

SENDER ACCOUNT NO. N° DE COMPTE DE L'EXPÉDITEUR 3469358		IMPACT TELEPHONE 709)6-5000	SHIP MODE / MODE DE TRANSPORT AIR AÉRIEN <input type="checkbox"/> GROUND ROUTIER <input checked="" type="checkbox"/>		2711 903 3655	
SENDER (FROM) / EXPÉDITEUR (DE) WRIHA		MO. D'UN VRYAN 7237	PKG / EMBAL SERVICE PURO-LETTER <input type="checkbox"/> 9 AM <input type="checkbox"/> PURO-PAK <input type="checkbox"/> 10:30 AM <input type="checkbox"/>		Purolator 1 888 SHIP-123 www.purolator.com	
STREET ADDRESS / ADRESSE (N° ET RUE) Brookfield Ave.		APT. SUITE / APP. BUREAU C. Brook	CHOOSE OTHER / AUTRE <input checked="" type="checkbox"/> SAT SAM <input type="checkbox"/>		<i>File ERPR On Dr. Jenkins office. It will put in later</i>	
PROV./STATE/ETAT NC	POSTAL / ZIP A 2 H 6 J B	PAYMENT / PAIEMENT CASH COMPTANT <input type="checkbox"/> CREDIT CARD CARTE DE CREDIT <input type="checkbox"/>				
RECEIVER (TO) / DESTINATAIRE (A) NLCHI - Newholland Centre for Health Info.		RECEIVER OR THIRD PARTY ACCO RECEIVER DESTINA-TAIRE <input type="checkbox"/> 3RD PARTY TIERS <input type="checkbox"/>				
STREET ADDRESS / ADRESSE (N° ET RUE) 28 Pippy Place		SENDER EXPÉDITEUR <input checked="" type="checkbox"/>				
CITY / VILLE St. Johns	PROV./STATE/ETAT NC	POSTAL / ZIP A 1 B 3 X 4	SHIPMENT / DÉTAILS / EXPÉDITIF # No. PCS (4 MAXIMUM) 1 WEIGHT / POIDS (KG) 15		BY THE CONSIGNOR (SENDER) MAXIMUM DECLARED VALUE SHALL NOT EXCEED \$5,000. N.B. NOTE CAREFULLY CONDITIONS ON BACK HEREOF INCLUDING LIMITATIONS AND EXCLUSIONS OF CARRIER'S LIABILITY, WHICH ARE HEREBY ACCEPTED.	
ATTN: (NAME, DEPT.) / A L'ATTENTION DE (NOM / SERVICE) Mr. Don MacDonald		IMPORTANT - TELEPHONE (709) 7526008	DECLARED VALUE / VALEUR DÉCLARÉE \$ 0		CONNAISSANCE DES CONDITIONS AU VERSO, Y COMPRIS LES LIMITATIONS ET EXCLUSIONS DE RESPONSABILITÉ DU TRANSPORTEUR, QUI SONT ACCEPTÉES PAR LES PRÉSENTES.	
DESCRIPTION (INCLUDING DANGEROUS GOODS) / INCLUANT MARCHANDISES DANGEREUSES Documents		DD <input type="checkbox"/> MD <input type="checkbox"/>	SENDER REFERENCE (IF ANY) / REF. DE L'EXPÉD. 74004281		PLEASE REFER TO BILL OF LADING NUMBER FOR SHIPMENT STATUS / INQUIRIES. POUR TOUT RENSEIGNEMENT, VEUILLEZ NOUS COMMUNIQUER LE NUMERO DE CONNAISSANCEMENT.	
SENDER SIGNATURE / SIGNATURE DE L'EXPÉDITEUR <i>Thoder</i>		PICK UP / CUIBILLETTE - N° DE CONF. 74004281		SE CONDITIONS OF CARRIAGE ON REVERSE / CONDITIONS DE TRANSPORT AU VERSO		

Hi Toni - package has arrived - thanks

-----Original Message-----

From: Don MacDonald <donm@nlchi.nl.ca>
To: 'hellensparkes@westernhealth.nl.ca' <hellensparkes@westernhealth.nl.ca>
Sent: Mon Jul 23 14:27:15 2007
Subject: Re: Shipping

Thanks Toni - will do

-----Original Message-----

From: Sparkes, Hellen <hellensparkes@westernhealth.nl.ca>
To: Don MacDonald <donm@nlchi.nl.ca>
Sent: Mon Jul 23 14:20:05 2007
Subject: RE: Shipping

Good afternoon Mr. MacDonald:

The package has just been picked up. The tracking number is 2711 903 3655. It is scheduled to arrive before 12 p.m. tomorrow. I have put it to your attention. God willing, everything will go correctly this time. Please have someone drop me a line when you receive the package, just to put my mind at ease.

Thanks again.

Toni-Lee

From: Don MacDonald [mailto:donm@nlchi.nl.ca]
Sent: Monday, July 23, 2007 9:38 AM