

SHIPPER (Name & Address) <i>Grovara Inc.</i> <i>3700 O'Donnell Street, Suite 200</i> <i>Baltimore, MD 21224</i> <i>USA</i>			INLAND CARRIER				
			SHIP DATE <i>27-Nov-2023</i>		PRO NO		
EXPORTER EIN (IRS) No. <i>93-326105</i>		PARTIES TO TRANSACTION <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related					
ULTIMATE CONSIGNEE <i>Gimpack Nutrition S de RL de CV</i> <i>Antiguo Camino a Culhuacan 214 C Santa Isabel Industrial, Iztapalapa</i> <i>Ciudad de Mexico, DF 09820 MX</i>							
INTERMEDIATE CONSIGNEE							
FORWARDING AGENT			POINT (STATE) OF ORIGIN OR FTZ NO <i>Saddle Creek 2550 Logistics Drive, Joliet, IL 60436 - US</i>				
			COUNTRY OF ULTIMATE DESTINATION <i>US</i>				
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. <i>231117-1152-7621</i>		Date <i>28-Nov-2023</i>		<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)
<i>D</i>	<i>1102.9 - Baby Food</i>		<i>1606 CASES</i>	<i>1386</i>	<i>3056</i>	<i>19</i>	<i>\$28,134.74</i> <small>USD</small>
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 Inc.</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.							
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