| SHIPPER'S LETTER OF INSTRUCTIONS (SLI)  |   |   |   |                 |  |                          |                                    |                        |                             |
|---|---|---|---|-----------------|--|--------------------------|------------------------------------|------------------------|-----------------------------|
| 1. USPPI Name:  |   |   | 3. Freight Location Company Name:                             |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
| 2. USPPI Address Including Zip Code:  |   |   | <ol> <li>Freight Location Address (if not box #2):</li> </ol> |                 |  |                          | EXPRESS FORWARDING                 |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
| 6. USPPI EIN (IRS) No:  |   |   | 7. Related Party Indicator (select one):                      |                 |  |                          | Related                            | Non-Re                 | elated                      |
| 8. USPPI Reference#:  |   |   | 9. Routed Export Transaction (select one):                    |                 |  |                          | 🗌 Yes                              | 🗌 No                   |                             |
| 10. Ultimate Consignee Name & Address:  |   |   | 11. Ultimate Consignee Type (select one):                     |                 |  |                          | 12. Intermediate Co                | nsignee Name           | & Address:                  |
|   |   |   | Direct Consumer   |                 |  |                          |                                    |                        |                             |
|   |   |   | Government Entity Reseller                                    |                 |  |                          |                                    |                        |                             |
|   |   |   | Other/Unknown   |                 |  |                          |                                    |                        |                             |
| 13. State of Origin:  |   |   | 16. In-Bond Code:   |                 |  |                          | 19. TIB / Carn                     | et?                    |                             |
| 14. Country of Ultimate Destination:  |   |   |   |                 | 17. Entry Number:                                      |                          |                                    | ☐ Yes                  |                             |
| 15. Hazardous Material:   |   |   | Yes 🔄 No 18. FTZ Identifier:                                  |                 |  |                          | 🗌 No                               |                        |                             |
| SPECIAL INSTRU  |   |   |   |                 | SHIPPER MUST CHECK                                     |                          |                                    |                        |                             |
|   |   |   | PREPAID COLLECT COD \$  |                 |  |                          |                                    |                        |                             |
|   |   |   |   | SOL             | DIRECT 🗌 AIR   |                          | EAN                                |                        |                             |
| SHIPPER REQUEST INSURANCE Reference TSA cargo security  |   |   |   |                 | IN CASE OF INABILITY TO DELIVER CONSIGMENT AS ASSIGNED |                          |                                    |                        |                             |
| 🗌 Yes 🗌 🛚   | requirements, the authorized shipper signature on this form     |   | ABANDON RETURN TO SHIPPER                                     |                 |  |                          |                                    |                        |                             |
| DOCUMENTS ENC   | provides consent that shipper's<br>cargo can be screened and/or |   | DELIVER TO:   |                 |  |                          |                                    |                        |                             |
|   |   |   | inspected by CARGO EXPRESS<br>FORWARDING, INC, authorized     |                 |  |                          |                                    |                        |                             |
|   |   |   | representative, and/or air carrier,                           |                 |  |                          |                                    |                        |                             |
| 20  | per TSA rules and   | -   |   |                 |  | 20                       |                                    |                        |                             |
| 20.<br>Domestic Sched   | 21.<br>Jule B / HTS Number and                                  | 22.<br>Quantity in  | 23.<br>DDTC   | 24.<br>Shipping | 25.<br>ECCN, EAR99                                     | 26.<br>S Expo            | 27.<br>rt License No., License     | 28.<br>Value at the    | 29.<br>License Value        |
| or <mark>Cor</mark>   | mmercial Commodity  | Schedule B /  | Quantity and  | Weight          | or USML  | M                        | Exception Symbol,                  | Port of Export         | by item (if                 |
| Foreign<br>(D/F) For V  | Description<br>Vehicles: VIN/Year, Make,                        | HTS Units   | DDTC Unit of<br>Measure                                       | (in Kilos)      | Category No.   | E D<br>(Y/               | DTC Exemption No.,<br>DDTC ACM No. | (US Dollars)           | applicable)<br>(US Dollars) |
|   | and Vehicle Title Number  |   | Weasure   |                 |  | (1)<br>N)                | or NLR                             |                        | (05 Donars)                 |
|   | are required  |   |   |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
|   |   |   |   |                 | 31. Eligible Party Certification: Yes No               |                          |                                    |                        |                             |
| Check here if there are any remaining non-licensable Schedule B / HTS Numbers that are valued \$2500.00 or less and that do not otherwise require AES filing.   |   |   |   |                 |  |                          |                                    |                        |                             |
| Check   | here if the USPPI author  | izes the above  | e named forwa   | order to act as | its true and la  | wful agent fo            | r purposes of preparing            | and filing the El      | ectronic Export             |
| 33  | nation ("EEI") in accordar                                      |   |   |                 |  |                          |                                    |                        |                             |
| 34. I certify that the statements made and all information contained herein are true and correct. I understand that civil and criminal penalties, including forfeiture and  |   |   |   |                 |  |                          |                                    |                        |                             |
|   | sed for making false and<br>22 U.S.C. Sec. 401, 18 U.S.         |   |   |                 | provide the req  | uested infor             | mation or for violation o          | f U.S. laws on ex      | portation (13               |
| Confidential for use sole   | ,   |   |   | ,               | thorizes the above                                     | named Compar             | iy, in his name and on his beha    | lf, to prepare any exp | port documents, to          |
| Confidential for use solely for official purposes Note: The Shipper or his authorized Agent hereby authorizes the above named Company, in his name and on his behalf, to prepare any export documents, authorized by the secretary of commerce (13 u.s.c. 301 (g)). Export Shipments are subject to inspection by employees. The shipper guarantees payment of all collect charges in the event the consignee refuses payment. Hereunder the sole responsibility of the |   |   |   |                 |  |                          |                                    |                        | tariffs of the carriers     |
| U.S. Customs Service an   |   | e reasonable care in the selection of carriers, forwarders, agents and ot |   |                 |  |                          |                                    |                        |                             |
| Enforcement. transport is subi<br>35. USPPI E-mail Address:   |   |   | ect to inspection.  |                 |  | 36. USPPI Telephone No.: |                                    |                        |                             |
|   | ne of Duly authorized o   |   |   |                 |  |                          |                                    |                        |                             |
| 37. Finted Nam<br>38. Signature:  |   |   | oloyee.   |                 | 39. Title:   |                          |                                    | 40. Date:              |                             |
|   |   |   |   |                 |  |                          |                                    |                        |                             |
| 41. 🛄 Check he  | <mark>ere to validate Electronic</mark>                         | Signature. El   | ectronic signat   | tures must be   | typed in all cap                                       | oital letters in         | n Box 38 in order to be v          | alid.                  |                             |