

UPS/UPS CAPITAL INSURANCE AGENCY  
PO BOX 1977  
Scranton PA 18501

**CLAIMS  
SETTLEMENT  
REMITTANCE ADVICE  
FOR UPS CUSTOMER**

0111352 01 RE 0.67 \*\*AUTO T4 0 6231 31407-928650 -P11363 C07



SHIP8, INC.  
ATTN JESSICA JENG  
550 NORTHPORT PKWY  
PORT WENTWORTH GA 31407-9286

SHIPPER #: 1X780R  
DATE: 12/03/25  
PAGE 1 OF 1



SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
	75070138;FPF18-0350	10/27/25	1Z1X780R0392049146	0332580764	144.14	100.00	
TOTALS					144.14	100.00	



1. Claim reimbursement adjusted to include UPS Shipping Charges.
2. Claim reimbursement adjusted to reflect the appropriate UPS Shipping Charges.
3. Claim reimbursement adjusted to reflect the value declared at time of shipment.
4. Claim reimbursement adjusted to reflect your actual cost, replacement cost, or the purchase price paid by the consignee.
5. Claim reimbursement adjusted to reflect the cost to repair damaged merchandise.

INCLUDES UPS PAYMENT AND ANY INSURANCE PAYMENT FOR EXCESS VALUE INSURANCE.

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

CHECK # 0004347397 ATTACHED

UPS/UPS CAPITAL INSURANCE AGENCY  
PO BOX 1977  
Scranton PA 18501

**UPS  
CLAIMS  
SETTLEMENT**

62-20  
311

No. 0004347397

12/03/25

PAY TO THE ORDER OF

SHIP8, INC.  
550 NORTHPORT PKWY  
PORT WENTWORTH GA 31407

\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$100.00

Void within Six months of Issuance Date

AUTHORIZED SIGNATURE/SIGNATURE AUTORISÉE

**One Hundred and 00/100 Dollars**

CITIBANK, N.A.  
ONE PENN'S WAY, NEW CASTLE, DE 19720

0745

⑈0004347397⑈ ⑆031100209⑆ 38836743⑈

UPS/UPS CAPITAL INSURANCE AGENCY  
PO BOX 1977  
Scranton PA 18501

**CLAIMS  
SETTLEMENT  
REMITTANCE ADVICE  
FOR UPS CUSTOMER**

0112745 01 RE 0.67 \*\*AUTO T2 0 6230 31407-928650

-P12757 C07



SHIP8, INC.  
ATTN LISA PETROS  
550 NORTHPORT PKWY  
PORT WENTWORTH GA 31407-9286

SHIPPER #: 1X780R

DATE: 12/02/25

PAGE 1 OF 1



SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
	75193473;ID95C-0050	11/10/25	1Z1X780R0391538995	0334027467	13.98	6.99	
TOTALS					13.98	6.99	



1. Claim reimbursement adjusted to include UPS Shipping Charges.
2. Claim reimbursement adjusted to reflect the appropriate UPS Shipping Charges.
3. Claim reimbursement adjusted to reflect the value declared at time of shipment.
4. Claim reimbursement adjusted to reflect your actual cost, replacement cost, or the purchase price paid by the consignee.
5. Claim reimbursement adjusted to reflect the cost to repair damaged merchandise.

INCLUDES UPS PAYMENT AND ANY INSURANCE PAYMENT FOR EXCESS VALUE INSURANCE.

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

CHECK # 0004343098 ATTACHED

UPS/UPS CAPITAL INSURANCE AGENCY  
PO BOX 1977  
Scranton PA 18501

**UPS  
CLAIMS  
SETTLEMENT**

No. 0004343098

62-20  
311

12/02/25

PAY TO THE ORDER OF  
**SHIP8, INC.  
550 NORTHPORT PKWY  
PORT WENTWORTH GA 31407**

**\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$6.99**

Void within Six months of Issuance Date

AUTHORIZED SIGNATURE/SIGNATURE AUTORISÉE

**Six and 99/100 Dollars**

CITIBANK, N.A.  
ONE PENN'S WAY, NEW CASTLE, DE 19720

0745

⑈0004343098⑈ ⑆031100209⑆

38836743⑈

HE1121745-0001\_of\_0001 62300-0013697 (P23)

