

|  |                  |   |                       |   |                      |             |    |  |  |  |                     |  |                           |  |
|--|------------------|---|-----------------------|---|----------------------|-------------|----|--|--|--|---------------------|--|---------------------------|--|
| eTR  | MXP              | 00000301                                | 057/73550315          | eTR00000301   |                      |             |    |  |  |  |                     |  |                           |  |
| Shipper's Name and Address<br><br>UNILOY ITALY S.R.L.<br>VIA ALESSANDRINI, 43<br>20013 MAGENTA MI - IT +39 02 9700071  |                  | Shipper's Account Number<br>13261110152 |                       | <b>Not Negotiable</b><br><b>Air Waybill</b> TRANS SERVICE SA<br>issued by      VIA BROGEDA, 3<br>CHIASSO<br><br>Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity  |                      |             |    |  |  |  |                     |  |                           |  |
|  |                  |   |                       | 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. |                      |             |    |  |  |  |                     |  |                           |  |
| Consignee's Name and Address<br><br>UNILOY INC.<br>5550 OCCIDENTAL HWY, SUITE B<br>MI49286 - TECUMSEH - US   |                  | Consignee's Account Number              |                       | Accounting Information<br>NOTIFY:First Express Logistics Inc.<br>152-24 Northern Blvd, 3rd Floor<br>Flushing, NY 11354<br>Email: james.lee@firstexpressus.com - T.718-244-8290  |                      |             |    |  |  |  |                     |  |                           |  |
| Agent's IATA Code<br>38471310010   |                  | Account No.                             |                       |   |                      |             |    |  |  |  |                     |  |                           |  |
| Airport of Departure (Addr. Of First Carrier) and Requested Routing<br>MALPENSA MILAN AIRPORT, ITALY IT  |                  |   |                       | Codice Fiscale/Partita Iva del mittente   |                      |             |    | Imprenditore   Non Imprenditore   PF <input type="checkbox"/>  |  |  |                     | SD <input checked="" type="checkbox"/> |                           |  |
| To   | By First Carrier | Routing and destination                 |                       | to  | by                   | to          | by | Currency   | CHGS Code  | WT/VAL<br>PPD   COLL   | Other<br>PPD   COLL | Declare Value for Carriage             | Declare Value for Customs |  |
| DTW  | AIR FRANCE       |   |                       |   |                      |             |    | EUR  |  | X  | X                   | N.V.D.                                 | N.C.V.                    |  |
| Airport of Destination<br>DETROIT  |                  | Flight/Date<br>AF0531M/30 + AF378/2     |                       | 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   |                  |   |                       |   |                      |             |    |  |  |  |                     |  |                           |  |
|  |                  |   |                       |   |                      |             |    |  |  |  |                     |  | SCI                       |  |
| No of Pieces<br>RCP  | Gross Weight     | Kg<br>lb                                | Rate Class            |   | Chargeable<br>Weight | Rate        |    | Total  | Nature and Quantity of Goods<br>(incl. Dimensions or Volume) |  |                     |  |                           |  |
|  |                  |   | Commodity<br>Item No. |   |                      | Charge      |    |  |  |  |                     |  |                           |  |
| 1  | 380.00           | K                                       |                       |   | 500.00               | AS AGREED   |    |  | Extrude Motors + Drive Hs code 8477 9010 00<br>Dims:0/0x0x0  |  |                     |  |                           |  |
| 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 |                  |   |                       |   |                      |             |    |  |  |  |                     |  |                           |  |
| 1  | 380.00           |   |                       |   | 500.00               |             |    |  |  |  |                     |  |                           |  |
| Prepaid      Weight      Collect   |                  |   |                       | Other Charges   |                      |             |    |  | P.B.A. Fee   |  |                     |  |                           |  |
| AS AGREED  |                  |   |                       | AS AGREED   |                      |             |    |  |  |  |                     |  |                           |  |
| Valuation 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.<br>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.  |                      |             |    |  |  |  |                     |  |                           |  |
| 0.00   |                  |   |                       |   |                      |             |    |  |  |  |                     |  |                           |  |
| Total Other Charges Due Carrier  |                  |   |                       |   |                      |             |    |  |  |  |                     |  |                           |  |
| 0.00   |                  |   |                       |   |                      |             |    |  |  |  |                     |  |                           |  |
|  |                  |   |                       | UNILOY ITALY S.R.L.   |                      |             |    |  |  |  |                     |  |                           |  |
|  |                  |   |                       | Signature of Shipper or his Agent   |                      |             |    |  |  |  |                     |  |                           |  |
| Total Prepaid  |                  |   |                       | Total Collect   |                      |             |    |  |  |  |                     |  |                           |  |
|  |                  |   |                       |   |                      |             |    |  |  |  |                     |  |                           |  |
| Currency Conversion Rates  |                  |   |                       | CC Charges in Dest. Currency  |                      |             |    | 21/11/2024      MXP<br>Executed on      (Date) at      (Place) |  |  |                     |  |                           |  |
| For Carriers use Only at Destination   |                  |   |                       | Charge at Destination   |                      |             |    | Total collect Charges  |  |  |                     |  |                           |  |

eTR/00000301



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)