer: *ACC*

CUSTOMER NAME FROM: <i>Katherine - Corley</i>	CUSTOMER NAME TO: <i>STILLE</i>
PICK UP ADDRESS: <i>2012 43rd St SE</i>	DELIVERY ADDRESS: <i>9959 Park Washington</i>
CITY: <i>Seattle</i> STATE: <i>WA</i> ZIP: <i>98148</i> PHONE: <i>206 619 9200</i>	CITY: <i>Bellevue</i> STATE: <i>WA</i> ZIP: <i>98004</i> PHONE: <i></i>
SPLIT PICKUP & DELIVERY AT: <i>206 619 9200</i>	STORAGE-IN-TRANSIT (SIT) AT: <i></i>

WEIGHT OF SHIPMENT (Weight Tickets Attached)

GROSS WEIGHT: _____ LBS. WEIGHMASTER
TARE WEIGHT: _____ LBS. WEIGHMASTER
NET WEIGHT: _____ LBS.

WSDL# CORLEY 66774

Expedited shipment: Moving at weight of _____ pounds.
Actual weight is: _____ pounds. Agreed to by customer.

Customer's signature: *WMB ch#4460*

JOB CODE: *Local* PICKED UP BY: *A.R.C*
PACKED BY: *Shaper* ORDER BOOKED BY:

DATE	TRIP NO.	DRIVER	EQUIP. NO.
<i>8/11/05</i>	<i>01</i>	<i>Anstine / 90</i>	<i>001</i>

TIME RECORD

LABORERS & VAN (Complete start and stop time chart below)
REG HOURS @ *22* PER HOUR = CHARGES
OVERTIME HAS @ *22.95* PER HOUR = CHARGES

Person	Start Time	Stop Time	Total Hours
Person 1	<i>8:15</i>	<i>11:45</i>	<i>3.0</i>
Person 2			
Person 3			<i>1.25</i>
Person 4			

Note: The customer must indicate choices made on the items shown below by initialing the appropriate line:

PAYMENT: The customer and carrier agree that payment, at time of delivery, will be made by:

cash money order certified check credit card
 personal check business check debit card

If credit arrangements are made, bill to: _____

Details of packing and packing materials *425*

DESCRIPTION	QUAN.	RATE	AMOUNT
DISH PACK			
CARTONS LESS THAN 1 1/2 CU. FT.			
1 1/2 CU. FT.			<i>27.00</i>
3 CU. FT.			<i>37.00</i>
4 1/2 CU. FT.			
6 CU. FT.			
8 1/2 CU. FT.			
WARDROBE CARTONS			
MATTRESS CARTONS CRIB			
MATTRESS CARTONS (not exc. 39"x75")			
MATTRESS CARTONS (not exc. 54"x75")			
MATTRESS CARTONS (exc. 54" x 75")			
GLASS CONTAINERS MINIMUM			
GLASS CONTAINERS _____ CU. FT.			
BOXES OR CRATES MINIMUM			
BOXES OR CRATES _____ CU. FT.			
OTHER:			

ESTIMATES: The customer must select one:

I did not request a written estimate on this shipment and understand I will be required to pay charges shown on this contract.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on that estimate.

I understand this shipment is moving under a non-binding estimate. NOTE: If the charges shown on this bill exceed the charges on the non-binding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for 30 days in which I must pay the remainder due. In no case will I be required to pay more than 115% of the estimate (plus any supplemental estimates) for mileage rated shipments nor more than 125% of the estimate (plus supplements) for hourly rated shipments.

VALUATION: The customer must select one option:

Basic value protection. I release this shipment to a value of 60 cents per pound per article.

Depreciated Value Protection. I release this shipment to a value of \$2 per pound times the shipment weight.

or:

I declare a lump sum total dollar valuation on this entire shipment of: \$ _____

and select the following option:

Replacement Cost Coverage with a \$300 Deductible (Declared value must be at least \$3.50 times weight of shipment.)

Replacement Cost Coverage with no deductible (Declared value must be at least \$3.50 times weight of shipment.)

