



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-2011297-4

Page No. Page 1 of 1

1. Name or Number and Description of Importing Conveyance HMKD804300		2. Name of Master or Person in Charge (Last Name,First Name,MI)	
3. Name (Last, First,M.I.) and Address of Owner DMTC TECHNOLOGY SERVICES S DE RL DE AVE DESARROLLO NO 540 PARQUE INDUST GUADALUPEGUADALUPE		4. Foreign Port of Lading NUEVO LAREDO, MX	5. U.S. Port of Destination LAREDO, TX - 2304
6. Port of Arrival LAREDO, TX - 2304 - WORLD TRADE BRIDGE		7. Date of Arrival 04/14/2026	

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#: EDPT-32676	HMKD804300	INVOICE VALUE: 57,783.01 10 PKG 4445.00 KG	DEMATIC CORP.	
507 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505-6029		PARTS FOR CONVEYORS 15 PCS		
TRACTOR LIC. PLATE NO.: HMKD804300				
PREFILE ENTRY 92Q-2011297-4				
				
*** CERTIFIED: 04/14/2026 12:59 ***				
CARRIER: ARALO EXPRESS S A DE C V		FILER CODE		MID: MXDMTTEC540GUA
ACE: AXP692Q20112974		92Q		IMP: 04-383487200
<<< CRUZAR DESPUES DE: 04/14/2026 13:59 >>>				
Atencion Transportistas				
<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; así 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: 20112974

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 **04/14/2026**

Master or Person in charge

(Signature)

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">SHIP FROM</th> </tr> <tr> <td>DEMATIC MONTERREY AVENIDA DESARROLLO 540 PARQUE INDUSTRIAL FINSA, CIUDAD GUADA GUADALUPE, NL 67100 CONTACT NAME:</td> <td align="right">PHONE: 814-000-2510</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">DELIVERY</th> </tr> <tr> <td>SHAMROCK FOODS 9825 W. TANGERINE ROAD MARANA AZ USA 85653 MARANA, AZ 85653 CONTACT NAME: LT</td> <td align="right">PHONE: 999-999-9999</td> </tr> </table> <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. P.O. Box 682 Lowell, AR 72745</td> <td align="right">J.B. Hunt Order Number: 7GP7741</td> </tr> </table> <p>Customs Broker: Livingston International LILAAT 13504 N Unitec Dr Laredo, TX 780459408 USA</p> <p>Special Instructions:</p>	SHIP FROM		DEMATIC MONTERREY AVENIDA DESARROLLO 540 PARQUE INDUSTRIAL FINSA, CIUDAD GUADA GUADALUPE, NL 67100 CONTACT NAME:	PHONE: 814-000-2510	DELIVERY		SHAMROCK FOODS 9825 W. TANGERINE ROAD MARANA AZ USA 85653 MARANA, AZ 85653 CONTACT NAME: LT	PHONE: 999-999-9999	THIRD PARTY FREIGHT CHARGES BILL TO		J.B. Hunt Transport, Inc. P.O. Box 682 Lowell, AR 72745	J.B. Hunt Order Number: 7GP7741	<p>Bill of Lading Number: 7GP7741</p> <p>Carrier Name: ARALO EXPRESS SA DE CV Trailer Number: HMKD 804300 Seal Number:</p> <p>SCAC: AV08 Pro Number: Driver License #: License Exp:</p> <p>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>
SHIP FROM													
DEMATIC MONTERREY AVENIDA DESARROLLO 540 PARQUE INDUSTRIAL FINSA, CIUDAD GUADA GUADALUPE, NL 67100 CONTACT NAME:	PHONE: 814-000-2510												
DELIVERY													
SHAMROCK FOODS 9825 W. TANGERINE ROAD MARANA AZ USA 85653 MARANA, AZ 85653 CONTACT NAME: LT	PHONE: 999-999-9999												
THIRD PARTY FREIGHT CHARGES BILL TO													
J.B. Hunt Transport, Inc. P.O. Box 682 Lowell, AR 72745	J.B. Hunt Order Number: 7GP7741												

CUSTOMER ORDER INFORMATION				
Customer Order No(s)	# of Handling Units	Weight	Pallet/Slip (circle one)	Additional Shipper Information
TC000000A755370013, TC0000001755370025				
Bill of Lading Number: 7GP7741	10.0	9800.0	Y N	
GRAND TOTAL	10.0	9800.0		

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(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								
		10	PACKAGE						9,800		conveyor belts		

ADDITIONAL INFORMATION

Stop 1: TC0000001755370025 (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 _____.

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. Shipper Signature _____	Trailer Loaded: <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 _____	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces