

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		CUSTOMER NO.	
SHIP FROM: Compagnie WestRock du Canada Corp 433, 2e AVENUE, STE-MARIE BEAUCE, QC, G6E		(315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		RELEASE NUMBER 273000045244	
SHIP TO: ADVANCEPIERRE FOODS 82 ST. JOHN STREET PORTLAND, ME (04102)		LOCAL CARRIER FRL Express inc(r-041132) EXPORTING CARRIER FRL Express inc(r-041132) PORT OF ENTRY		NOTIFY Importer of record: Westrock company of Canada Corp 3000 Abernathy Rd. NE Atlanta, GA 30328 EIN: 98-0488513SM	
BUYER ADVANCE PIERRE FOODS 6100222547 PO BOX 1811 MARYLAND HEIGHTS, MO (63043) IRS : 01-0235540		Ship from (Country/Province)		Destination (Country/Province)	
Notes Skids : 14 Rolls : Shipping Weight : 19,494 Pds		TERM OF SALE * DELIVERY * PAYMENT, ETC. N30 FOB <input type="checkbox"/> PLANT <input checked="" type="checkbox"/> DESTINATION OR <input type="checkbox"/> CUSTOMS CHGS TO: <u>X</u> OTHER <input type="checkbox"/> CONSIGNEE PARTIES TO THE TRANSACTION ARE : NOT RELATED COUNTRY OF ORIGIN : CANADA DATE OF SALE : 15/02/21 CURRENCY OF SALE U.S.			

COUNTRY ORIGIN	*HS CODE:	DESCRIPTION	NET WEIGHT	QUANTITY	UNIT PRICE	TOTAL
CANADA	4819200020	Empty folding carton boxes only	8 637	41,600	.16982	7 064.51
CANADA	4819200020	Empty folding carton boxes only	10 857	126,000	.06636	8 361.36

F R L EXPRESS INC

FILER CODE

FRLO0352656 3



*CROSSING
Jackson me
AT 17H00*

TOTAL Freight Charges - \$ <u>650.00</u>		Containerized <input type="checkbox"/> Yes <input type="checkbox"/> No		IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOAN, REPAIR, PROCESSING, ETC.)	
PREPAID <input checked="" type="checkbox"/> PREPAID & CHG <input type="checkbox"/> COLLECT <input type="checkbox"/>					
Mode of transportation from of exit <input checked="" 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: <u>Marco Labbe</u>		PACKAGING \$		MISC TRANS \$	
		OCEAN / INTL \$		COMMISSION \$	
		DOMESTIC FRT \$		CONTAINER \$	
		INSURANCE \$		ASSISTS \$	
SIGNATURE : <u>Marco Labbe</u>		STATUS <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> AGENT		INVOICE TOTAL 16 075.87	