Shipper's	Name and Address		Shipper's	Accoun	nt Nun	nber	Not Negotiable Air Waybill Issued by								
SAUDI ARABIAN OIL COMPANY (ARAMCO) MAT SUPPORT SECTION AVIATION DEPARTMENT S PHONE: +966138775333								IL DI ARABIA	EK EK						
				Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.											
Consignee's Name and Address Consignee's According to the Control of the Control									It is agreed that the goods declared 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						
DEXTRANS WORLDWIDE KOREA CO., LTD. RM 2 CENTUMJUNGANG-RO, HAEUNDAE-GU, BUSAN, TEL: +827088311566, BRN: 6728602689 EMAIL: GWEN.CHO@DEXTRANSGROUP.COM									ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN 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.						
Issuing Ca	rrier's Agent Name	ity					Accounting Information								
SMSA	EXPRESS T	SPORT	ATION C				FRE	FREIGHT PREPAID							
Agent's IA			Account												
323232 Airport of Departure (Addr. of First Carrier) and Requested Routing									Reference Number Optional Shipping Information						
DMM – SAUDI ARABIA									Reference Mulliper						
To DXB	To By First Carrier Routing and Destin				to by			to by		ncy CHGS		Other COLL	Decla	ared Value for Carriage	Declared Value for Customs
DVP	DXB EK Airport of Destination				Requested Flig			e	SAF			INICIIDAN	ICE - If	NVD	NCV
ICN -	SOUTH KOR	ı				Amount of Insurance INSURANCE - If carrier offers insurance, and such insurance is requeste in accordance with the conditions thereof, indicate amount to be insure in figures in box marked "Amount of Insurance".									
Handling I	nformation														
DANGEROUS GOODS AS PER ASSOCIATED SHIPPI DECLARATION								8							SCI
													_		
No. of Pieces RCP	Gross Weight					e	Rate Cha	rge		Total	1			Quantity of Goods nsions or Volume)	
10	7171.00	К	G	em No.	7171.00	0	5.57		\neg	400	40000.00			CONSOLIDAT	ED
														120 X 120 X 10	07 @ 10
10	7171.00	ĸ	G							400	00.00				
Pre	paid	Wei	ght Charge		Collect	$\overline{\mathcal{I}}$	Other	Charges							
40000	0.00	Valua	ition Charge	e /		\dashv									
Tax															
Total Other Charges Due Agent							I hereby certify that the particulars on the face hereof are correct and that insofar as any part of								
Total Other Charges Due Carrier							cons	the consignment contains dangerous goods. I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and in proper condition for carriage by air							
40000		Julier C	naiges Due	Carrier	/			ording to ap							on for carriage by air
							 	SMSA EXPRESS TRANSPORTATION CO., LTD							
Total Prepaid Total Collect							Signature of Shipper or his Agent								
Currency Conversion Rates CC Charges in Dest. Currency															SPORTATION CO., LTC
For	Carrier's Use of at Destination			Charges at I	Destination	/		Total Collect C	harges						