Details transportation, valuation and services provided:

APPLIANCE SERVICE	
OTHER SERVICES	
TRANSPORTATION: _____ MILES NET WT	
TRANSP. OF STORAGE IN TRANSIT SHIPMENT	
WAREHOUSE TO DESTINATION: _____ MILES	
STORAGE IN TRANSIT 30 DAYS OR FRACTION	
WAREHOUSE HANDLING IN/OUT	
STORAGE VALUATION CHARGES	
EXTRA PICKUP/DELIVERY	
HOISTING OR PIANO HANDLING	
STAIRS, ELEVATORS OR CARRIES	
TRANSPORTATION VALUATION CHARGES	<i>17.95</i>
OTHER:	
OTHER:	

STORAGE: If shipment will be placed in storage, the customer must select one option:

This shipment is to be placed in storage for a period of less than 180 days (storage in transit).

This shipment is to be placed in storage for more than 180 days (permanent storage).

This shipment is to be placed in storage in transit for an unknown period of time, I understand that on the 180th day of storage the shipment becomes permanent storage.

Total for transportation, valuation, services →

TOTAL BOTH SECTIONS

LESS AMOUNT PREPAID

BALANCE DUE FROM CUSTOMER *391.95*

Receipt for goods: *ACC* All goods were received in good condition except as noted on this contract or on the inventory form. Delivery Receipt: *ACC* Driver: *ACC* Date: *8/11/05* Customer: *Katherine Corley* Date: *8/11/05*

Advanced Relocation Experts

17800 Des Moines Way S.
 SeaTac, WA 98148
 Seattle (206) 242-6683
 Tacoma (253) 945-6632
 Toll Free 1-877-450-MOVE

INVOICE # 1091

Advanced Relocation Experts
 USDOT 970667
 Permit #HG-60430

DATE ORDER TAKEN
 MOVE DATE 07/03-05

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, ship, pack, store and/or perform the services shown. Before you sign this document it is important that you first read the entire document, including the back, and that you ask for an explanation of anything that is not clear or that is different from any previous information received from the carrier or the carrier's representative(s). This contract is subject to conditions on the back of this form.

Rights and Responsibilities of Relocation Experts must sign this section) The carrier gave me, or I declined, a copy of the "Rights and Responsibilities as a Moving Company Customer" document. Signature of customer: *[Signature]*

FROM: CUSTOMER NAME	TO: CUSTOMER NAME
ORIG. ADDRESS: <i>Chijoko - Ekeke</i>	DELIVERY ADDRESS: <i>16769 Pinnacle Rd</i>
STREET: <i>524 227th</i>	STREET: <i>N Monroe</i>
APT. NO.	APT. NO.
CITY: <i>Sammamish</i>	CITY: <i>WA</i>
STATE: <i>WA</i>	STATE: <i>WA</i>
ZIP: <i>98074</i>	ZIP: <i>98272</i>
PHONE	PHONE
DATE PICKUP & DELIVERY AT: <i>425 591 5275</i>	STORAGE-IN-TRANSIT (SIT) AT

WEIGHT OF SHIPMENT (Weight Tickets Attached)

GROSS WEIGHT: _____ LBS. WEIGHMASTER

NET WEIGHT: _____ LBS. WEIGHMASTER

NET WEIGHT: _____ LBS.

Expedited shipment: Moving at weight of _____ pounds.

Actual weight is: _____ pounds. Agreed to by customer.

Customer's signature: *Wells Fargo #206*

Note: The customer must indicate choices made on the items shown below by initialing the appropriate line:

Payment: The customer and carrier agree that payment, at time of delivery, will be made by:

cash money order certified check credit card

personal check business check debit card

Credit arrangements are made, bill to: _____

NAME: _____

ADDRESS: _____

ESTIMATES: The customer must select one:

I did not request a written estimate on this shipment and understand I will be required to pay charges shown on this contract.

I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on that estimate.

I understand this shipment is moving under a non-binding estimate. NOTE: If the charges shown on this bill exceed the charges on the non-binding estimate given me by the carrier, the carrier must release this shipment to me upon payment of no more than 10% of the estimated charges and will extend credit for 30 days in which I must pay the remainder due. In no case will I be required to pay more than 115% of the estimate (plus any supplemental estimates) for mileage rated shipments nor more than 125% of the estimate (plus supplements) for hourly rated shipments.

