MEMPHIS COURIER

M2139345COL

Nº Package

1 of 1

House: M2139345COL

FROM:BRASIL	**TO : BRASIL**

Shipper		**Consignee**	
NAME:	**MEDKAYA PRODUTOS E SERVIÇOS FARMACÊUTICOS LTDA**	NAME:	**Maria Silvia Pereira Leite**
RUC/DNI/ID:	**28604566000141**	RUC/DNI/ID:	**61388041987**
ATT. FROM:	**.**	ATT. TO:	**.**
ADDRESS:	**Av. das Américas, 3959 - Loja 229**	ADDRESS:	**Avenida Dom Pedro II, 6595**
ADD INFO:		ADD INFO:	**CS 4 - ponto de referência perto do Centro Budista Sukhavati, ao lado da chácara da Cotrans, Área Rural - Se possível entrar em contato 41 99928-0604**
CITY/ST:	**8105, RJ**	CITY/ST:	**QUATRO BARRAS - PARANA-PR**
ZIP CODE:	**22631-003**	ZIP CODE:	**83422001**
PHONE:	**5521997824200**	PHONE:	**5541999280604**

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	**Produto Manipulado Farmacêutico**	**Valor(U$S):**	**Peso Total(Kg):**
		-4.54	0.30

Pieces

DELIVERED DUTY UNPAID

Item N°	**Len**	**Width**	**Height**	**Weight**	Vol weight
1	2.000	2.000	2.000	0.300	0.001

ATTENTION ----------

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

DATE ----------

SIGNATURE ----------