

Master Packing List

Date: 6/2/2025

Shipper Name:	Invoice #:	CR-38995	Authorized Agent:
CranioMandibular Rehab, Inc.			Freight Systems
Shipper Address			626 RXR Plaza
2600 W 29th Ave Unit 102G			Uniondale, NY 11556
Denver, CO 80211			
Incoterms:	EXW	Freight Charges:	<input checked="" type="checkbox"/> Prepad <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party

Ultimate Consignee Name & Address:		Intermediate Consignee Name & Address:
Atco Technology Company -		
Receiving PO 7864		
Building No 1537 Street No 19 Near Block 3		
Al Rai Industrial Area, Kuwait 99999		

State of Origin:	USA	
Country of Ultimate Destination:	Kuwait	
Hazardous Material:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

INSTRUCTIONS TO FORWARDER: Ship as instructed by buyer.

Gross Weight (Kg)	96	PACKING INFORMATION: Products packed into 5 boxes, 36x20x15" each					
Product Code	Description	Unit Quantity	HTS	Packages	Net Weight of Package (KG)	Gross Weight of Package (Kg)	Measurement of Package (m3)
CR1020	OraStretch Jaw Orthotic Device	250	9019.10.20	Boxes X 5	18.2	19.1	0.18
	Total	250		5	91	95.5	0.9

I certify that the statements made and all information contained herein are true and correct. I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false and fraudulent statements herein., failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec . 305: 22 U.S.C. Sec. 401, 18 U.S.C. Sec 1001, 50 U.S.C. app. 2410).

Shipper Email Address:	office@craniorehab.com	Shipper Telephone No.:	303-433-8670
Printed Name of the Duly authorized officer or employee:	Robert Christensen		
Signature:	<i>Robert Christensen</i>	Title:	CEO
		Date:	6/5/2025