VALUATION: The customer must select one option:

Basic value protection. I release this shipment to a value of 60 cents per pound per article.

Depreciated Value Protection. I release this shipment to a value of \$2 per pound times the shipment weight.

I declare a lump sum total dollar valuation on this entire shipment of: _____ and select the following option:

Replacement Cost Coverage with a \$300 deductible. (Declared value must be at least \$3.50 times weight of shipment.)

Replacement Cost Coverage with no deductible. (Declared value must be at least \$3.50 times weight of shipment.)

STORAGE: If shipment will be placed in storage, the customer must select one option:

This shipment is to be placed in storage for a period of less than 180 days (storage in transit).

This shipment is to be placed in storage for more than 180 days (permanent storage).

This shipment is to be placed in storage in transit for an unknown period of time. I understand that on the 180th day of storage the shipment becomes permanent storage.

JOB CODE: *local* PICKED UP BY: _____

PACKED BY: _____ ORDER BOOKED BY: _____

DATE	TRIP NO.	DRIVER	EQUIP. NO.

TIME RECORD

LABORERS & VAN (Complete start and stop time chart below)

REG HOURS: *22.5* PER HOUR CHARGES

OVERTIME HRS: *1.5* PER HOUR CHARGES

Person	Start Time	Stop Time	Total Hours
Person 1	<i>4:06</i>	<i>8:00</i>	<i>3:54</i>
Person 2			
Person 3			
Person 4			

Details of packing and packing materials

DESCRIPTION	QUAN.	RATE	AMOUNT
DISH PACK			
CARTONS LESS THAN 1/4 CU. FT.			
1 1/4 CU. FT.			
3 CU. FT.			
4 1/4 CU. FT.			
6 CU. FT.			
8 1/4 CU. FT.			
WARDROBE CARTONS			
MATTRESS CARTONS CRIB			
MATTRESS CARTONS (not exc. 39"x75")			
MATTRESS CARTONS (not exc. 54"x75")			
MATTRESS CARTONS (exc. 54" x 75")			
GLASS CONTAINERS MINIMUM			
GLASS CONTAINERS _____ CU. FT.			
BOXES OR CRATES MINIMUM			
BOXES OR CRATES _____ CU. FT.			
OTHER:			

Details transportation, valuation and services provided:

APPLIANCE SERVICE	
OTHER SERVICES	
TRANSPORTATION: _____ MILES	NET WT
TRANSP. OF STORAGE IN TRANSIT SHIPMENT	
WAREHOUSE TO DESTINATION: _____ MILES	
STORAGE IN TRANSIT 30 DAYS OR FRACTION	
WAREHOUSE HANDLING IN/OUT	
STORAGE VALUATION CHARGES	
EXTRA PICKUP/DELIVERY	
HOISTING OR PIANO HANDLING	
STAIRS, ELEVATORS OR CARRIES	
TRANSPORTATION VALUATION CHARGES	<i>17.00</i>
OTHER:	
OTHER:	

Total for transportation, valuation, services: _____

TOTAL BOTH SECTIONS

LESS AMOUNT PREPAID

BALANCE DUE FROM CUSTOMER *428.05*

Receipt for goods: *[Signature]* Driver Date: *07/03/05*

Delivery Receipt: *[Signature]* Customer Date: _____

Damage Noted: _____

Advanced Relocation Experts

17800 Des Moines Way S.
SeaTac, WA 98148
Seattle (206) 242-6683
Tacoma (253) 945-6632
Toll Free 1-877-450-MOVE

INVOICE # 1177

#U202

Advanced Relocation Experts
USDOT 870887
Permit WA-80450

Uniform Household Goods Bill of Lading

DATE ORDER TAKEN
MOVE DATE 07/08-0

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, ship, pack, store and/or perform the services shown. Before you sign this document it is important that you first read the entire document, including the back, and that you ask for an explanation of anything that is not clear or that is different from any previous information received from the carrier or the carrier's representative(s). This contract is subject to conditions on the back of this form.

