

SHIPPER (Name & Address) Grovara Inc. 1900 Market Street Suite 800 Philadelphia, PA 19103 USA		INLAND CARRIER					
		SHIP DATE 08-Feb-2024			PRO NO		
EXPORTER EIN (IRS) No. 27-4822315		PARTIES TO TRANSACTION <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related					
ULTIMATE CONSIGNEE Nutrition Depot Philippines Unit 3203A East Tektite Towers Exchange Road, Ortigas Centre Pasig City, 1605 PH							
INTERMEDIATE CONSIGNEE							
FORWARDING AGENT		POINT (STATE) OF ORIGIN OR FTZ NO 19351 Montrose Street , Edgerton , KS 66021 - 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. 240206-0910-25111		Date 08-Feb-2024		<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	1704.90.7000 - Jelly Beans & Gummy Candy		7 CASES	43	94	0	\$941.98 USD
D	1905.32.0000 - Cookies & Bars		10 CASES	37	81	0	\$835.80 USD
D	2007.99.9000 - Jams, Jellies, & Spreads		32 CASES	233	513	0	\$5,421.44 USD
D	1202.42		4 CASES	40	87	0	\$767.92 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							