

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|---------------------|
| SHIPPER (Name & Address)<br>Grovara LLC<br>21 S. 11th St.<br>Philadelphia, PA 19107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   | INLAND CARRIER                                                                                                                                                                |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   | SHIP DATE 11-11-2022                                                                                                                                                          |                                                                                                                       |                                                                                 | PRO NO                                                                                             |                 |                     |
| EXPORTER EIN (IRS) No.<br>27-4822315                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   | PARTIES TO TRANSACTION<br><input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related                                                                    |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
| ULTIMATE CONSIGNEE<br>Al Accad Department Stores, LLC<br>PO Box 49337 Sheikh Zayed Road Organic Foods and Café Building (Al Quoz-1)<br>Dubai, AE                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
| INTERMEDIATE CONSIGNEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
| FORWARDING AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   | POINT (STATE) OF ORIGIN OR FTZ NO<br>Sugar Land, TX - US                                                                                                                      |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   | COUNTRY OF ULTIMATE DESTINATION<br>AE                                                                                                                                         |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |
| 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>200522-1519-2081                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   | Date 11-06-2020                                                                                                                                                               |                                                                                                                       | <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 B UNIT(S)                                                                                        | SHIPPING<br>WEIGHT<br>(KGS)                                                     | SHIPPING<br>WEIGHT<br>(LBS)                                                                        | CUBIC<br>METERS | VALUE<br>(CURRENCY) |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1702905                                           |                                                                                                                                                                               | 81 CASES                                                                                                              | 918.52                                                                          | 2025                                                                                               | 9550.95         | \$4,296.24          |
| 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 Informe Grovara LLC                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 | 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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                                               |                                                                                                                       |                                                                                 |                                                                                                    |                 |                     |