Rights and Responsibilities Guide (customer must sign this section)

The carrier gave me, or I declined, a copy of the brochure "Your Rights and Responsibilities as a Moving Company Customer".
Signature of customer: *Forest Village not this job*

FROM: *Forest Village not this job*

CUSTOMER NAME: *John - Serpartio #U202*

TRUCK UP ADDRESS: *31500 32nd St SW*

CITY: *Redmond* STATE: *WA* ZIP: *97003* PHONE: *503-754-9932*

PLT PICKUP & DELIVERY AT: *206-254-9932*

WEIGHT OF SHIPMENT (Weight Tickets Attached)

GROSS WEIGHT: _____ LBS. WEIGHMASTER

NET WEIGHT: _____ LBS. WEIGHMASTER

NET WEIGHT: *WLS Fargo # 7525*

CUSTOMER NAME: *Shirley*

DELIVERY ADDRESS: *6345 8th St SE*

CITY: *Auburn* STATE: *WA* ZIP: *98002* PHONE: _____

STORAGE-IN-TRANSIT (SIT) AT: _____

JOB CODE: *Local* PICKED UP BY: _____

PACKED BY: _____ ORDER BOOKED BY: _____

DATE	TRIP NO.	DRIVER	EQUIP. NO.

Expedited shipment: Moving at weight of _____ pounds.

Actual weight is: _____ pounds. Agreed to by customer.

Customer's signature: *WSDL SMDRSL 36800 11-20-06*

Note: The customer must indicate choices made on the items shown below by initialing the appropriate line:

PAYMENT: The customer and carrier agree that payment, at time of delivery, will be made by:

cash money order certified check credit card

personal check business check debit card

credit arrangements are made, bill to: _____

NAME: _____

ADDRESS: _____

TIME RECORD

LABORERS & VANDERBILT Complete start and stop time chart below

REG HOURS @ *8.00* PER HOUR = CHARGES

OVERTIME HRS @ _____ PER HOUR = CHARGES

Person	Start Time	Stop Time	Total Hours
Person 1	<i>8:15</i>	<i>2:15</i>	<i>6.5 hrs</i>
Person 2			
Person 3			
Person 4			

Details of packing and packing materials

DESCRIPTION	QUAN.	RATE	AMOUNT
DISH PACK			
CARTONS LESS THAN 1 1/4 CU. FT.			
1 1/4 CU. FT.			
3 CU. FT.			
4 1/2 CU. FT.			
6 CU. FT.			
8 CU. FT.			
WARDROBE CARTONS			
MATTRESS CARTONS CRUB			
MATTRESS CARTONS (not exc. 39"x75")			
MATTRESS CARTONS (not exc. 54"x75")			
MATTRESS CARTONS (exc. 54"x75")			
GLASS CONTAINERS MINIMUM			
GLASS CONTAINERS _____ CU. FT.			
BOXES OR CRATES MINIMUM			
BOXES OR CRATES _____ CU. FT.			
OTHER:			

ESTIMATES: The customer must select one.

I did not request a written estimate on this shipment and understand I will be required to pay charges shown on this contract.

I understand this shipment may be under a binding estimate and that I will be required to pay the amount shown on that estimate.

I understand this shipment is moving under a non-binding estimate. NOTE: If the charges shown on this bill exceed the charges on the non-binding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for 30 days in which I must pay the remainder due. In no case will I be required to pay more than 115% of the estimate (plus any supplemental estimates) for mileage rated shipments nor more than 125% of the estimate (plus supplements) for hourly rated shipments.

Total packing and materials charges ->

Details transportation, valuation and services provided:

APPLIANCE SERVICE	
OTHER SERVICES	
TRANSPORTATION: _____ MILES NET WT	
TRASP. OF STORAGE IN TRANSIT SHIPMENT	
WAREHOUSE TO DESTINATION: _____ MILES	
STORAGE IN TRANSIT 30 DAYS OR FRACTION	
WAREHOUSE HANDLING IN/OUT	
STORAGE VALUATION CHARGES	
EXTRA PICKUP/DELIVERY	
HOISTING OR PIANO HANDLING	
STAIRS, ELEVATORS OR CARRIES	
TRANSPORTATION VALUATION CHARGES	<i>17 1/2</i>
OTHER:	
OTHER:	

VALUATION: The customer must select one option:

Basic value protection. I release this shipment to a value of 60 cents per pound per article.

Depreciated Value Protection. I release this shipment to a value of \$2 per pound times the shipment weight.

