

SHIPPER (Name & Address) Grovara LLC 3401 Market Street Suite 201 Philadelphia, PA 19104		INLAND CARRIER																					
		SHIP DATE 2019-10-19			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 (CURRENCY)</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 (CURRENCY)	D	{PRODUCT NAME} {SCHEDULE B}		{UNITS}	{WEIGHT}	{WEIGHT}	{CUBIC}	{AMT}
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 (CURRENCY)																
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 INSURANCE <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 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																							