

Bay Brokerage Inc.

P.O. Box 293

County Rte. 191

Welliesley Island, New York 13640

U.S. CUSTOMS PRO-FORMA INVOICE

PAGE NUMBER
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1 EXPORTER, SHIPPER, SELLER (COMPLETE NAME AND ADDRESS)				U.S. CUSTOMS	
NAME: Empire Forest Products Ltd.				CLEARANCE BY: Bay Brokerage Inc.	
ADDRESS: 3311 Aberdeen Avenue Burlington, ON, L7M 3Y3				2 EXPORT REFERENCE NUMBER	
PHONE: 905-332-9570				5 Place of Lading (City / Province / Country)	
3 CONSIGNEE (SHIP TO) (COMPLETE NAME AND ADDRESS)				Burlington, ON	
NAME: Central Michigan Hardwoods				6 Destination (City / State / Country)	
ADDRESS: 110 S. 64th Avenue, Coopersville, Michigan, 49404				Coopersville, Michigan, U.S.A.	
PHONE: 616-837-0609				8 Country of Origin	
FEDERAL ID/SS # 38-3384840				9 U.S. Port of Entry	
Canada				Port Huron, MI	
11 Invoice Date	12 Date of Sale	14 Exchange Rate	15 Currency of Sale	40	41
U.S.D.					
4 BUYER (SOLD TO) COMPLETE NAME AND ADDRESS IF DIFFERENT FROM BLOCK 3				17 Gross Weight and Cubage (Metric)	
(SOLD TO) PARTIES IN THIS TRANSACTION ARE: <input type="checkbox"/> NOT RELATED <input type="checkbox"/> RELATED				35 m3	
NAME:				10 Pre-carriage by	
ADDRESS:				Invoice No.	
PHONE:				13 Exporting Carrier	
				Truck No.	
				16 Freight Rate	
				Route	
7 Terms of Sale - Delivery - Payment				U.S. Duty and / or Brokerage Charge for:	
F.O.B: <input type="checkbox"/> PLANT or <input type="checkbox"/> DESTINATION or				<input type="checkbox"/> Shipper <input type="checkbox"/> Consignee	
Prices Shown in Column 21 Include:				or for the Account of	
<input type="checkbox"/> U.S. BROKERAGE <input type="checkbox"/> U.S. DUTY / MPF <input type="checkbox"/> FREIGHT					
Other (Specify)					
18 Invoice Item Description (To include marks, numbers & kinds of packages)				19 Invoice	20 Invoice
U.S. Customs requires weights and measures in metric.				Unit Quantity	Unit Price
88,000 Lbs					
XQ1: Hard Maple Tariff # 4407930010				21 Bundles	\$19,010.70
Weight = 35 m3					
FILER CODE					
GUNTER TRANSPORTATION LTD.					
GUTJ011950 1					
S.L. & C. SEAL NOS.					
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				26 Containerized	32 Ocean or
<input checked="" type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Other				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Freight
Total No. Pcs. / Pkgs. Dimen. Of Shipment Total Cubic Feet Dimensional Weight Number / Pieces					33 Domestic
					Freight
I hereby certify that the information given above is true and complete in every respect					Charges
27 Give firm name and address if different from exporter box above.				28 Date	34 Insurance
				30 Status	35 Misc. Trans.
				<input type="checkbox"/> Owner <input type="checkbox"/> Agent	36 Commission
Agent: Shipper:					37 Container
29 Signature					38 Assists
					39
					Invoice Total