				2					
Petrieving AWR information 177 YXL 14364571	matinn		OR	IGINAL		Airv	vaybill # 777-14364571		
Shipper's Name & Address KENNETH SACKANEY 14 4TH AVENUE SIOUX LOOKOUT ON Canada Tel: 8077373434 Mobile:	Shipper's Account Num	ber	Not negoti Air Wayl Issued by	bill	aya				
Consignee's Name & Address CHRIS BEARDY GENERAL DELIVERY PIKANGIKUM ONCanada Tel: 807-728-3731 Mobile:				It is agreed that the goods described here are apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF, THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIERS LIMITATION OF LIABILITY. Shipper may increase such indication of liability by declaring a higher value for carriage and paying a supplemental charge if required, 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.					
Issuing Carrier's Agent's Name & City				Accounting Information					
Wasaya Airways Agent's IATA Code	Wasaya Airways Agent's IATA Code Account No.				Tax ID: HST				
Airport of Departure (Addr. of first Carrier) and requested Routing Sioux Lookout				SHIPPER NON ACCOUNT INVOICE #: IN2023-117586, RECEIPT #: RC2023-90485 Credit Card,RC2023-90485 Credit Card SECURITY ID: Other Screening PRIORITY: 3					
to By first carrier\Routing	& Destination / to by to	by	Currency C CAD	Chgs WT V Code PPD C PP XX	AL Other OLL PPD COLL XX	Declared value for Carriage NDV	Declared value for Customs NCV		
Airport of Destination  Flight/Date\For Carrier Use Only/Flight/Date Amount of Insurance  Amount of Insurance Insurance and such Insurance is requested accordance with conditions on reverse hereof indicate amount to be insured figure in box marked Amount of Insurance							such Insurance is requested in indicate amount to be insured in		
Handling Information: Scheduled Routing: YXL-YQT	үрм					2 ·	· / / · · · · · · · · · · · · · · · · ·		
Pieces Gross KG Cor	cte Class Chargeable Weight	Charge	(mon pinnener)						
1 4 LB S	KED 4		1.05	30.00	SHOE BOX				
1 4 Weight	Charge / Collect /	CAR	0.20, FSC 1	1.00, GST	4.06				
30.00		1					¥		
\ Valuation	n Charge /								
\_Tax/							8		
Total other charges Due Agent			I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. I declare that all of the applicable air transport requirements have been met						
1.20									
		ID			Signature o	f Shipper or his Agent			
\	\Total Collect/			40.00					
35.26 \Currency Conversion Rates /	\ CC charges in Dest. Currency_/				SIOUX LOC	OKOUT Sandra Necan Signature of issuing Car	rier or its Agent		
For Carriers Use only at Destination	\ Charges at Destination /		Total Collect	t Charges	J	* * * .	777-14364571 19 December 2023 11:13		