

ECR MXP 25004581 014/34852775 ECR25004581

Shipper's Name and Address: VANTIVE, VIA DEL SERAFICO 89, 00142 ROMA RM - IT 0356 25964019  
 Shipper's Account Number: 17291291007  
**Not Negotiable**  
 Air Waybill issued by: CRASTA e CO. SRL, CORSO GARIBALDI 367, NAPOLI  
 Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity

Consignee's Name and Address: BAXTER HEALTHCARE, BUILDING 1, 25212 W. IL ROUTE 120, 60073 - ROUND LAKE IL - US T +1.224.270.5736, BAILYE@BAXTER.COM  
 Consignee's Account Number: [Blank]  
 It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVE HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a ghigher value for carriage and paying a supplemental charge if required.

Issuing Carrier's Name and City: CRASTA e CO. SRL, CORSO GARIBALDI 367, - NAPOLI ( )  
 Accounting Information: NON VALE FATTURA AI FINI IVA, NOT CEE TRAFFIC STATUS DOG X

Agent's IATA Code: 38471310010  
 Account No.: [Blank]

Airport of Departure (Addr. Of First Carrier) and Requested Routing: MALPENSA MILAN AIRPORT, ITALY  
 Codice Fiscale/Partita Iva del mittente: [Blank]  
 Imprenditore Non Imprenditore PF:   SD   
 To: ORD By First Carrier: AIR CANADA Routing and destination: [Blank] to: [Blank] by: [Blank] to: [Blank] by: [Blank]  
 Currency: EUR CHGS Code: [Blank] WT/VAL: PPD COLL PPD COLL Other: PPD COLL  
 Declare Value for Carriage: N.V.D. Declare Value for Customs: N.C.V.

Airport of Destination: CHICAGO  
 Flight/Date For Carrier Use Only Flight/Date: AC0895/04+AC0895/04+AC3715/05  
 Amount of Insurance: [Blank]  
 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 offre una assicurazione e tale assicurazione sia richiesta in base alle condizioni indicate a tergo, indicare l'importo da assicurare in cifre nelle casella 'importo assicurato'

Handling Information: SCI

No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Commodity Item No.	Chargeable Weight	Rate Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
2	200.00	K			312.00	AS AGREED		GENERAL CARGO MEDICAL DISPOSABLE SETS HS CODE: 90189084 12 BOXES ON N.2 PLTS, 200 KG Dims:1/120x80x501/120x80x145
2	200.00				312.00			1.872 CBM

Prepaid AS AGREED	Weight	Collect	Other Charges AS AGREED	P.B.A. Fee
Valuation Charge			Insurance Premium AS AGREED	
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 property described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.	
Total Other Charges Due Carrier 0.00			Il mittente dichiara che le indicazioni contenute sul fronte LTA sono esatte e che qualora una parte della spedizione contenga merci pericolose tale parte è debitamente indicata ed è nelle condizioni richieste ai fini del trasporto per via aerea secondo le norme sulle Merci Pericolose.	
Total Prepaid			VANTIVE Signature of Shipper or his Agent EXA2500458	
Total Collect				
Currency Conversion Rates			25/03/2025 MXP Executed on (Date) at (Place)	
CC Charges in Dest. Currency				
Charge at Destination			Total collect Charges	

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CASS ITALY

ORIGINAL 3 (FOR SHIPPER)