

Bay Brokerage Inc.

P.O. Box 293


County Rte. 191

Wellesley Island, New York 13640

U.S. CUSTOMS PRO-FORMA INVOICE

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	
FEDERAL ID/SS # 36-4060778				6 Destination (City / State / Country) Effingham, Illinois	
11 Invoice Date		12 Date of Sale		14 Exchange Rate	
15 Currency of Sale U.S.D.		40		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	
(SOLD TO) PARTIES IN THIS TRANSACTION ARE: <input type="checkbox"/> NOT RELATED <input type="checkbox"/> RELATED				10 Pre-carriage by Invoice No.	
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)				13 Exporting Carrier Truck No.	
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.I. & C. SEAL NOS.				16 Freight Rate Route	
19 Invoice Unit Quantity 9 Bundles				20 Invoice Unit Price	
21 Invoice Total \$621014				U.S. Duty and / or Brokerage Charge for: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee or for the Account of	
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 \$		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	
27 Give firm name and address if different from exporter box above. Agent: _____ Shipper: _____ Signature _____ Signature _____		28 Date _____ 30 Status <input type="checkbox"/> Owner <input type="checkbox"/> Agent		32 Ocean or International Freight	
29		33 Domestic Freight Charges		34 Insurance	
35 Misc. Trans..		36 Commission		37 Container	
38 Assists		39		Invoice Total	