



Date of Shipment <i>01/15/01</i>	Origin Station I.D. (FedEx use only)	Dest. Station I.D. (FedEx use only)	URSA Routing (FedEx use only)
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**1** Sender's Federal Express Account Number **Phone Number (Very Important)**  
**(670) 235-0843**

**3** TO (Recipient's Name) Please Print **Phone Number (Very Important To Ensure Delivery)**  
**MARTIN CERTIFIED REPORTER (212) 848-3471**

FROM (Your Name) Please Print  
**POST CONSTITUTIONAL CONVENTION**

Company **Joaten Dandan Center**  
Dept./Floor No.

Exact Street Address  
**Caller Box 10007**

Exact Street Address  
**Saipan, MP 96950**

City **Saipan** State/Province  
Country

ZIP/Postal Code

Company **1274 North Crescent Heights**  
Dept./Floor No.

Exact Street Address  
**Boulevard, Suite 333**

Exact Street Address

City **West Hollywood,** State/Province **CA**

Country ZIP/Postal Code **90046**

**2** Sender Internal Billing Reference information (Optional) (First 24 Characters Will Appear On Invoice)

**B BROKER NAME** Complete only when International Priority Broker Selection Option is requested. Broker Phone Number (Very Important to Ensure Delivery)

City/Country Broker ZIP/Postal Code

**4 SERVICES** Check Only One Box Not all options available to all destinations

1.  International Priority  DESCRIPTION

3.  International Economy (Available between the US and Puerto Rico only) 70.  International Priority Freight Service

**9 SHIPMENT INFORMATION**

Number of Packages (Shippers Load and Count - SLAC)	Total Weight Check One Box and Enter Weight <input type="checkbox"/> lbs. <input type="checkbox"/> kgs.	Country of Manufacture	FedEx cannot estimate Customs charges	
			Total Declared Value for Carriage (U.S. Dollars)	Total Declared Value for Customs (U.S. Dollars)

**5 PACKAGING** Must Check One Box

1.  FEDEX Letter (9 1/2" x 12 1/2") 2.  FEDEX Pak (12" x 15 1/2") 3.  All Other Packaging

Complete Description of Contents/Harmonized Code

**6 DELIVERY/HANDLING INSTRUCTIONS** Not all options available to all destinations

1.  Hold for Pick-up 11.  DESCRIPTION

Check boxes required

40.  Broker Selection (Fill in Section 9. See reverse for additional information) 2.  Deliver Weekday 3.  Deliver Saturday 29.

Recipient's ID Number for Customs Purposes (e.g. GST/RFC/VAT or as locally required)  For Commodities Over US \$2500 or those which require a US validated Export License, attach a completed Shipper's Export Declaration form and check here. If filing by SEC 30.39 FTSR, no SED required, however, fill in C.A.S. No.

**7 TRANSPORTATION CHARGES** Not all options available to all destinations

1.  Bill Sender 4.  Credit Card

2.  Bill Recipient 5.  Cash/Check

3.  Bill 3rd Party

Fill in FEDEX Acct. or Credit Card No.

**8 DUTIES AND TAXES** Not all options available to all destinations

1.  Bill Sender All shipments including personal, gifts and exempt items can be subject to Customs charges.

2.  Bill Recipient

3.  Bill 3rd Party

Fill in FEDEX Account No.

**10 SENDER'S SIGNATURE** By giving us your shipment, you agree to the conditions on the back of this Non-Negotiable Air Waybill. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss or delay, as described in the Conditions of Contract. Warning: These commodities licensed by the United States for ultimate destination. Diversion contrary to United States law prohibited.

**9 DANGEROUS GOODS** (As per attached Shipper's Declaration)

Does this shipment contain dangerous goods?  No  Yes

6.  Dry Ice Dry Ice, 9, UN 1845, \_\_\_\_\_ X \_\_\_\_\_ kg, 904.11 CA  Cargo Aircraft Only

SENDER'S SIGNATURE Required **X** This is not authorization to deliver this shipment without a recipient signature.

