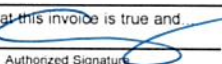


# Commercial Invoice

EXPORTER Paragon Energy Solutions 7410 Pebble Drive Fort Worth TX 76118 US		EXPORTER No. 1	Date 06/03/2025	Export References <b>PR25000047-1</b>			
			Invoice Number 3700236675	Purchase Order Number 3700236675			
			Bill of Lading Number	Letter of Credit Number			
CONSIGNEE AMARA S.A.U. C/TRESPADERNE, 29 1ST FLOOR MADRID 28042 SPAIN		CONSIGNEE No. 441	BUYER AMARA S.A.U. C/TRESPADERNE, 29 1ST FLOOR MADRID 28042 SPAIN		BUYER No. 441		
NOTIFY		NOTIFY No.	Country of Origin USA	Place of Delivery SPAIN			
			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
2-130		4016.93.20.	GASKET P/N 2-130	20	EA	443.00	8,860.00
2-278		4016.93.20.	GASKET P/N: 2-278	10	EA	774.00	7,740.00
2-135		4016.93.20.	GASKET P/N: 2-135	40	EA	279.00	11,160.00
74006017400		8414.90.	PRESS LIMITER P/N: 74006017400	5	EA	4,040.00	20,200.00
						Page Total	<b>47,960.00</b>
Covering							
Packaging		Domestic Freight	Int'l Freight	Other Charges (Specify)			Insurance
Total Extra Charges		Total Gross Price 47,960.00		Discount		Advance Payment	
We certify that this invoice is true and 		Total Packages <b>1 BOX</b>	Total Shipped <b>75 EA</b>	Total Weight <b>10 LBS</b>	Total Invoice <b>USD 47,960.00</b>		

<b>EXPORTER</b> Paragon Energy Solutions 7410 Pebble Drive Fort Worth TX 76118 US		Exporter No. <b>1</b>	Export References <b>PR25000047-1</b>	Date <b>06/03/2025</b>	Ship Date <b>06/03/2025</b>			
<b>CONSIGNEE</b> AMARA S.A.U. C/TRESPADERNE, 29 1ST FLOOR MADRID 28042 SPAIN		Consignee No. <b>441</b>	Export References Please find attached the following documents:  1. Export Worksheet 2. Commercial Invoice  EIN# 82-2483099 EAR 99 NLR					
<b>BROKER</b>		Broker No.	<h2 style="margin: 0;">SHIPPER'S LETTER OF INSTRUCTIONS</h2>					
Country of Origin <b>USA</b>		Place of Delivery <b>SPAIN</b>	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"/>				
Hazardous Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Status O... <input checked="" type="checkbox"/> Ag... <input type="checkbox"/>		Type of Shipment Direct <input checked="" type="checkbox"/> Consolidation <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"/>		Deliver To <input type="checkbox"/>				
No.	Item	HS Code	Goods Description	Quantity	UM	Weight	UM	Invoice
1	2-130	4016.93.20.	GASKET P/N 2-130	20	EA		LBS	8,860.00
2	2-278	4016.93.20.	GASKET P/N: 2-278	10	EA		LBS	7,740.00
3	2-135	4016.93.20.	GASKET P/N: 2-135	40	EA		LBS	11,160.00
4	74006017400	8414.90.	PRESS LIMITER P/N: 74006017400	5	EA		LBS	20,200.00
Total Shipped		Total Weight		Total Invoice				
<b>75 EA</b>		<b>0</b>		<b>USD</b>		<b>47,960.00</b>		
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 <b>CHRISTOPHER LICON</b> Title <b>MATERIAL MANAGER</b> Telephone <b>8172840077</b> Email <b>kpolicy@paragones.com</b>				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.				