

# ARAB LEGEND COMP.

TO: Manager of our company

DATE: 11-Jun-2025

FROM: BIAP office

SUBJECT: Expenses CLEARANCE AND DELIVERY CHARGES

CNEE STARLIGHT

REFER: AWB#

235-84837502 6 PCs\11 KG

JOB#424

Descriptions				AMOUNT \$	AMOUNT PAID IN IQD
CLEARANCE FORMALITY WITH OFFLOADING				\$600	
			TOTAL	\$600	

Driver Name:

Truck Type:

Truck Number:

Destinati

Prepared By  
BIAP Office Acc.



Shipper's Name and Address <b>LUMINULTRA TECHNOLOGIES INC</b> 805 PINNACLE DRIVE, SUITE M LINTHICUM HEIGHTS- 21090, MARYLAND, UNITED STATES TEL: 506-459-8777		Shipper's Account Number		Not Negotiable <b>Air Waybill</b> Issued by <b>TURKISH AIRLINES</b>	
Consignee's Name and Address <b>ARAB LEGEND FOR GENERAL TRADING COMPANY</b> BAGHDAD INTERNATIONAL AIRPORT BAGHDAD, IRAQ		Consignee's Account Number		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity. It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. SHIPPER hereby increases such limitations of liability by declaring a higher value for carriage and paying a supplemental charge, if required.	
Issuing Carrier's Agent name and City <b>ANCHOR EXPRESS, INC.</b> <b>BENSENVILLE</b>		Accounting Information PLEASE NOTIFY: MOB: 984 751 741 8882 EMAIL: ADD@ANCHOREXPRESS.COM			
Agent's IATA Code <b>01116570011</b>		Account No.			
Airport of Departure (Addr. of First Carrier) and Requested Routing <b>O'HARE APT/CHICAGO</b>		Reference Number		Optional Shipping Information <b>US25101434</b>	
To IST	By First Carrier TURKISH AIRLINES	To BGW	By TK	To By	By
Airport of Destination <b>BAGHDAD</b>		Flight/Date TK008 31-MAY-2025		Flight/Date TK002 02-JUN-2025	
Amount of Insurance <b>XXX</b>		Insurance - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance"			
Handling Information NOEEI 30.37 (A) EXEMPTION FOR LOW-VALUE SHIPMENTS					
These Commodities Licensed by USA for ultimate destination					
No of Pieces RCP	Gross Weight	kg lb	Rate Class Commodity Item No.	Chargeable Weight	Rate
6	11.00	K		15.00	MIN
Total			465.00		
Nature and Quantity of Goods			Laboratory equipment HTS 3822.19.0080 NO EEI FTR 30.37(A)-VALUES OF COMMODITIES CLASSIFIED UNDER AN INDIVIDUAL SCHEDULE B OR HTS IS UNDER \$2,501 AND NOT CONTROLLED BY A US GOVERNMENT EXPORT LICENSE/PERMIT OR ITR EXEMPTION.		
Prepaid			Weight Charge		
465.00			Collect		
Valuation Charge					
Tax					
Total Other Charges Due Agent					
Total Other Charges Due Carrier					
Total Prepaid			Total Collect		
465.00					
Currency Conversion Rates		CC Charges in Dest. Currency		27-MAY-2025	
For Carrier's Use only at Destination		Charges at Destination		Executed on (Date) at (Place) Signature of Issuing Carrier or its Agent	
				ANCHOR EXPRESS IL BENSENVILLE IL 235-84837502	