CONT	RACT	TOR OR CARRIER HOUS	EHOLD	GOODS DE	SCI	RIPTI	NE INNEN.	TORY	PAGE NO. N	O. OF PAGES	\neg		
				AGE	NT			1	CARRIER'S REFERENCE	NO	-		
OWNE	R'S GR	ADE OR RATING AND NAME,				_	Jaco!)	CONTRACT OR GBL, NO	15	-		
_) M	DING ADDRESS	CITY		STATE				GUG 187	21	_		
DESTI	SC	2 Channed Way	Fire	denick	Jus	22467	11472-86 VAN NUMBER						
		Storage Unit	Piko	iko Rosad AJ 36064						12			
BAW - E	ILACK &	DESCRIPTIVE SYMBOLS	l			EXCEPT	ION SYMBOLS		TOTAL CONTROL OF THE PARTY OF T	ON SYMBOLS			
CP - CA	OR TV	WHITE TV DBO DISASSEMBLED BY OWNER PB PROFESSIONAL BOOKS PACKED PF PROFESSIONAL FOLIPMENT BY OWNER PP - PROFESSIONAL PAPERS	BE - BENT BR - BROI BU BURI CH CHIP	KEN NED	P . P/	ADED OUGED	MO MOTHEATER P - PEFLING R - PUBBED RU - PUBTED	N 80 - BOILED 8T - STAINED 8 - STRETCHED T - TORN	2. BOTTOM 9. S 3. CORNER 10	IGHT 15. SEAT IDE 16. DRAW TOP 17. DOOR VENEER 18. SHEL	WER		
CD - CA	ARRIER I	DISASSEMBLED MCU - MFCHANICAL CONDITION WRAPPED UNKNOWN	9 00 60 - COM	TENTS NDITION UNKNOWN	M - M	IIL DEW	BO - BONATCHEE BH - BHORT	W - BADLY WORN Z - GRACKED	6. LEGS 13.	EDGE 19. HARE CENTER INSIDE	DWARE		
		NOTE: THE OMISSION OF THE			GOOD	COND	ITION EXCEPT	FOR NORMAL WEA	A.				
ITEM NO.	CR. REF.	ARTICLES	CONDITION	(IF ANY)	NO.	CR. REF.		ARTICLES		OITION EXCEP	TIONS (NY) STINA-		
	1.5		ORIGIN	TION	_		1 .	1 1	OR	IGIN TIO	NC		
71	1	CV TILL	PBO	,	96		Night	Stand	Le	hso			
72		tutry lable	1. Cha	19	-	2	Dress	er	50	hso			
73		Box String Stit	PBO	19	8		Hynd	truck	\mathbb{D}	Vey_			
74	\dashv	BOX Spring Split	PBO	19	-	_	Parolo	Valore	100	hec			
75		sox spring split	PBO	(1	0		Partio	· chair		35			
76		GOR Spring Split	PBO	11	1		Public	o Chair	- 40	130			
77		Stool	Chisc	11	2		Pubic	chei.	- 4	18			
78		Step1	-	1	/3		2/ergs		P1	30			
79		Stool		11	4		Buke	rs Keus	CLY)			
80		Stool	Chisc		5								
Z1 Z2		Wine Rack	DRU		6								
×2		Mattress	P13		7								
83		Muttress	PBO		8								
84	2	Dresser	Lehr		9								
85	1	Sofa Part	Lichs		0								
87	3	sofa Rolling	chsc	1	1								
	3	Sofa Reeline	ch.Ls		2								
<u>8</u>		Bed Part	Lichs		3								
80		Bed Part	Liche	;	4								
90	1	Sofa part	Licha		5								
91	1	Ent Table	Lichs	4	6								
92	_	End Table	Colos	4	7	-+							
43	3	sota Verliner	L.Chsc	-	9	-							
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95	,	Mirror	1030		1								
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05	1	and twole											
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	-												
_	WE	AVE CHECKED ALL THE ITEMS LISTED AND NUMBERED	1 TO	INCLUS	SIVE AN	ND ACKN	IOWLEDGE .		1 100 TAPE				
	THAT 1	THIS IS A TRUE AND COMPLETE LIST OF THE GOODS TEI	IDERED AND	OF THE STATE O	F THE	GOODS	RECEIVED"	TAPE LOT NO. HPC	3432 coro	R ROL	1		
V	VA	RNING BEFORE SIGNING CLOSS OR DAMAGE				DESCR	IBE I	NOS. FROM	\ THRU				
	<i>(</i> 4.0)	CONTRACTOR, CARRIER OR AUTHORIZED AGENT	(DRIVER)	DATE	•	AT	CONTRACTO	R, CARRIER OR AUTHOR	IZED AGENT (DRIVER	DATE			
	AT ORIG	the Control of the Co		12-3-25 DATE	DE	AT STINA-	(SIGNATURE)						
Unidin		OWNER OR AUTHORIZED AGENT		3 Dec 25	7	ION	(SIGNATURE	UTHORIZED AGENT		DATE			

C	ONTRA	CTOR OR CARR	HER					IG • 800-9											
				no	USE	но	LD (GOODS	DES AGENT	CRIP	TIVE IN	IVENTO	RY	PAGE NO.		NO. OF P	AGES		
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ITE	M CR		- 14	OTE: THE OMISSION OF	THESE	SYN	/BOL	SINDICATE	s god	DD CO	NDITION E	XCEPT FOR	R NORMAL WEA	6. LEGS 7. REAR	13	L CENTER	TO. POPILITY		
