

01 | MXP | 00008555 | 020/32558540 | 0100008555

Shipper's Name and Address IAE SPA VIA FABIO FILZI 63 20032 CORMANO MI - IT 0266303255	Shipper's Account Number	<b>Not Negotiable</b> <b>Air Waybill</b> AIRSEALAND FRANCO BONARETTI SRL issued by VIA CALABRIA 3 MILANO
Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity		

Consignee's Name and Address CURVEBEAM LLC 2800 BRONZE DR 19440 - HATFIELD PA - US 0012674838081	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.
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Issuing Carrier's Name and City AIRSEALAND FRANCO BONARETTI SRL VIA CALABRIA 3 - MILANO	Accounting Information
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Agent's IATA Code 38471310010	Account No.
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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"/>
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To	By First Carrier	Routing and destination	to	by	to	by	Currency	CHGS Code	WT/VAL PPD	Other COLL	PPD	Other COLL	Declare Value for Carriage	Declare Value for Customs
PHL	LUFTHANSA						EUR			X		X	N.V.D.	N.C.V.

Airport of Destination PHILADELPHIA	Flight/Date LH255/7 4Y050/8	For Carrier Use Only	Flight/Date	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 offre 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'
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Handling Information	SCI
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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)
1	35.00	K			35.00	AS AGREED			STATOR (H.S. CODE 90229080-90223000) Dims:1/60x40x40
1	35.00				35.00				0.1 CBM

Prepaid	Weight	Collect	Other Charges	P.B.A. Fee
		AS AGREED	AS AGREED	
Valuation 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 carriage by air according to the applicable Dangerous Goods Regulations.		
		0.00		
Total Other Charges Due Carrier		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 Prepaid		AIRSEALAND FRANCO BONARETTI AS AGENT OF THE CARRIER		
Total Collect		Signature of Shipper or his Agent		
Currency Conversion Rates	CC Charges in Dest. Currency	06/06/2025	MXP	
		Executed on (Date) at (Place)		
For Carriers use Only at Destination	Charge at Destination	Total collect Charges		

01/00008555



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)