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|-------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------|--|---------------------------|--|-------------|--|--|--|--|--|--|--|
| GRA                                                                                                               | MXP              | 00003125                   | /                            | GRA00003125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| Shipper's Name and Address<br><br>CHIORINO S.P.A.<br>VIA S. AGATA, 9<br>13900 BIELLA BI - IT                      |                  | Shipper's Account Number   |                              | <b>Not Negotiable</b><br><br><b>Air Waybill</b><br><br>issued by<br><br><hr/> Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
|                                                                                                                   |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
|                                                                                                                   |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| Consignee's Name and Address<br><br>CHIORINO AUSTRALIA PTY LTD<br>PO BOX 840<br>4118 - BROWNS PLAINS QLD BNE - AU |                  | 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<br><br>- ()                                                                       |                  |                            |                              | Accounting Information<br><br>NON VALE FATTURA AI FINI IVA<br><br>NOT CEE TRAFFIC STATUS DOG X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
|                                                                                                                   |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  | Agent's IATA Code         |  | Account No. |  |  |  |  |  |  |  |
|                                                                                                                   |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  | 38471310010               |  |             |  |  |  |  |  |  |  |
| Airport of Departure (Addr. Of First Carrier) and Requested Routing                                               |                  |                            |                              | Codice Fiscale/Partita Iva del mittente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Imprenditore                        |                                                                                                                                                   | Non Imprenditore                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | PF                                     |  |                           |  |             |  |  |  |  |  |  |  |
| MALPENSA MILAN AIRPORT, ITALY                                                                                     |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> |                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                               |            | SD <input checked="" type="checkbox"/> |  |                           |  |             |  |  |  |  |  |  |  |
| To                                                                                                                | By First Carrier | Routing and destination    |                              | to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | by                    | to          | by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Currency                            | CHGS Code                                                                                                                                         | WT/VAL                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Other      | Declare Value for Carriage             |  | Declare Value for Customs |  |             |  |  |  |  |  |  |  |
| ADL                                                                                                               |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EUR                                 |                                                                                                                                                   | PPD COLL                                                                                                                                                                                                                                                                                                                                                                                                                                               | PPD COLL   | N.V.D.                                 |  | N.C.V.                    |  |             |  |  |  |  |  |  |  |
| Airport of Destination                                                                                            |                  | Flight/Date                |                              | 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> |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| ADELAIDE                                                                                                          |                  | SQ3413/22+SQ0327/25        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| Handling Information                                                                                              |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  | SCI<br>X                  |  |             |  |  |  |  |  |  |  |
| No of Pieces RCP                                                                                                  | Gross Weight     | Kg lb                      | Rate Class                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Chargeable Weight     | Rate        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total                               | Nature and Quantity of Goods (incl. Dimensions or Volume)                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
|                                                                                                                   |                  |                            | Commodity Item No.           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | Charge      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| 2                                                                                                                 | 609.00           | K                          |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 609.00                | AS AGREED   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | CALERENED FABRICS<br>HS CODE: 39219060<br>Dims: 1/160x48x481/160x56x56<br>HS CODE: 39219060<br><br><div style="text-align: right;">0.87 CBM</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| 2                                                                                                                 | 609.00           |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 609.00                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| Prepaid                                                                                                           |                  |                            | Weight                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Collect               |             | Other Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P.B.A. Fee |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| AS AGREED                                                                                                         |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             | AS AGREED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| Valutation 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                                                                                                              |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
|                                                                                                                   |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             | CHIORINO S.P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
|                                                                                                                   |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             | Signature of Shipper or his Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| Total Prepaid                                                                                                     |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Total Collect         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
|                                                                                                                   |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| Currency Conversion Rates                                                                                         |                  |                            | CC Charges in Dest. Currency |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20/11/2025            |             | MXP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
|                                                                                                                   |                  |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Executed on           |             | (Date) at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | (Place)                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |
| For Carriers use Only at Destination                                                                              |                  |                            | Charge at Destination        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Total collect Charges |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                        |  |                           |  |             |  |  |  |  |  |  |  |

GRA/00003125



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)