### RAHWAY VALLEY RAILROAD

IN CONNECTION WITH

BUFFALO, ROCHESTER & PITTSBURG RAILWAY (Fx3-No. 184) NEW YORK CENTRAL & HUDSON RIVER RAILROAD (Fx3-No. 184) CENTRAL RAILROAD COMPANY OF NEW JERSEY (Fx4-No. 24) PHILADELPHIA & READING RAILWAY (Fx4-No. 520)

#### **COMMODITY TARIFF** JOINT

### CRUSHED STONE

CARLOADS

Governed by Official Classification I-C. C. O.C. No. 32 and Exceptions thereto, I. C. C. K. No. 4260, and Supplements thereto or Reissues thereof.

Thirtis and Minness thereof.

## ROCHESTER, N. Y.

Via -Aldene, N. J., Central Railroad of New Jersey, Haucks, Pa., Philadelphia & Reading Railway, Newberry Junction, Pa., New York Central & Hudson River Railroad, Clearfield, Pa., and Buffalo, Rochester & Pittsburg Railway.

RATES FROM INTERMEDIATE POINTS

#### TERMINAL FACILITIES AND DELIVERIES.

The rates named herein apply from and to the tracks, stations or other receiving and delivering points on, or to and from private sidings connected with lines parties to this tariff where the particular traffic is usually received or delivered; and also include the use of receiving and delivering facilities at such stations, or other receiving and delivering points, or private sidings, subject, nevertheless, to such charges (if any) for switching, terminal service, storage, and all other charges and any rules and regulations that may in anywise change, affect or determine any part, or the aggregate of such rates as well as any privileges or facilities granted or allowed, as are, or shall be, published by any of the lines parties to this tariff, and filed with the Interstate Commerce Commission; and any other charges for strictly local service or regulations incidental thereto.

The rates will also apply to and from such tracks, stations or other receiving and delivering points on, or to and from private sidings connected with connecting lines not parties to this tariff, when and as designated and provided for in delivery tariffs, published by any of the lines parties to this tariff, and filed with the Interstate Commerce Commission.

### DEMURRAGE AND CAR SERVICE REGULATIONS.

Under this tariff, when freight is to be loaded by consignor or unloaded by consignee, \$1.00 per car per day or fraction thereof for delay beyond forty-eight (48) hours in loading or unloading, will be added to the rates named herein and constitute a part of the total charges to be collected by the carrier on the property; except, when in conflict with Car Service Association or local State regulations at shipping point or destination on file with the Interstate Commerce Commission, in which case such Car Service Association or local State regulations shall prevail and govern.

ISSUED KENILWORTH, N. J., HEVENBER 5 1908

ISSUED BY J.S. Caldwell

KENILWORTH, N. J.

| Univers Longer - Straight 3. dladies, adopted a | Carriers in Official, Sec. 3, 19 and 19 and 19 and Seculiar tion territories, March 15, 1822, an arrive of August 1, 1856, and June 13, 1861.     |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 |                                                                                                                                                   |
| OI THIS MEMORANDUN                              | not the Original Bill of Lading, nor a copy or duplicate, covering himper's No.                                                                   |
| <b>3</b> 1                                      | is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering himper's No. |

ANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named berein and intended solely for filing or record.

| The same | 7      | No  | 1       |              | Tour |
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| Shipp    | CI N   | 140 |         |              |      |
|          | 164.66 |     |         | 1.48 6 11 70 |      |
| Agon     | '- N   |     | INCOME. | 40.7         |      |