DIM Shipment  Chargeable Weight \_\_\_\_\_ lbs.  kgs. Total Volume \_\_\_\_\_ in.  cm.

Handling Units  CI Attached  SED Attached  CO Attached

Exo. Date Approval Code

FOR FEDEX USE ONLY

Received At <input type="checkbox"/> Regular Stop <input type="checkbox"/> Drop Box	Base Charges	Dec. Val. Chrg.	Other	ODA/OPA	Total
<input type="checkbox"/> On-Call Stop <input type="checkbox"/> Service Center <input type="checkbox"/> Station	FedEx Emp. #	Audit Emp. #	Date	Time	

Recipient Name Printed Del. Courier Emp. # Date M D Y Time

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400-9289 0755

400-9289 0755



Date of Shipment <b>12/11/05</b>	Origin Station I.D. (FedEx use only) <b>MTA</b>	Dest. Station I.D. (FedEx use only)	URSA Routing (FedEx use only)
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<b>1</b> Sender's Federal Express Account Number	Phone Number (Very Important) <b>(670) 235-0843</b>
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<b>3</b> TO (Recipient's Name) Please Print <b>Pamela J. Carlson</b>	Phone Number (Very Important To Ensure Delivery)
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FROM (Your Name) Please Print  
**POST CONSTITUTIONAL CONVENTION COMMITTEE**

Company  
**Paralegal & Business Services**

Company  
**POST CONSTITUTIONAL CONVENTION COMMITTEE**

Dept./Floor No.  
**2114 N Street, N.W.**

Exact Street Address  
**Second Floor, Joeten Dandan Center**

Exact Street Address  
**2114 N Street, N.W.**

Exact Street Address  
**Caller Box 10007**

City  
**Washington, D.C.**

City  
**Saipan, MP**

State/Province  
**D.C.**

Country  
**Saipan, MP**

Country  
**USA**

ZIP/Postal Code  
**96950**

ZIP/Postal Code  
**20037**

**2** Sender Internal Billing Reference Information (Optional) (First 24 Characters Will Appear On Invoice)

**B** BROKER NAME  
Complete only when International Priority Broker Selection Option is requested.

**4** SERVICES Check Only One Box Not all options available to all destinations

**9** SHIPMENT INFORMATION

1.  International Priority  
3.  International Economy (Available between the US and Puerto Rico only)

Number of Packages (Shippers Load and Count - SLAC)	Total Weight Check One Box and Enter Weight <input type="checkbox"/> lbs. <input type="checkbox"/> kgs.	Country of Manufacture	FedEx cannot estimate Customs charges	
			Total Declared Value for Carriage (U.S. Dollars)	Total Declared Value for Customs (U.S. Dollars)

**5** PACKAGING Must Check One Box

Complete Description of Contents/Harmonized Code

**6** DELIVERY/HANDLING INSTRUCTIONS Check boxes required

Recipient's ID Number for Customs Purposes (e.g. GST/RFC/VAT or as locally required)

**7** TRANSPORTATION CHARGES Not all options available to all destinations

**10** SENDER'S SIGNATURE By giving us your shipment, you agree to the conditions on the back of this Non-Negotiable Air Waybill. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss or delay, as described in the Conditions of Contract.

1.  Bill Sender 4.  Credit Card

Warning: These commodities licensed by the United States for ultimate destination. Diversion contrary to United States law prohibited.

2.  Bill Recipient 5.  Cash/Check

SENDER'S SIGNATURE Required **X**

3.  Bill 3rd Party

DIM Chargeable Shipment Weight  lbs.  kgs. Total Volume  in.  cm.

Fill in FEDEX Acct. or Credit Card No.

