

Commercial Invoice

EXPORTER Paragon Energy Solutions 7410 Pebble Drive Fort Worth TX 76118 US	EXPORTER No. 1	Date 01/31/2024	Export References PR23001202
		Invoice Number	Purchase Order Number 4500010027
		Bill of Lading Number	Letter of Credit Number

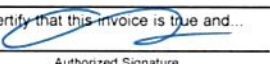
CONSIGNEE NAWAH ENERGY COMPANY BARAKAH NUCLEAR POWER PLANT PO BOX 112040 ABU DHABI UNITED ARAB EMIRATES 00000 ABU DHABI	CONSIGNEE No. 862	BUYER NAWAH ENERGY COMPANY BARAKAH NUCLEAR POWER PLANT PO BOX 112040 ABU DHABI UNITED ARAB EMIRATES 00000 ABU DHABI	BUYER No. 862
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NOTIFY SUDHAKARAN THOOKATH 97123061918	NOTIFY No.	Country of Origin USA	Place of Delivery UAE
		Commercial Terms NET 30 DAYS	INCO EXW
		Other Terms	
		Carrier	Vessel
Seaport of Lading	Seaport of Discharge		

Item	CO	HS Code	Description	Quantity	UM	Price	Invoice
10067670		3403.99.00.00	Grease Falk Long Term P/N 10067670	15	KG	1,246.67	18,700.05

Page Total **18,700.05**

Covering							

Packaging	Domestic Freight	Int'l Freight	Other Charges (Specify)	Insurance
Total Extra Charges	Total Gross Price 18,700.05	Discount	Advance Payment	
We certify that this invoice is true and...  Authorized Signature	Total Packages 1 BOX	Total Shipped 15 EA	Total Weight 0	Total Invoice USD 18,700.05

EXPORTER Paragon Energy Solutions 7410 Pebble Drive Fort Worth TX 76118 US		Exporter No. 1	Export References PR23001202	Date 01/31/2024	Ship Date 01/31/2024
CONSIGNEE NAWAH ENERGY COMPANY BARAKAH NUCLEAR POWER PLANT PO BOX 112040 ABU DHABI UNITED ARAB EMIRATES 00000 ABU DHABI		Consignee No. 862	Export References Please find attached the following documents: 1. Export Worksheet 2. Commercial Invoice EIN# 82-2483099 EAR 99 NLR		
BROKER		Broker No.	<h2 style="margin: 0;">SHIPPER'S LETTER OF INSTRUCTIONS</h2>		
Country of Origin USA	Place of Delivery UAE		Freight Charges Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> Prepaid & Charge <input type="checkbox"/> 3rd Party <input type="checkbox"/>		
Seaport of Lading	Seaport of Discharge		Customs Charges Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> Prepaid & Charge <input type="checkbox"/> 3rd Party <input type="checkbox"/>		
Local Carrier	Exporting Carrier		Vessel	Bill of Lading Number	Letter of Credit Number
Containerized Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Routed Transaction Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Export Declaration Attached <input type="checkbox"/> Filed Paper <input type="checkbox"/> NA <input checked="" type="checkbox"/>		Type of Shipment Direct <input checked="" type="checkbox"/> Consolidation <input type="checkbox"/>	
Hazardous Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Status O... <input checked="" type="checkbox"/> Ag... <input type="checkbox"/>	Filed Online <input type="checkbox"/>		In Case of Inability to Deliver Shipment Abandon <input checked="" type="checkbox"/> Return To Shipper <input type="checkbox"/>	
No.	Item	HS Code	Goods Description	Quantity UM	Weight UM
1	10067670	3403.99.00.00	Grease Falk Long Term P/N 10067670	15 KG	LBS
Total Shipped 15 EA		Total Weight 0		Total Invoice USD 18,700.05	
Additional Instructions					
NOTE: The Shipper or his Authorized Agent hereby authorizes the above named Company, in his name and on his behalf, to prepare any export documents, to sign and to accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The shipper guarantees payment of all collect charges in the event the consignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders, agents and others to whom it may entrust the shipment. Name CHRISTOPHER LICON Title MATERIAL MANAGER Telephone 8172840077				Insurance <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If Shipper has requested insurance as provided for at the left hereof, shipment is insured in the amount indicated (recovery is limited to actual loss) in accordance with the provisions as specified in the Carrier's Tariffs. Insurance is payable to Shipper unless payee is designated in writing by the shipper.	
Email kpolicy@paragones.com					