

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                             |                                                                                                    |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------|---------------------|
| SHIPPER (Name & Address)<br>Grovara LLC<br>1151 Walton Rd<br>Blue Bell, PA 19422<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   | INLAND CARRIER                                                                                                                                                                |                                                                                                                       |                                                                                 |                             |                                                                                                    |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | SHIP DATE 28-02-2020                                                                                                                                                          |                                                                                                                       |                                                                                 | PRO NO                      |                                                                                                    |                     |
| EXPORTER EIN (IRS) No.<br>27-4822315                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   | PARTIES TO TRANSACTION<br><input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related                                                                    |                                                                                                                       |                                                                                 |                             |                                                                                                    |                     |
| ULTIMATE CONSIGNEE<br>Grupo GL<br>Costado este Parqueo de Supermercado Pali San Jose<br>Santa Ana, 10901 CR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                             |                                                                                                    |                     |
| INTERMEDIATE CONSIGNEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                             |                                                                                                    |                     |
| FORWARDING AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   | POINT (STATE) OF ORIGIN OR FTZ NO<br>Steamboat Springs, CO - US                                                                                                               |                                                                                                                       |                                                                                 |                             |                                                                                                    |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | COUNTRY OF ULTIMATE DESTINATION<br>CR                                                                                                                                         |                                                                                                                       |                                                                                 |                             |                                                                                                    |                     |
| SHIPPER'S LETTER OF INSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | SHIP VIA <input type="checkbox"/> AIR <input checked="" type="checkbox"/> OCEAN <input type="checkbox"/> TRUCK <input type="checkbox"/> RAIL <input type="checkbox"/> COURIER |                                                                                                                       |                                                                                 |                             |                                                                                                    |                     |
| SHIPPER'S REF NO.<br>201019-2107-1931                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   | Date 19-10-2020                                                                                                                                                               |                                                                                                                       | <input checked="" type="checkbox"/> CONSOLIDATE <input type="checkbox"/> DIRECT |                             |                                                                                                    |                     |
| SCHEDULE B DESCRIPTION OF COMMODITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                             |                                                                                                    |                     |
| D/F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MARKS, NOS, AND KIND OF PKGS<br>SCHEDULE B NUMBER |                                                                                                                                                                               | QUANTITY<br>SCHEDULE<br>B UNIT(S)                                                                                     | SHIPPING<br>WEIGHT<br>(KGS)                                                     | SHIPPING<br>WEIGHT<br>(LBS) | CUBIC<br>METERS                                                                                    | VALUE<br>(CURRENCY) |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1806310 - Candy & Chocolate Bars                  |                                                                                                                                                                               | 25 CASES                                                                                                              | 153.29                                                                          | 337.94                      | 0                                                                                                  | \$3,338.58          |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2007999 - Jams, Jellies, & Spreads                |                                                                                                                                                                               | 32 CASES                                                                                                              | 36.31                                                                           | 80.06                       | 0                                                                                                  | \$713.92            |
| VALIDATED LICENSE NO / GENERAL LICENSE SYMBOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                                                                                                                               | ECCN (When Required)                                                                                                  |                                                                                 |                             | SHIPPER MUST CHECK<br><input checked="" type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT |                     |
| DULY AUTHORIZED OFFICER OF EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |                                                                                                                                                                               | The Exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes. |                                                                                 |                             | C.O.D AMOUNT:                                                                                      |                     |
| SPECIAL INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                             | <input type="checkbox"/> YES, PREPARE BOL AND FORWARD FOR BANKING                                  |                     |
| SHIPPER INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT<br><input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER<br><input checked="" type="checkbox"/> DELIVER TO Informe Grovara LLC                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                             | SHIPPER REQUESTS INSURANCE<br><input type="checkbox"/> NO <input type="checkbox"/> YES & AMT       |                     |
| NOTE<br>The Shipper or the Authorized Agent hereby authorizes the above named Company, in the name and on his behalf to prepare any export documents to sign and accept any documents relating to said shipment and forward to shipment in accordance with the connditions of carriage and the tariffs of the carriers employed. The shipper guarantess payment of all collect charges in the event the cosignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders agents and others to whom it may entrust the shipment. |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                             |                                                                                                    |                     |
| GBM SLI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                             |                                                                                                    |                     |

