

Consignee
STATE OF HAWAII
 Dept of Accts & GEN SERVICES, I.G.S.D.
 151 PUNCHBOWL ST.
 HONOLULU HAWAII 96813
 Phone: 586-1920

Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.
 Signature: *Man Tamarina*
 Printed Name: *Man Tamarina*
 This shipment does not contain dangerous goods regulated in air transport. This shipment does contain dangerous goods regulated in air transport.

Origin City Code
 DASH (Prepaid Only) 0-50 lbs Rate A 51-70 lbs Rate B ACI SPAC 1 800 638-7333
 Delta Priority First Freight
 Delta Priority Second Day
 Delta Priority Third Day

Shipper/Company
MAN LINK CO.
 150 So. US Hwy 1
 Jupiter FL 33477
 Phone: 561-747-7163

Executed On
 12/29/99
 (Date) (Time) At (Place) Signature of Issuing Carrier or its Agent

It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.

Final Destination Via Delta Connection Carrier
 EV HQ OH OO
 Transportation: Prepaid Collect Split Payment
 Other Charges: Prepaid Collect
 Cash Check Cargo Billing PTA GBL
 Pick Up Charges Zone B: Delivery Charges Zone C:

Declared Value for Carriage	Destination	Flight / Date
20.00	HNL	17/28MA
Port of Departure	Via	Via
PBI	PBI	1055/28MA

Received in good order and condition on:
 12/29/99
 (Date) (Time) At (Place)
 Signature of Consignee or his Agent: *Tom B.*
 Printed Name: *Tom B.*

Advance Charge Description
 K.A.
 Other Charges / Description
 F.

Shipping Information
 DELIVERED BY 4:30 PM
 Third Party Accounting Information

Class of Cargo	Gross Weight	Liability	Commodity Item No.	Chargeable Weight	Rate / Charge	Total	Nature and Quantity of Goods (Incl. Dimensions or Volume)
3)	40			40	10.00		BOOKS / PAPER
17/20							
C-3							

Prepaid / A. Weight Charge Collect
 D. Valuation Charge
 I. Tax
 Total Other Charges Due Agent
 Total Other Charges Due Carrier
 G. COD Currency USD
 Total Prepaid Total Collect