

# COMMERCIAL INVOICE

Nº 406052

HAWB: M2141252COL

| <b>Created: 11/05/2026</b>                                                                                                                                                                                                                                    |                                                       |                                                                                                                                                       |           |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------|
| <b>IMPORTER:</b><br>Michele De Andrade Nunes<br>CPF:07601927903<br>Servidão Izai Nunes, 326 Fundos, Ponto de referência: servidão ao lado do auto posto de gasolina Joaia<br>EMAIL:<br>PHONE: 5548991595896<br>TIJUCAS-SANTA CATARINA-SC CEP: 88203186 BRASIL |                                                       | <b>SHIPPER:</b><br>MEDKAYA PRODUTOS E SERVIÇOS FARMACÊUTICOS LTDA<br>Av. das Américas, 3959 - Loja 229, Tel:5521997824200<br>8105 RJ 22631-003 BRASIL |           |                    |
| <b>SOLD AND BILL TO:</b><br>SAME AS IMPORTER                                                                                                                                                                                                                  |                                                       | <b>TERMS OF PAYMENT:</b><br>CURRENCY: USD<br>INCOTERM: DDP<br>PAYMENT TYPE: Prepaid<br>SHIPMENT BY (x) air ( ) sea                                    |           |                    |
| Item                                                                                                                                                                                                                                                          | Description of Goods                                  | Unit Price (US\$)                                                                                                                                     | Qty (pcs) | Total Price (US\$) |
| 1                                                                                                                                                                                                                                                             | Produto Manipulado Farmacêutico<br>\$ 80.00 - Freight | 77.15<br>80.00                                                                                                                                        | 1         | 77.15<br>80.00     |
|                                                                                                                                                                                                                                                               |                                                       |                                                                                                                                                       | 1         | 157.15             |
| 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