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| eMA                                                                                                                          | MXP                    | 00000887                   | 001/14509040                 | eMA00000887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                     |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| Shipper's Name and Address                                                                                                   |                        | Shipper's Account Number   |                              | <b>Not Negotiable</b><br><br><b>Air Waybill</b> MAC SHIPPING ITALY SRL<br><br>issued by      VIA DEL GREGGE, 100<br>LONATE POZZOLO<br><br>Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                     |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| ROSSINI DELLA QUERCIA S.P.A.<br>VIA CADORNA, 8<br>23845 COSTAMASNAGA LC - IT    031-879211<br>RDQ@RDQSPA.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. |                    |                                     |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| THE DESIGNTEX GROUP, INC<br>200 HUDSON ST 9TH FLOOR<br>10013 - NEW YORK NY - US    0012128868100<br>SUPPLYCHAIN@DESIGNTEX    |                        |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                     |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| 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.<br>38471310010                                                                            |                        |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                     |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| Airport of Departure (Addr. Of First Carrier) and Requested Routing<br>MALPENSA MILAN AIRPORT, ITALY IT                      |                        |                            |                              | Codice Fiscale/Partita Iva del mittente<br><br>Imprenditore    Non Imprenditore    PF <input type="checkbox"/><br><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 |
|                                                                                                                              | AMERICAN AIRLINES INC. |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                     | EUR       |                     | PPD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COLL                                                                                                                                                                                                                                                                                                                                                                                                                     | PPD                        | COLL                      |
|                                                                                                                              |                        |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                     |           |                     | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                          | X                          |                           |
| 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" |                            |                           |
|                                                                                                                              |                        | AA199/05AUG                |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                     |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| Handling Information<br>ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS                                                  |                        |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                     |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
|                                                                                                                              |                        |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                     |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            | SCI                       |
| No of Pieces RCP                                                                                                             | Gross Weight           | Kg lb                      | Rate Class                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Commodity Item No. | Chargeable Weight                   | Rate      | Total               | Nature and Quantity of Goods (incl. Dimensions or Volume)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
|                                                                                                                              |                        |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                     |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| 2                                                                                                                            | 755.92                 | K                          |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | 756.00                              | AS AGREED |                     | 31 FABRICS ROLLS ON 2 PLTS<br>DIM CM 150*100*90H<br>HS CODE 55121990 54075300<br>FREIGHT COLLECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| 2                                                                                                                            | 755.92                 |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | 756.00                              |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| Prepaid                                                                                                                      |                        |                            | Weight                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | Collect                             |           |                     | Other Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
|                                                                                                                              |                        |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | AS AGREED                           |           |                     | AS AGREED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| Valutation 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 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. |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| Total Other Charges Due Carrier                                                                                              |                        |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | 0.00                                |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
|                                                                                                                              |                        |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                     |           |                     | ROSSINI DELLA QUERCIA S.P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| Total Prepaid                                                                                                                |                        |                            | Total Collect                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                     |           |                     | Signature of Shipper or his Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
|                                                                                                                              |                        |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                     |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| Currency Conversion Rates                                                                                                    |                        |                            | CC Charges in Dest. Currency |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | 31/07/2025    MXP                   |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
|                                                                                                                              |                        |                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | Executed on    (Date) at    (Place) |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |
| For Carriers use Only at Destination                                                                                         |                        |                            | Charge at Destination        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | Total collect Charges               |           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                           |

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