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ITEM I	REMA	ARKS/EXCEI	PTIONS	.								•		All of the last of the last	n.				
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"WE	HAVE (CHECKED ALL T	THE ITEM	S LISTED AND NUMBERED 1 TE LIST OF THE GOODS TEN	TO DERED	AND	OF TH	INCLUSIVE STATE OF	E AND I	ACKNO	WLEDGE ECEIVED"	TAPE LO	NO. HPSY	TA	NPE OLOR	D	1		
		NING .		BEFORE SIGNING CH	IECK SI	нРМ	ENT, C	OUNT ITEMS	AND DE			NOS. FRO	/// O9		RU	VCE	0_		
			, CARRIE	R OR AUTHORIZED AGENT (ATE		T	CONTRACT		OR AUTHORIZED			D4	TE.		
AT		(SIGNATURE)		m			2-	3-25	AT	.	(SIGNATUR			ATAM	,				
ORIC	IN	OWNER OR AL		ED AGENT		1.	DA	ATE .	DESTI TIO			AUTHORIZE	DAGENT			DA	TE		
. (8)		(SIGNATURE)				3 Dec25				- 1	(SIGNATURE)			200					

DOT #: 2980927	a l		Lot No.	Agreed Pick Up-Di	nte:
C/MC #: 14182	ms S&A M	OVE	RS HP0432	Actual Pick Up-Du	25
	221 River St. 9th Floo			1 Available Deliv	25
14: /2	Tel: 866-800-0646 Email	:samoversinc@gm	ail.con	01-4-	26
ler#:	INTEDCTATE D	ILL OF LADING	**********	Delivery No Later	Than:
erlining Carrier / Agent	Address	ILL OF LADING		Contact Phone	
Origin Informati	lon		Destination Inform	nation	
stomer Name		Customer Name	was Mel	endon	
dress (500 C)	udon	Address 1	6 - 17	1	
To Johann	State Zip Code	City On Ly	raige On	State	Zip Code
Tredericks burg	V. A 22407	Phone	Coud Email	176	150007
573-855-2634		573-85	5-2634 Fax:		
ntact Person En Route: Name		Phone:		Maria Cara Cara Cara Cara Cara Cara Cara	Charges
Valuation Inform HE CONSUMER MUST SELECT ONE OF			Services	11	s 6516
ARRIER'S LIABILITY FOR LOSS OR DAN		Lbs.@\$	1629 cu	. Ft.@\$ 4	\$6516
CUSTOMER'S DECLARATI		Fuel Surcharge 15	%		s 977
PTION 1: The Cost Estimate that you receive for		Packing Labor & Material	S Origin	☐ Destination	s
all (Replacement) Value Protection for the a	articles that are included in your	Bullov Articles	Origin	Destination	s
sipment. If you wish to waive the Full (Replace emplete the WAIVER of Full (Replacement) Va	alue Protection showed below.	Bulky Afficies		Destination	e
ull (Replacement) Value Protection is the mos	t comprehensive plan available for	Stairs	Origin		
he protection of your goods. If any article is lo our mover's custody, your mover will, at its opti	ion, either 1) repair the article to the	Die raus-	Origin	Destination	S
xtent necessary to restore it to the same conditi nover, or pay you for the cost of such repairs; or	2) replace the article with an article	Long Carry	Origin	Destination	S
of like kind and quality, or pay you for the cost Replacement) Value Protection, if you do not do	t of such a replacement. Under Ful	1	Origin	Destination	s
this form before the time of shipment, the value equal to \$6.00 multiplied by the weight (in po	of your goods will be deemed to be		Origin	Destination	s
minimum valuation for the shipment of \$6000. move will be composed of a base rate plus a	. Under this option, the cost of you			□ Destination	
providing this full value cargo liability protection	on for your shipment.	Extra Labor	Origin	Destination	3
If you wish to declare a higher value for your s you must indicate that value here. Declaring	hipment than these default amounts	Extra Stop	Origin	Destination	S
valuation charge in your cost estimate.	g a nigher value may increase th	Waiting Time / Overnigh	t		S
