

1 From Please print and press hard
Date 12-29-00 Sender's FedEx Account Number
Sender's Name VINCE REED Phone 650.349.1809

Company

Address 1409 ROYAL AVE

City SAN MATEO State CA ZIP 94401

2 Your Internal Billing Reference
Also 24 characters will appear on invoice

3 To Recipient's Name TIM MONTGOMERY Phone 1919.569.0124

Company

Address 2501 GARDEN HILL DR #103

City RALIEGH State NC ZIP 27614

Questions? Visit our Web site at www.fedex.com
or call 1-800-Go-FedEx® (800-463-3339).

By using this Airbill you agree to the service conditions on the back of this Airbill and in our current Service Guide, including terms that limit our liability.

4a Express Package Service

☒ FedEx Priority Overnight
☐ FedEx Standard Overnight
☐ FedEx 2Day®
☐ FedEx Express Saver®

4b Express Freight Service

☐ FedEx 1Day Freight®
☐ FedEx 2Day Freight
☐ FedEx 3Day Freight

5 Packaging

☐ FedEx Envelope/Letter®
☐ FedEx Pak®
☒ Other Plug

6 Special Handling

☒ SATURDAY Delivery
☐ SUNDAY Delivery
☐ HOLD Weekday at FedEx Location
☐ HOLD Saturday at FedEx Location

Does this shipment contain dangerous goods?
☒ No ☐ Yes As per attached Shipper's Declaration ☐ Yes Shipper's Declaration not required

☐ Dry Ice ☐ Cargo Aircraft Only

7 Payment Method

☐ Sender ☐ Recipient ☐ Third Party ☐ Credit Card ☒ Cash/Check

Total Packages Total Weight Total Declared Value*

Your liability is limited to \$500 unless you declare a higher value. See back for details.

8 Release Signature Sign of authorized shipper without obtaining signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

Net Due 1/5/01 - Fed. Tax 1/5/01 - 02/01/01 - 02/01/01 - 02/01/01 - 02/01/01 - 02/01/01

360

FROM Please print and press hard
Date 12/29/00 Sender's FedEx Account Number

Sender's Name J Valente Phone (650) 697-2086

Company SNAC SYSTEMS INC

Address 898 MAHLER RD

City BURLINGAME State CA ZIP 94010

Your Internal Billing Reference
Also 24 characters will appear on invoice

To Recipient's Name Tim Montgomery Phone 1919.569.0124

Company

Address 2501 Garden DR #103

City RALIEGH State NC ZIP 27614

See back for application instructions.

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402