

**CLAIMS
 SETTLEMENT
 REMITTANCE ADVICE
 FOR UPS CUSTOMER**

0122240 01 RE 0.67 **AUTO T3 0 6084 31407-928650 -P22262 C07



SHIP8, INC.
 550 Northport Parkway
 Port Wentworth GA 31407-9286

SHIPPER #: 1X780R
 DATE: 05/04/26
 PAGE 1 OF 1

SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
N/A	357802463_74401	04/15/26	1Z1X780R0392921569	0360651058	30.20	30.20	0
TOTALS					30.00	30.20	



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

ADVICE # 0006277131 ATTACHED

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

**UPS
 CLAIMS
 SETTLEMENT**

Advice No. 0006277131

Issue Date: 05/04/26

DEPOSIT ADVICE ONLY

DEPOSITED INTO THE ACCOUNT OF:

SHIP8, INC.
 550 Northport Parkway
 Port Wentworth GA 31407

Direct Deposit Banking Information

Deposit Amount	Transit No.	Account No.
\$\$\$\$\$\$\$30.20	****0248	*****5189



If you plan to change your financial institution and / or account number, you must notify the Accounts Payable Department.

1X780R

NON - NEGOTIABLE

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

**CLAIMS
SETTLEMENT
REMITTANCE ADVICE
FOR UPS CUSTOMER**

0122241 01 RE 0.67 **AUTO T3 0 6084 31407-928650 -P22263 C07



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

SHIPPER #: 1X780R
DATE: 05/04/26
PAGE 1 OF 1



SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
N/A	76577941	04/14/26	1Z1X780R4297385512	0361349623	0.00	100.00	0
TOTALS					0.00	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

ADVICE # 0006277149 ATTACHED

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

**UPS
CLAIMS
SETTLEMENT**

Advice No. 0006277149

Issue Date: 05/04/26

DEPOSIT ADVICE ONLY

DEPOSITED INTO THE ACCOUNT OF: SHIP8, INC.
550 NORTHPORT PKWY
PORT WENTWORTH GA 31407-9286

Direct Deposit Banking Information

Deposit Amount \$\$\$\$\$\$100.00	Transit No. ****0248	Account No. *****5189
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If you plan to change your financial institution and / or account number, you must notify the Accounts Payable Department.

1X780R

NON - NEGOTIABLE

**CLAIMS
 SETTLEMENT
 REMITTANCE ADVICE
 FOR UPS CUSTOMER**

0102962 01 RE 0.64 **AUTO H5 1 6085 31407-928650 -P02964 C07



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

SHIPPER #: 1X780R
 DATE: 05/04/26
 PAGE 1 OF 1

SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
N/A	76548104	04/10/26	1Z1X780R0394082534	0362539748	199.92	100.00	0
TOTALS					199.00	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

ADVICE # 0006282556 ATTACHED

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

**UPS
 CLAIMS
 SETTLEMENT**

Advice No. 0006282556

Issue Date: 05/04/26

DEPOSIT ADVICE ONLY

DEPOSITED INTO THE ACCOUNT OF: SHIP8, INC.
 550 NORTHPORT PKWY
 PORT WENTWORTH GA 31407-9286

Direct Deposit Banking Information		
Deposit Amount \$\$\$\$\$\$100.00	Transit No. *****0248	Account No. *****5189



If you plan to change your financial institution and / or account number, you must notify the Accounts Payable Department.

1X780R

NON - NEGOTIABLE

**CLAIMS
SETTLEMENT
REMITTANCE ADVICE
FOR UPS CUSTOMER**

0110231 01 RE 0.67 **AUTO T6 0 6093 31407-928650 -P10241 C07



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

SHIPPER #: 1X780R
DATE: 05/15/26
PAGE 1 OF 1

SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
N/A	358040685_72201	04/24/26	1Z1X780R0393338886	0362424155	36.75	36.75	0
TOTALS					36.00	36.75	



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

ADVICE # 0006306183 ATTACHED

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

**UPS
CLAIMS
SETTLEMENT**

Advice No. 0006306183

Issue Date: 05/15/26

DEPOSIT ADVICE ONLY

DEPOSITED INTO THE ACCOUNT OF: SHIP8, INC.
550 NORTHPORT PKWY
PORT WENTWORTH GA 31407-9286

Direct Deposit Banking Information

Deposit Amount \$\$\$\$\$\$\$36.75	Transit No. ****0248	Account No. *****5189
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If you plan to change your financial institution and / or account number, you must notify the Accounts Payable Department.

1X780R

NON - NEGOTIABLE

**CLAIMS
 SETTLEMENT
 REMITTANCE ADVICE
 FOR UPS CUSTOMER**

0122579 01 RE 0.67 **AUTO T5 0 6089 31407-928650 -P22601 C07



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

SHIPPER #: 1X780R
 DATE: 05/11/26
 PAGE 1 OF 1



SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
N/A	357922853_72302	04/20/26	1Z1X780R0394431479	0363245680	57.13	57.13	0
TOTALS					57.00	57.13	



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

ADVICE # 0006294061 ATTACHED

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

**UPS
 CLAIMS
 SETTLEMENT**

Advice No. 0006294061

Issue Date: 05/11/26

DEPOSIT ADVICE ONLY

DEPOSITED INTO THE ACCOUNT OF: SHIP8, INC.
 550 NORTHPORT PKWY
 PORT WENTWORTH GA 31407-9286

Direct Deposit Banking Information

Deposit Amount \$\$\$\$\$\$\$57.13	Transit No. ****0248	Account No. *****5189
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If you plan to change your financial institution and / or account number, you must notify the Accounts Payable Department.

1X780R

NON - NEGOTIABLE

**CLAIMS
 SETTLEMENT
 REMITTANCE ADVICE
 FOR UPS CUSTOMER**

0108210 01 RE 0.67 **AUTO T7 0 6092 31407-928650 -P08218 C07



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

SHIPPER #: 1X780R
 DATE: 05/14/26
 PAGE 1 OF 1



SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
N/A	76677006	04/30/26	1Z1X780R0393533147	0363883559	129.98	100.00	0
N/A	000067571672109	04/22/26	1Z1X780R0391006130	0363874980	22.54	22.54	0
TOTALS					152.00	122.54	



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

ADVICE # 0006302262 ATTACHED

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

**UPS
 CLAIMS
 SETTLEMENT**

Advice No. 0006302262

Issue Date: 05/14/26

DEPOSIT ADVICE ONLY

DEPOSITED INTO THE ACCOUNT OF: SHIP8, INC.
 550 NORTHPORT PKWY
 PORT WENTWORTH GA 31407-9286

Direct Deposit Banking Information

Deposit Amount \$\$\$\$\$\$122.54	Transit No. *****0248	Account No. *****5189
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If you plan to change your financial institution and / or account number, you must notify the Accounts Payable Department.

1X780R

NON - NEGOTIABLE