

| DOCUMENTO DE OPERACIÓN PARA DESPACHO ADUANERO (DODA).  |          |                                 | Página 1 de 1  |
|--|----------|---------------------------------|--|
| No. DE INTEGRACIÓN:<br>140236354   |          | PATENTE O AUTORIZACIÓN:<br>3905 | CÓDIGO DE BARRAS<br>BIDIMENSIONAL<br> |
| FECHA DE EMISIÓN: 2026-02-03 18:24:34  |          |                                 |  |
| N° TOTAL DE PEDIMENTOS Y/O AVISOS CONSOLIDADOS DE LA OPERACIÓN:  |          | 1                               |  |
| CONTENEDORES/EQUIPO DE FERROCARRIL/N° ECONÓMICO DEL VEHÍCULO:  | CANDADOS | SECCIÓN ADUANERA DE DESPACHO:   |  |
| HMKD803156   |          | 240 NUEVO LAREDO, TAMAULIPAS.   |  |
| CADENA ORIGINAL:   240 3905 1 6000859 140236354 P862189 HMKD803156 2026-02-03 18:24:35   |          |                                 |  |
| FOLIO FISCAL DE CFDI CON COMPLEMENTO CARTA PORTE:  |          |                                 |  |
| 329507CA-5065-4E0E-A16D-76D59573F8E0   |          |                                 |  |
| FIRMA DEL REPRESENTANTE LEGAL, AGENTE ADUANAL, AGENCIA ADUANAL O APODERADO:  |          |                                 |  |
| N° DE SERIE DEL CERTIFICADO: 00001000000702745377  |          |                                 |  |
| SELLO DIGITAL: VE5SXJ1Zk2pEGB0L9Gt9NL4ipvIWJk2R/EdylapFP1Eg3515fj7hzYaWXn1bEvMcnbrXsXjZNOgFxTytynY7zYW8AgAYV0rINw3JARQVzPgD9dcym/nq2L198kcgXv82GiJQftCzc/kXeMzCOuI6uqmY8KmU5caLrYyT1DaBUhnikPPoNIFgJAFw5XP3Qj60TRn29w99whFRc0tP+fszyWC30aRZwAV7C8KM2MRTYOc09zd10PGdaQ4cvU4L0mffDdzj+ngV2grI05yBHxSS8qSnSSGMnmAXGlyslunQI8G84XceYWiHgoBFXeFEW3lrw+K/fL/bpUP7gBNmD3A== |          |                                 |  |
| SELLO DEL SAT:   |          |                                 |  |
| N° DE SERIE DEL CERTIFICADO: 20000108888800000041  |          |                                 |  |
| SELLO DIGITAL: P+TQa9iVQ6Twhx/3/kawiDdlie7g/yOCZxTVkKQZkqilLkf2LRxJ0Vyh6RSDVygUt/j55sLTr2vqpzHbBsFAZq/LTyfZfZfLswLyFzs0BLBtQJGj3zvrDsQv4gsuUoNM0VVbqXLFMxZI4ObCoCAE001hrF41WUU2Vh7Vw9ous=  |          |                                 |  |

2-4-26

EN 02603771

1129

HMKD803156

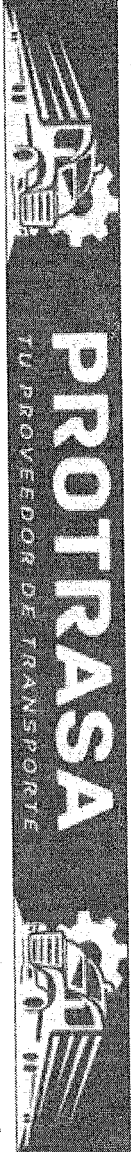
AP

0017  
0015

DECLARO BAJO PROTESTA DE DECIR VERDAD, EN LOS TÉRMINOS DE LO DISPUESTO POR EL ARTÍCULO 81 DE LA LEY, REPRESENTANTE LEGAL, AGENTE ADUANAL, AGENCIA ADUANAL O APODERADO.

