

DOCUMENTO DE OPERACIÓN PARA DESPACHO ADUANERO (DODA).			Página 1 de 1
No. DE INTEGRACIÓN: SATN20260309800141608627		PATENTE O AUTORIZACIÓN: 3389	
FECHA DE EMISIÓN: 2026-03-09 10:36:04			
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:	
550		800 COLOMBIA, NUEVO LEON.	
CADENA ORIGINAL: 800 3389 1 6003021-COVE267zQIYT3 SATN20260309800141608627 550 550 2026-03-09 10:36:05			
FOLIO FISCAL DE CFDI CON COMPLEMENTO CARTA PORTE : c6218787-19cf-4c77-8377-ba266cb8e85e			
FIRMA DEL REPRESENTANTE LEGAL, AGENTE ADUANAL, AGENCIA ADUANAL O APODERADO:			
N° DE SERIE DEL CERTIFICADO: 00001000000515679144			
SELLO DIGITAL: QwFHSUqHdfCjiuzpxppAZVMmDTtCVpzYEyL82EPIzG5cdvFamLE0Cz58Vxf47v8uQ4w+RheEwGdpOnHFz/VuS0SI8/c42tOz35L1zwb2QkhoWVvgiUc8oYAlI9NRz1JwK7u531Nx8J+Huk3iiHE64ctUMoMZcztzqIZAxYoICcj7uSpVzpOillAM3ecEDRsD8Xtlyv233HkDo9jmWH5bfDXU2HPmYRyI1fwo1IidOu33bHY8eI3Arfash9gqD7v8azDVLiIM3I8nszWiJRwz0X56N3wVSYHZw0ISquysi6c//QIT0aGwijKGraek7KH15hm22yinV37V9zcAfKrMA==			
SELLO DEL SAT:			
N° DE SERIE DEL CERTIFICADO: 20000108888800000041			
SELLO DIGITAL: 5nezC61V0tH9oOofhUHiqeyGbnF6XRQ+DMTmI1dr9xb+xaE5eliQa8n0GeVopWUhwuUQGu03A2Uq3sv974utiN3MgjsBieoSECCJz9eBuzec4jrWqyZNR8WawT7XfkKYBQHf2XG6k57S5qrwIbr56gvYIdjo+W4viYjpp876uQI=			

03/09/26

ENT 2606640

098963

550

098962

1442

DOCK 49

S.B

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.

JUAN DE JESUS BARAJAS ACEVES

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

BILL OF LADING - ME 923983153

Date: 3/6/26

SHIP FROM

Name: L'OREAL SLP SA DE CV
 Address: SHANGAI NO 107 LOTE 208 M 2
 City/State/Zip: LAGUNA DE SAN VICENTE, SL 79525
 Contact: UNKNOWN Phone: 555-555-1212
 PU Number:

Shipment Number: 923983153



Parcel Tracking ID: 17UE1S
 House BOL Number:

SHIP TO

Name: L'OREAL USA CONSUMER PRODUCTS DIVISION
 Address: 3434 ALTAMOORE DR STE 100
 City/State/Zip: DALLAS, TX 75241
 Delivery Date: 03-19-2026
 Contact: Unknown Phone: 555-555-1212
 Shipment Number: TR732304

CARRIER NAME: J.B. HUNT TRANSPORT, INC. (ICS)

Trailer number: TLH 550
 Seal number(s): 098962-098963

SCAC: HJBB Mileage : 904 Miles
 Pro number:

BILL FREIGHT CHARGES TO:

L'Oreal USA C/O Uber Freight
 PO Box 425
 Lowell, AR 72745 USA

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)

Prepaid: Prepaid Add: Collect: 3rd Party:

(check box) Master Bill of Lading: with attached underlying Bills of Lading

DO NOT BREAK SHIPPER SEAL/NO TRANS-LOADING: CARGO CLAIM MAY RESULT.

