

SHIPPER (Name & Address) Grovara LLC 3401 Market Street Suite 101 Philadelphia, PA 19104		INLAND CARRIER																	
		SHIP DATE 08/27/18	PRO NO																
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 ORIGIN OR FTZ NO {CITY, STATE, COUNTRY}																	
		COUNTRY OF ULTIMATE DESTINATION {CITY, STATE, COUNTRY}																	
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. {INVOICE #}		<input checked="" type="checkbox"/> CONSOLIDATE <input type="checkbox"/> DIRECT																	
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><td>SHIPPING WEIGHT (KGS)</td><td>SHIPPING WEIGHT (LBS)</td><td>CUBIC METERS</td><td>VALUE (CURREN</td></tr><tr><td>D</td><td>{PRODUCT NAME} {SCHEDULE B}</td><td></td><td>{UNITS}</td><td>{WEIGHT}</td><td>{WEIGHT}</td><td>{CUBIC}</td><td>{AMT}</td></tr></table>				D/F	MARKS, NOS, AND KIND OF PKGS SCHEDULE B NUMBER		QUANTITY SCHEDULE B UNIT(S)	SHIPPING WEIGHT (KGS)	SHIPPING WEIGHT (LBS)	CUBIC METERS	VALUE (CURREN	D	{PRODUCT NAME} {SCHEDULE B}		{UNITS}	{WEIGHT}	{WEIGHT}	{CUBIC}	{AMT}
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D	{PRODUCT NAME} {SCHEDULE B}		{UNITS}	{WEIGHT}	{WEIGHT}	{CUBIC}	{AMT}												
VALIDATED LICENSE NO / GENERAL LICENSE SYMBOL		ECCN (When Required)		SHIPPER MUST CHECK <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 <input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER <input checked="" type="checkbox"/> DELIVER TO <i>Informe Grovara LLC</i>				SHIPPER REQUESTS INSU <input type="checkbox"/> NO <input type="checkbox"/> YES & AMT															

NOTE

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 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 guarantees payment of all collect charges in the event the consignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of forwarders agents and others to whom it may entrust the shipment.

GBM SLI