Shipper's Letter of Instruction

| 1a. EXPORTER (Name and address including ZIP code) | | | | | | PLEASE BE SURE TO COMPLETE ALL SHADED AREAS. | | | |
|--|---------------------------|---|-------|----------------------------|---|---|--|-----------------------|---|
| | | | ZIP | CODE | | | | | |
| b. EX | KPORTER'S EIN (IRS) NO. | c. PARTIES TO MTRANSACTION | | | | | | | |
| | | ☐ Related ☐ Non-related | | | | | | | |
| 4a. ULTIMATE CONSIGNEE | | | | | | | | | |
| b. INTERMEDIATE CONSIGNEE | | | | | | | | | |
| 5. FORWARDING AGENT Liberty International, Inc. 470 Main St. Pawtucket, EI 02860 | | | | | | 6. POINT (STATE) | OF ORIGIN OR FTZ № | 7. COUNTRY OF ULTIMAT | TE DESTINATION |
| 8. LC | DADING PIER (Vessel only) | 9. MODE of TRANSPORT (Specify) | | | | | _ | er – please advis | se: |
| 10.1 | EXPORTING CARRIER | 11. PORT OF EXPORT | | | | PREPAID COLLECT C.O.D. \$ | | | |
| 10. 1 | EXPORTING CARRIER | 11. PORT OF EXPORT | | | | □ AIR □ OCEAN □ CONSOLIDATE □ DIRECT | | | |
| | PORT OF UNLOADING (Vessel | 13. CONTAINERIZED (Vessel only) | | | | SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT AS ASSIGNET ABANDON RETURN TO SHIPPER | | | |
| a | nd air only) | ☐ Yes ☐ No | | | | DELIVER TO | ABANDON L RE | IURN IU SHIFFER | |
| | per Requests | ☐ Yes \$ | \$ | | | ☐ DELIVER IO | | | |
| Insurance (CIF or CIP) 14. SCHEDULE B DESCRIPTION OF COMMODITIES | | | | | | | SHIPPER'S REF. Nº | . DATE | |
| (Use columns 1 | | | | | columns 1 | .7-19) | SHIFFER S REF. N= | DATE | VALUE |
| 15. MARKS, NOS., AND KINDS OF PACKAGES | | | | | | | | | (U.S. dollars, omit cents) (Selling price or cost if not |
| D/F | SCHEDULE B or HTSUS NUM | IBER C | неск | | - YTITK | SHIPPING | | | sold) |
| (16) | (17) | D | DIGIT | | e B Unit (s) 18) | WEIGHT (kg) (19) | | | (20) |
| | | | | , | , | () | | | () |
| | | | | | | | SHIPPERS NO | | |
| | | | | | Please contact us if you are uncertain about your Schedule B or | | | | |
| | | | | | | HTSUS Number. We will assist you in selecting a classification for the | | | |
| | | | | | | | | | |
| | | | | | | Electronic Export Inforamtion. | | t inforamtion. | |
| | | | | | | | WE HAVE FORWARDED TO YOU, THE SHIPMENT DESCRIBED BE-LOW VIA: ☐ YOUR TRUCK, OR | | |
| | | | | | | | | | |
| | | | | | | | ☐ OTHER CARRIER | | |
| | | | | | | | (LISTED BELOW) TRUCK LINE NAME | | |
| | | - 1 | | | | | RECEIPT (PRO) NUM | MBER | |
| | | - 1 | | | | | DECLARED VALUE | FOR | |
| | | | | | | | CARRIAGE \$ | | |
| 21. VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL 22. ECCN | | | | | 22. ECCN | If you are the authorized party per the Foreign Trade Regulations, please sign under BOX 24. | | | |
| 23. Duly authorized officer or employee The exporter authorizes the forwarder | | | | | e forwarder | DOCUMENTS ENCLOSED: | | | |
| named above to act as forwarding agent for export control and customs | | | | | rding agent | DOCUMENTS EN | CLOSED. | | |
| purposes. 24. I certify that all statements made and all information contained herein are | | | | | l herein are | | | | |
| true and correct and that I have read and understand the instructions for preparation of this document, set forth in the "CORRECT WAY TO FILL OUT | | | | | O FILL OUT | | | | |
| THE SHIPPER'S EXPORT DECLARATION:" I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making | | | | | for making | | | | |
| false or fraudulent statements herein, falling to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410). | | | | | | | | | |
| SIGNATURE CONFIDENTIAL - For use solely for | | | | | | SPECIAL INSTRUCTIONS: | | | |
| Sign only if you selected the forwarder of | | | | uthorized by (13 U.S.C. | y the Secre- 301 (g)). | Value listed is reportable amount for the Electronic Export Information (EEI) in the | | | |
| TITLE | | Export shipments are subject to | | | | Automated Export System. | | | |
| | | inspection by U.S. Customs Service and/or Office of Export Enforcement. | | | | Please notify if there are any problems with this shipment. | | | |
| DATE | | 25. AUTHENTICATION (When required) | | | | Phone: Fax: E-M | ail: | | |
| | | | | | | | | | |

NOTE: The shipper or his Authorized Agent hereby authorizes the above named Company, in his name and on behalf, to prepare any export documents, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The shipper guarantees payment of all collect charges in the event the consignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipment.