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TRACKING NUMBER 1Z W0R 377 22 1001 4445

SHIPMENT FROM
 SHIPPER'S ACCOUNT NO. **WOR377**

REFERENCE NUMBER

NAME

TELEPHONE 913-551-7003

COMPANY

ENVIRONMENTAL PROTECTION AGENC

STREET ADDRESS

901 N 5 ST

CITY AND STATE **KANSAS CITY**

ZIP CODE **KS 66101-2798**

EXTREMELY URGENT DELIVERY TO

NAME Mohammed Ali

COMPANY

STREET ADDRESS 215 N. Prospect Ave

CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL) Streamwood IL 60107

DEPT./FLR. **ZIP CODE**

RESIDENTIAL DELIVERY

3 WEIGHT	PAK <input type="checkbox"/>	WEIGHT	DIMENSIONAL WEIGHT If Applicable	LARGE PACKAGE <input type="checkbox"/>	4 SHIPPER RELEASE
5 TYPE OF SERVICE	<input checked="" type="checkbox"/> LTR	<input checked="" type="checkbox"/> NEXT DAY AIR	<input type="checkbox"/> EXPRESS (INTL)	<input type="checkbox"/> DOCUMENTS ONLY	DATE
6 OPTIONAL SERVICES	<input type="checkbox"/> SATURDAY PICKUP	<input type="checkbox"/> SATURDAY DELIVERY	<input type="checkbox"/> DECLARED VALUE FOR CARRIAGE	<input type="checkbox"/> AMOUNT	1
7 ADDITIONAL HANDLING CHARGE	<input type="checkbox"/> C.O.D.	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	2
8 TOTAL CHARGES	<input checked="" type="checkbox"/> DECLARED VALUE FOR CARRIAGE	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	3
9 RECEIVERS/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.	<input type="checkbox"/> DECLARED VALUE FOR CARRIAGE	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	4
10 SHIPPER'S SIGNATURE	<input type="checkbox"/> DECLARED VALUE FOR CARRIAGE	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	5
11 DATE OF SHIPMENT	<input type="checkbox"/> DECLARED VALUE FOR CARRIAGE	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	6
12 SHIPPER'S COPY	<input type="checkbox"/> DECLARED VALUE FOR CARRIAGE	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	<input type="checkbox"/> AMOUNT	7

THIRD PARTY'S COMPANY NAME

STREET ADDRESS

CITY AND STATE

ZIP CODE

RECEIVERS/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.

DATE OF SHIPMENT

SHIPPER'S SIGNATURE *Mohammed Ali*

DATE OF SHIPMENT 2/23/12

SHIPPER'S COPY



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