

SENDER'S COPY



USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTIENENTAL U.S.A., ALASKA AND HAWAII.
 FOR MORE INFORMATION OR QUESTIONS CALL 800-228-5353 TOLL FREE

AIRBILL

PACKAGE TRACKING NUMBER

9338473655

SENDER'S COPY

1 From (Our Name) Please Print HAROLD WEISBERG Company Street Address 7627 OLD RECEIVER ROAD City FREDERICK MD State ZIP Required 21701		2 To (Recipient's Name) Please Print Company Exact Street Address (No General or P.O. Boxes or R.F.D. * ZIP Codes) Studio City CA City State ZIP Required 91604	
Sender's Federal Express Account Number 9338473655		Date 10-7-88	
Your Phone Number (Very Important) Department/Floor No. (410) 473-8186		Recipient's Phone Number (Very Important) Department/Floor No. (818) 985-7905	
3 YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE) PAYMENT <input type="checkbox"/> Bill Sender <input type="checkbox"/> Bill Recipient's Fedex Acct. No. <input type="checkbox"/> Bill 3rd Party Fedex Acct. No. <input type="checkbox"/> Bill Credit Card Cash <input type="checkbox"/> 110404220			
4 SERVICES 1 <input type="checkbox"/> PRIORITY 1 Overnight Delivery 2 <input type="checkbox"/> GUARANTEE OVERNIGHT DELIVERY 3 <input type="checkbox"/> OVERNIGHT BOX 4 <input type="checkbox"/> OVERNIGHT TUBE 5 <input type="checkbox"/> STANDARD AIR Delivery not later than specified business day *Declared Value Limit \$100.			
DELIVERY AND SPECIAL HANDLING 1 <input type="checkbox"/> HOLD FOR PICK-UP (Rate \$24.50) 2 <input type="checkbox"/> DELIVER WEDNESDAY (Rate \$24.50) 3 <input type="checkbox"/> DELIVER SATURDAY (Rate \$24.50) 4 <input type="checkbox"/> DANGEROUS GOODS (Rate \$24.50) 5 <input type="checkbox"/> CONSTANT SURVEILLANCE SERVICE (CSS) (Rate \$24.50) 6 <input type="checkbox"/> DRY ICE (Rate \$24.50) 7 <input type="checkbox"/> OTHER SPECIAL SERVICE (Rate \$24.50) 8 <input type="checkbox"/> SATURDAY PICK-UP (Rate \$24.50) 9 <input type="checkbox"/> FRIGHT INSURANCE (Rate \$24.50) 10 <input type="checkbox"/> INSURANCE (Rate \$24.50) 11 <input type="checkbox"/> INSURANCE (Rate \$24.50) 12 <input type="checkbox"/> HOLIDAY DELIVERY (Rate \$24.50)			
PACKAGES LBS LBS LBS Total		WEIGHT LBS LBS LBS Total	
FEDEX Corp. Employee No. Drop Box B.S.C. Station		Date/Time for FEDEX Use	
5 SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY Use of this airbill constitutes your agreement to the service conditions in our current Service Guide which is available upon request. See back of sender's copy of this airbill for further information. We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay or non-delivery, unless the sender has elected to purchase additional insurance. The maximum amount insurable under the current Federal Express for insurable items is \$100.00. The maximum amount insurable for insurable items is \$100.00. The maximum amount insurable for insurable items is \$100.00. In the event of untimely delivery, Federal Express will at your request and with some limitations, refund all transportation charges paid. See Service Guide for further information. Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall claim any and all business Federal Express from any release resulting therefrom. Release Signature: _____			
Federal Express Use Base Charges Declared Value Charge Other 1 Other 2 Total Charges		PART #04128890 REVISION DATE 1/88 PRINTED IN U.S.A. WSEL 0091 © 1988 F.E.C.	



QUESTIONS? CALL 800-238-5395 TOLL FREE.

AIRBILL NUMBER 7932095135

Sender's Federal Express Account Number 7932095135

Date 9-30

From (Your Name) Please Print A. Webster

Your Phone Number (Very Important)

Company Department/Floor No.

Street Address 7627 Old River RD

City State ZIP Required For Correct Invoicing

To (Recipient's Name) Please Print

Recipient's Phone Number (Very Important)

Company SABA Production

Exact Street Address (Use of R. Boxes or P.O. Zip Codes Will Delay Delivery And Result In Extra Charge)

City State ZIP Street Address Zip Required

YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE)

HOLD FOR PICK-UP AT THIS FEDERAL EXPRESS LOCATION. Street Address (See Service Guide or Call 800-238-5395)

PAYMENT Bill Sender Bill Recipient's FedEx Acct. No. Bill 3rd Party FedEx Acct. No. Bill Credit Card

CHECK ONLY ONE BOX SERVICES CHECK ONLY ONE BOX DELIVERY AND SPECIAL HANDLING CHECK SERVICES REQUIRED

1 Priority 1 Overnight Delivery Using Your Tracking Number

2 Overnight Delivery Using Your Tracking Number

3 Overnight Delivery Using Your Tracking Number

4 Standard Air Delivery (not later than second business day)

5 Standard Air Delivery (not later than second business day)

6 Overnight Delivery Using Your Tracking Number

7 Overnight Delivery Using Your Tracking Number

8 Overnight Delivery Using Your Tracking Number

9 Overnight Delivery Using Your Tracking Number

10 Overnight Delivery Using Your Tracking Number

11 Overnight Delivery Using Your Tracking Number

12 Overnight Delivery Using Your Tracking Number

13 Overnight Delivery Using Your Tracking Number

14 Overnight Delivery Using Your Tracking Number

15 Overnight Delivery Using Your Tracking Number

WEIGHT 1.53

WEIGHT 1.53

WEIGHT 1.53

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SENDER'S COPY/RETAIN FOR TRACE PURPOSES

PART #2041738900 REV. 5/87 PRINTED U.S.A. WOSEL 007

SENDER'S COPY

EXPRESS

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.
 USE THE INTERNATIONAL AIR MAIL BILL FOR SHIPMENTS TO FOREIGN AIRS.
 QUESTIONS? CALL 800-585-2595 TOLL FREE.

AIRBILL

PACKAGE TRACKING NUMBER

9338473675

SENDER'S COPY

Sender's Federal Express Account Number **9338473675** Date _____

1 From (Your Name) Please Print _____ Your Phone Number (Very Important) _____

Company _____ Department/Floor No. _____

Street Address _____

City _____ State _____ ZIP Required _____

2 To (Recipient's Name) Please Print _____ Recipient's Phone Number (Very Important) _____

Company _____ Department/Floor No. _____

Exact Street Address (We cannot deliver to P.O. boxes or R.D. # Zip codes.) _____

City _____ State _____ ZIP Required _____

3 YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)

IF HOLD FOR PICK-UP, Print FEDEX Address Here _____

City _____ State _____ ZIP Required _____

PAYMENT Bill Sender Bill Recipient's Fedex Acct. No. Bill 3rd Party Fedex Acct. No. Bill Credit Card

4 SERVICES

PRIORITY 1 **OVERNIGHT LETTERS**

COURIER-PAK **OVERNIGHT ENVELOPE**

OVERNIGHT BOX

OVERNIGHT TUBE

STANDARD AIR Delivery not later than second business day

*Maximum Value Limit \$100.

DELIVERY AND SPECIAL HANDLING

HOLD FOR PICK-UP (see box 14)

DELIVER WEEKDAY

DANGEROUS GOODS

PERMIT SURVEILLANCE SERVICE (PSS) Extra charge (Permit Signature Not Applicable)

DRI ICE _____ Lbs.

