



Nº Package
1 of 1

House:KAYA2839

FROM: US

TO: BR

Shipper		Consignee	
NAME:	USA KAYA CORPORATION	NAME:	PATRICIA JASELI FREIRE LEMOS
RUC/DNI/ID:		RUC/DNI/ID:	12202423818
ATT. FROM:		ATT. TO:	
ADDRESS:	777 NW 72ND AVENUE 2099 33126 MIAMI	ADDRESS:	AVENIDA JORNALISTA TIM LOPES
ADD INFO:	777 NW 72ND AVENUE 2099 33126 MIAMI	ADD INFO:	BLOCO 12 APTO 206
NEIGHBORHOOD	DORAL	NEIGHBORHOOD	BARRA DA TIJUCA
CITY/ST:	MIAMI/ FLORIDA	CITY/ST:	RIO DE JANEIRO/ RJ
ZIP CODE:	00033126	ZIP CODE:	22640105
PHONE:	13052169376	PHONE:	21993033415
EMAIL:	usakaya@medkaya.com.br	EMAIL:	DIEGO@MEDKAYA.COM.BR

NON-NEGOTIABLE CONSIGNMENT NOTE SUBJECT TO STANDARD TRADING CONDITIONS SHOWN ON THEREVERSE OF THE SHIPPERS RECEIPT

DESCRIPTION

PROFORMA INVOICE REQUIRED FOR ALL NON-DOCS

DESCRIPTION	OLEO 2400MG CBG FULLSPECTRUM IN 30ML	Valor (U\$S):	Peso Total (Kg):
		70	0.09

Pieces

DELIVERED DUTY PAID

Item Nº	Quantity	Length	Width	Height	Weight	Vol weight
1	1	15.50	10.50	4.00	0.09	21.70
