SMLINE CORPORATION BILL OF LADING

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								(NON NEGOTIAB	LE)	
SHIPPER/EXPORTER(COMPLETE	NAME AND ADDRE	ESS)			BOOKING NO.	((DOCUMENT NO.)	EXPORT DEC		
SUZHOU MEGATEX IMP	ORT &				SHFF3B860400	SHFF3B860400 SHA4101600063 Y				
EXPORT CO., LTD				EXPORT REFERENCES						
ROOM 2201, GOLD RIVER CENTER										
NO.88 SHISHAN ROAD	SUZHOU CH	INA								
CONSIGNEE/COMPLETE NAME AND ADDR	ESS/NON-NEOTIARI E I	INI ESS CONSIGNED TO ORE)FR		FORWARDING AGENT R	PEFERENCES/C	OMPLETE NAME AND	ADDRESS)		
CONSIGNEE(COMPLETE NAME AND ADDRESS/NON-NEOTIABLE UNLESS CONSIGNED TO ORDER AMERICAN HOME MANUFACTURING LLC					FORWARDING AGENT REFERENCES(COMPLETE NAME AND ADDRESS) SIJIN INT'L TRANSPORT CO.,LTD					
4 CORPORATE PLACE					FLOOR A7003, NO. 456 WUJIN RD, HONGKOU					
PISCATAWAY,NJ 08854					DISTRICT SHANGHAI, CHINA					
TIBCATAWAT, NO 0000	-1				DIBINIEI BIII	1110111111, 011	11111			
NOTIFY PARTY(COMPLETE MAILING ADDRESS)					POINT AND COUNTRY OF ORIGIN					
AMERICAN HOME MANUFACTURING LLC										
4 CORPORATE PLACE					ALSO NOTIFY(NAME AND FULL ADDRESS)/DOMESTIC ROUTING					
PISCATAWAY,NJ 0885	4									
PIER OR PLACE OF RECEIPT * PRE-CARRIAGE BY *					1					
SHANGHAI										
VESSEL VOY (FLAG)		DODT OF LOADING			TYPE OF MOVE CONTAINERIZED(Vessel only)					
HMM EMERALD 0004E		PORT OF LOADING SHANGHAI			77					
PORT OF DISCHARGE	PLACE OF DELIVERY (BY ON CARRIER)* LOS ANGELES, CA			V Yes No FINAL DESTINATION(FOR THE MERCHANT'S REFERENCE ONLY)						
LOS ANGELES, CA										
				ICULARS FUE	RNISHED BY SHIPPER				_	
CONTAINER NO. SEA MARKS & NOS.	AL NO	NO OF PKGS. OR CONTAINERS	DIM I		GES:DESCRIPTIONOF GOODS		TOTAL GROSS WEIGHT KGS(POUNDS)	TOTAL MEASUREMENT CBM(CFT)	_	
WARRO & NOS.		UR CUNTAINERS	=	SHIPPE	R'S LOAD & COU		18,206.20	00 67.99	0	
		-								
BEAU6288000 D5 CY/CY 3139 CARTONS IN T					TOTAL					
S/SML138948 3139CT 1X40HC CONTAINER(S)					SAID TO CONTA	AIN:				
18206.200KGS	L			1						
PO#:							7 5	á		
STYLE: PO#33853&339					956					
COLOR:					956 956					
LABEL:						1150	10/10/			
QYT:						\otimes 71 11	1			
DIMENSIONS:					- A	())] $^{\circ}$	ID.			
NW:										
GW:					=FREIGHT COLLECT= CY/CY					
MADE IN CHINA										
					J					
11/100					=FREIGHT COLLECT=					
$II_{\mathcal{O}}$					-FREIGHT CONNECT- CY/CY					
								01/0	-	
TOTAL NO. OF PACKAGES 15	(40HC CONT)	Shipper's decla AINER(S) ONL'		ue [see C	lause 15 and/or 16]				—	
OR CONTAINERS(IN WORDS)		<u> </u>	_		1					
FREIGHT AND CHARGES	RATED AS	RATE		PER	PREPAID	COL	LAD	EN ON BOARD THE		
AEN240277							VES	SEL		
							Dota	0.421 0.00.4		
								04Nov2024		
							BY St	usan ZHANG		
							DI ACI	E OF B(s)/L ISSUE	—	
								* *		
								NGHAI, CN		
								F ORIGINAL B(s)/L SIGNED		
								REE (3)		
								OF B(s)/L ISSUE		
			,				-	Iov2024		
Received in apparent good order and condit marks, quality, contents and value unknown-			or T				BILL C	OF LADING NO.		
units enumerated for carriage from the place terms hereof. Delivery will be made to the Co	of receipt to the place	e of delivery subject to the								
production of proof of identity at the place of	delivery. The Carrier t	o exercise due care ensur								
that delivery is made to the proper party. How responsibility will be accepted unless due to	fault or neglect on the	part of the Carrier. Should	d							
the Consignee require delivery elsewhere than at the place of delivery as shown above, then written instruction must be given by the Consignee to the Carrier or his agent.						SMLMSHFF3B860400				
Should delivery be required to be made to a rization must be given in writing by the S			o L			SMI INF	CORPORAT	ION		
g		3	_			CIVILINE		IOIT		

Should delivery be required to be made to a party other than that named as Consignee authorization must be given in writing by the Shipper to the Carrier or his agent.

In witness whereof, the undersigned, on behalf of SM LINE CORPORATION as the Carrier, has signed the number of Waybill(s) stated above, the same tenor and date.

*Applicable only when used for multimodal or through transportation. * *Check "HM" column if hazardous material.

As Carrier

BY ____