

# COMMERCIAL INVOICE

(Please complete in English print)

INTERNATIONAL AIR WAYBILL NO.

(NOTE: All shipments must be accompanied by a FedEx International Air Waybill & two duplicate copies of CI.)

<p><b>DATE OF EXPORTATION</b> 2024/2/5</p>	<p><b>SHIPPER'S EXPORT REFERENCES</b> (i.e., order no., invoice no.) MM1213246</p>
<p><b>SHIPPER / EXPORTER</b> (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required )  311 International Trade Pkwy Ship8 Inc Port Wentworth GA - 31407 US</p>	<p><b>CONSIGNEE</b> (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required)  Caitlin Griffith 521 5TH STREET NORTH KENORA, ON P9N2P3</p>
<p><b>COUNTRY OF EXPORT</b> US</p>	<p><b>IMPORTER - IF OTHER THAN CONSIGNEE</b> (complete name, address and telephone)</p>
<p><b>REASON FOR EXPORT</b> (e.g. personal gift, return for repair)</p>	
<p><b>COUNTRY OF ULTIMATE DESTINATION</b> CA</p>	

COUNTRY OF ORIGIN	MARKS/ NO'S.	NO. OF PKGS	TYPE OF PACKAGING	FULL DESCRIPTION OF GOODS	HS CODE	QTY.	UNIT OF MEASURE	WEIGHT lb	UNIT VALUE USD	TOTAL VALUE
China		1	Carton	Description: Not Applicable - Item #SQU-114614(SQU-114614) Squishable Plague Nurse (6.0000pcs per Carton, total ship 1 Carton) Material Composition: N/A	9503.00.0090	1	EA	2.669016	49.00	49.00
		<b>TOTAL PKGS</b>						<b>TOTAL WEIGHT</b>	<b>CURRENCY</b>	<b>TOTAL INVOICE VALUE</b>
		1						2.67	49.00	49.00

**Duties and Taxes Payable by:**

Exporter

Consignee

<p><b>Terms of Sale</b></p> <p><input checked="" type="checkbox"/> Pre-paid</p> <p><input type="checkbox"/> T/T</p> <p><input type="checkbox"/> Others</p> <p>Check if applicable</p>	<p><b>Check one</b></p> <p><input type="checkbox"/> F.O.B.</p> <p><input type="checkbox"/> C &amp; F</p> <p><input type="checkbox"/> C.I.F.</p>
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**I DECLARE ALL THE INFORMATION CONTAINED IN THE INVOICE TO BE TRUE AND CORRECT.**

**SIGNATURE OF SHIPPER/EXPORTER**  
Jonah Panitz

NAME (PLEASE PRINT)                      TITLE (PLEASE PRINT)                      DATE