PROFORMA INVOICE					PAGE 01 OF 01	
NAME AND ADDRESS OF EXPORTER	U.S. CUSTOMS CLEARANCE BY:				CUSTOMER NO.	
WestRock Company of Canada	ENGL CONTRACTOR	BAY BROKERAGE INC.				
15400 Rue Sherbrooke Est		ER CODE BGK			REFERENCE NO.	
Pointes Aux Trembles, QC		L: 315 482 6161			PM000017	
H1A 3S2		FAX: 888 645 1229				
IRS 98-048851300	EMAIL:	AIL: YFAX@BAYBROKERAGEUS.COM			INVOICE DATE	
	PAPS CHEC				Feb.11, 2021	
		BROKERAGEU	S.COM			
Consignee:	LOCAL CAR	LOCAL CARRIER NOTIFY:				
Beidel Printing House						
225 South Lafayette ST	EXPORTING CARRIER					
Shippensburg, PA 17257						
	PORT OF FI	ORT OF ENTRY				
	0111 01 21					
Buyer	Ship From	DESTINATION (Count			ountry / State)	
Beidel Printing House	(Country/Prov	vince) US/PA				
225 South Lafayette ST		ERMS OF SALE * DELIVERY * PAYMENT, ETC.				
Shippensburg, PA 17257 irs 23-1974231	FOB:PLANT _DESTINATION OR					
	CUSTOMS CHGS TO: _SHIPPERCONSIGNEE _				OTHER _ xx	
	PARTIES TO THE TRANSACTION ARE RELATE				ED or NOT RELATED	
Customs Charges to the account of/IOR:	COUNTRY OF ORIGIN : SEE BELOW					
WestRock Company of Canada,	COUNTRY OF ORIGIN, SEE BELOW					
1000 Abernathy Road NE				CURR	ENCY OF SALE	
Atlanta, GA 30071 98-048851300	DATE OF SA	DATE OF SALE: Feb. 112021 US				
98-048831300						
MARKS AND NUMBERS						
18 rolls @ 43976 LBS						
COUNTRY ORIG. *HS CODE DESCRIPTION GROSS WEIGHT NET WEIGHT QUANTITY UNIT PRICE TOTAL						
CANADA 4811.51.20.40 Bacon Board 18 \$56,157.35USD						
DANABA 4011.01.20.40 Bassii Baaia						
BR CARRIER FILER CODE . C Q Q , 114 C						
BRAL003853 FILER CODE 15-2-21 14.0000 ALEXANDRIA BAYINY						
ALEXANDRIA BayINY						
T0T41 01		Containerized				
TOTAL Freight Charges - \$		Yes No	REASON FOR EXPORT: (LOAN, REPAIR, PROCESSING, ETC.)			
PREPAID INCL PREPAID & CHG COLLECT						
Mode of Transportation From Point of Exit	EXPORT PERI	MIT NO.			7	
_X_ROADRAILWATERAIROTHER						
I HEREBY CERTIFY THE INFORMATION GIVEN ABOVE AND ON THE					3	
CONTINUATION SHEET(S) IF ANY, IS TRUE AND COMPLETE IN EVERY RESP	PECT.	PACKAGING	\$	MISC TE	RANS \$	
GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX	OCEAN / INT'L DOMESTIC FRT	\$	COMMI	-		
DATE:	INSURANCE	\$	853,425,53	AINER \$		
Name of Preparer: AGENT FOR WEST ROCK			\$56	6,157.35		
STATUS					,	
SIGNATURE: OWNER	X AGENT	INVOICE TOTAL				
Who was a second						