The Total Value of my shipment is: \$ (to be pollar Estimate of the cost of your move at Full	rovided by the customer)	Redelivery			s
S(to	o be provided by carrier)	Other (F	Binding Fe	e	\$ 1500
I acknowledge that for my shipment I have 1) Level of protection included in the estimate and	ACCEPTED the Full (Replacemen	t) Other	<u> </u>		s
Level of protection included in the estimate and shipment (if appropriate), and 2) received Responsibilities When You Move" brochure ex	a copy of the "Your Rights an	Other			s
· · · ·	stomer's Signature & Date)				s
OR		Other		Ded. \$	
Option 2 - WAIVER of Full (Replacement) \ protection is provided at no additional cost	beyond the base rate, however,	**	/alue \$		2000
provides only minimal protection that is considered by household goods. Under this option, a claim for	an article that may be lost, descroye	u ₁	TOTAL AP	PLICABLE CHARC	GES \$ XYY-
or damaged while in your mover's custody will	be settled based on the weight of t	lie lie	ECEIPT ACKNOWLED	PREPAID DEPO	SIT \$ 189
individual article multiplied by 60 cents. For component valued at \$1000 that weighs 10 pou 60¢). Dollar Estimate of the cost of your move	inds would be 20.00 (10 bounds the	that I have received a c			
6242 (10	be provided by carrier)	the date of this acknow	resented on this contract. ledgement to cancel my m	ove without penalty.	. Cancellation after
COMPLETE THIS PART ONLY if you wis	h to WAIVE the Full (Replacement out estimate provided (above) (on the	the Customer Signatures	ance with the cancellation	policy as detailed or	Date Date
prior page) for your shipment and instead sel	ect the LOWER Released Value of	60 Customer Sun	Personal Ck PMO	JAm ∏Coch	3000
Cents Per Pound Per Article; to do so you mu I wish to Release My Shipment to a Maximu	um Value of 60 Cents per Pound	per CC Cashier's Ck	Personal Ck PMO	ORIGIN PAYM	ENT \$ 364
Article. (Customer's Initials)			BALANCE D	UE AT DESTINAT	TION \$ 345
the start for my chinment I have 1)	WAIVED the Full (Replacement) Le	evel		PRICE ADJUSTME	
of protection for which I have received an estit of the "Your Rights and Responsibilities W	hen You Move" brochure explain	ing			
1. 0 00/1/1	3 De S provision	ons. □PMO □App □Ca	sh		
A Course Payer. I bearby declare that I have re	eceived the publications Ready to Mo		DES	STINATION PAYM	IENT \$
Your Rights & Responsibilities; Claim Filing &	Customer's Signature & I	Date B	ALANCE DUE TO CAR	customer/represents	ative hereby decla
DICK LIP ACKNOWLEDGEMENT: I, the cus	stomer/representative, hereby declare ment with the carrier/agents. I wil	be I have the authority to	enter into this agreement	with the carrier/age	nts. All services of
I have the authority to enter into this agrees responsible severally or jointly for the charges lare based on my shipment's actual weight or spe-	isten above. I understand that all the	on the inventory shee	and all goods are received ts conducted for my move	apparently good t	Date
Carrier's (Driver)	Date /2-3-2	Carrier's (Driver)			
Cystomer Signature	Date 3 Dec 2	Customer Signature	1540 (1980)		Date
Cm m -	3000	<u> </u>			

US DOT #: 298092 ICC/MC #: 14182 Van #: Order #: C46187 Customer Name Address 62	227	Tel: 866	l River St. 9th F 5-800-0646 Em	loor Hoboken, NJ 07030 ail: samoversinc@gmail.com ESTIMATE Page 1 Destination Information Customer Name Address City O. 14 Customer Name State State City O. 14 Customer Name City O. 14 Customer Name State State City O. 14 Customer Name City O. 14					
