

SHIPPER (Name & Address) Grovara LLC 3401 Market Street Suite 101 Philadelphia, PA 19104		INLAND CARRIER									
		SHIP DATE 08/27/18									
EXPORTER EIN (IRS) No. 27-4822315	PARTIES TO TRANSACTION <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related										
ULTIMATE CONSIGNEE {NAME} {ADDRESS} {ADDRESS}											
INTERMEDIATE CONSIGNEE											
FORWARDING AGENT {NAME} {ADDRESS} {ADDRESS}		POINT (STATE) OF {CITY, STATE, COU									
		COUNTRY OF ULTI {CITY, STATE, COU									
SHIPPER'S LETTER OF INSTRUCTION		SHIP VIA <input type="checkbox"/> AIR <input checked="" type="checkbox"/> O									
SHIPPER'S REF NO. {INVOICE #}		<input checked="" type="checkbox"/> CONSOLIDATE <input type="checkbox"/>									
SCHEDULE B DESCRIPTION OF COMMODITIES											
<table><tr><td>D/F</td><td>MARKS, NOS, AND KIND OF PKGS SCHEDULE B NUMBER</td><td></td><td>QUANTITY SCHEDULE B UNIT(S)</td></tr><tr><td>D</td><td>{PRODUCT NAME} {SCHEDULE B}</td><td></td><td>{UNITS}</td></tr></table>				D/F	MARKS, NOS, AND KIND OF PKGS SCHEDULE B NUMBER		QUANTITY SCHEDULE B UNIT(S)	D	{PRODUCT NAME} {SCHEDULE B}		{UNITS}
D/F	MARKS, NOS, AND KIND OF PKGS SCHEDULE B NUMBER		QUANTITY SCHEDULE B UNIT(S)								
D	{PRODUCT NAME} {SCHEDULE B}		{UNITS}								
VALIDATED LICENSE NO / GENERAL LICENSE SYMBOL			ECCN (When Requir								
DULY AUTHORIZED OFFICER OF EMPLOYEE			The Exporter authori above to act as forwa control and customs								

SPECIAL INSTRUCTIONS

SHIPPER INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT

☐ ABANDON ☐ RETURN TO SHIPPER

☒ DELIVER TO *Informe Grovara LLC*

NOTE

The Shipper or the Authorized Agent hereby authorizes the above named Company, in the name and on his behalf to present said shipment and forward to shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. If the consignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of the shipment.

GBM SLI