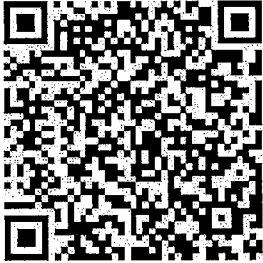


|  |                     |   |   |
|--|---------------------|---|---|
| <b>DOCUMENTO DE OPERACIÓN PARA DESPACHO ADUANERO (DODA)</b>  |                     |   | Página 1 de 1   |
| No. DE INTEGRACIÓN: 142718190  |                     | PATENTE O AUTORIZACIÓN: 3995                | CÓDIGO DE BARRAS BIDIMENSIONAL  |
| FECHA DE EMISIÓN: 2026-04-03 08:39:57  |                     |   |  |
| Nº TOTAL DE PEDIMENTOS Y/O AVISOS CONSOLIDADOS DE LA OPERACIÓN: 1  |                     |   |   |
| CONTENEDORES/EQUIPO DE FERROCARRIL/Nº ECONÓMICO DEL VEHÍCULO:  | CANDADOS            | SECCIÓN ADUANERA DE DESPACHO:               |   |
| HMKD805566   | SIN CANDADO OFICIAL | 240 NUEVO LAREDO, NUEVO LAREDO, TAMAULIPAS. |   |
| CADENA ORIGINAL:<br>  240 3995 1 6004137-COVE26817BNS6 142718190 HMKD805566 HMKD805566 2026-04-03 08:39:57   |                     |   |   |
| FOLIO FISCAL DE CFDI CON COMPLEMENTO CARTA PORTE:<br>BDB2C8E5-3BAF-4002-9867-9FF15D903DDC  |                     |   |   |
| FIRMA DEL REPRESENTANTE LEGAL, AGENTE ADUANAL, AGENCIA ADUANAL O APODERADO:  |                     |   |   |
| Nº DE SERIE DEL CERTIFICADO: 00001000000700667608  |                     |   |   |
| SELLO DIGITAL: bvoQWCqB51litwKUTic21RhbPzNulkd60ltZuxOxHGci4kXqSWN+pLHO<br>+tBJ7gSYXOKm9nQXHB05spBYA2REG8SfNqqY5kUn3nBB7NjZvtY6RCz5zL7POYsF3F2Vxhs2NxrVh6i3fpwva7luW<br>pmLg4iLlwzsRaSqFuk3GoNROvYNFSyoUiGpHNnE85+2Lb4yMBmktRyyoSS4Je5dOO8af1bt4z2Dg7dgCJDrccl77m  |                     |   |   |
| SELLO DEL SAT:   |                     |   |   |
| Nº DE SERIE DEL CERTIFICADO: 20000108888800000041  |                     |   |   |
| SELLO DIGITAL: DxUFWPsKhw5rkcsJXQja5vUqj/87ToSfFB0A9qwdxcmaJlyRVvz9/6QZ80TMfPCQFyVDdMww5Hflo8wqUcsrFejSYzr5<br>uuZeRfBiXcRhho1QHsN16Oqj6rRBKILJUfZPWQk0iGGI335bEvjHqIzorzEWXYsZMm9xWSBHTYsqLEw=  |                     |   |   |
| <p>4-3-26</p> <p>72570</p> <p>EWR24088</p> <p>HMKD805566</p> <p>12:50</p> <p>J.W</p>   |                     |   |   |
| 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.<br>MARCEL JOFFROY G.<br>*La fecha y hora de emisión corresponden a la hora centro del país. |                     |   |   |



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

OMB CONTROL NO: 1651-0001  
EXPIRATION DATE: 11/30/2025

**INWARD CARGO MANIFEST FOR VESSEL UNDER  
FIVE TONS, FERRY, TRAIN, CAR, VEHICLE, ETC.**  
19 CFR 123.4, 123.7, 123.61

CBP Manifest/In Bond Number  
**92Q-2011126-5**  
Page No. Page 1 of 1

|  |  |   |   |
|--|--|---|---|
| 1. Name or Number and Description of Importing Conveyance<br><b>HMKD805566</b>   |  | 2. Name of Master or Person in Charge (Last Name,First Name,MI) |   |
| 3. Name (Last, First,M.I.) and Address of Owner<br><b>DMTC TECHNOLOGY SERVICES S DE RL DE<br/>AVE DESARROLLO NO 540 PARQUE INDUST<br/>GUADALUPEGUADALUPE</b> |  | 4. Foreign Port of Lading<br><b>NUEVO LAREDO, MX</b>            | 5. U.S. Port of Destination<br><b>LAREDO, TX - 2304</b> |
| 6. Port of Arrival<br><b>LAREDO, TX - 2304 - WORLD TRADE BRIDGE</b>  |  | 7. Date of Arrival<br><b>04/02/2026</b>                         |   |

| Bill of Lading or Marks & Numbers or Address of Consignee on Packages   | Car Number and Initials | Number and Gross Weight (in kilos or pounds) of Packages and Description of Goods   | Name of Consignee    | For Use By CBP only  |
|---|-------------------------|---|----------------------|--|
| <b>INV#:<br/>EDPT-32510</b>   | <b>HMKD805566</b>       | <b>INVOICE VALUE: 30,551.39<br/>15 PKG 1630.00 KG</b>                               | <b>DEMATIC CORP.</b> |  |
| <b>507 PLYMOUTH AVE NE<br/>GRAND RAPIDS, MI 49505-6029</b>  |                         | <b>PARTS FOR CONVEYORS 20 PCS<br/>OTHER CONTINUOUS ACTION E 7 PCS</b>               |                      |  |
| <b>TRACTOR LIC. PLATE NO: HMKD805566</b>  |                         |   |                      |  |
|   |                         | <b>PREFILE ENTRY 92Q-2011126-5</b>  |                      |  |
|   |                         |  |                      |  |
|   |                         | <b>*** CERTIFIED: 04/02/2026 13:53 ***</b>  |                      |  |
| <b>CARRIER: ARALO EXPRESS S.A DE C.V.</b>   |                         | <b>FILER CODE</b>   |                      | <b>MID: MXDMTTEC540GUA<br/>IMP: 04-383487200<br/>CON: 04-383487200</b> |
| <b>ACE: AXP92Q20111265</b>  |                         | <b>92Q</b>  |                      |  |
| <b>&lt;&lt; CRUZAR DESPUES DE: 04/02/2026 14:53 &gt;&gt;</b>  |                         |   |                      |  |
| <small>Atencion Transportistas</small>  |                         |   |                      |  |
| <small>De acuerdo a la ley aduanera Americana "Tariff Act of 1930" seccion 1433, el TRANSPORTISTA ES EL UNICO RESPONSABLE de presentar oportuna y correctamente el manifiesto de entrada, formato CF-7533, al momento de entrar al lote de importacion de la aduana Americana. Por lo tanto JOFFROY GROUP, NO se hace responsable por cualquier anomalia, error u omision que contenga este documento, asi como de las repercusiones que esto pudiese ocasionar</small> |                         |   |                      |  |

**CARRIER'S CERTIFICATE**

To the Port Director of Customs, Port of Arrival:

**JOFFROY GROUP  
NOGALES Phone: 5202812472  
Contact: RYAN VALDEZ  
REF: 20111265**

The undersigned carrier hereby certifies that DEMATIC CORP.  
of GRAND RAPIDS, MI, 49505-6029

is the owner or consignee of such articles within the purview of section 484, Tariff Act of 1930.

I certify that this manifest is correct and true to the best of my knowledge.

Date 04/02/2026 Master or Person in charge \_\_\_\_\_  
(Signature)

