


Bay Brokerage Inc.

P.O. Box 293
County Rte. 191

U.S. CUSTOMS PRO-FORMA INVOICE

Wellesley Island, New York 13640

PAGE NUMBER
1 OF

1 EXPORTER, SHIPPER, SELLER (COMPLETE NAME AND ADDRESS) NAME: Empire Forest Products Ltd. ADDRESS: 3311 Aberdeen Avenue Burlington, ON, L7M 3Y3 PHONE: 905-332-9570				U.S. CUSTOMS CLEARANCE BY: Bay Brokerage Inc.	
3 CONSIGNEE (SHIP TO) (COMPLETE NAME AND ADDRESS) NAME: John Boos & Company ADDRESS: 3601 South Banker St., Effingham, Illinois, 62401 PHONE: 217-347-7701				2 EXPORT REFERENCE NUMBER 5 Place of Lading (City / Province / Country) Burlington, ON 6 Destination (City / State / Country) Effingham, Illinois 8 Country of Origin Canada 9 U.S. Port of Entry Port Huron, MI	
FEDERAL ID/SS # 36-4060778				40	
11 Invoice Date	12 Date of Sale	14 Exchange Rate	15 Currency of Sale U.S.D.	41	
4 BUYER (SOLD TO) COMPLETE NAME AND ADDRESS IF DIFFERENT FROM BLOCK 3) NAME: ADDRESS: PHONE:				17 Gross Weight and Cubage (Metric) 18m3 /46,000 Lbs 10 Pre- carriage by Invoice No. 13 Exporting Carrier Truck No. 16 Freight Rate Route	
7 Terms of Sale - Delivery - Payment F.O.B: <input type="checkbox"/> PLANT or <input type="checkbox"/> DESTINATION or Prices Shown in Column 21 Include: <input type="checkbox"/> U.S. BROKERAGE <input type="checkbox"/> U.S. DUTY / MPF <input type="checkbox"/> FREIGHT Other (Specify)				U.S. Duty and / or Brokerage Charge for: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee or for the Account of	
18 Invoice Item Description (To include marks, numbers & kinds of packages) U.S. Customs requires weights and measures in metric. XQ1: Hard Maple Tariff # 4407930010 18m3 / 46,000 LBS TRANSPORT SALES & SERVICE TSSC1163880  S.L. & C. SEAL NOS.				19 Invoice Unit Quantity 9 Bundles	20 Invoice Unit Price
21 Invoice Total \$ 621014					
22 If goods are not sold, state reason for export			23 Export Permit No.		31 Packaging
24 Estimated freight charges To Point of Exit \$ Or to destination \$			32 Ocean or International Freight		
25 Mode of Transportation from point of exit <input checked="" type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Other			26 Containerized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total No. Pcs. / Pkgs.			Total Cubic Feet		33 Domestic Freight Charges
Dimen. Of Shipment			Dimensional Weight		34 Insurance
Number /Pieces			35 Misc. Trans..		36 Commission
I hereby certify that the information given above is true and complete in every respect				37 Container	
27 Give firm name and address if different from exporter box above. Agent: _____ Shipper: _____ Signature _____ Signature _____				38 Assists	
28 Date _____				39	
29 Status <input type="checkbox"/> Owner <input type="checkbox"/> Agent				Invoice Total	