ALEJANDRO PEREZ HERRERA

\*La fecha y hora de emisión corresponden a la hora centro del país



Nuevo Laredo, Tamaulipas a 31 de Enero del 2026 08:10HRS

Folio: 2258

\$10USD

Tracto camión: 9897

Placas: 64-BA-5C

Remolque: HMKD-803156

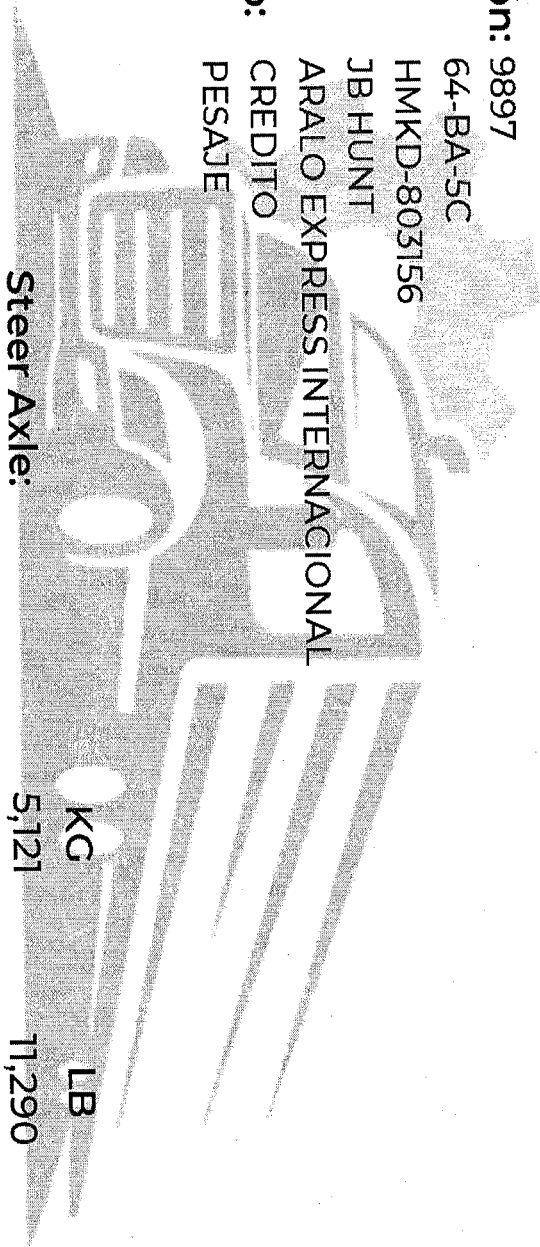
Cliente: JB HUNT

Factura: ARALO EXPRESS INTERNACIONAL

Tipo de pago: CREDITO

Servicio: PESAJE

Comentario:



Steer Axle:

KG

LB

Drive Axle:

15,363

33,870

Trailer Axle:

13,399

29,540

Gross Weight:

33,883

74,700

# PROTRASA

TU PROVEEDOR DE TRANSPORT E INCLUYE REPESAJE

CONTACTO

TEL. MEX 81 31 27 425, CAROL AMARAL  
EIDO EL PROGRESO, C.P. 88123  
NUEVO LAREDO, TAM. 878



bascula.nld@protrasa.com.mx



(464) 215 0611



|                      |            |
|----------------------|------------|
| Código               | F2101006-6 |
| Revisión             | C          |
| Páginas              | 1 de 1     |
| Fecha de efectividad | 09 MAY 25  |

REGISTRO DE CONOCIMIENTO DE EMBARQUE / BILL OF LADING

FECHA / DATE: 30 ene 26

REFERENCIA NO. / OUR REF. NO. 8509852

ORIGINAL - NO NEGOCIABLE / ORIGINAL - NOT NEGOTIABLE

SE CERTIFICA QUE LA PROPIEDAD DE ESTE RECIBO FUE IMPORTADA EN / IT IS CERTIFIED THAT THE PROPERTY IN THIS RECEIPT WAS IMPORTED IN THE

| EMBARCADOR / SHIPPER   | TRANSPORTISTA ORIGINARIO / ORIGINATING CARRIER |
|--|--|
| COMPañIA / COMPANY NAME: BAXTER, S.A. DE C.V.<br>DIRECCIÓN / ADDRESS: AVENIDA DE LOS 50 METROS No. 2<br>CIUDAD, ESTADO, CP / CITY, STATE, ZC CIVAC, JIUTEPEC MORELOS C.P. 62578<br>CONTACTO / CONTACT: Rojas Estrada Sebastian<br>TELEFONO / PHONE NUMBER: MEXICO, TEL.: (777) 329-60-00 | JB HUNT  |
|  | ADUANA / FROM PORT OF                          |
|  | NUEVO LAREDO                                   |
| CONSIGNADO A / CONSIGNED TO  | AGENTE ADUANAL / CUSTOMS BROKER                |
| COMPañIA / COMPANY NAME: VANTIVE US HEALTHCARE LLC<br>DIRECCIÓN / ADDRESS: 4551 E PHILADELPHIA ST. ONTARIO<br>CIUDAD, ESTADO, CP / CITY, STATE, ZC ONTARIO CA 91781-2316<br>CONTACTO / CONTACT: Te. 224.270.2245<br>TELEFONO / PHONE NUMBER: GMB-ontario3pl@cardinalhealth.com           | MOVERS   |
|  | TRANSPORTISTA IMPORTADOR / IMPORT CARRIER      |
|  | JB HUNT  |

