


DOCUMENTO DE OPERACIÓN PARA DESPACHO ADUANERO (DODA)			Página 1 de 1
No. DE INTEGRACIÓN: 144378372		PATENTE O AUTORIZACIÓN: 3995	CÓDIGO DE BARRAS BIDIMENSIONAL 
FECHA DE EMISIÓN: 2026-05-15 08:38:36			
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:	
HMKD806718	SIN CANDADO OFICIAL	240 NUEVO LAREDO, NUEVO LAREDO, TAMAULIPAS.	
CADENA ORIGINAL:   240 3995 1 6006076-COVE2683J94V8 144378372 HMKD806718 HMKD806718 2026-05-15.08:38:36			
FOLIO FISCAL DE CFDI CON COMPLEMENTO CARTA PORTE: CEF0B8E8-F0CE-48A4-974D-F60AD472F17B			
FIRMA DEL REPRESENTANTE LEGAL, AGENTE ADUANAL, AGENCIA ADUANAL O APODERADO:			
Nº DE SERIE DEL CERTIFICADO: 00001000000700667608			
SELLO DIGITAL: GGrlPaqGrdMTwRK/myedFdkUQyc6wTATOBWSIYizxkZmXVlsqd/EwTfMKpSflx6XUZGoVWTw0WPYI8Ewk4jANibAGufONkN6F2dZUP0Qdr8PmuN1TbX+cNy6TTdjFG6z1SGyu24mnyl/5P+PHBFb60IzY11brGD5d8Mws4sGZFh+t/9wdEChBSF8A0wgDbd+XNoayGW8zmvmvMNST+eHM72BupJ5JRhri			
SELLO DEL SAT:			
Nº DE SERIE DEL CERTIFICADO: 20000108888800000041			
SELLO DIGITAL: KTIpOXiDqQ6EA6VGln/S2HqnDSGXb9z5La3VahIkdAQc4ZoMKAYpVIQdn69cvLAsD2Vi3FyjVzMFzhtoIR5gyfWEtYmt21beTRs4orGlyzk9gwTX29nzAmLaEy3RKuozVzWm+c4I5KUe3lgzhh7ZSvo9LI80AuAAsl7m/asuvow=			
<p><i>S-1826</i>      <i>EMZ2e49</i>      <i>1/12</i></p> <p><i>82117</i>      <i>HMKD806718</i>      <i>J.W</i></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. MARCEL JOFFROY G.			
*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-2011661-1**  
Page No. Page 1 of 1

1. Name or Number and Description of Importing Conveyance <b>HMKD806718</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>05/14/2026</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#: EDPT-33087	HMKD806718	INVOICE VALUE: 35,162.26 12 PKG 3425.00 KG	DEMATIC CORP.	
507 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505-6029		PARTS FOR CONVEYORS 9 PCS OTHER CONTINUOUS ACTION E 8 PCS		
TRACTOR LIC. PLATE NO.: HMKD806718		<b>PREFILE ENTRY 92Q-2011661-1</b>  *** CERTIFIED: 05/14/2026 17:22 ***		
<b>CARRIER: ARALO EXPRESS S.A DE C.V</b> <b>ACE: AXP92Q20116611</b>		<b>FILER CODE</b> <b>92Q</b>		<b>MID: MXDMTTEC540GUA</b> <b>IMP: 04-383487200</b> <b>GON: 04-383487200</b>
<b>&lt;&lt;&lt; CRUZAR DESPUES DE: 05/14/2026 18:22 &gt;&gt;&gt;</b>				
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				

CARRIER'S CERTIFICATE

To the Port Director of Customs, Port of Arrival:

JOFFROY GROUP  
NOGALES Phone: 5202812472  
Contact: YARETIZI NUNEZ  
REF: 20116611

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 05/14/2026

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: XX</td> <td align="right">PHONE: 814-000-2510</td> </tr> </table>	SHIP FROM		DEMATIC MONTERREY AVENIDA DESARROLLO 540 PARQUE INDUSTRIAL FINSA, CIUDAD GUADA GUADALUPE, NL 67100 CONTACT NAME: XX	PHONE: 814-000-2510	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Bill of Lading Number: 7RE4467</td> </tr> <tr> <td>Carrier Name: ARALO EXPRESS SA DE CV</td> </tr> <tr> <td>Trailer Number: HMKD 806718</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: 7RE4467	Carrier Name: ARALO EXPRESS SA DE CV	Trailer Number: HMKD 806718	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.
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CUSTOMER ORDER INFORMATION				
Customer Order No(s). TC000000A674950054, TC0000001674950144	# of Handling Units	Weight	Pallet/Slip (circle one)	Additional Shipper Information
Bill of Lading Number: 7RE4467	12.0	7549.0	Y N	
<b>GRAND TOTAL</b>	12.0	7549.0		

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.										<b>LTL ONLY</b>			
PO NBR	Item ID	Handling Unit		Package Unit		L	W	H	Weight (lbs)	HM (X)	Commodity Description	NMFC No.	Class
		Qty	Type	Qty	Type								
		12	PACKAGE						7,549		conveyor belts		

**ADDITIONAL INFORMATION**

**Stop 1: TC0000001674950144 (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 _____  <small>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</small>	Carrier Signature/Pickup Date _____  <small>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.</small>	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces	Print Receiver Name and Company _____  Receiver's Signature/Date _____