PROFORMA INVOICE								PAGE 01 OF 01		
NAME AND ADDRESS OF EXPORTER								CUSTOMER NO.		
WestRock CP,	LLC	U.S. CUSTO	U.S. CUSTOMS CLEARANCE BY:							
1000 Abernathy Rd					BAY BROKERAGE INC.			RELEASE NUMBER		
Atlanta, GA 30071 WM Recycle America			FILER CODE BGK TEL: 315 482 6161				4080FC501137			
				FAX: 888 753 1030				INVOICE DATE		
124 Cushman Road St-Catharines, ON L2M 6T6 Canada				EMAIL:	EMAIL: BAYFAX@BAYBROKERAGEUS.COM					
					PAPS CHECK: WWW. BAYBROKERAGEUS.COM			2/10/21		
SHIP TO:		LOCAL CAR	LOCAL CARRIER			NOTIFY				
WestRock - Solvay					Autolinx			NOTIFY:		
53 Industrial Way Syracuse, NY 13204 IRS 11-3110303					EXPORTING CARRIER					
BUYER		Autolinx	Autolinx							
BOTEK		PORT OF E	PORT OF ENTRY							
Same	e	Buffalo, N	Buffalo, NY							
Customs Cha	rges to/IOR:	Ship From:	Ship From: DESTINATI			ON (Country / State)				
WestRock	•	(Country/Prov		UNITED	STAT	ES/	NY			
			TERMS OF SALE * DELIVERY * PAYMENT, ETC.							
1000 Abernathy Road NE Atlanta, GA 30328				FOB: ⊠PL	FOB: PLANT DESTINATION OR					
		CUSTOMS	CUSTOMS CHGS TO:SHIPPERCONSIGNEE _x_OTHER							
IRS 36-2041256										
					PARTIES TO THE TRANSACTION ARE: RELATED					
	NOTES 36 Bales @ 40124 LBS					COUNTRY OF ORIGIN: SEE BELOW				
Release Num										
				DATE OF S	DATE OF SALE : 2/10/21			CURRENCY OF SALE		
				DATE OF 3	DATE OF SALE . Z/10/Z1			US DOLLARS		
COUNTRY ORIG. *HS CODE DESCRIPTION GROSS WEIGHT NET WEIGHT QUANTITY UNIT PRICE TOTAL										
CA	4707.10.00.0	Scrap Pape		401	24 18.2	20 ST	\$90.0	00	\$1,638.00	
		Paperboard								
Containerized IF GOODS No								OLD S	STATE	
TOTAL Freight Charges - \$								N FOR EXPORT:		
PREPAID INCL PREPAID & CHG COLLECT					YesNo (LOAN, R		PAIR, PROCESSING, ETC.)			
					EXPORT PERMIT NO.					
Mode of Transportation From Point of Exit					MIT NO.					
		<u></u>								
	IFY THE INFORMATION	ESDECT	DAOKAOINO		Luco	DANO				
	SHEET(S) IF ANY, IS T E AND ADDRESS IF DIF	LOFLOI.	PECT. PACKAGING \$ OCEAN / INT'L \$		MISC TRANS \$ COMMISSION \$					
DATE 2/10/21					DOMESTIC FRT	\$		TAINER	\$	
Name of Preparer: Amy Simons					INSURANCE	\$	A	SSISTS	\$	
	, any Chilon	.5						_		
1			CTATIC							
SIGNATUR	E:		STATUS OWNER	_X AGENT	INVOICE T	OT A!	\$1,	638.0	10	