

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 (315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		CUSTOMER NO. RELEASE NUMBER 271000144005 INVOICE DATE 15/02/21	
SHIP FROM: Compagnie WestRock du Canada Corp 285, St-Louis, Warwick, QC, J0A 1M0		LOCAL CARRIER LEVASSE / GLOBCO EXPORTING CARRIER LEVASSE / GLOBCO PORT OF ENTRY		NOTIFY Importer of record: Westrock company of Canada Corp 1000 Abernathy Rd. NE Atlanta, GA 30328 EIN: 98-0488513-WA	
SHIP TO: REVOLUTION BREWING 3340 N. KEDZIE AVENUE CHICAGO, IL (60618) RV JHOUSNER@REVBREW.COM					
BUYER REVOLUTION BREWING 3340 N. KEDZIE AVENUE CHICAGO, IL (60618)		Ship from (Country/Province)		Destination (Country/Province)	
Notes Skids : 6 Rolls : Shipping Weight : 5,256 Pds		TERM OF SALE * DELIVERY * PAYMENT, ETC. 1-10 N30 FOB <input checked="" type="checkbox"/> PLANT <input type="checkbox"/> DESTINATION OR <input type="text"/> CUSTOMS CHGS TO: <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> CONSIGNEE PARTIES TO THE TRANSACTION ARE : NOT RELATED COUNTRY OF ORIGIN : CANADA			
IRS : 47-3335141		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	2 754	22,200	.28160	6 251.52
CANADA	4819200020	Empty folding carton boxes only	2 502	20,100	.28160	5 660.16

TOTAL Freight Charges - \$ <u>1 500.00</u> PREPAID <input checked="" type="checkbox"/> PREPAID & CHG <input type="checkbox"/> COLLECT <input type="checkbox"/>		Containerized ___ Yes ___ No		IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOAN, REPAIR, PROCESSING, ETC.)	
Mode of transportation from of exit <input 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>CHARLES PARADIS</u>			PACKAGING \$		MISC TRANS \$		COMMISSION \$	
STATUS ___ OWNER ___ X AGENT			DOMESTIC FRT \$		CONTAINER \$		INSURANCE \$	
SIGNATURE : <u><i>Charles Paradis</i></u>			INVOICE TOTAL		13 411.68			