

## Commercial Invoice

Date of Export: <b>9/10/2025</b>				Export References (i.e. order no., invoice no., etc): <b>INV25150569/572/574/576/110</b>				
Shipper/Exporter (complete name and address): <b>Biohorizons Implant Systems, Inc. 2300 Riverchase Center Birmingham, AL 35244 U.S.A. ID/EIN: 631163766</b>				Consignee (complete name and address): <b>Global Specialties for Medical Serv King Abdullah Road, AlReways Area Al-Deraies Tower (bravo Building) 3rd Floor Jeddah Saudi Arabia Phone: 966920001819</b>				
Country of export: <b>USA</b>				Importer - if other than recipient (complete name and address):				
Country of manufacture: <b>USA</b>								
Country of ultimate destination: <b>Saudi Arabia</b>								
				Currency: US Dollars		Reason for Export: Sale		
Marks/Nos	No. of	Type of	Full Description	Qty	Units of	Weight	Unit value	Total Value
		Bx	Dental Implants 9021218000	3849	EA	90	\$63.69	\$245,158.13
			Dental Instruments 9018490000	452	EA	30	\$40.82	\$18,449.50
			Dental Mem-Lok 3001900190	467	EA	29	\$63.95	\$29,864.00
			Dental Prosthetics 9021218000	9,636	EA	87	\$17.58	\$169,429.17
	Total No. of Pkgs					Total Weight Lbs		Total Invoice Value
	8	5 @ 24 x 20 x 20 (37, 52 , 45 , 39, 34 lbs)				236		\$462,900.80
		2 @ 20 x 15 x 6 (11 , 11 lbs)						
		1 @ 12 x 12 x12 ( 7 lbs)						
I declare all the information contained in this invoice to be true and correct								Tick
Signature of shipper/exporter (type name and title and sign)  <i>Jerermiah Miller</i>				Date:  9/10/2025			<input checked="" type="checkbox"/> FCA <input type="checkbox"/> C&F <input type="checkbox"/> CIF	
Jeremiah Miller International Distribution Specialist								