

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|---------------------|
| SHIPPER (Name & Address)<br>Grovara LLC<br>1151 Walton Rd<br>Blue Bell, PA 19422<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     | INLAND CARRIER                                                                                                                                                                |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     | SHIP DATE 04-May-2021                                                                                                                                                         |                                                                                                                       |                                                                                 | 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>Haz Keto<br>Mario Pani 750-4D<br>Ciudad de México, 05348 MX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
| INTERMEDIATE CONSIGNEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
| FORWARDING AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     | POINT (STATE) OF ORIGIN OR FTZ NO<br>Philadelphia, PA - US                                                                                                                    |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     | COUNTRY OF ULTIMATE DESTINATION<br>US                                                                                                                                         |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
| 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>210421-0004-7831                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     | Date 20-May-2021                                                                                                                                                              |                                                                                                                       | <input type="checkbox"/> CONSOLIDATE <input checked="" 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2202.99 - Carbonated Soft Drinks; Milk Based Drinks |                                                                                                                                                                               | 5 CASES                                                                                                               | 22.68                                                                           | 50                                                                                                 | 0.03            | \$0.00 USD          |
| 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 conditions 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |