



INVOICE #: I001131
DATE: 10/16/2015

100 PLATINUM ROAD
 WHITEHORSE, YT Y1A 6A9
 Phone: (867) 667-7447 Toll Free #
 Fax: (867) 633-6492

INVOICE

BILL TO

GROUND TRUTH EXPLORATION
 BOX 70
 BOX 70
 DAWSON CITY, YT Y0B 1G0

SHIPPER

GROUND TRUTH EXPLORATION
 BOX 70
 BOX 70
 DAWSON CITY, YT Y0B 1G0

Attention: Accounts Payable

CONSIGNEE

ACME LABS
 WHITEHORSE,

Toll Free:

Phone: (867) 993-5612
Fax: (867) 993-5201
Email: gfranks@groundtruthexploration.

P.O.#	Ref#	Ship Date:
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<u>Pieces</u>	<u>Type</u>	<u>Description</u>	<u>Int</u>	<u>Weight</u>	<u>Price</u>
3	SKID	3 SKIDS		2,700	432.00

LOAD ORDER #: L001131	Sub. Total:	432.00
NOTICE OF CLAIM A) No carrier is liable...	F.S.C. @ 25. % :	108.00
	GST:	27.00
Currency in CDN funds. Amount Payable:	\$	<u>567.00</u>



FOR PICKUP Phone (867) 667-7447
 100 Platinum Road
 Whitehorse, Yukon Y1A 6A9
 Fax (867) 633-6492

FOR PICKUP Phone (867) 993-5632
 P.O. Box 647
 Dawson City, Yukon
 Fax (867) 993-6525

No. _____	MTB APPROVAL #22	NOT NEGOTIABLE	No. _____ <small>For Shipper Use</small>
BILL OF LADING			

Point of Origin Dawson Date: 15/10/15
 Consignor GroundTruth Shippers No. _____
 Address _____

Received at the point of origin on the date specified, from the consignor mentioned herein, the property herein described, in apparent good order except as noted (contents and conditions of contents of package unknown) marked, consigned and destined as indicated below, which the carrier agrees to carry and to deliver to the consignee at the said destination, if on its own authorized route or otherwise to cause to be carried by another carrier on the route to said destination, subject to the rates and classification in effect on the date of shipment.

It is mutually agreed, as to each carrier of all or any of the goods over all or any portion of the route to destination, and as to each party of any time interested in all or any of the goods, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, as per reverse of this form, which are hereby agreed by the consignor and accepted for himself and his assigns.

Consignee ACME LABS
 Destination Whitehorse Route _____

NUMBER & TYPE OF PACKAGES	PARTICULARS OF THE GOODS, MARKS AND EXCEPTIONS	WEIGHT	RATE	AMOUNT	FREIGHT CHARGES
<u>3</u>	<u>pkts (60 Bags samples)</u>				<input type="checkbox"/> COLLECT <input type="checkbox"/> PREPAID FREIGHT CHARGES WILL BE COLLECTED UNLESS PREPAID IF AT CONSIGNOR'S RISK, WRITE OR STAMP HERE.
	<u>1</u>	<u>1060.5</u>			
	<u>2</u>	<u>838.5</u>			
	<u>3</u>	<u>800</u>			
	<u>TOPME</u>				
					C.O.D. SHIPMENTS
				AMOUNT _____	\$ _____
				COLLECTION CHARGE _____	\$ _____
				<input type="checkbox"/> COLLECT	
				<input type="checkbox"/> PREPAID	TOTAL \$ _____

SPECIAL AGREEMENT BETWEEN CONSIGNOR & CARRIER: ADVISE HERE

DECLARED VALUATION \$ _____
 MAXIMUM LIABILITY OF \$2.00 PER POUND (\$4.41 PER KILOGRAM) UNLESS DECLARED VALUATION STATES OTHERWISE.

NOTICE OF CLAIM
 (a) No carrier is liable for loss, damage or delay to any goods under the Bill of Lading unless notice thereof setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier of the delivering carrier within sixty (60) days after the delivery of the goods, or, in the case of failure to make delivery, within nine (9) months from the date of shipment.
 (b) The final statement of the claim must be filed within nine (9) months from the date of shipment together with a copy of the paid freight bill.

The contract for the carriage of goods listed in this bill of lading is covered by regulations in force in the jurisdiction at the time and place of shipment and is subject to the conditions set out in such regulations.

Shipper GroundTruth Carrier **KLUANE FREIGHT LINES LTD.**
 Per Brett Gobelin Per [Signature]

Requisition for Laboratory Services - North America



Acme Analytical Laboratories (Vancouver) Ltd.
 9050 Shaughnessy St.
 Vancouver, BC Canada
 V6P 6E5

E-mail / web:
acmeinfo@acmelab.com
www.acmelab.com
 Phone: +1 604 253 3158
 Phone: +1 800 990 2263
 Fax: +1 604 253 1716

LABORATORY USE ONLY	Acme Job Number:
Number of Parcels: _____	Carrier & Waybill: _____
	Date Received: _____

CLIENT INFORMATION	Project: DIME	Shipment ID: DIM2015-10-151	PO#:
Primary Client Contact:	(certificate will bear this name)	Invoice To:	<input checked="" type="checkbox"/> Same as Primary Contact
Company:	Shawn Ryan	Company:	
Address:	Box 213	Address:	
	Dawson, YT		
	Y0B 1G0		
Attn:	Shawn Ryan	Attn:	
Email:	ryanwoodex@northwestel.net	Email:	
Phone:	867-336-4219	Fax:	867-993-5201
		Phone:	
		Fax:	

Additional Copies To:	Data Format (check box)
Name: Isaac Fage	Company: GroundTruth Exploration
	Email: ifage@groundtruthexploration.com
	<input checked="" type="checkbox"/> CSV <input type="checkbox"/> XLS <input type="checkbox"/> PDF
Name:	Company:
	Email:
	<input type="checkbox"/> CSV <input type="checkbox"/> XLS <input type="checkbox"/> PDF
Name:	Company:
	Email:
	<input type="checkbox"/> CSV <input type="checkbox"/> XLS <input type="checkbox"/> PDF

Sample Type	Quantity	Sample Sequence: From - To	Prep Code	Analytical Package or Elements Wanted	Rush x2 quote price
Rock	527	See attached Sheet (A total of 60 rice bags)	PRP70-250	FA430 and MA200	<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>

Special Instructions:

STORAGE & DISPOSAL: BELOW SECTION MUST BE FILLED IN BEFORE ANY PREP OR ANALYSIS WILL BEGIN

Rejects (Rock and Core)	Pulps (All samples)	Return Address: <input type="checkbox"/> Same as Primary Contact
<input type="checkbox"/> Return immediately after analysis	<input type="checkbox"/> Return immediately after analysis	Company:
<input type="checkbox"/> Return after 90 days at Cost	<input type="checkbox"/> Return after 90 days at Cost	Address:
<input checked="" type="checkbox"/> Paid Disposal after 90 days	<input checked="" type="checkbox"/> Paid Disposal after 90 days	
<input type="checkbox"/> Paid Storage after 90 days	<input type="checkbox"/> Paid Storage after 90 days	
<input type="checkbox"/> Pickup	<input type="checkbox"/> Pickup	
<input type="checkbox"/> RJSV (Soil, till, sediment, vegetation)		Attn: _____ Tel: _____

Failure to indicate instructions for rejects and pulps will result in disposal of rejects and storage charges for pulps. Failure to pay storage charges upon notice, will result in disposal of all samples at the Client's cost. Soil, till, sediment and vegetation rejects will be immediately disposed of after sample preparation unless prep code RJSV is indicated above. All soils originating outside of British Columbia, Canada cannot be returned when shipped to Vancouver, Canada and DISP2 fees will apply. Exceptions apply, see Terms and Conditions in our current price brochure.

AUTHORIZATION

This Requisition for Laboratory Services, when signed by the Client's representative and accepted by Acme, becomes a binding contract on the terms herein and the Terms and Conditions in our current price brochure found at www.acmelab.com.

Client hereby requests Acme to perform the above services

Isaac Fage

Signature of Client's Representative which binds the Client

Date: Oct 15/15

Sample Shipment Log: Chain of Custody



Shipping To:

Acme Labs Whitehorse
77 Collins Lane, Whitehorse, YT, Y1A 0A8
867-393-4725

Client/ Billing Address:

GroundTruth Exploration
PO Box 70, Dawson City, Yukon, Y0B 1G0
867-993-5612

Date of Shipment:

Shipment ID:

Total Number of Bags:

Flagging Color:

Sample Type (Soil/Rock...)	Project Code	Bag Security Seal ID: (Red Ziptie Barcode)	# Samples	Sample Type (Soil/Rock...)	Project Code	Bag Security Seal ID: (Red Ziptie Barcode)	# Samples
ROCK	DIM		10	ROCK	DIM		9
ROCK	DIM		8	ROCK	DIM		10
ROCK	DIM		10	ROCK	DIM		9
ROCK	DIM		7	ROCK	DIM		11
ROCK	DIM		9	ROCK	DIM		11
ROCK	DIM		10	ROCK	DIM		10
ROCK	DIM		10	ROCK	DIM		11
ROCK	DIM		8	ROCK	DIM		10
ROCK	DIM		8	ROCK	DIM		11
ROCK	DIM		6	ROCK	DIM		10
ROCK	DIM		8	ROCK	DIM		12
ROCK	DIM		10	ROCK	DIM		10
ROCK	DIM		10	ROCK	DIM		8
ROCK	DIM		8	ROCK	DIM		11
ROCK	DIM		8	ROCK	DIM		8
ROCK	DIM		8	ROCK	DIM		8
ROCK	DIM		8	ROCK	DIM		8
ROCK	DIM		9	ROCK	DIM		8
ROCK	DIM		10	ROCK	DIM		5
ROCK	DIM		9	ROCK	DIM		8
ROCK	DIM		9	ROCK	DIM		8
ROCK	DIM		7	ROCK	DIM		8
ROCK	DIM		7	ROCK	DIM		8
ROCK	DIM		5	ROCK	DIM		9
ROCK	DIM		5				
ROCK	DIM		10				
ROCK	DIM		6				
ROCK	DIM		10				
ROCK	DIM		10				
ROCK	DIM		8				
ROCK	DIM		10				
ROCK	DIM		10				
ROCK	DIM		7				
ROCK	DIM		7				
ROCK	DIM		7				

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Shipping Method/Carrier:

Relinquished By:

Date/Time:

* Keep one copy in office, Send one copy with Shipment/Requisition