OTHER SPECIAL SERVICE _____

SATURDAY PICK-UP Extra charge

NOON DELIVERY (in advance)

PACKAGES	WEIGHT	YOUR DECLARED VALUE (per pkg)	OTHER FEES
	LBS		
	LBS		
	LBS		
Total	Total	Total	Total

Received At: _____

1 Regular Stop
 3 On-Call Stop
 4 Station
 5 FEDEX Corp. Employee No. _____

Date/Time for FEDEX Use _____

5 SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY

Use of this airtel constitutes your agreement to the service conditions in our current Service Guide which is available upon request. See back of sender's copy of this airtel for further information. We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay or non-delivery. For more information, please refer to the current Service Guide. The maximum amount insurable in the event of a claim, Maximum amount insurable found in the current Federal Express Service Guide apply. Your shipper is responsible for the value of the goods. The shipper is responsible for the loss of any other form of damage, whether direct, incidental, consequential or otherwise, including but not limited to, loss of profit, loss of use, loss of time, loss of income, interest, post, attorney's fees, costs and expenses of litigation, and any other loss or damage. No liability shall be incurred in the event of injury, delay, Federal Express will at your request and with some limitations, refund all transportation charges paid. See Service Guide for further information.

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

Release Signature: _____

Federal Express Use

Base Charges _____

Declared Value Charge _____

Other 1 _____

Other 2 _____

Total Charges _____

PART #004173000
 REVISION DATE 1/88
 PRINTED IN U.S.A. WSEL
009
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EXPRESS

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTINENTAL U.S., ALASKA AND HAWAII.
FOR THE INTERNATIONAL AIRWAY BILL FOR SHIPMENTS TO PUERTO RICO.
REGISTRATION CALL 800-525-5889 TOLL FREE.

AIRBILL

PACKAGE TRACKING NUMBER

1007838922

1007838922

110494220

RECIPIENT'S COPY

1 From (Origin Name) Please Print
 Company: **SABIAN PRODUCTIONS**
 Street Address: **2224 VENTURA BLVD**
 City: **STUDIO CITY** State: **CA** ZIP Required: **91604**
 Date: **1-27-83**

2 To (Recipient's Name) Please Print
 Company: **Harold Helleberg**
 Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.): **707 RD. KENNEDY 990**
 City: **Redmond** State: **MD** ZIP Required: **21701**
 Department/Floor No. (201) 422-000

3 YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)
 PAYMENT Bill Sender Bill Recipient's FedEx Acct. No. Bill 3rd Party FedEx Acct. No. Bill Credit Card
 Cash

4 SERVICES
 1 PRIORITY 1 OVERNIGHT
 2 COURIER-PAK ENVELOPE 7
 3 OVERNIGHT BOX 8
 4 OVERNIGHT TUBE 9
 5 STANDARD MAIL not later than second business day
 6 LETTERS
 7 DELIVER SATURDAY (Date change)
 8 DANGEROUS GOODS (Date change)
 9 CONSTANT SURVEILLANCE SERVICE (Date change)
 10 BATTERY (Date change)
 11 OTHER SPECIAL SERVICE (Date change)
 12 SATURDAY PICK-UP (Date change)
 13 HAZARDOUS DELIVERY (if checked, Date change)
 14 Declared Value Limit \$100

DELIVERY AND SPECIAL HANDLING
 1 HOLD FOR PICK-UP (Date change)
 2 DELIVER WEEKDAY (Date change)
 3 DELIVER SATURDAY (Date change)
 4 DANGEROUS GOODS (Date change)
 5 CONSTANT SURVEILLANCE SERVICE (Date change)
 6 BATTERY (Date change)
 7 OTHER SPECIAL SERVICE (Date change)
 8 SATURDAY PICK-UP (Date change)
 9 HAZARDOUS DELIVERY (if checked, Date change)

PACKAGES	WEIGHT	YOUR ORIGINAL WEIGHT	OTHER WEIGHT
1	LBS		
2	LBS		
3	LBS		
Total	Total	Total	Total

5
 Received At: Regular Stop On-Call Stop
 Drop Box: BSC Station
 Date/Time for FEDEX Use: **1/27/83**
 Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.
 Release Signature: _____
 Date/Time Received: _____ FedEx Employee Number: _____
 Federal Express Use: _____
 Base Charges: _____
 Declared Value Charge: _____
 Other 1: _____
 Other 2: _____
 Total Charges: _____
 PART #11180
 REVISION DATE 7/88
 PRINTED IN U.S.A. GBE
 0091
 © 1988 F.E.C.

