

016	MXP	60763393	60763393	016/60763393	
Shipper's Name and Address LAMPO SA VIA LIVIO 16 6830 CHIASSO - IT		Shipper's Account Number		Not Negotiable	
				Air Waybill UNITED AIRLINES INC issued by P.O. BOX 66100 CHICAGO - ILLINOIS - USA 66100 CHICAGO - USA	
Consignee's Name and Address CLEARFREIGHT INC. 1960 E GRAND AVE STE 700 90245 - EL SEGUNDO - US +1.310.242.4835 Mr. Preston Mielke - preston@clearfreight.co		Consignee's Account Number		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity <small>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.</small>	
Issuing Carrier's Name and City LAMPO SA VIA LIVIO 16 0000000 - CHIASSO (CH)		Accounting Information NOT CEE TRAFFIC STATUS DOG X			
Agent's IATA Code 38471310010		Account No.			
Airport of Departure (Addr. Of First Carrier) and Requested Routing MALPENSA MILAN AIRPORT, ITALY		Codice Fiscale/Partita Iva del mittente		Imprenditore <input checked="" type="checkbox"/> Non Imprenditore <input type="checkbox"/> PF <input type="checkbox"/> SD <input checked="" type="checkbox"/>	
To LAX	By First Carrier UNITED AIRLINES INC.	Routing and destination	to	by	to
Currency EUR	CHGS Code	WT/VAL PPD COLL	Other PPD COLL	Declare Value for Carriage N.V.D.	
Airport of Destination LOS ANGELES		Flight/Date UA0415/25+UA0378/26	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> <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 New Charter SRL has reviewed all available documentation and has determined that none of the cargo being offered in this consignment or consolidation has originated in, transferred from, or transited through any point in Egypt, Somalia, Syria or Yemen. This statement will have to be kept on file for 90 days at the accepting location					
					SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Chargeable Weight	Rate
1	85.00	K	Commodity Item No.	100.00	Charge 3.27
FREIGHT PREPAID GOODS NOT STACKABLE - NOT STACK					327
1	85.00			100.00	327
Prepaid			Weight		Collect
			327		
Valuation Charge			Insurance Premium		
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			LAMPO SA		
21.95			2413/23		
Total Prepaid			Signature of Shipper or his Agent		
348.95					
Currency Conversion Rates			CC Charges in Dest. Currency		
19/09/2024			MXP		
Executed on			(Date) at (Place)		
For Carriers use Only at Destination			Charge at Destination		
			Total collect Charges		

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CASS ITALY

ORIGINAL 3 (FOR SHIPPER)