Handling Units  CI Attached  SED Attached  CO Attached

Exp. Date Approval Code

Received At 1. <input type="checkbox"/> Regular Stop 2. <input type="checkbox"/> Drop Box	Base Charges	Dec. Val. Chrg.	Other	ODA/OPA	Total
3. <input type="checkbox"/> Service Center 4. <input type="checkbox"/> Station	FedEx Emp. #	Audit Emp. #	Date	Time	

FOR FEDEX USE ONLY

Recipient Name Printed Del. Courier Emp. # Date M D Y Time

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Date of Shipment	Origin Station I.D. (FedEx use only)	Dest. Station I.D. (FedEx use only)	URSA Routing (FedEx use only)
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**1** Sender's Federal Express Account Number \_\_\_\_\_ Phone Number (Very Important)  
**(670) 2350083**

**3** TO (Recipient's Name) Please Print \_\_\_\_\_ Phone Number (Very Important To Ensure Delivery)  
**Mary Address**

FROM (Your Name) Please Print  
**POST CONSTITUTIONAL CONVENTION COMMITTEE**

Company \_\_\_\_\_ Dept./Floor No. \_\_\_\_\_

Company \_\_\_\_\_ Dept./Floor No. \_\_\_\_\_

Exact Street Address  
**2046 Sage Ave.**

Exact Street Address  
**Secoud Floor, Joetan Dandan Center**

Exact Street Address \_\_\_\_\_

Exact Street Address  
**Caller Box 10007**

City \_\_\_\_\_ State/Province \_\_\_\_\_  
**Caspar WY 82604**

City \_\_\_\_\_ State/Province \_\_\_\_\_  
**Saipan, MP**

Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_  
**82604**

Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_  
**96950**

**B** BROKER NAME \_\_\_\_\_ Complete only when International Priority Broker Selection Option is requested. Broker Phone Number (Very Important to Ensure Delivery) \_\_\_\_\_

**2** Sender Internal Billing Reference Information (Optional) (First 24 Characters Will Appear On Invoice)

City/Country \_\_\_\_\_ Broker ZIP/Postal Code \_\_\_\_\_

**4 SERVICES** Check Only One Box Not all options available to all destinations

1.  International Priority  \_\_\_\_\_ DESCRIPTION \_\_\_\_\_

3.  International Economy (Available between the US and Puerto Rico only) 70  International Priority Freight Service

**9 SHIPMENT INFORMATION**

Number of Packages (Shippers Load and Count - SLAC)	Total Weight Check One Box and Enter Weight _____ lbs. _____ kgs.	Country of Manufacture _____	FedEx cannot estimate Customs charges	
			Total Declared Value for Carriage (U.S. Dollars)	Total Declared Value for Customs (U.S. Dollars)

**5 PACKAGING** Must Check One Box

1.  FEDEX Letter (9 1/2" x 12 1/2") 2.  FEDEX Pak (12" x 15 1/2") 3.  All Other Packaging

Complete Description of Contents/Harmonized Code \_\_\_\_\_

**6 DELIVERY/HANDLING INSTRUCTIONS** Not all options available to all destinations

1.  Hold for Pick-up 11.  \_\_\_\_\_ DESCRIPTION \_\_\_\_\_

40.  Broker Selection 2.  Deliver Weekday 3.  Deliver Saturday 29.

Recipient's ID Number for Customs Purposes (e.g. GST/RFC/VAT or as locally required) \_\_\_\_\_

For Commodities Over US \$2500 or those which require a US validated Export License, attach a completed Shipper's Export Declaration form and check here. If filing by SEC 30.39 FTSP, no SED required, however, fill in C.A.S. No. \_\_\_\_\_

**DANGEROUS GOODS** Does this shipment contain dangerous goods?  No 4.  Yes (As per attached Shipper's Declaration)

6.  Dry Ice Dry Ice 9, UN 1845, \_\_\_\_\_ x \_\_\_\_\_ kg, 904 III  Cargo Aircraft Only

**10 SENDER'S SIGNATURE** By giving us your shipment, you agree to the conditions on the back of this Non-Negotiable Air Waybill. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss or delay, as described in the Conditions of Contract.

Warning: These commodities licensed by the United States for ultimate destination \_\_\_\_\_  
Diversion contrary to United States law prohibited.

SENDER'S SIGNATURE Required **X** This is not authorization to deliver this shipment without a recipient signature.

DIM Shipment  Chargeable Weight \_\_\_\_\_ lbs. \_\_\_\_\_ kgs. Total Volume \_\_\_\_\_ in. \_\_\_\_\_ cm.

**7 TRANSPORTATION CHARGES** Not all options available to all destinations

1.  Bill Sender 4.  Credit Card

2.  Bill Recipient 5.  Cash/Check

3.  Bill 3rd Party

**8 DUTIES AND TAXES** Not all options available to all destinations

1.  Bill Sender All shipments including personal gifts and "exempt" items can be subject to Customs charges.

2.  Bill Recipient

3.  Bill 3rd Party

Fill in FEDEX Acct. or Credit Card No. \_\_\_\_\_

Fill in FEDEX Account No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ Approval Code \_\_\_\_\_

FOR FEDEX USE ONLY

Received At  Regular Stop  Drop Box  Service Center  On-Call Stop  Station

Base Charges \_\_\_\_\_ Dec. Val. Chrg. \_\_\_\_\_ Other \_\_\_\_\_ ODA/OPA \_\_\_\_\_ Total \_\_\_\_\_

FedEx Emp.# \_\_\_\_\_ Audit Emp.# \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Handling Units \_\_\_\_\_  CI Attached  SED Attached  CO Attached

Recipient Name Printed \_\_\_\_\_ Del. Courier Emp. # \_\_\_\_\_ Date M O Y \_\_\_\_\_ Time \_\_\_\_\_

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FOR ALL U.S. EXPORT SHIPMENTS AND SHIPMENTS BETWEEN THE U.S. AND PUERTO RICO

400-9289 0733

INTERNATIONAL AIR WAYBILL PACKAGE TRACKING NUMBER

400-9289 0733



Date of Shipment	Origin Station I.D. (FedEx use only)	Dest. Station I.D. (FedEx use only)	URSA Routing (FedEx use only)
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1 Sender's Federal Express Account Number **Post** Phone Number (Very Important) **(670) 235-0843**

3 TO (Recipient's Name) Please Print **Bernard Zimmerman** Phone Number (Very Important To Ensure Delivery) **(415) 282-8647**

FROM (Your Name) Please Print **Post Constitutional Convention**

Company Dept./Floor No. Exact Street Address **563 Liberty Street**

Company Dept./Floor No. **Caller Box 10007, Joeten Mandan Center**

Exact Street Address

Exact Street Address

Exact Street Address

City State/Province **Saipan, MP 96950**

City State/Province **San Francisco, CA**

Country ZIP/Postal Code **96950**

Country ZIP/Postal Code **94114**

2 Sender Internal Billing Reference Information (Optional) (First 24 Characters Will Appear On Invoice)

B BROKER NAME Complete only when International Priority Broker Selection Option is requested. Broker Phone Number (Very Important To Ensure Delivery)

City/Country Broker ZIP/Postal Code

4 SERVICES Check Only One Box Not all options available to all destinations

1  International Priority DESCRIPTION

3  International Economy (Available between the US and Puerto Rico only) 70  International Priority Freight Service

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Complete Description of Contents/Harmonized Code

6 DELIVERY/HANDLING INSTRUCTIONS Not all options available to all destinations

1  Hold for Pick-up DESCRIPTION

40  Broker Selection 2  Deliver Weekday 3  Deliver Saturday 29

Recipient's ID Number for Customs Purposes (e.g. GST/RFC/VAT or as locally required)

For Commodities Over US \$2500 or those which require a US validated Export License, attach a completed Shipper's Export Declaration form and check here if filing by SEC 30.39 FTSR, no SED required, however, fill in C.A.S. No.

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Exp. Date Approval Code

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2  Bill Recipient

3  Bill 3rd Party

Fill in FEDEX Account No.

FOR FEDEX USE ONLY

Received At:  Regular Stop  Drop Box  Service Center  On-Call Stop  Station

Base Charges Dec. Val. Chrg. Other ODA/OPA Total

FedEx Emp.# Audit Emp.# Date Time

Recipient Name Printed Del. Courier Emp. # Date M O Y Time