

# COMMERCIAL INVOICE

N° 418797

HAWB: M2153818COL

| <b>Created: 13/07/2026</b>                                                                                                                                                                                                                      |                                                           |                                                                                                                                                             |           |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------|
| <b>IMPORTER:</b><br>Maycon Francisco Rodrigues<br>CPF:09792034900<br>Rua Vereador Osório Gonçalves Viana, 129,<br>Casa 02<br><br>EMAIL: maycondrigues@gmail.com<br>PHONE: 5547992400119<br>NAVEGANTES-SANTA CATARINA-SC CEP:<br>88370356 BRASIL |                                                           | <b>SHIPPER:</b><br>MEDKAYA PRODUTOS E SERVIÇOS<br>FARMACÊUTICOS LTDA<br>Av. das Américas, 3959 - Loja 229,<br>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 (U\$S)                                                                                                                                           | Qty (pcs) | Total Price (U\$S) |
| 1                                                                                                                                                                                                                                               | Produto Manipulado Farmacêutico<br><br>\$ 80.00 - Freight | 74.00<br><br>80.00                                                                                                                                          | 1         | 74.00<br><br>80.00 |
|                                                                                                                                                                                                                                                 |                                                           |                                                                                                                                                             | 1         | 154.00             |
| 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