

|                                                                                                                                             |     |                  |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------|---|--------------------------------------------------------------------------------------------|--|------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|----------------|--|----------------------------|--|---------------------------|--|
| NEC                                                                                                                                         | MXP | 01510524         | / | NEC01510524                                                                                |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| Shipper's Name and Address<br><br>GIORGIO FANTI SPA<br>VIA DEL LAVORO 97<br>40033 CASALECCHIO DI RENO BO - IT PH: +39051758001              |     |                  |   | Shipper's Account Number                                                                   |  |            |  | <b>Not Negotiable</b><br><br><b>Air Waybill</b><br><br>issued by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
|                                                                                                                                             |     |                  |   |                                                                                            |  |            |  | Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| Consignee's Name and Address<br><br>FANTI USA<br>3015 BIRCH DRIVE<br>26062 - WEIRTON, WV - US PH: 304 5595030<br>EMAIL: J.TATE@FANTIUSA.COM |     |                  |   | 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 ghighter value for carriage and paying a supplemental charge if required. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
|                                                                                                                                             |     |                  |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| Issuing Carrier's Name and City<br><br>- ()                                                                                                 |     |                  |   | Accounting Information<br><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>MALPENSA MILAN AIRPORT, ITALY                                        |     |                  |   |                                                                                            |  |            |  | Codice Fiscale/Partita Iva del mittente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Imprenditore <input checked="" type="checkbox"/> Non Imprenditore <input type="checkbox"/> PF <input type="checkbox"/><br>SD <input checked="" type="checkbox"/> |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| 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 |  |
| JFK                                                                                                                                         |     |                  |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                  |  | EUR      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | X               |  | X              |  | N.V.D.                     |  | N.C.V.                    |  |
| Airport of Destination<br>NEW YORK                                                                                                          |     |                  |   | Flight/Date<br>EK205/23                                                                    |  |            |  | For Carrier Use Only<br>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<br>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)                                                                                                                                                                                                                                                                                                                                                                                              |  |                 |  |                |  |                            |  |                           |  |
| 2                                                                                                                                           |     | 864.00           |   | K                                                                                          |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 864.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | AS AGREED                                                                                                                                                        |  |          |  | EMPTY TANKS AND LIDS<br>CUSTOM CODE: 83099090<br>PACKAGES: 2 PALLETS<br>GROSS WEIGHT: KG.864<br>Dims:2/142x111x108<br><br><div style="text-align: right;">3.405 CBM</div>                                                                                                                                                                                                                                                                              |  |                 |  |                |  |                            |  |                           |  |
| FREIGHT COLLECT                                                                                                                             |     |                  |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| 2                                                                                                                                           |     | 864.00           |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 864.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| Prepaid<br>AS AGREED                                                                                                                        |     |                  |   |                                                                                            |  |            |  | Weight<br>Collect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                  |  |          |  | Other Charges<br>AS AGREED                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                 |  |                |  |                            |  | P.B.A. Fee                |  |
| Valuation Charge                                                                                                                            |     |                  |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Insurance Premium<br>AS AGREED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| Tax                                                                                                                                         |     |                  |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Special Handling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| Total Other Charges Due Agent<br>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 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. |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| Total Other Charges Due Carrier<br>0.00                                                                                                     |     |                  |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| Total Prepaid                                                                                                                               |     |                  |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Total Collect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| Currency Conversion Rates                                                                                                                   |     |                  |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | CC Charges in Dest. Currency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
| For Carriers use Only at Destination                                                                                                        |     |                  |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Charge at Destination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |
|                                                                                                                                             |     |                  |   |                                                                                            |  |            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Total collect Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                  |  |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                 |  |                |  |                            |  |                           |  |



**CASS ITALY**

ORIGINAL 3 (FOR SHIPPER)

NEC/01510524