SHIPPER (Name & Address) *Grovara Inc.* *312 River Rd* *Gladwyne, PA 19035* *USA*		INLAND CARRIER	
		SHIP DATE *05-Sep-2025*	PRO NO

EXPORTER EIN (IRS) No. *93-3326105*	PARTIES TO TRANSACTION ☐ Related ☑ Non-Related	
ULTIMATE CONSIGNEE *Cedar Basic Food* *Atlantic City* *Atlantic City, NJ 08201 US*		
INTERMEDIATE CONSIGNEE		
FORWARDING AGENT	POINT (STATE) OF ORIGIN OR FTZ NO *6913 W Buckeye Rd, Phoenix, AZ 85043 - US*	
	COUNTRY OF ULTIMATE DESTINATION *US*	

SHIPPER'S LETTER OF INSTRUCTION	SHIP VIA ☐AIR ☑OCEAN ☐TRUCK ☐RAIL ☐COURIER

SHIPPER'S REF NO. *250806-1144-36321*	Date *03-Sep-2025*	☐CONSOLIDATE ☑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			*100 CASES*	*499*	*1100*	*2*	*$48,154.00* _{USD}

VALIDATED LICENSE NO / GENERAL LICENSE SYMBOL	ECCN (When Required)	SHIPPER MUST CHECK ☑PREPAID ☐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		☐YES, PREPARE BOL AND FORWARD FOR BANKING
SHIPPER INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT ☐ABANDON ☐RETURN TO SHIPPER ☑DELIVER TO *Informe Grovara Inc.* GR❦VARA		SHIPPER REQUESTS INSURANCE ☐NO ☐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 conndititions of carriage and the tariffs of the carriers employed. The shipper guarantass 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