

ECR	MXP	25016621	125/17196922	ECR25016621											
Shipper's Name and Address VANTIVE VIA DEL SERAFICO 89 00142 ROMA RM - IT 0356 25964019		Shipper's Account Number 17291291007		Not Negotiable Air Waybill CRASTA E CO. SRL issued by CORSO GARIBALDI 367 NAPOLI Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity											
Consignee's Name and Address BAXTER HEALTHCARE BUILDING 1, 25212 W. IL ROUTE 120 60073 - ROUND LAKE IL - US T +1.224.270.5736 BAILYE@BAXTER.COM		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 gghier value for carriage and paying a supplemental charge if required.											
Issuing Carrier's Name and City CRASTA E CO. SRL CORSO GARIBALDI 367 - NAPOLI ()				Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X											
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 Non Imprenditore PF <input type="checkbox"/> <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	
ORD	BRITISH AIRWAYS PLC							EUR		PPD	COLL	PPD	COLL	N.V.D.	N.C.V.
Airport of Destination CHICAGO		Flight/Date For Carrier Use Only Flight/Date		BA3480/12+BA9724/12+BA0295/13		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 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'</small>							
Handling Information ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS															
															SCI X
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)						
5	83.00	K							112.00	AS AGREED		MEDICAL DISPOSABLE SETS HS CODE: 9018908400 5 PKGS; 83 KG GENERAL CARGO Dims:5/80x40x42 HS CODE: 9018908400 <div style="text-align: right;">0.672 CBM</div>			
5	83.00				112.00										
Prepaid			Weight			Collect			Other Charges				P.B.A. Fee		
						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. 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									
									VANTIVE				EXA2501662		
Total Prepaid						Total Collect			Signature of Shipper or his Agent						
Currency Conversion Rates			CC Charges in Dest. Currency			08/10/2025 MXP									
						Executed on (Date) at (Place)									
For Carriers use Only at Destination			Charge at Destination			Total collect Charges									

ECR/25016621



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)