Accessorials: Hazardous Materials

SPECIAL INSTRUCTIONS:

Hazardous Material Emergency - Call InfoTrac - (US) 800-535-5053; (INTL) +1-352-323-3500
 Carrier is required to immediately notify the L'Oréal Security Command Center @ +1 (908) 673-5125 of any incident of cargo loss, damage, theft or a reportable accident (as defined in 49 CFR § 390.5T)

CARRIER INFORMATION

HANDLING		QUANTITY		WEIGHT	H.M. (x)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
60.0	PLT	67164	Pieza	34748.84 LBS				70
60		67164		34748.84 LBS		GRAND TOTAL		

CUSTOMER ORDER INFORMATION

L'Oréal PO	Primary Reference	Buyer Sort Key	# Pkgs	Weight	Pallet/Slip	Additional Shipper info
81333548	29066290	LOREALUSA	67164	34748.84 LBS	60	
GRAND TOTAL			67164	34748.84 LBS	60	

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows.

*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.

Consignee Stamp/Signature

COD Amount: \$ _____

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

Fee Terms: Collect: Prepaid:

Customer check acceptable:

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

Trailer Loaded: By Shipper By Driver
 Freight Counted: By Shipper By Driver/pallets said to contain By Driver/Pieces

CARRIER SIGNATURE/PICKUP DATE

03-07-2026

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.

Shipper's declaration for dangerous goods										
Shipper/Sender					Consignee/Receiver					
L'ORÉAL SLP S.A. de C.V. Shangai #107, Parque Industrial Logistik II, Villa de Reyes, San Luis Potosi, C.P. 79525.					L'ORÉAL CONSUMER PRODUCTS 3434 Alamoore Dr Dallas, Texas, Z.C. 75241-7508, USA.					
Place of loading:			San Luis Potosi, México, México.		Place of discharge:			Dallas, Texas		
Carrier:					Container number:			TLH 580		
ME#	923983153	DO No.	B1333548		Seals:			098862/098863		
Nature and quantity of dangerous goods										
UN Number	Proper shipping name	Technical name			Class (Hazard)	Packing group/Type	Quantity package	Material weight (LB)	Packaging Type	Placards exemption
UN 1760	Corrosive Liquid, N.O.S.	AMMONIUM HYDROXIDE, ETHANOLAMINE//PEG-2 OLEAMINE AMMONIUM HYDROXIDE// ETHANOLAMINE// PEG-2 OLEAMINE, AMMONIUM HYDROXIDE// PEG-2 OLEAMINE			8	II	5,237.00	32,821.76	Box	
Additional handling information:										
Total quantity		Total gross weight			Shipper's declaration					
Emergency response customer / Consignee contact number		(US) 800-535-5053; (INTL) +1-352-323-3500 L'Oréal Command Center @ +1 (908) 673-5125 for any incident of cargo loss, damage, theft or a reportable accident (as defined in 49 CFR & 390.5T)			I hereby declare that the contents of this consignment are fully and accurately described below by the proper shipping name, and are classified, packaged, marked and labeled/placarded and are in all respects in proper condition for transport according to the applicable international and national government regulations.					
Emergency response shipper contact number		SAOL POZOZ WUOTTO (449)391-3411			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> MARIN David Digitally signed by MARIN David Date: 2025.01.28 15:21:05 -06'00' </div>					



TRAYECTO

GTM - LARMEX

TRANSPORTES

ENTRADA

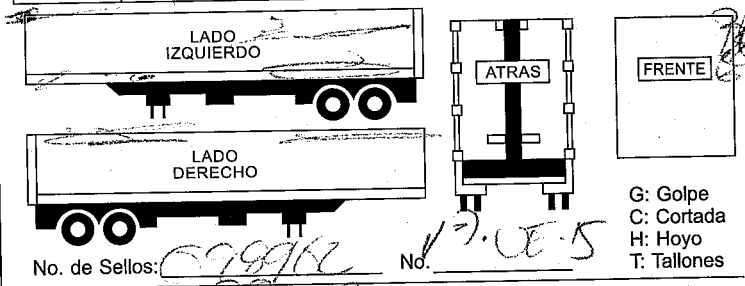
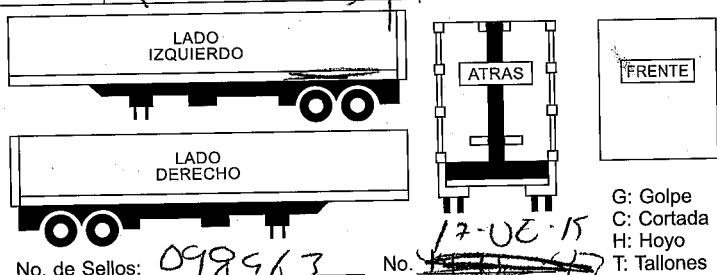
SALIDA

