

PROFORMA INVOICE

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| NAME AND ADDRESS OF EXPORTER<br>WestRock Company of Canada Corp.<br>A-15400 Sherbrooke Est,<br>Montreal, Quebec<br>H1A 3S2 |  | U.S CUSTOMS CLEARANCES BY:<br><b>BAY BROKERAGE INC.</b><br>FILER CODER BGK   |  | CUSTOMER NO.  |  |
| SHIP FROM:<br>Compagnie WestRock du Canada Corp<br>433, 2e AVENUE, STE-MARIE BEAUCE, QC, G6E                               |  | (315) 482-6161 (315) 482-6161<br>BAYFAX@BAYBROKERAGEUS.COM<br>PAPS CHECK<br>WWW.BAYBROKERAGEUS.COM   |  | RELEASE NUMBER<br><b>273000045224</b>   |  |
| SHIP TO:<br>WESTROCK MISSISQUOI<br>369 MILL STREET P.O. BOX 98<br><br>SHELDON SPRING, VT (5485)                            |  | LOCAL CARRIER<br>CANADA CARTAGE<br><br>EXPORTING CARRIER<br>CANADA CARTAGE<br><br>PORT OF ENTRY  |  | NOTIFY<br><b>Importer of record:</b><br>WestRock CP LLC<br>1000 Abernathy Rd. NE<br>Atlanta, GA 30328<br><br>EIN: <b>36-204125600</b> |  |
| BUYER<br><br>WESTROCK MISSISQUOI<br><br>369 MILL STREET P.O. BOX 98<br><br>SHELDON SPRING, VT (5485)<br>IRS :              |  | Ship from<br>(Country/Province)  |  | Destination<br>(Country/Province)   |  |
| Notes<br>Skids : 38<br>Rolls :<br>Shipping Weight : 43,500 Pds   |  | TERM OF SALE * DELIVERY * PAYMENT, ETC.<br>FOB <input checked="" type="checkbox"/> PLANT <input type="checkbox"/> DESTINATION OR <input type="text"/><br><br>CUSTOMS CHGS TO: <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> CONSIGNEE<br>PARTIES TO THE TRANSACTION ARE : RELATED<br>COUNTRY OF ORIGIN : CANADA |  |   |  |
|  |  | DATE OF SALE : 15/02/21  |  | CURRENCY OF SALE<br>U.S.  |  |

| COUNTRY ORIGIN | *HS CODE:  | DESCRIPTION             | NET WEIGHT | QUANTITY | UNIT PRICE | TOTAL  |
|----------------|------------|-------------------------|------------|----------|------------|--------|
| CANADA         | 4707900000 | BALES WASTE CARDBOARD   | 41 500     | 36       | 25.000     | 518.75 |
| CANADA         | 4707900000 | GAYLORD WASTE CARDBOARD | 2 000      | 2        | 1.000      | 1.00   |

|  |  |   |               |   |            |    |
|--|--|---|---------------|---|------------|----|
| TOTAL Freight Charges - \$ <u>0.00</u>   |  | Containerized<br><input type="checkbox"/> Yes <input type="checkbox"/> No |               | IF GOODS NOT SOLD, STATE<br>REASON FOR EXPORT<br>(LOAN, REPAIR, PROCESSING, ETC.) |            |    |
| PREPAID <input checked="" type="checkbox"/> PREPAID & CHG <input type="checkbox"/> COLLECT <input type="checkbox"/>  |  |   |               |   |            |    |
| Mode of transportation from of exit<br><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<br>CONTINUATION SHEET(S) IF ANY, IS TRUE AND COMPLETE IN EVERY<br>RESPECT. GIVE FIRM NAME AND ADRESSE IF DIFFERENT FROM EXPORTER BOX<br><br>DATE<br>Name of preparer: <u>Marco Labbe</u><br><br>SIGNATURE : <u>Marco Labbe</u><br><br>STATUS<br><input type="checkbox"/> OWNER <input checked="" type="checkbox"/> AGENT |  |   | PACKAGING     | \$  | MISC TRANS | \$ |
|  |  |   | OCEAN / INTL  | \$  | COMMISSION | \$ |
|  |  |   | DOMESTIC FRT  | \$  | CONTAINER  | \$ |
|  |  |   | INSURANCE     | \$  | ASSISTS    | \$ |
|  |  |   | INVOICE TOTAL |   | 519.75     |    |