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|------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--|
| NEC                                                                                                        | SWK              | 01508949                                     | /                            | NEC01508949                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Shipper's Name and Address<br><br>MILESTONE SRL<br>VIA FATEBENEFRATELLI 1/5<br>24010 SORISOLE BG - IT      |                  | Shipper's Account Number<br>01879330163      |                              | <b>Not Negotiable</b><br><b>Air Waybill</b><br>issued by<br><br>Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
|                                                                                                            |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Consignee's Name and Address<br><br>ABACUS DX PTY LTD 34<br>SOUTHCORPORATE PARK<br>4170 - CANNON HILL - AU |                  | Consignee's Account Number                   |                              | It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVE HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a ghigher value for carriage and paying a supplemental charge if required. |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
|                                                                                                            |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Issuing Carrier's Name and City<br><br>- ()                                                                |                  |                                              |                              | Accounting Information<br>NON VALE FATTURA AI FINI IVA<br>NOT CEE TRAFFIC STATUS DOG X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
|                                                                                                            |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Agent's IATA Code<br>38471310010                                                                           |                  | Account No.                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Airport of Departure (Addr. Of First Carrier) and Requested Routing<br>SEGRATE                             |                  |                                              |                              | Codice Fiscale/Partita Iva del mittente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                               |           | Imprenditore Non Imprenditore PF |                                                                                                                                                                                                                                                                                                  | SD                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            | X                         |  |
| To                                                                                                         | By First Carrier | Routing and destination                      | to                           | by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to                 | by                            | Currency  | CHGS Code                        | WT/VAL PPD COLL                                                                                                                                                                                                                                                                                  | Other PPD COLL                                                                                                                                                                                                                                                                                                                                                                                                                                         | Declare Value for Carriage | Declare Value for Customs |  |
| BNE                                                                                                        |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               | EUR       |                                  | X                                                                                                                                                                                                                                                                                                | X                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N.V.D.                     | N.C.V.                    |  |
| Airport of Destination<br>BRISBANE                                                                         |                  | Flight/Date<br>MH6870/12+MH6127/15+MH6203/19 |                              | For Carrier Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | Flight/Date                   |           | Amount of Insurance              |                                                                                                                                                                                                                                                                                                  | <small>INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "amount of insurance"</small><br><small>ASSICURAZIONE - Qualora il Vettore offra una assicurazione e tale assicurazione sia richiesta in base alle condizioni indicate a tergo, indicare l'importo da assicurare in cifre nella casella "importo assicurato"</small> |                            |                           |  |
| Handling Information<br>ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS                                |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
|                                                                                                            |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | SCI                       |  |
| No of Pieces RCP                                                                                           | Gross Weight     | Kg lb                                        | Rate Class                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Commodity Item No. | Chargeable Weight             | Rate      | Total                            |                                                                                                                                                                                                                                                                                                  | Nature and Quantity of Goods (incl. Dimensions or Volume)                                                                                                                                                                                                                                                                                                                                                                                              |                            |                           |  |
| 2                                                                                                          | 552.00           | K                                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | 552.00                        | AS AGREED |                                  |                                                                                                                                                                                                                                                                                                  | INSTRUMENTS AND APPLIANCES USED IN MEDICAL,<br>HS CODE 241807344<br>GENERAL CARGO<br>Dims:1/124x100x1861/120x80x55<br><br>2.834 CBM                                                                                                                                                                                                                                                                                                                    |                            |                           |  |
| FREIGHT COLLECT                                                                                            |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| 2                                                                                                          | 552.00           |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | 552.00                        |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Prepaid                                                                                                    |                  |                                              | Weight                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | Collect                       |           |                                  | Other Charges                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | P.B.A. Fee                |  |
| AS AGREED                                                                                                  |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  | AS AGREED                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Valutation Charge                                                                                          |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  | Insurance Premium                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
|                                                                                                            |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  | AS AGREED                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Tax                                                                                                        |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  | Special Handling                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
|                                                                                                            |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Total Other Charges Due Agent                                                                              |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  | Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is property described by name and is in proper condition for ccarriage by air according to the applicable Dangerous Goods Regulations. |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| 0.00                                                                                                       |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  | Il mittente dichiara che le indicazioni contenute sul fronte LTA sono esatte e che qualora una parte della spedizione contenga merci pericolose tale parte è debitamente indicata ed è nelle condizioni richieste ai fini del trasporto per via aerea secondo le norme sulle Merci Pericolose.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Total Other Charges Due Carrier                                                                            |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| 0.00                                                                                                       |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
|                                                                                                            |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  | MILESTONE SRL                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | XX                        |  |
|                                                                                                            |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  | Signature of Shipper or his Agent                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Total Prepaid                                                                                              |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Total Collect                                                                                              |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| Currency Conversion Rates                                                                                  |                  |                                              | CC Charges in Dest. Currency |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | 10/07/2024 SWK                |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
|                                                                                                            |                  |                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | Executed on (Date) at (Place) |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| For Carriers use Only at Destination                                                                       |                  |                                              | Charge at Destination        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | Total collect Charges         |           |                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |



**CASS ITALY**

**ORIGINAL 3 (FOR SHIPPER)**

**NEC/01508949**