

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.)

DATE OF EXPORTATION 2025/5/22	SHIPPER'S EXPORT REFERENCES (i.e., order no., invoice no.) SO1984
SHIPPER / EXPORTER (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required) 221 Hanson Way Ship8 Inc Woodland CA - 95776 US	CONSIGNEE (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required) LUVU MEDICAL 125 Fleming Dr Cambridge, ON N1T2B8
COUNTRY OF EXPORT US	IMPORTER - IF OTHER THAN CONSIGNEE (complete name, address and telephone) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
REASON FOR EXPORT (e.g. personal gift, return for repair)	
COUNTRY OF ULTIMATE DESTINATION CA	

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		2	Carton	Description: Not Applicable - Item #PU3033A-AR(PU3033A-AR) 7.5Fr Ureteroscope Reverse Deflection (10.0000pcs per Carton, total ship 2 Carton) Material Composition: N/A		20	EA	37.432980	1.00	20.00
		TOTAL PKGS						TOTAL WEIGHT	CURRENCY	TOTAL INVOICE VALUE
		2						37.43	1.00	20.00

I DECLARE ALL THE INFORMATION CONTAINED IN THE INVOICE TO BE TRUE AND CORRECT.

Payment Method <input type="checkbox"/> L/C <input type="checkbox"/> T/T <input type="checkbox"/> Others Check if applicable	Check one <input type="checkbox"/> F.O.B. <input type="checkbox"/> C & F <input type="checkbox"/> C.I.F.
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SIGNATURE OF SHIPPER/EXPORTER

NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

DATE