I declare a lump sum total dollar valuation on this entire shipment of: _____ and select the following option:

Replacement Cost Coverage with a \$300 Deductible. (Declared value must be at least \$3.50 times weight of shipment.)

Replacement Cost Coverage with no deductible. (Declared value must be at least \$3.50 times weight of shipment.)

STORAGE: If shipment will be placed in storage, the customer must select one option:

This shipment is to be placed in storage for a period of less than 180 days (storage in transit).

This shipment is to be placed in storage for more than 180 days (permanent storage).

This shipment is to be placed in storage in transit for an unknown period of time; I understand that on the 180 day of storage the shipment becomes permanent storage.

Total for transportation, valuation, services ->

TOTAL BOTH SECTIONS

LESS AMOUNT PREPAID

BALANCE DUE FROM CUSTOMER *599 1/2*

All goods were received in good condition except as noted on this contract or on the inventory form.

Receipt for goods: *7/8/06* Delivery Receipt: *7/8/06*

Driver: _____ Date: _____ Customer: *John Serpartio* Date: _____

Advanced Relocation Experts

Relocation Experts
US DOT 970667
Permit #HG-60430

17800 Des Moines Way S
SeaTac, WA 98148
Seattle (206) 242-6683
Tacoma (253) 945-6632
Toll Free 1-877-450-MOVE

FRIDAY, INVOICE #1149
8:00 AM Start

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes carrier to move, ship, pack, store and/or perform the services shown. Before you sign this document it is important that you first read the document, including the back, and that you ask for an explanation of anything that is not clear or that is different from any previous information received from the carrier or the carrier's representative(s). This contract is subject to conditions on the back of this form.

The carrier gave me, or I declined, a copy of the brochure "Your Rights and Responsibilities as a Moving Company Customer".
Signature of customer: *Ken Purcell 253 223 3054*

FROM: CUSTOMER NAME Ken - Purcell
PICK UP ADDRESS 355 Contra Costa
CITY Fircrest STATE WA ZIP 98406
SPLIT PICKUP & DELIVERY AT 253 868 4857

TO: CUSTOMER NAME Same
DELIVERY ADDRESS 11 Lakewood
CITY Shiloh STATE WA ZIP 98457
STORAGE-IN-TRANSIT (SIT) AT

WEIGHT OF SHIPMENT (Weight Tickets Attached)
GROSS WEIGHT _____ LBS. WEIGHMASTER
TARE WEIGHT _____ LBS. WEIGHMASTER
NET WEIGHT WASH + PURC BLS 74RT LBS.
Expedited shipment: Moving at weight of _____ pounds.
Actual weight is: _____ pounds. Agreed to by customer.
Customer's signature: *Chok # 8957 Wells Fargo*

JOB CODE Local PICKED UP BY _____
PACKED BY _____ ORDER BOOKED BY _____
DATE 07/29/05 TRIP NO. 70 DRIVER 70 EQUIP. NO. 007

TIME RECORD (Complete start and stop time chart below)

LABORERS & VAL	REG HOURS	PER HOUR = CHARGES
2	2.5	4.75
Person 1: Start Time <u>8:30</u> Stop Time <u>1:15</u> Total Hours <u>4.75</u>		
Person 2: Start Time _____ Stop Time _____ Total Hours _____		
Person 3: Start Time _____ Stop Time _____ Total Hours _____		
Person 4: Start Time _____ Stop Time _____ Total Hours _____		

ESTIMATES: The customer must select one.
 I did not request a written estimate on this shipment and understand I will be required to pay charges shown on this contract.
 I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on that estimate.
 I understand this shipment is moving under a non-binding estimate. NOTE: If the charges shown on this bill exceed the charges on the non-binding estimate given me by the carrier, the carrier must release the shipment to me upon payment of no more than 110% of the estimated charges and will extend credit for 30 days in which I must pay the remainder due. In no case will I be required to pay more than 115% of the estimate (plus any supplemental estimates) for mileage rated shipments nor more than 125% of the estimate (plus supplements) for hourly rated shipments.

