

# J. R. SIMPLOT COMPANY



## Certificate of Analysis (COA)

SIMPLOT PHOSPHATES LLC

515 South Hwy 430  
Rock Springs, WY 82901

DATE: Wednesday, August 24, 2011

TO: Cascade Columbia c/o BHS Marketing

Product: Fluorosilicic Acid (FSA)  
Bill of Lading Number: 021595RS  
Rail Car Number: JRSX 20014  
Date Analyzed: August 24, 2011  
Other Information: Release # 6210344.1

Analysis Name	Specification		Analysis
	Max	Min	
% Assay ( $H_2SiF_6$ )	25%	23%	24.21
% HF	1.0%		0.48
% P2O5			0
Specific gravity @ 60°F			1.22
Lead (Pb) ppm			0.45
Arsenic ppm			11.16
Color (APHA)	200		5
Visible Suspended Matter			0



By: Brian R. Thomas

Title: Laboratory Manager

Certified to NSF/ANSI 60	Max. use: 6 mg/L
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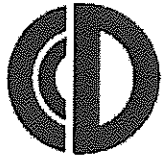
Meets ANSI / AWWA B703a-08

**CUSTOMER**

CUSTOMER NO.

03484

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**CASCADE  
COLUMBIA  
DISTRIBUTION  
COMPANY**

6900 Fox Ave South  
Seattle, WA 98108 USA

Phone: (206) 763-2350 Fax: (206) 763-7523

**INVOICE**

DATE NUMBER

9/8/11 554006

DATE SHIPPED ASSOCIATED NO.

9/8/11 554006

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CITY OF EVERETT  
ACCOUNTING DIVISION  
PO BOX 12130  
EVERETT, WA 98206-2130

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CITY OF EVERETT  
6133 LK CHAPLAIN RD  
SULTAN, WA 98294-4506

CUSTOMER ORDER NUMBER		F.O.B.	SHIPPED VIA	SALES AGENT	TERMS
lowell		100	CD	Bob Code	Net 30 Days
UNITS	PACKAGE	DESCRIPTION	TOTAL QUANTITY	UNIT PRICE	AMOUNT
47020.00	1 # Bulk	HYDROFLUOROSILICIC ACID 24% # BULK 412000NB	47020.00 #	0.3445 #	16,198.39

23.51

Merchandise Total 16,198.39

SEP 28 PM 12:37

PLEASE REMIT TO:

Cascade Columbia Distribution  
P.O Box 24745  
Seattle, WA 98124-0745

TOTAL

16,198.39

PLEASE PAY THIS AMOUNT

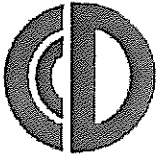


IMPORTANT - Returnable containers will be charged and must be paid for. Such payment will be refunded at full price, provided containers are received by us in good reasonable condition within 60 days from date of invoice, freight prepaid, tagged with shipper's name. No discount allowed on containers. Interest will be charged at the rate of 1% per month is charged on all balances or portions of balances that are more than 30 days past due. In the event that it becomes necessary to involve a third party to effect collection of this account, Purchaser agrees to pay; the maximum finance charge allowed by law on all invoices not paid within terms, attorneys fees, and all other collection fees. Seller shall retain a security interest in all of the goods sold hereunder until the purchase price is fully paid. In the event that any such payment is not made promptly when due, the seller shall have all the rights and remedies of a secured creditor under the Uniform Commercial Code with respect to the goods delivered to Purchaser and products and services into which they may have been incorporated in addition to any other rights and remedies available under applicable law.

STRAIGHT BILL OF LADING

OFFICE

PORTLAND - 14200 SW TUALATIN-SHERWOOD RD  
 SHERWOOD, OR 97140  
 SEATTLE - 6900 FOX AVE S.  
 SEATTLE, WA 98108  
 SEATTLE PH: (206) 282-6334 FAX: (206) 282-6330  
 PORTLAND PH: (503) 625-5293 FAX: (503) 625-4335  
 SPOKANE PH: (877) 625-5293



**CASCADE  
 COLUMBIA  
 DISTRIBUTION  
 COMPANY**

BILL DATE	9/1/2011
BILL NO	554006

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 CITY OF EVERETT  
 ACCOUNTING DIVISION  
 PO BOX 12130  
 EVERETT, WA 98206-2130  
 4252578200

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 CITY OF EVERETT  
 6133 LK CHAPLAIN RD  
 SULTAN, WA 98294-4506  
 4252578200

CASCADE  
 COLUMBIA  
 DISTRIBUTION  
 FOR CHEMICAL  
 EMERGENCY  
 SPILL, LEAK,  
 FIRE,  
 EXPOSURE, OR  
 ACCIDENT

CALL:  
 CHEMTREC DAY  
 OR NIGHT  
 800-424-9300

CUSTOMER NO	CUSTOMER PO NO	Order Date	WHSE/LOC	CONSIGNEE ORDER NO
03484	lowell	9/1/2011	100	
SHIP DATE	SHIP VIA	FOB/REMARK	TERMS	
9/8/2011	CASCADE DELIVERY	DELIVERED	N3	

QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY BACKORDER	PACKAGING	HM	DESCRIPTION	NET WEIGHT	GROSS WEIGHT	FRT CLS
47020	47020	0	1#Bulk 412000NB	X	UN1778,FLUOROSILICIC ACID 8, PGI, ERG 154 HYDROFLUOROSILICIC ACID 24% # BULK  Lot # JRSX 20014	47020	47020	
blanket po FX09049						<b>Total Weights (LBS):</b>	<b>47020</b>	<b>47020</b>

DATE 9/9/11  
 GL CODES 401-5-200-121-641-310 20070905  
 ORDER REC'D IN FULL   
 PARTIAL ORDER AS NOTED \_\_\_\_\_  
 NAME Bruce Clemans  
 SIGNATURE Bruce Clemans  
 SUPERVISOR Lowell Jones

SHIPPER'S CERTIFICATION This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of DOT.

Signature: <u>[Signature]</u>			
LOAD INFO	PULLED BY:	CHECKED BY:	
UNLOAD TIME	ARRIVE:	DEPART:	
PLACARDS	OFFERED:	ON TRUCK:	

Carrier Name, if different	
Drivers Signature	Date
Customer Signature <u>Bruce Clemans</u>	
Customer Print Name	Date
Signature here by confirms receipt of quantity stated in order and agrees to comply with the terms set forth on the back of this Form.	