-- BILL OF LADING 7EB2027 - SHORT FORM - NOT NEGOTIABLE --

| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">SHIP FROM</th> </tr> <tr> <td>DEMATIC MONTERREY<br/>AVENIDA DESARROLLO 540 PARQUE<br/>INDUSTRIAL FINSA, CIUDAD GUADA<br/>GUADALUPE, NL 67100<br/>CONTACT NAME:</td> <td align="right">PHONE: 814-000-2510</td> </tr> </table>   | SHIP FROM                           |  | DEMATIC MONTERREY<br>AVENIDA DESARROLLO 540 PARQUE<br>INDUSTRIAL FINSA, CIUDAD GUADA<br>GUADALUPE, NL 67100<br>CONTACT NAME: | PHONE: 814-000-2510             | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Bill of Lading Number: 7EB2027</td> </tr> <tr> <td>Carrier Name: ARALO EXPRESS SA DE CV</td> </tr> <tr> <td>Trailer Number: HMKD 805566</td> </tr> <tr> <td>Seal Number:</td> </tr> <tr> <td>SCAC: AV08</td> </tr> <tr> <td>Pro Number:</td> </tr> <tr> <td>Driver License #:</td> </tr> <tr> <td>License Exp:</td> </tr> <tr> <td>Freight Charge Terms(Freight charges are prepaid unless marked otherwise):</td> </tr> <tr> <td>Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Master bill of lading with attached underlying bills of lading.</td> </tr> </table> | Bill of Lading Number: 7EB2027 | Carrier Name: ARALO EXPRESS SA DE CV | Trailer Number: HMKD 805566 | Seal Number: | SCAC: AV08 | Pro Number: | Driver License #: | License Exp: | Freight Charge Terms(Freight charges are prepaid unless marked otherwise): | Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> | <input type="checkbox"/> Master bill of lading with attached underlying bills of lading. |
|---|-------------------------------------|--|--|---------------------------------|---|--------------------------------|--------------------------------------|-----------------------------|--------------|------------|-------------|-------------------|--------------|--|---|--|
| SHIP FROM   |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| DEMATIC MONTERREY<br>AVENIDA DESARROLLO 540 PARQUE<br>INDUSTRIAL FINSA, CIUDAD GUADA<br>GUADALUPE, NL 67100<br>CONTACT NAME:  | PHONE: 814-000-2510                 |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| Bill of Lading Number: 7EB2027  |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| Carrier Name: ARALO EXPRESS SA DE CV  |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| Trailer Number: HMKD 805566   |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| Seal Number:  |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| SCAC: AV08  |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| Pro Number:   |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| Driver License #:   |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| License Exp:  |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
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| Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>   |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.  |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center">DELIVERY</th> </tr> <tr> <td>AMAZON.COM TOL3<br/>26901 FREEMONT PIKE<br/>PERRYSBURG, OH 43551<br/>CONTACT NAME: LT</td> <td align="right">PHONE: 469-346-6995</td> </tr> </table>   | DELIVERY                            | AMAZON.COM TOL3<br>26901 FREEMONT PIKE<br>PERRYSBURG, OH 43551<br>CONTACT NAME: LT | PHONE: 469-346-6995  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| DELIVERY  |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| AMAZON.COM TOL3<br>26901 FREEMONT PIKE<br>PERRYSBURG, OH 43551<br>CONTACT NAME: LT  | PHONE: 469-346-6995                 |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">THIRD PARTY FREIGHT CHARGES BILL TO</th> </tr> <tr> <td>J.B. Hunt Transport, Inc.<br/>P.O. Box 682<br/>Lowell, AR 72745</td> <td align="right">J.B. Hunt Order Number: 7EB2027</td> </tr> <tr> <td><b>Customs Broker:</b><br/>Livingston International LILAAT<br/>13504 N Unitec Dr<br/>Laredo, TX 780459408 USA</td> <td></td> </tr> <tr> <td><b>Special Instructions:</b></td> <td></td> </tr> </table> | THIRD PARTY FREIGHT CHARGES BILL TO |  | J.B. Hunt Transport, Inc.<br>P.O. Box 682<br>Lowell, AR 72745  | J.B. Hunt Order Number: 7EB2027 | <b>Customs Broker:</b><br>Livingston International LILAAT<br>13504 N Unitec Dr<br>Laredo, TX 780459408 USA  |                                | <b>Special Instructions:</b>         |                             |              |            |             |                   |              |  |   |  |
| THIRD PARTY FREIGHT CHARGES BILL TO   |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| J.B. Hunt Transport, Inc.<br>P.O. Box 682<br>Lowell, AR 72745   | J.B. Hunt Order Number: 7EB2027     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| <b>Customs Broker:</b><br>Livingston International LILAAT<br>13504 N Unitec Dr<br>Laredo, TX 780459408 USA  |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |
| <b>Special Instructions:</b>  |                                     |  |  |                                 |   |                                |                                      |                             |              |            |             |                   |              |  |   |  |

| CUSTOMER ORDER INFORMATION   |                     |               |                          |                                |
|--|---------------------|---------------|--------------------------|--------------------------------|
| Customer Order No(s).<br>TC0000001744730060, TC000000A744730017,<br>TC0000001744730059 | # of Handling Units | Weight        | Pallet/Slip (circle one) | Additional Shipper Information |
| Bill of Lading Number: 7EB2027   | 15.0                | 3591.0        | Y   N                    |                                |
| <b>GRAND TOTAL</b>   | <b>15.0</b>         | <b>3591.0</b> |                          |                                |

| SHIPMENT INFORMATION   |         |               |         |              |      |   |   |   |              |        |                       |          |       |
|--|---------|---------------|---------|--------------|------|---|---|---|--------------|--------|-----------------------|----------|-------|
| Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360. |         |               |         |              |      |   |   |   |              |        | LTL ONLY              |          |       |
| PO NBR   | Item ID | Handling Unit |         | Package Unit |      | L | W | H | Weight (lbs) | HM (X) | Commodity Description | NMFC No. | Class |
|  |         | Qty           | Type    | Qty          | Type |   |   |   |              |        |                       |          |       |
|  |         | 15            | PACKAGE |              |      |   |   |   | 3,591        |        | conveyor belts        |          |       |

| ADDITIONAL INFORMATION                      |
|---|
| <b>Stop 1: TC0000001744730059 (Ship ID)</b> |

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 \_\_\_\_\_.

| Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).   |   |  |   |
|--|---|--|---|
| 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. | The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees.<br><br>Shipper Signature _____   |  | <b>Trailer Loaded:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By driver   |
| Shipper Signature/Date _____<br><br>This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation   | Carrier Signature/Pickup Date _____<br><br>Carrier acknowledges receipt of package 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. Property described above is received in good order, except as noted. | Print Receiver Name and Company _____<br><br>Receiver's Signature/Date _____ | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By driver/pallets said to contain<br><input type="checkbox"/> By driver/pieces |