

SHIPPER'S LETTER OF INSTRUCTIONS

U.S. PRINCIPAL PARTY IN INTEREST (USPPI) <i>(Complete name and address)</i>		DATE OF EXPORTATION		BILL OF LADING/AIR WAYBILL NO.	
EXPORTER'S EIN (IRS) NUMBER		PARTIES TO TRANSACTION <input type="checkbox"/> Related <input type="checkbox"/> Non-related		LRG INTERNATIONAL INC. PHONE (813) 885-6061 FAX (813) 890-9362 www.lrgtransport.com	
ULTIMATE CONSIGNEE		ZIP CODE			
INTERMEDIATE CONSIGNEE		POINT (STATE) OF ORIGIN OR FTZ NO.			
FORWARDING AGENT		COUNTRY OF ULTIMATE DESTINATION			
LOADING PIER <i>(Vessel only)</i>	MODE OF TRANSPORT <i>(Specify)</i>	14. CARRIER IDENTIFICATION CODE	15. SHIPMENT REFERENCE NO.		
EXPORTING CARRIER	PORT OF EXPORT	16. ENTRY NUMBER	17. HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No		
PORT OF UNLOADING <i>(Vessel and air only)</i>	CONTAINERIZED <i>(Vessel only)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	18. IN BOND NUMBER	19. ROUTED EXPORT TRANSACTION <input type="checkbox"/> Yes <input type="checkbox"/> No		
SHIPPER'S REF. NO.	DATE	SHIP VIA <input type="checkbox"/> AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> CONSOLIDATE <input type="checkbox"/> DIRECT			

SCHEDULE B DESCRIPTION OF COMMODITIES / MARKS, NOS., AND KINDS OF PACKAGES					
D/F or M (21)	SCHEDULE B NUMBER (22)	QUANTITY - SCHEDULE B UNIT(S) (23)	SHIPPING WEIGHT <i>(Kilograms)</i> (24)	VIN / PRODUCT NUMBER/ VEHICLE TITLE NUMBER (25)	VALUE <i>(U.S. dollars, omit cents)</i> <i>(Selling price or cost if not sold)</i> (26)

27. LICENSE NO. / LICENSE EXCEPTION SYMBOL / AUTHORIZATION	28. ECCN <i>(When required)</i>	SHIPPER MUST CHECK <input type="checkbox"/> PREPAID OR <input type="checkbox"/> COLLECT
29. Duly authorized officer or employee		C.O.D. AMOUNT \$
MUST SIGN THE FIRST BUFF EXPORT DECLARATION WITH PEN & INK.		SPECIAL INSTRUCTIONS
NOTE: 1. IF YOU ARE UNCERTAIN OF THE SCHEDULE B COMMODITY NO.-DO NOT TYPE IT IN-WE WILL COMPLETE WHEN PROCESSING THE 7525V. 2. IF YOU HAVE SHIPPED THIS MATERIAL TO US VIA AN INLAND CARRIER-PLEASE GIVE US THE INLAND CARRIER'S NAME, SHIPPING DATE, AND RECEIPT OR PRO. NO.(IF AVAILABLE) THIS WILL HELP US EXPEDITE YOUR SHIPMENT WITH THE INLAND CARRIER. 3. BE SURE TO PICK UP TOP SHEET AND SIGN THE FIRST BUFF EXPORT DECLARATION WITH PEN AND INK.		SHIPPER'S INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT AS CONSIGNED <input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER <input type="checkbox"/> DELIVER TO SHIPPER'S REQUESTS INSURANCE <input type="checkbox"/> YES \$ <input type="checkbox"/> NO <small>If Shipper has requested insurance as provided for at the left hereof, shipment is insured in the amount indicated (recovery is limited to actual loss) in accordance with the provisions as specified in the Carrier's Tariffs. Insurance is payable to Shipper unless payee is designated in writing by the shipper.</small>

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, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The shipper guarantees payment of all collect charges in the event the consignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipment.