

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                            |                                                                                                                                                                               |                                                                                 |                                                                                                    |                 |                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|--|
| SHIPPER (Name & Address)<br><i>Grovara Inc.</i><br><i>312 River Rd</i><br><i>Gladwyne, PA 19035</i><br><i>USA</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                                                                                            | INLAND CARRIER                                                                                                                                                                |                                                                                 |                                                                                                    |                 |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                            | SHIP DATE <i>07-Jun-2024</i>                                                                                                                                                  |                                                                                 | PRO NO                                                                                             |                 |                       |  |
| EXPORTER EIN (IRS) No.<br><i>93-3326105</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   | PARTIES TO TRANSACTION<br><input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related |                                                                                                                                                                               |                                                                                 |                                                                                                    |                 |                       |  |
| ULTIMATE CONSIGNEE<br><i>Y International USA</i><br><i>1170 Valley Brook Ave</i><br><i>Lyndhurst, NEW JERSEY 07071 AE</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                                                                            |                                                                                                                                                                               |                                                                                 |                                                                                                    |                 |                       |  |
| INTERMEDIATE CONSIGNEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |                                                                                                            |                                                                                                                                                                               |                                                                                 |                                                                                                    |                 |                       |  |
| FORWARDING AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                                                                            | POINT (STATE) OF ORIGIN OR FTZ NO<br><i>7435 Santa Fe Dr, Hodgkins, IL 60525 - US</i>                                                                                         |                                                                                 |                                                                                                    |                 |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                            | COUNTRY OF ULTIMATE DESTINATION<br><i>AE</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.<br><i>240531-1848-4171</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   | Date <i>04-Jun-2024</i>                                                                                    |                                                                                                                                                                               | <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)   |  |
| <i>D</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i>1702.9</i>                                     |                                                                                                            | <i>160 CASES</i>                                                                                                                                                              | <i>363</i>                                                                      | <i>800</i>                                                                                         | <i>6</i>        | <i>\$4,646.40 USD</i> |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                                                            |                                                                                                                                                                               |                                                                                 |                                                                                                    |                 |                       |  |