

SHIPPER (Name & Address) Grovara LLC 3401 Market Street Suite 201 Philadelphia, PA 19104			INLAND CARRIER				
			SHIP DATE 02/01/2020		PRO NO		
EXPORTER EIN (IRS) No. 27-4822315		PARTIES TO TRANSACTION <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related					
ULTIMATE CONSIGNEE Wholesome Sweeteners 3500 Coral Way PH213 Miami, FL 33145 US							
INTERMEDIATE CONSIGNEE							
FORWARDING AGENT			POINT (STATE) OF ORIGIN OR FTZ NO Sugar Land, TX - 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. 200121-1447-11		Date 01/23/2020		<input checked="" type="checkbox"/> CONSOLIDATE <input 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	Wholesome Sweeteners Organic Honey 0409.00.0055		658 CASES	2089	4606	630.02	\$28,017.64
D	Wholesome Sweeteners Organic Honey 0409.00.0055		188 CASES	597	1316	180.01	\$8,005.04
D	Wholesome Sweeteners Organic Coconut Palm Sugar 1701.13.0000		132 CASES	420	924	301.75	\$3,622.08
D	Test Fee		1 CASES	0	0	0	\$10.00
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 LLC					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 conditions 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							