

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 285, St-Louis, Warwick, QC, J0A 1M0		(315) 482-6161 (315) 482-6161 BAYFAX@BAYBROKERAGEUS.COM PAPS CHECK WWW.BAYBROKERAGEUS.COM		RELEASE NUMBER 271000143994
SHIP TO: DARE FOODS 5750 NORTH BLACKSTOCK RD, 864-574-3273 EXT.125 SPARTANBURG, SC (029301) JAMIE STEELE		LOCAL CARRIER SAVOIE	EXPORTING CARRIER SAVOIE	INVOICE DATE 15/02/21
BUYER DARE FOODS LIMITED (SPARTANB) 25 CHERRY BLOSSOM ROAD CAMBRIDGE, ON (N3H 4R7) IRS : 98-0135168		Ship from (Country/Province)	Destination (Country/Province)	NOTIFY Importer of record: Westrock company of Canada Corp 1000 Abernathy Rd. NE Atlanta, GA 30328 EIN: 98-0488513-WA
Notes Skids : 15 Rolls : Shipping Weight : 15,683 Pds		TERM OF SALE * DELIVERY * PAYMENT, ETC. 1-15 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	6 867	97,650	.08118	7 927.23
CANADA	4819200020	Empty folding carton boxes only	3 819	53,550	.08118	4 347.19
CANADA	4819200020	Empty folding carton boxes only	3 008	42,350	.08118	3 437.97
CANADA	4819200020	Empty folding carton boxes only	1 990	28,000	.08118	2 273.04

Champlain, NY
02/15/21
15H PM

SAVOIE INC.
SVIE 00059110 3



TOTAL Freight Charges - \$ 2 866.00		Containerized Yes No		IF GOODS NOT SOLD, STATE REASON FOR EXPORT (LOAN, REPAIR, PROCESSING, ETC.)	
PREPAID <u>X</u> PREPAID & CHG COLLECT					
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		PACKAGING	\$	MISC TRANS	\$
DATE Name of preparer: CHARLES PARADIS		OCEAN / INTL	\$	COMMISSION	\$
SIGNATURE : <i>Charles Paradis</i>		DOMESTIC FRT	\$	CONTAINER	\$
STATUS OWNER <u>X</u> AGENT		INSURANCE	\$	ASSISTS	\$
		INVOICE TOTAL		20 851.43	