

LAM MXP / 24001308 / LAM24001308

Shipper's Name and Address: SOREMA DIV. OF PREVIERO N. SRL
 VIA PER CAVOLTO, 17
 22040 ANZANO DEL PARCO CO - IT
 Shipper's Account Number: [Blank]
Not Negotiable
Air Waybill
 issued by
 Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity

Consignee's Name and Address: ALPEK POLYESTER USA, LLC
 7621 LITTLE AVE. SUITE 500
 28226 - CHARLOTTE NC - US (803) 429-3837
 MAIL: Cole.Creech@AlpekPolyester.com
 Consignee's Account Number: [Blank]
 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 higher value for carriage and paying a supplemental charge if required.

Issuing Carrier's Name and City: - ()
 Accounting Information:
 NON VALE FATTURA AI FINI IVA
 NOT CEE TRAFFIC STATUS DOG X

Agent's IATA Code: 38471310010
 Account No.: [Blank]

Airport of Departure (Addr. Of First Carrier) and Requested Routing: MALPENSA MILAN AIRPORT, ITALY
 Codice Fiscale/Partita Iva del mittente: [Blank]
 Imprenditore: Non Imprenditore: PF:
 SD:

To	By First Carrier	Routing and destination	to	by	to	by	Currency	CHGS Code	WT/VAL PPD	WT/VAL COLL	Other PPD	Other COLL	Declare Value for Carriage	Declare Value for Customs
PHL							EUR		X		X		N.V.D.	N.C.V.

Airport of Destination: PHILADELPHIA
 Flight/Date: DL0185/01+7082/02
 Amount of Insurance: [Blank]
 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'
 ASSICURAZIONE - Qualora il Vettore offre 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'

Handling Information: DELIVERY TO ALPEK POLYESTER 4030 POTTSVILLE PIKE 19605 READING, PA USA
 SCI X

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)
4	976.00	K			976.00	AS AGREED		SPARE PARTS FOR PLASTIC RECYCLING PLANT DAP READING,PA GOODS NOT STACKABLE Dims:1/162x145x781/82x82x321/146x112x701/91x3 1x28
4	976.00				976.00			3.271 CBM

Prepaid: AS AGREED	Weight: [Blank]	Collect: [Blank]	Other Charges: AS AGREED	P.B.A. Fee: [Blank]
Valuation Charge: [Blank]			Insurance Premium: AS AGREED	
Tax: [Blank]			Special Handling: [Blank]	
Total Other Charges Due Agent: 0.00			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 carriage by air according to the applicable Dangerous Goods Regulations.	
Total Other Charges Due Carrier: 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 Prepaid: [Blank]			SOREMA DIV. OF PREVIERO N. SRL DAP LAMPO Signature of Shipper or his Agent: [Blank]	
Total Collect: [Blank]				
Currency Conversion Rates: [Blank]		CC Charges in Dest. Currency: [Blank]	26/11/2024	MXP
Executed on: [Blank]		Charge at Destination: [Blank]	(Date) at	(Place)
For Carriers use Only at Destination: [Blank]			Total collect Charges: [Blank]	

LAM/24001308



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)