






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-2011185-1**  
Page No. Page 1 of 1

1. Name or Number and Description of Importing Conveyance <b>HMKD805859</b>		2. Name of Master or Person in Charge (Last Name, First Name, MI)	
3. Name (Last, First, M.I.) and Address of Owner <b>DMTC TECHNOLOGY SERVICES S DE RL DE AVE DESARROLLO NO 540 PARQUE INDUST GUADALUPEGUADALUPE</b>		4. Foreign Port of Lading <b>NUEVO LAREDO, MX</b>	5. U.S. Port of Destination <b>LAREDO, TX - 2304</b>
6. Port of Arrival <b>LAREDO, TX - 2304 - WORLD TRADE BRIDGE</b>		7. Date of Arrival <b>04/07/2026</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
INV#: <b>EDPT-32568</b>	<b>HMKD805859</b>	<b>INVOICE VALUE: 36,206.85 9 PKG 2218.00 KG</b>	<b>DEMATIC CORP.</b>	
<b>507 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505-6029</b>		<b>OTHER CONTINUOUS ACTION E 33 PCS</b>		
<b>TRACTOR LIC. PLATE NO.: HMKD805859</b>				
<b>PREFILE ENTRY 92Q-2011185-1</b>				
				
<b>*** CERTIFIED: 04/07/2026 13:49 ***</b>				
<b>CARRIER: ARALO EXPRESS S A DE C V ACE: AXP92Q20111851</b>		<b>FILER CODE 92Q</b>	<b>MID: MXDMTTEC540GUA IMP: 04-383487200 CON: 04-383487200</b>	
<b>&lt;&lt;&lt; CRUZAR DESPUES DE: 04/07/2026 14:49 &gt;&gt;&gt;</b>				
<b>Atencion Transportistas</b>				
<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: 20111851

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 04/07/2026

Master or Person in charge \_\_\_\_\_

(Signature)

--- BILL OF LADING 7GA0031 - SHORT FORM - NOT NEGOTIABLE ---

<p align="center"><b>SHIP FROM</b></p> DEMATIC MONTERREY AVENIDA DESARROLLO 540 PARQUE INDUSTRIAL FINSA, CIUDAD GUADA GUADALUPE, NL 67100 CONTACT NAME: PHONE: 814-000-2510	Bill of Lading Number: 7GA0031 Carrier Name: ARALO EXPRESS SA DE CV Trailer Number: HMKD 805859 Seal Number: SCAC: AV08 Pro Number: Driver License #: License Exp:
<p align="center"><b>DELIVERY</b></p> GRAINGER   DEMATIC 17250 ROBERTS ROAD HOCKLEY, TX 77447 CONTACT NAME: LT PHONE: 999-999-9999	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.
<p align="center"><b>THIRD PARTY FREIGHT CHARGES BILL TO</b></p> J.B. Hunt Transport, Inc. P.O. Box 682 Lowell, AR 72745 J.B. Hunt Order Number: 7GA0031	
<p><b>Customs Broker:</b>                  Livingston International LILAAT                  13504 N Unitec Dr                  Laredo, TX 780459408 USA</p> <p><b>Special Instructions:</b></p>	

CUSTOMER ORDER INFORMATION				
Customer Order No(s)	# of Handling Units	Weight	Pallet/Slip (circle one)	Additional Shipper Information
TC000000A674950027, TC0000001674950077				
Bill of Lading Number: 7GA0031	9.0	4890.0	Y N	
<b>GRAND TOTAL</b>	9.0	4890.0		

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(c) 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								
		9	PACKAGE						4,890		conveyor belts		

**ADDITIONAL INFORMATION**

**Stop 1: TC0000001674950077 (Ship ID)**

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 \_\_\_\_\_.

<b>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).</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.  Shipper Signature _____	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By driver	
Shipper Signature/Date _____  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 _____  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 _____  Receiver's Signature/Date _____	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces