

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                            |                                                                                                                                                                               |                                                                                 |                                                                                                    |                 |                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|---------------------|--|
| SHIPPER (Name & Address)<br>Grovara Inc.<br>312 River Rd<br>Gladwyne, PA 19035<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                            | INLAND CARRIER                                                                                                                                                                |                                                                                 |                                                                                                    |                 |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                            | SHIP DATE 11-Jul-2024                                                                                                                                                         |                                                                                 | PRO NO                                                                                             |                 |                     |  |
| EXPORTER EIN (IRS) No.<br>93-3326105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   | PARTIES TO TRANSACTION<br><input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related |                                                                                                                                                                               |                                                                                 |                                                                                                    |                 |                     |  |
| ULTIMATE CONSIGNEE<br>W4U Inc.<br>PO BOX 29855<br>SAN JUAN PR, PR 00929 PR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                                                                                                            |                                                                                                                                                                               |                                                                                 |                                                                                                    |                 |                     |  |
| INTERMEDIATE CONSIGNEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |                                                                                                            |                                                                                                                                                                               |                                                                                 |                                                                                                    |                 |                     |  |
| FORWARDING AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                                                                            | POINT (STATE) OF ORIGIN OR FTZ NO<br>2 Middlesex Ave, Suite A, Monroe, NJ 08831 - US                                                                                          |                                                                                 |                                                                                                    |                 |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                            | COUNTRY OF ULTIMATE DESTINATION<br>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.<br>240522-1144-22041                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   | Date 11-Jul-2024                                                                                           |                                                                                                                                                                               | <input type="checkbox"/> CONSOLIDATE <input checked="" type="checkbox"/> DIRECT |                                                                                                    |                 |                     |  |
| SCHEDULE B DESCRIPTION OF COMMODITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                            |                                                                                                                                                                               |                                                                                 |                                                                                                    |                 |                     |  |
| D/F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MARKS, NOS, AND KIND OF PKGS<br>SCHEDULE B NUMBER |                                                                                                            | QUANTITY<br>SCHEDULE<br>B UNIT(S)                                                                                                                                             | SHIPPING<br>WEIGHT<br>(KGS)                                                     | SHIPPING<br>WEIGHT<br>(LBS)                                                                        | CUBIC<br>METERS | VALUE<br>(CURRENCY) |  |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2005.99                                           |                                                                                                            | 343 CASES                                                                                                                                                                     | 667                                                                             | 1470                                                                                               | 1               | \$3,910.20 USD      |  |
| VALIDATED LICENSE NO / GENERAL LICENSE SYMBOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                                                            | ECCN (When Required)                                                                                                                                                          |                                                                                 | SHIPPER MUST CHECK<br><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<br><input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER<br><input checked="" type="checkbox"/> DELIVER TO <i>Informe Grovara Inc.</i>                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                                                            |                                                                                                                                                                               |                                                                                 | SHIPPER REQUESTS INSURANCE<br><input type="checkbox"/> NO <input type="checkbox"/> YES & AMT       |                 |                     |  |
| NOTE<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                                                            |                                                                                                                                                                               |                                                                                 |                                                                                                    |                 |                     |  |