25	MXP	00000393	125/55681415	2500000393

Shipper's Name and Address

G.COMM SRL
VIA XXV APRILE 20
20884 SULBIATE MB - IT 0396060420

Shipper's Account Number

04619020961

Not Negotiable

Air Waybill INTEREXPRESS SRL

issued by VIA ROGGIA VIGNOLA 9
TREVIGLIO

Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity

Consignee's Name and Address

DTE OREGON INC.
6200 NE CHERYY DRIVE
97124 - HILLSBORO OR - US (503)640-3012

Consignee's Account Number

It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVE HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a ghigher value for carriage and paying a supplemental charge if required.

Issuing Carrier's Name and City

INTEREXPRESS SRL
VIA ROGGIA VIGNOLA 9
- TREVIGLIO ()

Accounting Information

Agent's IATA Code

38471310010

Account No.

Airport of Departure (Addr. Of First Carrier) and Requested Routing

MALPENSA MILAN AIRPORT,ITALY

Codice Fiscale/Partita Iva del mittente

Imprenditore X Non Imprenditore PF SD X

To	By First Carrier	Routing and destination	to	by	to	by	Currency	CHGS Code	WT/VAL PPD	WT/VAL COLL	Other PPD	Other COLL	Declare Value for Carriage	Declare Value for Customs
PDX	BRITISH AIRWAYS PLC						EUR			X		X	N.V.D.	N.C.V.

Airport of Destination

PORTLAND OR

Flight/Date BA380 07/08/2025

For Carrier Use Only

Flight/Date BA0267 09/08/2025

Amount of Insurance

INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked 'amount of insurance'
ASSICURAZIONE - Qualora il Vettore offra una assicurazione e tale assicurazione sia richiesta in base alle condizioni indicate a tergo, indicare l'importo da assicurare in cifre nelle casella 'Importo assicurato'

Handling Information

SCI

No of Pieces RCP	Gross Weight	Kg lb	Rate Class / Commodity Item No.	Chargeable Weight	Rate / Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
2	168.00	K		497.00	AS AGREED		DENTAL LIGHT HS CODE: 90184990 Dims:0/0x0x0
2	168.00			497.00			

Prepaid | **Weight** | **Collect**: AS AGREED

Other Charges: AS AGREED

P.B.A. Fee

Valutation Charge

Insurance Premium: AS AGREED

Tax

Special Handling

Total Other Charges Due Agent: 0.00

Total Other Charges Due Carrier: 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.
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.

G.COMM SRL

Signature of Shipper or his Agent

Total Prepaid | **Total Collect**

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**

25/00000393

CASS ITALY

ORIGINAL 3 (FOR SHIPPER)