UPS/UPS CAPITAL INSURANCE AGENCY  
PO BOX 1977  
Scranton PA 18501

**CLAIMS  
SETTLEMENT  
REMITTANCE ADVICE  
FOR UPS CUSTOMER**

0110355 01 RE 0.67 \*\*AUTO T4 0 6236 31407-928650 -P10365 C07



SHIP8, INC.  
ATTN JESSICA JENG  
550 NORTHPORT PKWY  
PORT WENTWORTH GA 31407-9286

SHIPPER #: 1X780R  
DATE: 12/10/25  
PAGE 1 OF 1



SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
75072217	MPS137-0004	10/27/25	1Z1X780R0390874650	0337309872	100.00	100.00	
TOTALS					100.00	100.00	



1. Claim reimbursement adjusted to include UPS Shipping Charges.
2. Claim reimbursement adjusted to reflect the appropriate UPS Shipping Charges.
3. Claim reimbursement adjusted to reflect the value declared at time of shipment.
4. Claim reimbursement adjusted to reflect your actual cost, replacement cost, or the purchase price paid by the consignee.
5. Claim reimbursement adjusted to reflect the cost to repair damaged merchandise.

INCLUDES UPS PAYMENT AND ANY INSURANCE PAYMENT FOR EXCESS VALUE INSURANCE.

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

CHECK # 0004360437 ATTACHED

UPS/UPS CAPITAL INSURANCE AGENCY  
PO BOX 1977  
Scranton PA 18501

**UPS  
CLAIMS  
SETTLEMENT**

62-20  
311

No. 0004360437

12/10/25

PAY TO THE ORDER OF

SHIP8, INC.  
550 NORTHPORT PKWY  
PORT WENTWORTH GA 31407

\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$100.00

Void within Six months of Issuance Date

AUTHORIZED SIGNATURE/SIGNATURE AUTORISÉE

**One Hundred and 00/100 Dollars**

CITIBANK, N.A.  
ONE PENN'S WAY, NEW CASTLE, DE 19720

0745

⑈0004360437⑈ ⑆031100209⑆ 38836743⑈

**CLAIMS  
SETTLEMENT  
REMITTANCE ADVICE  
FOR UPS CUSTOMER**

0104857 01 RE 0.64 \*\*AUTO H9 1 6239 31407-928650 -P04861 C07



SHIP8, INC.  
ATTN JESSICA JENG  
550 NORTHPORT PKWY  
PORT WENTWORTH GA 31407-9286

SHIPPER #: 1X780R  
DATE: 12/13/25  
PAGE 1 OF 1



SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
	75072403,MP167-0093	10/27/25	1Z1X780R0398762211	0337898533	28.76	28.76	
TOTALS					28.76	28.76	



1. Claim reimbursement adjusted to include UPS Shipping Charges.
2. Claim reimbursement adjusted to reflect the appropriate UPS Shipping Charges.
3. Claim reimbursement adjusted to reflect the value declared at time of shipment.
4. Claim reimbursement adjusted to reflect your actual cost, replacement cost, or the purchase price paid by the consignee.
5. Claim reimbursement adjusted to reflect the cost to repair damaged merchandise.

INCLUDES UPS PAYMENT AND ANY INSURANCE PAYMENT FOR EXCESS VALUE INSURANCE.

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

CHECK # 0004367300 ATTACHED

UPS/UPS CAPITAL INSURANCE AGENCY  
PO BOX 1977  
Scranton PA 18501

**UPS  
CLAIMS  
SETTLEMENT**

62-20  
311

No. 0004367300

12/13/25

PAY TO THE ORDER OF

SHIP8, INC.  
550 NORTHPORT PKWY  
PORT WENTWORTH GA 31407

**\$\$\$\$\$\$\$\$\$\$\$\$28.76**

Void within Six months of Issuance Date

AUTHORIZED SIGNATURE/SIGNATURE AUTORISÉE

**Twenty-eight and 76/100 Dollars**

CITIBANK, N.A.  
ONE PENN'S WAY, NEW CASTLE, DE 19720

0745

⑈0004367300⑈ ⑆031100209⑆ 38836743⑈