

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 285, St-Louis, Warwick, QC, J0A 1M0		(315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		RELEASE NUMBER 271041143932	
SHIP TO: LECLERC FOODS NUTR. ARIZONA 440 SOUTH 51ST AVENUE PHOENIX, AZ (85043) PICK UP CLIENT_		LOCAL CARRIER VOTRE CAMION EXPORTING CARRIER VOTRE CAMION PORT OF ENTRY		NOTIFY Importer of record: Westrock company of Canada Corp 1000 Abernathy Rd. NE Atlanta, GA 30328 EIN: 98-0488513-WA	
BUYER LECLERC FOODS NUTR. ARIZONA LL 91 DE ROTTERDAM_ ST-AUGUSTIN DE DESMAURES, QC (G3A 1S9) IRS: 68-0500243		Ship from (Country/Province) Destination (Country/Province)		TERM OF SALE * DELIVERY * PAYMENT, ETC. N60 FOB <input checked="" type="checkbox"/> PLANT <input type="checkbox"/> DESTINATION OR <input type="checkbox"/>	
Notes Skids : 28 Rolls : Shipping Weight : 28,980 Lbs		CUSTOMS CHGS TO: <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> CONSIGNEE PARTIES TO THE TRANSACTION ARE : NOT RELATED COUNTRY OF ORIGIN : CANADA		DATE OF SALE : 12/02/21 CURRENCY OF SALE CANADIAN	

COUNTRY ORIGIN	*HS CODE:	DESCRIPTION	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CANADA	4819200020	Empty folding carton boxes only	28 980	71,680	.43310	31 044.61

TRANS-WEST LOGISTICS INC.

FILER CODE

TWLP00156516 3



TOTAL Freight Charges - \$ 0.00 PREPAID _____ PREPAID & CHG _____ COLLECT <input checked="" 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: <i>Donna Marie Moreau</i>		PACKAGING \$ OCEAN / INTL \$ DOMESTIC FRT \$ INSURANCE \$		MISC TRANS \$ COMMISSION \$ CONTAINER \$ ASSISTS \$	
SIGNATURE : <i>Donna Marie Moreau</i> STATUS OWNER <input checked="" type="checkbox"/> AGENT		INVOICE TOTAL		31 044.61	