AÑO _____ MARCA _____
 SERIE _____
 No. DE REM. 550
 TRANSFER 488
 OPERADOR Juan Carlos Juárez
 CLIENTE _____
 AGENTE ADUANAL _____
 FECHA 06-07-26 HORA 14:05

AÑO _____ MARCA _____
 SERIE _____
 No. DE REM. 550
 TRANSFER 75 MR
 OPERADOR Lina Juo Garcia
 CLIENTE _____
 AGENTE ADUANAL _____
 FECHA 09/03/26 HORA 12-43

POSICION	MARCA	RODADO	ORIGINAL (O) RECAPEADO (R)	TIPO DE RING	
1		311	0	#	IZQUIERDO
2			000		
5			000		
6			000		DERECHO
3			000		
4			000		
7			000		
8			000		

POSICION	MARCA	RODADO	ORIGINAL (O) RECAPEADO (R)	TIPO DE RING	
1		SK1	0		IZQUIERDO
2			0		
5			0		
6			0		DERECHO
3			0		
4			0		
7			0		
8			0		



G: Golpe
 C: Cortada
 H: Hoyo
 T: Tallones

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 C: Cortada
 H: Hoyo
 T: Tallones

LUCES: 098962
 LATERALES AMBAR (2) _____
 INTERMEDIAS DIRECCIONALES _____
 DEL FRENTE _____
 CUARTOS AMBAR _____
 LUCES TRASERAS (5) _____
 CUARTOS ROJOS _____
 REFLEJANTES _____
 DE ALTO TRASEROS Y SEÑALES (4) _____
 DE PLACAS _____
 OBSERVACIONES _____

LUCES: 098963
 LATERALES AMBAR (2) _____
 INTERMEDIAS DIRECCIONALES _____
 DEL FRENTE _____
 CUARTOS AMBAR _____
 LUCES TRASERAS (5) _____
 CUARTOS ROJOS _____
 REFLEJANTES _____
 DE ALTO TRASEROS Y SEÑALES (4) _____
 DE PLACAS _____
 OBSERVACIONES _____

INSPECCION ANUAL _____

NOTA 1: POR ESTE MEDIO CERTIFICO QUE CON ESTA FECHA INSPECCIONE CUIDADOSAMENTE EL EQUIPO ARRIBA SEÑALADO Y QUE ESTE ES UN REPORTE FIEL Y CORRECTO DE DICHA INSPECCION.

INSPECTOR _____

*NOTA 2: POR ESTE MEDIO DECLARO HABER ESTADO PRESENTE DURANTE LA INSPECCION DEL EQUIPO AQUI MENCIONADO Y AVALUO QUE LAS CONDICIONES DEL MISMO SEÑALADAS EN ESTE REPORTE SON CORRECTAS Y VERDADERAS.

FIRMA DEL OPERADOR

Transportes López e Hijos, S.A. de C.V.

INTERCAMBIO

INSPECCION ANUAL _____

NOTA 1: POR ESTE MEDIO CERTIFICO QUE CON ESTA FECHA INSPECCIONE CUIDADOSAMENTE EL EQUIPO ARRIBA SEÑALADO Y QUE ESTE ES UN REPORTE FIEL Y CORRECTO DE DICHA INSPECCION.

INSPECTOR _____

NOTA 2: POR ESTE MEDIO DECLARO HABER ESTADO PRESENTE DURANTE LA INSPECCION DEL EQUIPO AQUI MENCIONADO Y AVALUO QUE LAS CONDICIONES DEL MISMO SEÑALADAS EN ESTE REPORTE SON CORRECTAS Y VERDADERAS.

FIRMA DEL OPERADOR

Vigencia del 08/08/2024 al 08/08/2026

F-OP-OP-01-06 Rev. 7