Details of packing and packing materials

DESCRIPTION	QUAN.	RATE	AMOUNT
DISH PACK			
CARTONS LESS THAN 1 1/4 CU. FT.			
1 1/4 CU. FT.			
3 CU. FT.			
4 1/2 CU. FT.			
6 CU. FT.			
6 1/2 CU. FT.			
WARDROBE CARTONS			
MATTRESS CARTONS CRIB			
MATTRESS CARTONS (not exc. 39"x75")			
MATTRESS CARTONS (not exc. 54"x75")			
MATTRESS CARTONS (exc. 54" x 75")			
GLASS CONTAINERS MINIMUM _____ CU. FT.			
BOXES OR CRATES MINIMUM _____ CU. FT.			
OTHER:			

VALUATION: The customer must select one option.
 Basic value protection. I release this shipment to a value of 60 cents per pound per article.
 Depreciated Value Protection. I release this shipment to a value of \$2 per pound times the shipment weight.
or,
 I declare a lump sum total dollar valuation on this entire shipment of \$ _____ and select the following option:
 Replacement Cost Coverage with \$300 deductible. (Declared value must be at least \$3.00 times weight of shipment.)
 Replacement Cost Coverage with no deductible. (Declared value must be at least \$3.50 times weight of shipment.)

Total packing and materials charges +
Details transportation, valuation and services provided:

APPLIANCE SERVICE	
OTHER SERVICES	
TRANSPORTATION _____ MILES _____ NET WT _____	
TRANSP. OF STORAGE IN TRANSIT SHIPMENT	
WAREHOUSE TO DESTINATION _____ MILES _____	
STORAGE IN TRANSIT 30 DAYS OR FRACTION _____	
WAREHOUSE HANDLING IN/OUT _____	
STORAGE VALUATION CHARGES _____	
EXTRA PICKUP/DELIVERY _____	
HOISTING OR PLANO HANDLING _____	
STAIRS, ELEVATORS OR CARRIES _____	
TRANSPORTATION VALUATION CHARGES _____	
OTHER: _____	
OTHER: _____	

STORAGE: If shipment will be placed in storage, the customer must select one option:
 This shipment is to be placed in storage for a period of less than 180 days (storage in transit).
 This shipment is to be placed in storage for more than 180 days (permanent storage).
 This shipment is to be placed in storage in transit for an unknown period of time. I understand that on the 180th day of storage the shipment becomes permanent storage.

Total for transportation, valuation, services +
TOTAL BOTH SECTIONS
LESS AMOUNT PREPAID
BALANCE DUE FROM CUSTOMER 443.00

Receipt for goods: *Ken Purcell* Date: 07/29/05
Delivery Receipt: *Ken Purcell* Date: 7/29/05

Advanced Relocation Experts

17800 Des Moines Way S.
SeaTac, WA 98148
Seattle (206) 242-6883
Tacoma (253) 945-6632
Toll Free 1-877-450-MOVE

INVOICE # 1429 ason
425-802-0050

Uniform Household Goods Bill of Lading

DATE ORDER TAKEN _____
MOVE DATE 06-24-05

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, ship, pack, store and/or perform the services shown. Before you sign this document it is important that you first read the entire document, including the back, and that you ask for an explanation of anything that is not clear or that is different from any previous information received from the carrier or the carrier's representative(s). This contract is subject to conditions on the back of this form.

Rights and Responsibilities Guide (customer must sign this section)

The carrier gave me, or I declined, a copy of the brochure "Your Rights and Responsibilities as a Moving Company Customer"

Signature of customer: Admiral Wright

CUSTOMER NAME FROM: JANITA - Carlonee
 PICK UP ADDRESS: 10245 37th Ave SW
Seattle STATE WA ZIP CODE 98148
 FLIT PICKUP & DELIVERY AT: 206-227-8643
 WEIGHT OF SHIPMENT (Weight Tickets Attached)
 GROSS WEIGHT _____ LBS. WEIGHMASTER _____
 NET WEIGHT _____ LBS. WEIGHMASTER _____
 EXPEDITED SHIPMENT: Moving at weight of _____ pounds.
 Actual weight is: _____ pounds. Agreed to by customer: EX 10/21/05
 Customer's signature: WSDC# CARLOT 295PI

CUSTOMER NAME TO: AMB
 DELIVERY ADDRESS: 16416 SE 26th Ave
Covington STATE WA ZIP CODE 98042 PHONE _____
 STORAGE-IN-TRANSIT (SIT) AT _____
 JOB CODE local PICKED UP BY A. R. G
 PACKED BY Shopper ORDER BOOKED BY _____

DATE	TRIP NO.	DRIVER	EQUIP. NO.

A- TIME RECORD
 LABORERS & VAN (Complete start and stop time chart below)
 REG HOURS 2.15 PER HOUR = CHARGES _____
 OVERTIME HRS 0 PER HOUR = CHARGES _____

Person	Start Time	Stop Time	Total Hours
Person 1	<u>10:00</u>	<u>12:15</u>	<u>2.25</u>
Person 2			
Person 3			
Person 4			

ESTIMATES: The customer must select one:
 I did not request a written estimate on this shipment and understand I will be required to pay charges shown on this contract.
 I understand this shipment is moving under a binding estimate and that I will be required to pay the amount shown on that estimate.
 I understand this shipment is moving under a non-binding estimate. NOTE: If the charges shown on this bill exceed the charges on the non-binding estimate given me by the carrier, the carrier must release the shipment to the customer upon payment of no more than 110% of the estimated charges and will extend credit for 30 days in which I must pay the remainder due. In no case will I be required to pay more than 115% of the estimate (plus any supplemental estimates) for mileage rated shipments nor more than 125% of the estimate (plus supplements) for hourly rated shipments.

Details of packing and packing materials

DESCRIPTION	QUAN.	RATE	AMOUNT
DISH PACK			
CARTONS LESS THAN 1 1/4 CU. FT.			
1 1/4 CU. FT.			
3 CU. FT.			
4 1/2 CU. FT.			
6 CU. FT.			
8 1/2 CU. FT.			
WARDROBE CARTONS			
MATTRESS CARTONS CRIB			
MATTRESS CARTONS (net h.c. 39"x75")			
MATTRESS CARTONS (net h.c. 54"x75")			
MATTRESS CARTONS (net 54" x 75")			
GLASS CONTAINERS MINIMUM			
GLASS CONTAINERS _____ CU. FT.			
BOXES OR CRATES MINIMUM			
BOXES OR CRATES _____ CU. FT.			
OTHER:			

Total packing and materials charges 4.01

VALUATION: The customer must select one option:
 Basic value protection. I release this shipment to a value of 60 cents per pound per article.
 Depreciated Value Protection. I release this shipment to a value of \$2 per pound times the shipment weight.
 or:
 I declare a lump sum total dollar valuation on this entire shipment of: _____ and select the following option:
 Replacement Cost Coverage with a \$300 Deductible (Declared value must be at least \$3.50 times weight of shipment.)
 Replacement Cost Coverage with no deductible (Declared value must be at least \$3.50 times weight of shipment.)

Details transportation, valuation and services provided:

APPLIANCE SERVICE	
OTHER SERVICES	
TRANSPORTATION: _____ MILES NET WT	
TRANSP. OR STORAGE IN TRANSIT SHIPMENT	
WAREHOUSE TO DESTINATION: _____ MILES	
STORAGE IN TRANSIT 30 DAYS OR FRACTION	
WAREHOUSE HANDLING IN/OUT	
STORAGE VALUATION CHARGES	
EXTRA PICKUP/DELIVERY	
HOISTING OR PIANO HANDLING	
STAIRS, ELEVATORS OR CARRIES	
TRANSPORTATION VALUATION CHARGES	<u>16.50</u>
OTHER:	
OTHER:	
Total for transportation, valuation, services	
TOTAL BOTH SECTIONS	
LESS AMOUNT PREPAID	
BALANCE DUE FROM CUSTOMER	<u>360.42</u>

STORAGE: If shipment will be placed in storage, the customer must select one option:
 This shipment is to be placed in storage for a period of less than 180 days (storage in transit).
 This shipment is to be placed in storage for more than 180 days (permanent storage).
 This shipment is to be placed in storage in transit for an unknown period of time. I understand that on the 180th day of storage the shipment becomes permanent storage.

Receipt for goods: All goods were received in good condition except as noted on this contract or on the inventory form.
 Driver: Carlonee Date: 06-24-05
 Delivery Receipt: Customer Date: 06-24-05