# RAHWAY VALLEY RAILROAD

| Received,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | subject to the classifications and tariffs in effect on the date of the i                                                                                                                                                                                                                                                                                                                                                                     | receipt by the carrier o                                                                                                                                                 | f the proper                                                                                 | ty describe                                                                                      | d in the Original Bill of Lading,                                                                                                                                                                              |  |
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| At .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |                                                                                              |                                                                                                  | 19                                                                                                                                                                                                             |  |
| From_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          | 4-6-                                                                                         |                                                                                                  |                                                                                                                                                                                                                |  |
| The second secon | described below, in apparent good order, except as noted (con as indicated below, which said company (the word company obsession of the property under the contract) agrees to carne, otherwise to deliver to another carrier on the route to said rall or any portion of said route to destination, and as to experiormed hereunder shall be subject to all the conditions no s, on back hereof, which are hereby agreed to by the shipper a | itents and condition<br>being understood the<br>y to its usual place of<br>destination. It is m<br>ich party at any tim<br>by prohibited by law,<br>and accepted for him | of contents<br>roughout to<br>of delivery<br>autually ague intereste<br>whether puself and h | s of packa<br>his contra<br>at said de<br>reed, as to<br>d in all o<br>rinted or v<br>is assigns | ges unknown), marked consigned, ct as meaning any person or corstination, if on its own road or its each cerrier of all or any of said r any of said property, that every written, herein contained, including |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Mail or street a                                                                                                                                                        | ddress of c                                                                                  | onsignee                                                                                         | For purposes of notification only.)                                                                                                                                                                            |  |
| Consigned t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                              |                                                                                                  |                                                                                                                                                                                                                |  |
| Destination_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State of                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                          |                                                                                              | Count                                                                                            | y of                                                                                                                                                                                                           |  |
| Route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yeld.                                                                                                                                                                    |                                                                                              |                                                                                                  |                                                                                                                                                                                                                |  |
| Delivering Ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                               | Car Initial                                                                                                                                                              |                                                                                              |                                                                                                  | Car No•                                                                                                                                                                                                        |  |
| No.<br>Packages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DESCRIPTION OF ARTICLES, SPECIAL MARKS,<br>AND EXCEPTIONS                                                                                                                                                                                                                                                                                                                                                                                     | *WEIGHT<br>(Subject to Correction)                                                                                                                                       | Class or<br>Rate                                                                             | Check<br>Column                                                                                  | Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               | * **** ***                                                                                                                                                               |                                                                                              |                                                                                                  | recourse on the consignor, the consignor shall sign the following statement:                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |                                                                                              |                                                                                                  | The carrier shall not make<br>delivery of this shipment without<br>payment of freight and all other                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |                                                                                              |                                                                                                  | lawful charges.                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |                                                                                              |                                                                                                  | (Signature of consignor.)                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |                                                                                              |                                                                                                  | If charges are to be prepaid,                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1//                                                                                                                                                                      |                                                                                              |                                                                                                  | write or stamp here, "To be<br>Prepaid."                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |                                                                                              |                                                                                                  |                                                                                                                                                                                                                |  |
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| 61.34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |                                                                                              | - X . X Y                                                                                        | Per(The signature here acknowl-                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |                                                                                              |                                                                                                  | edges only the amount prepaid.)                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |                                                                                              |                                                                                                  | Charges Advanced:                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hipment moves between two ports by a carrier by water, the law requires that t                                                                                                                                                                                                                                                                                                                                                                | he hill of leding shall state                                                                                                                                            | whether it is                                                                                | "merriar's o                                                                                     | 1 5                                                                                                                                                                                                            |  |
| Note-Whe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | hipment mores between two ports of a carrier by water, me hav requires man to re the rate is dependent on value, shippers are required to or declared value of the property is a fiscally stated by the shipper to be not exceeding                                                                                                                                                                                                           | state specifically in                                                                                                                                                    | writing th                                                                                   | ne agreed                                                                                        | or declared value of the property.                                                                                                                                                                             |  |
| 70A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |                                                                                              |                                                                                                  |                                                                                                                                                                                                                |  |
| Per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Shipper.                                                                                                                                                                                                                                                                                                                                                                                                                                      | Per                                                                                                                                                                      |                                                                                              |                                                                                                  | Agent                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | postoffice address of shipper                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                              |                                                                                                  | J. COLLINS SONS, INC., PRINTERS, CHIEFO                                                                                                                                                                        |  |