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|--|---|--|---|---|--|-----------------|---------------------|--|
| SHIPPER (Name & Address) Grovara Inc. 3700 O'Donnell Street, Suite 200 Baltimore, MD 21224 USA | | | INLAND CARRIER | | | | | |
| | | | SHIP DATE 24-Oct-2023 | | PRO NO | | | |
| EXPORTER EIN (IRS) No. 27-4822315 | | PARTIES TO TRANSACTION <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related | | | | | | |
| ULTIMATE CONSIGNEE MEAT ME MEXICO, MERCADO DE CARNES S. de R.L. de C.V. Blvd Magno Centro #8 Piso 5 Centro Urbano Interlomas Huixquilucan, EM 52760 MX | | | | | | | | |
| INTERMEDIATE CONSIGNEE | | | | | | | | |
| FORWARDING AGENT | | | POINT (STATE) OF ORIGIN OR FTZ NO TC Trading Company 1755 Boblett St , Blaine , WA 98230 - US | | | | | |
| | | | COUNTRY OF ULTIMATE DESTINATION 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. 231005-1932-25121 | | Date 18-Oct-2023 | | <input type="checkbox"/> CONSOLIDATE <input checked="" type="checkbox"/> DIRECT | | | | |
| SCHEDULE B DESCRIPTION OF COMMODITIES | | | | | | | | |
| 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 | 1905909 - Desserts & Dessert Toppings | | 315 CASES | 1572 | 3465 | 4 | \$16,014.60 USD | |
| 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 Informe Grovara Inc. | | | | | 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 | | | | | | | | |

GROVARA