

PROFORMA INVOICE

NAME AND ADDRESS OF EXPORTER WestRock Company of Canada Corp. A-15400 Sherbrooke Est, Montreal, Quebec H1A 3S2		U.S CUSTOMS CLEARANCES BY: BAY BROKERAGE INC. FILER CODER BGK		CUSTOMER NO.
SHIP FROM: Compagnie WestRock du Canada Corp 433, 2e AVENUE, STE-MARIE BEAUCE, QC, G6E		(315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		RELEASE NUMBER 273000045245
SHIP TO: ADVANCE PIERRE FOODS 56 MILLIKEN ST PORTLAND, ME (04103)		LOCAL CARRIER FRL Express inc(r-041132)	EXPORTING CARRIER FRL Express inc(r-041132)	INVOICE DATE 15/02/21
		PORT OF ENTRY	NOTIFY Importer of record: Westrock company of Canada Corp 3000 Abernathy Rd. NE Atlanta, GA 30328 EIN: 98-0488513SM	
BUYER ADVANCE PIERRE FOODS INC XXXXXXXXXX 9990 Princeton Glendale RD Cincinnati, OH 45246 80-030427900 XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX		Ship from (Country/Province)	Destination (Country/Province)	
Notes Skids : 15 Rolls : Shipping Weight : 21,112 Pds		TERM OF SALE * DELIVERY * PAYMENT, ETC. N30 FOB <input type="checkbox"/> PLANT <input checked="" type="checkbox"/> DESTINATION OR <input type="checkbox"/> CUSTOMS CHGS TO: <u>X</u> OTHER <input type="checkbox"/> CONSIGNEE PARTIES TO THE TRANSACTION ARE : NOT RELATED COUNTRY OF ORIGIN : CANADA DATE OF SALE : 15/02/21 CURRENCY OF SALE U.S.		

COUNTRY ORIGIN	*HS CODE:	DESCRIPTION	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CANADA	4819200020	Empty folding carton boxes only	2 646	12,800	.16982	2 173.70
CANADA	4819200020	Empty folding carton boxes only	7 575	32,000	.18949	6 063.68
CANADA	4819200020	Empty folding carton boxes only	5 425	62,500	.06636	4 147.50
CANADA	4819200020	Empty folding carton boxes only	5 466	63,000	.06636	4 180.68

F R L EXPRESS INC

FILER CODE

FRLO0352652 6



Crossing
Jackman ME
AT 17400

TOTAL Freight Charges - \$ <u>695.55</u>		Containerized <input type="checkbox"/> Yes <input type="checkbox"/> No		IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOAN, REPAIR, PROCESSING, ETC.)	
PREPAID <input checked="" type="checkbox"/> PREPAID & CHG <input type="checkbox"/> COLLECT <input type="checkbox"/>					
Mode of transportation from of exit <input checked="" type="checkbox"/> ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> AIR <input type="checkbox"/> OTHER					
I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET(S) IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT. GIVE FIRM NAME AND ADRESSE IF DIFFERENT FROM EXPORTER BOX DATE Name of preparer: <u>Marco Labbe</u>		PACKAGING \$	MISC TRANS \$		
		OCEAN / INTL \$	COMMISSION \$		
		DOMESTIC FRT \$	CONTAINER \$		
		INSURANCE \$	ASSISTS \$		
SIGNATURE : <u>Marco Labbe</u> STATUS <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> AGENT		INVOICE TOTAL		17 261.11	