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Shipper's Name and Address CONCETTI SPA VIA DELLA COMUNITA' 14 FRAZ. OSPEDALICCHIO 06083 BASTIA UMBRA PG - IT - IT 075 801561 INV.3141 DTD 04.08.25	Shipper's Account Number _____	<b>Not Negotiable</b> <b>Air Waybill</b> AIRSEALAND FRANCO BONARETTI SRL issued by VIA CALABRIA 3 MILANO Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity
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Consignee's Name and Address TROUW NUTRITION BRASIL NUTRICA0 ANIMAL LTDA AVENIDA PINO VENDRAMINI 1550 JARDIM SAO BERNARDO 1 - 15132-112 MIRASSOL- BRASIL - BR	Consignee's Account Number CNPJ 03.022.008/001-47	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 higher value for carriage and paying a supplemental charge if required.
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Issuing Carrier's Name and City AIRSEALAND FRANCO BONARETTI SRL VIA CALABRIA 3 - MILANO ( )	Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG T2
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Agent's IATA Code 38471310010	Account No. _____	
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Airport of Departure (Addr. Of First Carrier) and Requested Routing SEGRATE	Codice Fiscale/Partita Iva del mittente _____	Imprenditore Non Imprenditore PF <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SD <input checked="" type="checkbox"/>
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To	By First Carrier	Routing and destination	to	by	to	by	Currency	CHGS Code	WT/VAL	Other	Declare Value for Carriage	Declare Value for Customs
VCP	LATAM AIRLINES GROUP S.A.						EUR		PPD	COLL	PPD	COLL
											N.V.D.	N.C.V.

Airport of Destination VIRACOPOS	Flight/Date LA1517/10	For Carrier Use Only _____	Flight/Date _____	Amount of Insurance _____	<small>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'</small> <small>ASSICURAZIONE - Qualora il Vettore offre una assicurazione e tale assicurazione sia richiesta in base alle condizioni indicate a tergo, indicare l'importo da assicurare in cifre nella casella 'importo assicurato'</small>
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Handling Information _____	SCI T2
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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)
							Charge		
1	17.60	M			18.00		275.00	275.00	SPARE PARTS NCM 8482 Dims:1/46x26x23
1	17.60				18.00			275.00	0.03 CBM

Prepaid Weight Collect 275.00	Other Charges _____	P.B.A. Fee _____
Valuation Charge _____	Insurance Premium _____	
Tax _____	Special Handling _____	
Total Other Charges Due Agent _____	Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage 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.	
Total Other Charges Due Carrier _____	AIRSEALAND FRANCO BONARETTI AS AGENT OF THE CARRIER Signature of Shipper or his Agent	
Total Prepaid _____	Total Collect 744.46	
Currency Conversion Rates _____	CC Charges in Dest. Currency _____	06/08/2025 SWK Executed on (Date) at (Place)

For Carriers use Only at Destination Charge at Destination _____	Total collect Charges _____
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CASS ITALY

ORIGINAL 3 (FOR SHIPPER)