

|                                                                                                                               |                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| EMA                                                                                                                           | LIN                    | 00000879                                               | 001/13274586                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EMA00000879                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |
| Shipper's Name and Address                                                                                                    |                        | Shipper's Account Number                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Not Negotiable</b><br><b>Air Waybill</b> MAC SHIPPING ITALY SRL<br>issued by      VIA DEL GREGGE, 100<br>LONATE POZZOLO<br>Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |
| LIMONTA MAGAZZINO FINTAPELLE<br>VIA DONATORI DEL SANGUE SNC<br>23845 COSTAMASNAGA LC - IT 031857111<br>FABCOAT@LIMONTA.COM    |                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Consignee's Name and Address                                                                                                  |                        | Consignee's Account Number                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVE HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a ghighter value for carriage and paying a supplemental charge if required. |           |
| ARC COM FABRICS,INC.<br>33 RAMLAND ROAD SOUTH<br>10962 - 10962 - ORANGEBURG (NY) NY - US 415 437 2284<br>SAANA@SAANABAKER.COM |                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Issuing Carrier's Name and City<br>MAC SHIPPING ITALY SRL<br>VIA DEL GREGGE, 100<br>- LONATE POZZOLO                      ()  |                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Agent's IATA Code                                                                                                             |                        | Account No.                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Accounting Information<br>NON VALE FATTURA AI FINI IVA<br>NOT CEE TRAFFIC STATUS DOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |
| 38471310010                                                                                                                   |                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Airport of Departure (Addr. Of First Carrier) and Requested Routing                                                           |                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Codice Fiscale/Partita Iva del mittente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |
| LINATE<br>To      By First Carrier      Routing and destination      to      by      to      by                               |                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Imprenditore    Non Imprenditore    PF <input type="checkbox"/><br><input checked="" type="checkbox"/> <input type="checkbox"/> SD <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |
| JFK                                                                                                                           | AMERICAN AIRLINES INC. |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Airport of Destination                                                                                                        |                        | Flight/Date      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"<br>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"                                                                                                                                                                                                                                                                  |           |
| NEW YORK                                                                                                                      |                        | AA7835/18+AA0235/20                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Handling Information                                                                                                          |                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
|                                                                                                                               |                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SCI<br>X  |
| No of Pieces RCP                                                                                                              | Gross Weight           | Kg lb                                                  | Rate Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Chargeable Weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Rate      |
| 1                                                                                                                             | 521.28                 | K                                                      | Commodity Item No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 556.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AS AGREED |
| 1                                                                                                                             | 521.28                 |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 556.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |
| Prepaid      Weight      Collect                                                                                              |                        |                                                        | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| AS AGREED                                                                                                                     |                        |                                                        | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Valutation Charge                                                                                                             |                        |                                                        | Nature and Quantity of Goods (incl. Dimensions or Volume)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Tax                                                                                                                           |                        |                                                        | FABRICS ROLLS<br>31 BOXES ON NO. 1 PLT<br>FREIGHT COLLECT<br>hs code 54075300<br>Dims:1/160x160x130<br>3.328 CBM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Total Other Charges Due Agent                                                                                                 |                        |                                                        | Other Charges<br>AS AGREED<br>Insurance Premium<br>AS AGREED<br>Special Handling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Total Other Charges Due Carrier                                                                                               |                        |                                                        | 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
|                                                                                                                               |                        |                                                        | LIMONTA MAGAZZINO FINTAPELLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Total Prepaid                                                                                                                 |                        |                                                        | Signature of Shipper or his Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Total Collect                                                                                                                 |                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Currency Conversion Rates                                                                                                     |                        |                                                        | Executed on      LIN<br>(Date) at      (Place)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| CC Charges in Dest. Currency                                                                                                  |                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
| Charge at Destination                                                                                                         |                        |                                                        | Total collect Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |



**CASS ITALY**

**ORIGINAL 3 (FOR SHIPPER)**

**EMA/00000879**