COMMERCIAL INVOICE

Nº 404116

HAWB: M2139333COL

Created: 29/04/2026

IMPORTER:	SHIPPER:
Caio Mota Da Silva Rosa **CPF:05974184548** **Rua Professor Sabino Silva, 1017** **EMAIL: Caiosmota9@gmail.com** **PHONE: 5571991646944** **SALVADOR-BAHIA-BA CEP: 40155250** **BRASIL**	**MEDKAYA PRODUTOS E SERVIÇOS FARMACÊUTICOS LTDA** **Av. das Américas, 3959 - Loja 229,** **Tel:5521997824200** **8105 RJ 22631-003 BRASIL**
SOLD AND BILL TO: **SAME AS IMPORTER**	**TERMS OF PAYMENT:** **CURRENCY: USD** **INCOTERM: DDP** **PAYMENT TYPE: Prepaid** **SHIPMENT BY (x) air ( ) sea**

Item	Description of Goods	Unit Price (U$S)	Qty (pcs)	Total Price (U$S)
1	Produto Manipulado Farmacêutico	20.37	1	20.37
	$ 50.00 - Freight	50.00		50.00
			1	**70.37**

Total Weight: 0.3 - Packages: 1

It is hereby certified that this invoice shows the actual price of the goods described. That no other invoice has been or will be issued and that all data is true and correct

Signature of authorized person _____ Date _____ Place _____