MEMPHIS COURIER

M2137527COL

Nº Package

1 of 1

House: M2137527COL

FROM:BRASIL	**TO : BRASIL**

Shipper		**Consignee**	
NAME:	**MEDKAYA PRODUTOS E SERVICOSFARMACEUTICOS LTDA**	NAME:	**Daniele Muniz Loiola**
RUC/DNI/ID:	**28.604.566/0001-41**	RUC/DNI/ID:	**10130490806**
ATT. FROM:	**.**	ATT. TO:	**.**
ADDRESS:	**AV DAS AMÉRICAS 3959 LJ 229-230**	ADDRESS:	**Rua Tumiaru, 120**
ADD INFO:	**.**	ADD INFO:	**Apto 41**
CITY/ST:	**Rio de Janeiro, RJ**	CITY/ST:	**SAO PAULO - SAO PAULO-SP**
ZIP CODE:	**22631003**	ZIP CODE:	**04008050**
PHONE:		PHONE:	**(11) 99122-9695**

NON-NEGOTIABLE CONSIGMENT NOTE SUBJECT TO STANDARD TRADING CONDITIONS SHOWN ON THE REVERSE OF THE SHIPPERS RECEIPT

DESCRIPTION

PROFORMA INVOICE REQUIRED FOR ALL NON-DOCS

DESCRIPTION **BRA3000FULLMCT**	**Valor(U$S):**	**Peso Total(Kg):**
	271.48	0.30

Pieces

DELIVERED DUTY UNPAID

Item N°	**Len**	**Width**	**Height**	**Weight**	Vol weight
1	12.000	12.000	5.000	0.300	0.120

ATTENTION ----------

RECEIVED BY ----------

DATE ----------

SIGNATURE ----------