

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 (315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		CUSTOMER NO. RELEASE NUMBER 273000044819 INVOICE DATE 20/01/21					
SHIP FROM: Compagnie WestRock du Canada Corp 433, 2e AVENUE, STE-MARIE BEAUCE, QC, G6E		SHIP TO: WESTROCK MISSISQUOI 369 MILL STREET P.O. BOX 98 SHELDON SPRING, VT (5485)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">LOCAL CARRIER CANADA CARTAGE</td> <td rowspan="3" style="width:50%; vertical-align: top;"> NOTIFY Importer of record: WestRock CP LLC 1000 Abernathy Rd. NE Atlanta, GA 30328 EIN: 36-204125600 </td> </tr> <tr> <td>EXPORTING CARRIER CANADA CARTAGE</td> </tr> <tr> <td>PORT OF ENTRY</td> </tr> </table>		LOCAL CARRIER CANADA CARTAGE	NOTIFY Importer of record: WestRock CP LLC 1000 Abernathy Rd. NE Atlanta, GA 30328 EIN: 36-204125600	EXPORTING CARRIER CANADA CARTAGE	PORT OF ENTRY
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BUYER WESTROCK MISSISQUOI 369 MILL STREET P.O. BOX 98 SHELDON SPRING, VT (5485) IRS :		Ship from (Country/Province)		Destination (Country/Province)					
Notes Skids : 40 Rolls : Shipping Weight : 43,500 Pds		TERM OF SALE * DELIVERY * PAYMENT, ETC. FOB <input checked="" type="checkbox"/> PLANT <input type="checkbox"/> DESTINATION OR <input type="text"/> CUSTOMS CHGS TO: <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> CONSIGNEE PARTIES TO THE TRANSACTION ARE : RELATED COUNTRY OF ORIGIN : CANADA							
		DATE OF SALE : 20/01/21		CURRENCY OF SALE U.S.					

COUNTRY ORIGIN	*HS CODE:	DESCRIPTION	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CANADA	4707900000	BALES WASTE CARDBOARD	43 500	40	25.000	543.75

TOTAL Freight Charges - \$ 0.00 PREPAID <input checked="" type="checkbox"/> PREPAID & CHG <input type="checkbox"/> COLLECT <input 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>Marco Labbe</i>		STATUS ___ OWNER ___ AGENT		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PACKAGING</td> <td style="width:50%;">\$</td> <td style="width:50%;">MISC TRANS</td> <td style="width:50%;">\$</td> </tr> <tr> <td>OCEAN / INTL</td> <td>\$</td> <td>COMMISSION</td> <td>\$</td> </tr> <tr> <td>DOMESTIC FRT</td> <td>\$</td> <td>CONTAINER</td> <td>\$</td> </tr> <tr> <td>INSURANCE</td> <td>\$</td> <td>ASSISTS</td> <td>\$</td> </tr> </table>		PACKAGING	\$	MISC TRANS	\$	OCEAN / INTL	\$	COMMISSION	\$	DOMESTIC FRT	\$	CONTAINER	\$	INSURANCE	\$	ASSISTS	\$
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SIGNATURE : <i>Marco Labbe</i>		INVOICE TOTAL		543.75																	