

**PROFORMA INVOICE**

<b>NAME AND ADDRESS OF EXPORTER</b> WestRock Company of Canada Corp. A-15400 Sherbrooke Est, Montreal, Quebec H1A 3S2		<b>U.S CUSTOMS CLEARANCES BY:</b> <b>BAY BROKERAGE INC.</b> FILER CODER BGK  (315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		<b>CUSTOMER NO.</b>
<b>SHIP FROM:</b> Compagnie WestRock du Canada Corp 285, St-Louis,Warwick, QC,J0A 1M0				<b>RELEASE NUMBER</b> 271000143967
<b>SHIP TO:</b> WESTROCK MISSISQUOI MILL 369 MILL STREET  SHELDON SPRING, VT (05485)		<b>LOCAL CARRIER</b> CANADA CARTAGE  <b>EXPORTING CARRIER</b> CANADA CARTAGE  <b>PORT OF ENTRY</b>	<b>NOTIFY</b> <b>Importer of record:</b> WestRock CP LLC 1000 Abernathy Rd. NE Atlanta, GA 30328  <b>EIN: 36-204125600</b>	
<b>BUYER</b> WESTROCK MISSISQUOI MILL  369 MILL STREET  SHELDON SPRING, VT (05485) IRS :		Ship from (Country/Province)	Destination (Country/Province)	
<b>Notes</b> Skids : 28 Rolls : Shipping Weight : 42,672 Pds		<b>TERM OF SALE * DELIVERY * PAYMENT, ETC.</b> 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 :RELATED COUNTRY OF ORIGIN : CANADA		
		DATE OF SALE :15/02/21		CURRENCY OF SALE U.S.

COUNTRY ORIGINE	*HS CODE:	DESCRIPTION	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CANADA	4707900000	REGULAR CARTON WASTE, BALLOT	3 542	8	46.310	370.48
CANADA	4707900000	REGULAR CARTON WASTE,GAYLORDS	14 796	8	46.310	370.48
CANADA	4707900000	REGURAL CARTON WASTE,SKIDS	14 334	5	46.310	231.55
CANADA		DEMI-LUNES	8 000	5	46.310	231.55
CANADA	98030050	420 COREPLUGS	2 000	2	151.200	302.40
CANADA INSTRUMENTS OF INTERNATIONAL TRAFFIC TO BE RELEASED UNDER SECTION 10.41A / HTS#98030050						

TOTAL Freight Charges - \$ <u>0.00</u>  PREPAID <input type="checkbox"/> PREPAID & CHG <input type="checkbox"/> COLLECT <u>X</u>		Containerized <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF GOODS NOT SOLD, STATE REASON FOR EXPORT</b> (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>MELISSA BÉDARD</u>  SIGNATURE : <u>Melissa Bédard</u>		PACKAGING	\$	MISC TRANS	\$
		OCEAN / INTL	\$	COMMISSION	\$
		DOMESTIC FRT	\$	CONTAINER	\$
		INSURANCE	\$	ASSISTS	\$
STATUS OWNER <u>X</u> AGENT		<b>INVOICE TOTAL</b>		<b>1 506.46</b>	