

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|----------------------------|
| SHIPPER (Name & Address)<br>Grovara LLC<br>1900 Market Street<br>Suite 800<br>Philadelphia, PA 19103<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     | INLAND CARRIER                                                                                                                                                                |                                                                                                                       |                                                                                 |                                                                                                    |                 |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     | SHIP DATE 03-Nov-2022                                                                                                                                                         |                                                                                                                       |                                                                                 | 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>International Trading and Investment Company<br>Building 374, Road/Street 3311 Block 533<br>Al Markh, BH                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                            |
| INTERMEDIATE CONSIGNEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                            |
| FORWARDING AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     | POINT (STATE) OF ORIGIN OR FTZ NO<br>3945 N 31st Street, Dock 10, Milwaukee, WI 53216 - US                                                                                    |                                                                                                                       |                                                                                 |                                                                                                    |                 |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     | COUNTRY OF ULTIMATE DESTINATION<br>BH                                                                                                                                         |                                                                                                                       |                                                                                 |                                                                                                    |                 |                            |
| 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>221017-1048-4311                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     | Date 12-Dec-2022                                                                                                                                                              |                                                                                                                       | <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2009.90.4000 - Drink Mixes & Concentrates           |                                                                                                                                                                               | 12 CASES                                                                                                              | 5                                                                               | 12                                                                                                 | 1               | \$12.00 <small>USD</small> |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2202.99 - Carbonated Soft Drinks; Milk Based Drinks |                                                                                                                                                                               | 12 CASES                                                                                                              | 0                                                                               | 0                                                                                                  | 3               | \$12.00 <small>USD</small> |
| 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 <i>Informe Grovara LLC</i>                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                                                                                                                                                               |                                                                                                                       |                                                                                 | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                            |

