
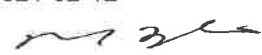


Combination invoice - Declaration by foreign shipper

| | | | | | | |
|--|---------------------------------------|--|---|---|---|-------------|
| Name of shipper, exporter, seller Plastube | | Custom Broker | | Reference nos | | |
| Address 590 Simonds Sud Granby, Québec, Canada, J2J 1E1 | |  | | | | |
| Telephone # 450-378-2633 X 301 | | | | | | |
| Invoice Date 2021-02-12 | | | | | | |
| Consignee LivSo, LLC. | | Buyer Berlin Packaging L.L.C. | | | | |
| Address 3789 Groveport Rd. Obetz OH 43207 USA Phone: Fax: | | Address 525 West Monroe Street 14th Floor Chicago ILLINOIS 60661 USA | | | | |
| IRS # 36-4200026 | | IRS # 36-4200026 | | | | |
| Bill U.S. Duty, MPF, and/or Brokerage to Consignee <input type="checkbox"/> Buyer <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> | | | Account Number TOTCU50001 | | | |
| Importer of record: Plastube | | | U.S. Duty and broprkerage Included in invoice value: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Place of lading (City/Province) Granby, Québec | | | Terms of sales, payment and discount FOB <input checked="" type="checkbox"/> Plant Destination or: <input type="checkbox"/> | | | |
| Local carrier Votre camion/Your Truck | Bill of lading # 1466 | Date of sale 2021-02-12 | Deringer to provide cargo insurance ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Exporting carrier Votre camion/Your Truck | Is freight included in invoice value? | Currency USD | Shipment pricing subject to first sale principale under 10 usc 1401a | Parties to this transaction are : Related <input type="checkbox"/> Not related <input checked="" type="checkbox"/> | | |
| Declaration by foreign shipped (complete if goods described below are of U.S. origin and values exceeds \$1000.00) I, _____, declare to the best of my knowledge and belief the articles herein specified are product of the united states that they were exported from the united states, from the port of _____ on or about _____, that they are returned without having been advances in value or improved in condition by any process of manufacture or other means. Signature _____ Capacity _____ | | | | | Shipping weight : 272 Lbs | |
| Country of manufacture or growth | Marks and numbers 11 BOX | Description of goods | HTS Number | Qty | Price per 1000 | Total price |
| Canada | LivSo 8oz Moist. Cond. | EMPTY PLASTIC TUBES | 3923.90.00.80 | 3 937 | \$585.00 /1000 | 2 303.15 |
| If the production of these goods involves furnishings, goods or services to the seller (e.g. assista such as dies, molds, tools, engineering work), and the value is not included in the invoice price, give explanantion. If no assist, state so. | | | | | | |
| This invoice must specifically state that the applicable duty or fees for ADD/CVD, MPF, HMF, beef, pork and honey fees are included in the invoice price. | | | | | | |
| To the best of my knowledge as the preparer, this invoice is true and complete and discloses true prices, values, quantities, rebates, drawbacks, fees, commissions, royalties and any or services provide to the seller either free or at a reduces cost. | | | 050712-01415 Export permit no. | Total Invoice value 2 303.15 | | |
| NAFTA Claimed: Blanket <input checked="" type="checkbox"/> NAFTA Not NAFTA Claimed: Certificate <input type="checkbox"/> Claimed: <input type="checkbox"/> | | | I hereby certify that the information given above and on the continuation sheet(s), if any, is true and complete in every respect. Date: 2021-02-12 Signature:  | | | |