SENDER'S COPY



AIRBILL
USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.
USE THE INTERNATIONAL AIRWAY FOR SHIPMENTS TO PUERTO RICO.
QUESTIONS? CALL 800-238-5995 TOLL FREE.

PACKAGE TRACKING NUMBER

9338473690

SENDER'S COPY

<p>1 Sender's Federal Express Account Number ABOND BERTSDRG</p> <p>2 From (Your Name) Please Print ABOND BERTSDRG</p> <p>3 Company ABOND BERTSDRG</p> <p>4 Street Address 7527 OLD PROCTERS ROAD</p> <p>5 City PESQUEROCK MD</p> <p>6 State MD</p> <p>7 ZIP Required 21701</p>	<p>8 Date 11/06/2020</p> <p>9 Your Phone Number (Very Important) (301) 473-9195</p> <p>10 Department/Floor No. 1</p> <p>11 To (Recipient's Name) Please Print Total Artzys</p> <p>12 Company Total Artzys</p> <p>13 Exact Street Address (We cannot deliver to P.O. Boxes or R.O. # Zip Codes.) 11724 Vantage Blvd</p> <p>14 City SERRANO CITY CA</p> <p>15 State CA</p> <p>16 ZIP Required 91604</p>	<p>17 Recipient's Phone Number (Very Important) (919) 985-2905</p> <p>18 Department/Floor No. 1</p> <p>19 PAYMENT Bill Sender <input checked="" type="checkbox"/> Bill Recipient's Fedex Acct. No. <input type="checkbox"/> Bill 3rd Party Fedex Acct. No. <input type="checkbox"/> Bill Credit Card <input type="checkbox"/></p> <p>20 SERVICES <input type="checkbox"/> PRIORITY 6 <input type="checkbox"/> OVERNIGHT <input type="checkbox"/> COURIER PAK 7 <input type="checkbox"/> ENVELOPE <input type="checkbox"/> OVERNIGHT 8 <input type="checkbox"/> BOX <input type="checkbox"/> OVERNIGHT 9 <input type="checkbox"/> TUBE <input type="checkbox"/> STANDARD 10 <input type="checkbox"/> AIR DELIVERY <small>*Declared Value Limit \$100.</small></p>	<p>21 DELIVERY AND SPECIAL HANDLING <input type="checkbox"/> HOLD FOR PICK-UP (9 a.m. to 4 p.m.) <input checked="" type="checkbox"/> DELIVER WEEKDAY <input type="checkbox"/> DELIVER SATURDAY (fees apply) <input type="checkbox"/> DANGEROUS GOODS <input type="checkbox"/> CONSTANT SURVEILLANCE SERVICE (CSS) <input type="checkbox"/> DMT USE (fees apply) <input type="checkbox"/> OTHER SPECIAL SERVICE <input type="checkbox"/> SATURDAY PICK-UP <input type="checkbox"/> NONDAY DELIVERY (if desired)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>PACKAGES</th> <th>WEIGHT</th> <th>FROM RECEIVED OVER SIZE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>LBS</td> <td></td> </tr> <tr> <td>2</td> <td>LBS</td> <td></td> </tr> <tr> <td>3</td> <td>LBS</td> <td></td> </tr> <tr> <td>4</td> <td>LBS</td> <td></td> </tr> <tr> <td>5</td> <td>LBS</td> <td></td> </tr> <tr> <td>6</td> <td>LBS</td> <td></td> </tr> <tr> <td>7</td> <td>LBS</td> <td></td> </tr> <tr> <td>8</td> <td>LBS</td> <td></td> </tr> <tr> <td>9</td> <td>LBS</td> <td></td> </tr> <tr> <td>10</td> <td>LBS</td> <td></td> </tr> <tr> <td>11</td> <td>LBS</td> <td></td> </tr> <tr> <td>12</td> <td>LBS</td> <td></td> </tr> <tr> <td colspan="3">Total</td> </tr> </tbody> </table> <p>22 RECIPIENT AT <input type="checkbox"/> Regular Stop <input checked="" type="checkbox"/> On-Call Stop <input type="checkbox"/> Drop Box <input type="checkbox"/> B.S.C. <input type="checkbox"/> Station</p> <p>23 FEDEX Corp. Employee No. Date/Time for FEDEX Use</p>	PACKAGES	WEIGHT	FROM RECEIVED OVER SIZE	1	LBS		2	LBS		3	LBS		4	LBS		5	LBS		6	LBS		7	LBS		8	LBS		9	LBS		10	LBS		11	LBS		12	LBS		Total			<p>24 SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY <small>Sender is responsible for the correct declaration of value and for the accuracy of the information provided. We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay or non-delivery, unless you specify a higher amount on the special declaration form. The Federal Express Service Guide applies. Your rights to recover from any other form of damage, whether direct, incidental, consequential or special, are limited to the amount of \$100 or the declared value specified on the special declaration form. Federal Express will not be liable for any loss of or damage to contents of packages shipped by air and with some limitations, without all transportation charges paid. See Service Guide for further information.</small></p> <p>25 Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.</p> <p>Relates Signature: _____</p> <p>26 Federal Express Use Base Charges Declared Value Charge Other 1 Other 2 Total Charges</p> <p>27 PART 800173800 REVISION DATE 1/88 PRINTED IN U.S.A. W05SL 009 <small>© 1989 F.E.C.</small></p>
PACKAGES	WEIGHT	FROM RECEIVED OVER SIZE																																												
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EXPRESS

