

PROFORMA INVOICE

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|---|--|---|---|---------------------------------------|
| 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) | NOTIFY Importer of record: Westrock company of Canada Corp 3000 Abernathy Rd. NE Atlanta, GA 30328 | INVOICE DATE 15/02/21 |
| BUYER ADVANCE PIERRE FOODS 6100222547 PO BOX 1811 MARYLAND HEIGHTS, MO (63043) IRS : 01-0235540 | | EXPORTING CARRIER FRL Express inc(r-041132) | PORT OF ENTRY | EIN: 98-0488513SM |
| 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
Jacksonville
AT 17400*

| | | | | |
|--|--|--|---|-----------|
| TOTAL Freight Charges - \$ 695.55 PREPAID <u>X</u> PREPAID & CHG _____ COLLECT _____ | | Containerized Yes No | IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOAN, REPAIR, PROCESSING, ETC.) | |
| 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 \$ OCEAN / INTL \$ DOMESTIC FRT \$ INSURANCE \$ | MISC TRANS \$ COMMISSION \$ CONTAINER \$ ASSISTS \$ | |
| SIGNATURE : <u>Marco Labbe</u> STATUS OWNER <u>X</u> AGENT | | INVOICE TOTAL | | 17 261.11 |