| DESTINO / DESTINY | CONTENEDOR NO. / CONTAINER NO. | SELLO / SEAL         |
|-------------------|--------------------------------|----------------------|
| Ontario, CA       | HMKD803156                     | 00000 17<br>00000 15 |

| NO PALLETS / NO. OF PALLETS | DESCRIPCION DE ARTICULOS, MARCAS ESPECIALES / DESCRIPTION OF ARTICLES, SPECIAL MARKS | PESO (LBS) / WEIGHT (LBS) | LEAN ID | PO       |
|-----------------------------|--|---------------------------|---------|----------|
| 20                          | DIANEAL LOW CA 1.5% DEX 6L/6L  | 43,356.14                 | 221821  | 63727350 |

CON CITA EL: AGENDE CITA / With appointment On: SCHEDULE APPOINTMENT

RECIBIDO POR / RECEIVED BY

Sujeto a las tarifas legalmente vigentes en la fecha de emisión de este conocimiento de embarque / Subject to the lawfully filed tariffs in affect on the date of the issue of this Bill of lading

FIRMA / SIGNATURE

REALIZADO POR: S. Rojas 30 ene 26

Vantive Confidencial - Solo para uso interno

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB No. 1651-0024  
Exp. 04-30-2015

**ENTRY/IMMEDIATE DELIVERY**

CARMICHAEL INTERNATIONAL SERVICE  
8402 EL GATO ROAD  
LAREDO, TX

BOX NO.

CST: 136

19 CFR 142.3, 142.16, 142.22, 142.24

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| 1. ARRIVAL DATE<br>13026  | 2. ELECTED ENTRY DATE<br>13026       | 3. ENTRY TYPE CODE/NAME<br>01 FREE & DUTIA                        | 4. ENTRY NUMBER<br>442-8256090-1                                     |
| 5. PORT<br>2304   | 6. SINGLE TRANS. BOND                | 7. BROKER/IMPORTER FILE NUMBER<br>01880126001012000               |  |
|   | 8. COSIGNEE NUMBER<br>93-382831100   |   | 9. IMPORTER NUMBER<br>SAME   |
| 10. ULTIMATE CONSIGNEE NAME<br>VANTIVE US HEALTHCARE<br>510 LAKE COOK RD<br>DEERFIELD, IL 60015 |                                      | 11. IMPORTER OF RECORD NAME<br>SAME                               |  |
| 12. CARRIER CODE<br>AXHG ARALO EXPRESS S A  | 13. VOYAGE/FLIGHT/TRIP               | 14. LOCATION OF GOODS-CODE(S), NAME(S)<br>V641 WORLD TRADE BRIDGE |  |
| 15. VESSEL CODE/NAME  |                                      |   |  |
| 16. U.S. PORT OF UNLADING<br>2304   | 17. MANIFEST NUMBER                  | 18. G.O. NUMBER   | 19. TOTAL VALUE<br>10059   |
| 20. DESCRIPTION OF MERCHANDISE<br>DIANEAL LOW CA 1.5% DEX 6L/6L                                 |                                      |   |  |
| 21. IT/BL/AWB CODE<br>M   | 22. IT/BL/AWB NO.<br>AXPG44282560901 | 23. MANIFEST QUANTITY<br>20                                       | 24. H.S. NUMBER<br>99030104<br>99030127<br>3004909270                |
|   |                                      |   | 25. COUNTRY OF ORIGIN<br>MX<br>MX<br>MX                              |
|   |                                      |   | 26. MANUFACTURER ID.<br>MXBAXSA50JIU<br>MXBAXSA50JIU<br>MXBAXSA50JIU |

27. CERTIFICATION

I hereby make application for entry/immediate delivery. I certify that the above information is accurate, the bond is sufficient, valid, and current, and that all requirements of 19 CFR Part 142 have been met.

SIGNATURE OF APPLICANT

CARMICHAEL INTER ATTORNEY  
IN-FACT

PHONE NO. DATE 956-722-8900

FAX 2132500710 1/30/26

29. BROKER OR OTHER GOVT. AGENCY USE

INVOICE EF 577931

TRAILER HMKD803156

GW 19666 KG

LID 221821

28. CBP USE ONLY

OTHER AGENCY ACTION REQUIRED, NAMELY:

CBP EXAMINATION REQUIRED.

ENTRY REJECTED, BECAUSE:

|                      |           |      |
|----------------------|-----------|------|
| DELIVERY AUTHORIZED: | SIGNATURE | DATE |
|----------------------|-----------|------|

1105

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0024. The estimated average time to complete this application is 15 minute. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington, DC 20229.

CARLOSV

CBP Form 3461 (10/09)