Phone 572	-8-55-7-5	i-mail	122401	Phone	2/2//	Email			
	-025-26-	A SOUTH OF THE PARTY OF THE PAR	Estimat	e Détails	-7024	Control of the second			
Estimate Type: Ple	ease select and initial th	a hana of actionate sees		BINDING UDM	_	NON-BINDING			
1				es:					
Reason for New Wi	ntten Estimate: hereby declare that I ha	Additional Items	/ Weight OD/	☐ Packing Services Your Rights & Responsibilities		Accessorial Service			
information.		ve received the publica	tions: Ready to Move;	Your Rights & Responsionnes	When Tou Mov	e, Claur I ming co I mo			
Customer Signature	nA_			Date 3 DLL	2				
_ <u> </u>		he customer, am reques	ting this New Estimate	to be prepared by the movers a		nclude additional items	/ services that were		
not listed for my ini	itial estimate. I underst	and that these new iten	ns / services will change	e the price of my move and I an	n in complete ag	reement. Further, I ur	derstand that if I do		
				al inventory of items listed on t	he most recently	signed estimate. My	signature attests that		
Customer Signature	s a true reflection of all	the items to be moved	and services required to	o complete the move thus far.					
Customer Signature	Our Int			Date 3 De Co	25		1		
CANCELLATION	OF SERVICES The	customer has the right	to cancel services penal	ty free within 3 days after recei	ving the Bill of	Lading. The carrier ha	s the right to cancel		
services ordered by	customer at its sole di	scretion subject to the	complete refund of pre-	paid deposits. EXCEPT: When	cancellation is	due to change of order	at origin for which		
				o 5 Days prior to the schedule					
				and of prepaid deposits. If serv					
				o pay for expenses incurred due					
carrier and or custo	mer occurs at time of p	ick up, the customer wi	ill be held hable for the	payment of all services rendered	a per ine carrier	s applicable tariff and	at full tariff faces.		
Customer Signature	m = m/2	1		Date O N O S	N				
	Om Mg	>		3000	15				
	AND PROPERTY OF THE PARTY OF TH	Information	SERVED BOOK A	Service	e Description		Charges		
	AYMENT: METHOD				1		1-11		
1	ice paid by Visa, Maste of the balance must be			Lbs. @\$	1629	Cu. Ft. @\$ 4	s 65/6		
Check, Postal Mor	ney Order and Cash. Po	ersonal check may be	accepted if shipment is				077		
	or delivery at desting must be paid in full pr			Fuel Surcharge / 5 % \$ 9 7 7					
by Postal Money O		ior to the tanonaming of	- God at God matton	Packing Labor & Materials			s		
COLLECTION	F CHARGES: The car	rrier will collect a 100%	% of a binding estimate						
	a non-binding estimate	provided that no pos	st contract services are	Bulky Articles Handling			S		
	tion Any additional ne	ost contract services w	rill be collected in full		Origin		-		
required at destinat					Ungin	Destination	15		
required at destinat	ng of the shipment at de			Stairs		1			
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Service Description	Serv	ice Loca	tion / Deta	nils		AND THE PROPERTY OF THE PROPER	ce Price	Charge	
Stairs	Origin	n 🗆 Des	tination		-	of stairs = 7 Steps. Fi Each additional fligh	-	\$	
☐ Elevator	Origin	tination			\$ 75.00		\$		
☐ Long Carry	Origin	☐ Origin ☐ Destination			First 75	ft. Free. Each addition	nal 75 ft. \$75.00	s	
Shuttle	Origin	tination		S					
Storage In Transit (SIT)	Origin	☐ Origin ☐ Destination			First 30 days Free. \$60.00 per Cu. Ft.				
☐ Storage Handling	Origin	n 🗆 Des	tination		s				
☐ Extra Stop Origin	Addres	s: 50 Miles	s Free		s				
☐ Extra Stop Destination	Addres	s: 50 Miles	Free		s				
Redelivery		N/A			s				
☐ Waiting Time	Origin	Dest	tination		s				
Overnight Waiting	Origin	Dest	tination			\$1500.00		\$	
Special Delivery Se	rvice		Servi	ce De	tails	5	Service Fees	Charge	
☐ Dedicated Truck		Exclusive	Use of A _50	00 Cu.	\$				
☐ Expedited Delivery		Deliver on	or Before			1 1	\$1500.00	\$	
Complete Occupancy of a			Completely C			Γ	Cu. Ft. Vehicle	s	
PICK UP ACKNOWLED				•	s: S				
hereby declare that I have the the carrier / its agents and that				Control of the Control	t: S				
charges listed above. I reque		•					Grand Tota	al s	
properly service my shipment				: I, the customer /					
addition to the transportation of	i			e the authority to					
	accessorial service charges as outlines herein. The carrier re to collect 15% of all charges due in addition to the 100% of a b						ement with the carrie	er / its agents. All	
or 110% of a non-binding estimate for impracticable operati						received in apparent	we been performed a ly good condition exc	and all goods are	
time of delivery.						inventory.	-, 6 volument the	opt as noted on the	
Customer's Signature			Date 3 Dece	75	Custom	stomer's Signature Date			
Carrier's Signature Date 12-3-					Carrier'	s Signature		Date	

DELIVERY INFORMATION TO HELP US PROVIDE A SMOOTH DELIVERY OF YOUR GOODS, PLEASE FILL OUT THE FOLLOWING INFORMATION: Receiver Name: Delivery Address: Storage Unit City/State/Zip: Pike Road, A.L. 36064	Number of blankets: 26Storage	Pick Up date: 12-3-25 From State	Customer Name: OMCAY
Home telephone: 573-855-2634 Work telephone: Cal Customer Before Leaving Cell telephone: To Reserve the Storage Alternate telephone: Unit and Provide the driver	Storage Location:	ateV,Ato State	Mclenden
What is the 1st date you will be available for delivery in your new home? This date will be used to calculate the delivery window. Are there any time limits for delivery in the new location? Is there access for a 53' trailer at the delivery address? NOTE: We will do our best to delivery your goods in the time frame you have requested. One of our customer service representatives will contact you at one of the above telephone numbers to confirm your balance due and delivery dates. Payment in FULL of all charges is required before delivery and prior to unloading, subject to the 110% law if applicable. The first date indicated as available for delivery is first date of the delivery window and not the promised delivery date. Pick up and delivery dates are estimates and not guaranteed. All charges are based on full tariff rates. Tariff is available for viewing upon reasonable request. Shipper and/or agent has full authority to order services and enter into this agreement. shipment. Our average delivery time for that requested 3-21 business days for coast to coast deliverles. BUT IT CAN TAKE UP TO 30 BUSINESS DAYS. From your earliest date requested we will be in process of planning and scheduling your	Foreman Name: Jacob.	ate Size CF:	Order Number: <u>C461872</u>
IT IS THE CUSTOMERS RESPONSIBILITY TO BE PRSENT IN ORDER TO ALLOW ENTRY FOR UNLOADING. IF THE COSTUMERS IS NOT PRESENT AT THE TIME OF DELIVERY, A REDELIVERY CHARGE IS SUBJECTTO APPLY. IT IS ALSO THE CUSTOMERS RESPONSIBILITY TO INFORM THE LONG DISTANCE DEPARTMENT OF ANY CHANGES IN ADRESS OR PHONE CONTACT INFORMATION. BALANCE DUE MUST BE PAID IN CASH OR POSTAL MONEY ORDER, PRIOR TO UNLOADING TRUCK. NO PERSONAL CHECKS OR CREDIT CARD ARE ACCEPTED AT ANY TIME. BALANCE: \$3459			7

For Office Use Only: