

ECR	SWK	24014981	074/66938410	ECR24014981
Shipper's Name and Address SHE srl VIA APPIA SUD KM 17,900 80029 Santa€™Antimo NA - IT 081 8332477		Shipper's Account Number 03059071211		Not Negotiable Air Waybill CRASTA e CO. SRL issued by CORSO GARIBALDI 367 NAPOLI Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity
Consignee's Name and Address ADB & COMPANY LLC 3650 NW 82nd AVE, Suite 401 33166 - Doral FL - US T:9177348181		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 CRASTA e CO. SRL CORSO GARIBALDI 367 - NAPOLI ()		Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X		
Agent's IATA Code 38471310010		Account No.		
Airport of Departure (Addr. Of First Carrier) and Requested Routing SEGRATE			Codice Fiscale/Partita Iva del mittente	Imprenditore Non Imprenditore PF <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SD <input checked="" type="checkbox"/>
To LAX	By First Carrier KLM	Routing and destination	to by to by	Currency CHGS WT/VAL Other Code PPD COLL PPD COLL EUR X X Declare Value for Carriage N.V.D. Declare Value for Customs N.C.V.
Airport of Destination LOS ANGELES		Flight/Date KL8860/14+KL0601/16	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' 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 ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS Notify:same as consignee				
				SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class Commodity Item No.	Chargeable Weight Rate Charge Total Nature and Quantity of Goods (incl. Dimensions or Volume)
2	407.00	K		407.00 2.61 1062.27 FREIGHT PREPAID GENERAL CARGO, HAIR EXTENSIONS WITH KERATIN AND HAIR PRODUCTS REF. COMM. INVOICE SHE 360/E NOT RESTRICTED HS CODE: 96032930, 67042000, 35061000, 33059000, 3305100000 Dims:1/120x80x1051/120x80x125 2.208 CBM
2	407.00			407.00 1062.27
Prepaid Weight Collect		Other Charges P.B.A. Fee		
1062.27				
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		SHE srl EXA2401498		
0.00		Signature of Shipper or his Agent		
Total Prepaid		Total Collect		
1062.27				
Currency Conversion Rates		CC Charges in Dest. Currency		
		06/12/2024 SWK		
		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)