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.
USE THE INTERNATIONAL AIR MAIL FOR SHIPMENTS TO PUERTO RICO.
QUESTIONS? CALL 800-238-5335 TOLL FREE.

AIRBILL

PACKAGE TRACKING NUMBER

1931036002

RECIPIENT'S COPY

0279K 1931036002
Date 27 OCT 80

From (Your Name) Please Print
Joseph Lancaster
Your Phone Number (Very Important) (13-1) 277-1116

Company
DARRIGOR-LANGLEY PRODUCTIONS
Department/Floor No.

Street Address
13700 THIRTI WAY STE 124
State CA ZIP Required 90229-2

CITY AIRMAIL DEL REY CA ZIP Required 90229-2

To (Recipient's Name) Please Print
HAROLD AGTSBORN
Recipient's Phone Number (Very Important) (301) 473-8184

Company
Department/Floor No.

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. & Zip boxes.)
7527 OLD RECEIVED ROAD

CITY State ZIP Required

IF HOLD FOR PICK-UP, Print FEDEX Address Here
Street Address

City State ZIP Required

PAYMENT Bill Sender Bill Recipient's Fedex Acct. No. Bill 3rd Party Fedex Acct. No. Bill Credit Card

4 SERVICES

1 PRIORITY 1 Overnight Delivery

2 COURIER-PAK Overnight Envelopes

3 OVERNIGHT BOX

4 OVERNIGHT TUBE

5 STANDARD 2/3 Day not later than second business day

*Declared Value Limit \$100

DELIVERY AND SPECIAL HANDLING

1 HOLD FOR PICK-UP (9 a.m. to 4 p.m.)

2 DELIVER WEEKDAY

3 DANGEROUS GOODS

4 CONSTANT SURVEILLANCE SERVICE (CSS)

5 DRY ICE

6 OTHER SPECIAL SERVICE

7 SATURDAY PICK-UP

8 SATURDAY MCK-UP

9 HOLIDAY DELIVERY (if desired)

10

11

12

PACKAGES

WEIGHT

FROM DECLARED VALUE

NET WT

NET WT

NET WT

NET WT

NET WT

NET WT

NET WT

NET WT

NET WT

NET WT

NET WT

NET WT

Emp. No.

Date

City

State

Zip

City

State

Zip

City

State

Zip

City

State

Zip

City

Federal Express Use

Base Charges

Declared Value Charge

Other 1

Other 2

Total Charges

PAID 11/18/80

REVISION DATE 7/88

PRINTED IN USA, PAK

009

1981 F.E.C.

SENDER'S COPY

EXPRESS

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTIGUOUS U.S.A., ALASKA AND HAWAII.
QUESTIONS: CALL 800-238-5393 TOLL FREE.

AIRBILL

PACKAGE TRACKING NUMBER

933 8473701

SENDER'S COPY

Sender's Federal Express Account Number		Date		To (Recipient's Name) Please Print		Recipient's Phone Number (Very Important)																					
From (Your Name) Please Print		Your Phone Number (Very Important)		Company		Department/Floor No.																					
Company		Department/Floor No.		Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.)		City																					
Street Address		State		City		State																					
City		State		City		State																					
YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.) PAYMENT <input type="checkbox"/> Bill Sender <input type="checkbox"/> Bill Recipient's Fedex Acct. No. <input type="checkbox"/> Bill 3rd Party Fedex Acct. No. <input type="checkbox"/> Bill Credit Card <input type="checkbox"/> Cash				IF HOLD FOR PICK-UP: Print FEDEX Address Here Street Address _____ City _____ State _____ ZIP Required _____																							
4 SERVICES 1 <input type="checkbox"/> PRIORITY 6 <input type="checkbox"/> OVERNIGHT LETTER* <small>(Overnight Delivery)</small> 2 <input type="checkbox"/> COURIER-PAK ENVELOPE* 7 <input type="checkbox"/> OVERNIGHT ENVELOPE* 3 <input type="checkbox"/> BOX 8 <input type="checkbox"/> OVERNIGHT TUBE 9 <input type="checkbox"/> OVERNIGHT 5 <input type="checkbox"/> STANDARD AIR Delivery not later than second business day. <small>*Maximum Value Limit \$100.</small>		DELIVERY AND SPECIAL HANDLING 1 <input type="checkbox"/> HOLD FOR PICK-UP <small>Per Box 14</small> 2 <input type="checkbox"/> DELIVER WEDNESDAY <small>Even company</small> 3 <input type="checkbox"/> DANGEROUS GOODS <small>Even company</small> 4 <input type="checkbox"/> CONSTANT SURVEILLANCE SERVICE (CSS) <small>Even company (Maximum Signature Not Applicable)</small> 6 <input type="checkbox"/> DAY ICE _____ <small>Lib.</small> 7 <input type="checkbox"/> OTHER SPECIAL SERVICE _____ 8 <input type="checkbox"/> SATURDAY PICK-UP <small>Even company</small> 9 <input type="checkbox"/> SATURDAY PICK-UP <small>Even company</small> 10 <input type="checkbox"/> HOLIDAY DELIVERY <small>Even company</small> 11 <input type="checkbox"/> HOLIDAY DELIVERY <small>Even company</small> 12 <input type="checkbox"/> HOLIDAY DELIVERY <small>Even company</small>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>PACKAGES</th> <th>WEIGHT</th> <th>YOUR DECLARED VALUE (Per Pkg)</th> <th>INSURANCE RATE</th> </tr> </thead> <tbody> <tr> <td>LBS</td> <td>LBS</td> <td></td> <td></td> </tr> <tr> <td>LBS</td> <td>LBS</td> <td></td> <td></td> </tr> <tr> <td>LBS</td> <td>LBS</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>		PACKAGES	WEIGHT	YOUR DECLARED VALUE (Per Pkg)	INSURANCE RATE	LBS	LBS			LBS	LBS			LBS	LBS			Total	Total			5 SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY Use of this airbill constitutes your agreement to the service conditions in our current Service Guide which is available upon request. See back of carrier's copy of this airbill for further information of \$100 per package. We will not be responsible for any damage, loss or non-delivery unless you specify a higher amount in the space to the left. Day 40c per additional \$100 specified and document your actual loss in the Federal Express Service Guide apply. Your rights to recover from Federal Express for loss of the net value of the package, as well as for loss of contents, income, interest, profit, delivery time costs and special services are limited to the greater of \$100 or the declared value specified to the left, in no event shall your recovery exceed your actual loss. In the event of untimely delivery, Federal Express will at your request and with some limitations, refund all transportation charges paid. See Service Guide for further information. Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom. Release Signature: _____	
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Total	Total																										
Federal Express Use Base Charges _____ Declared Value Charge _____ Other 1 _____ Other 2 _____ Total Charges _____		PART #301773920 PRINTED IN U.S.A. MADE 009 © 1986 F.E.C.																									