

020	MXP	32557836	32557836	020/32557836
Shipper's Name and Address CASA M+B S.R.L. VIA PRIVATA MARIA TERESA, 11 20123 MILANO MI - IT +393356053976 INFO@MBART.COM		Shipper's Account Number 12663090962		
		Not Negotiable Air Waybill LUFTHANSA LINEE AEREE GERMANICHE SPA issued by VON GABLENZ STRASSE COLOGNE CORSO MATTEOTTI, 20121 MILANO Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity		
Consignee's Name and Address M+B 612 N. ALMONT DRIVE 90069 - LOS ANGELES CA - US +13105500050 REGISTRAR@MBART.COM		Consignee's Account Number 20-1157375		
		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 GIVEN 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 higher value for carriage and paying a supplemental charge if required.		
Issuing Carrier's Name and City TRANS SERVICE SA VIA BROGEDA, 3 006830 - CHIASSO (CH)		Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X		
Agent's IATA Code 38471310010		Account No.		
Airport of Departure (Addr. Of First Carrier) and Requested Routing MALPENSA MILAN AIRPORT, ITALY		Codice Fiscale/Partita Iva del mittente Imprenditore <input checked="" type="checkbox"/> Non Imprenditore <input type="checkbox"/> PF <input type="checkbox"/> SD <input checked="" type="checkbox"/>		
To LAX	By First Carrier LUFTHANSA	Routing and destination to by to by	Currency EUR	CHGS Code WT/VAL PPD COLL PPD COLL X X
Airport of Destination LOS ANGELES		Flight/Date LH7525/12+LH8078/13	Amount of Insurance INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked 'amount of insurance' ASSICURAZIONE - Qualora il Vettore offra una assicurazione e tale assicurazione sia richiesta in base alle condizioni indicate a tergo, indicare l'importo da assicurare in cifre nella casella 'importo assicurato'	
Handling Information NOTIFY: PORTSIDE CUSTOMS SERVICE INC. 560 SYLVAN AVE. SUITE 2054 ENGLEWOOD CLIFFS, NJ 07632 PHONE: 908-352-3333 - CAREY@PORTSIDECUSTOMS.COM				SCI X
No of Pieces RCP 2	Gross Weight 146.00	Kg K	Rate Class Chargeable Weight 270.00	Rate Charge 3.27
NEW CHARTER SRL HAS REVIEWED ALL AVAILABLE DOCUMENTATION AND HAS DETERMINED THAT NONE OF THE CARGO BEING OFFERED IN THIS CONSIGNMENT OR CONSOLIDATION HAS ORIGINATED IN, TRANSFERRED FROM, OR TRANSITED THROUGH ANY POINT IN EGYPT, SOMALIA, SYRIA OR YEMEN. THIS STATEMENT WILL HAVE TO BE KEPT ON FILE FOR 90 DAYS AT THE ACCEPTING LOCATION				Nature and Quantity of Goods (incl. Dimensions or Volume) ARTWORKS WITHOUT CERTIFICATE HS CODE: 970191 004099 Dims: 1/213x35x1981/55x49x73 1.67 CBM
Prepaid Weight 882.9		Collect Other Charges P.B.A. Fee		
Valuation Charge		Insurance Premium		
Tax		Special Handling		
Total Other Charges Due Agent 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 properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations. 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 17.17		CASA M+B S.R.L. Signature of Shipper or his Agent		
Total Prepaid 900.07		Total Collect		
Currency Conversion Rates		CC Charges in Dest. Currency 10/06/2025 MXP Executed on (Date) at (Place)		
For Carriers use Only at Destination		Charge at Destination Total collect Charges		

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CASS ITALY

ORIGINAL 3 (FOR SHIPPER)