1 1 Page _____ of ____



This invoice must be completed in English.

Commercial Invoice

| | nme: Linds No.: (303) Name/Addro undation ennial Parl | | | | | | Ship Date: 18 Sep, 2025 Air Waybill No. / Tracking No.: 884462276427 Invoice No.: Payment Terms: Bill of Lading: Purpose of Shipment: SAMPLE | | | | |
|---|---|---------------------------|---------------------|--|------------------|-------------------------|--|--|--------------------------|----------------|----------------|
| Country/Te | - | NITED STATE | TES OF AM | | | | | | | | |
| CONSIGNE | E: | | | | | | SOLD TO / IMPORTER (if different from Consignee): | | | | |
| Tax ID#: | | F: 1 | | | | | X Same as CONSIGNEE: | | | | |
| Contact Na Telephone | | | | | | | Tax ID#: | | | | |
| E-Mail: pio Company M Grinn sp. | tr.figlarek@ Name/Addre | @grinn-glob | oal.com | | | | Company Name/Address: | | | | |
| WROCLAW 54429 Country/Territory: POLAND If there is a designated broker for this shipment, please provide contact information. | | | | | | | Country/Territory: POLAND | | | | |
| Name of B | - | a proker for | tnis snipmen | t, piease prov | ide contact i | Tel. No. | | Conta | ct Name | | |
| | | | | | | | please specify | | | | |
| No. of Packages | No. of Units | Net Weight (LBS / KGS) | Unit of Measure | | Descrip | tion of Goods | | Harmonized Tariff Number | Country/ Terr. of MFR | Unit Value | Total Value |
| Tackages | 2.00 | 0.20 | PCS | Vest of polyester, babies garment clothing accessories - LENA Vest polyester, with pocket on front | | | s and of | 611120 | BD | 5.000000 | 10.00 |
| Total | Total | Total Net | (Indicate | Total Gross | (Indicate | Terms | | | | | |
| Pkgs | Units | Weight | LBS/KGS) | Weight | LBS/KGS) | of Sale: | | | | Subtotal: | 10.00 |
| 1 | 1 2.00 0.20 LB 2.00 LB | | | | | | Insurance: | | | | 0.00 |
| Special Instructions: NT vest to Poland per Jim | | | | | | | | | | Freight: | 0.00 |
| | . Oldina poi | • | | | | | | | | Packing: | 0.00 |
| Declaration Statement(s): These items are controlled by the U.S. Government and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user(s) herein | | | | | | | | | | Handling: | 0.00 |
| identified. The | ey may not be | resold, transferre | ed, or otherwise di | isposed of, to any | other country or | to any person other tha | n the authorized u | Itimate consignee or end- ithorized by U.S. law and | user(s), either in | Other: | 0.00 |
| I declare th | nat all the ir | nformation c | ontained in th | nis invoice to | be true and | correct. | | | | Invoice Total: | 10.00 |
| Originator or Name of Company Representative if the invoice is being completed on behalf of a company or indiv Lindsay Preston | | | | | | | | | | Currency Code: | USD |
| Signature / | Title / Date |): | | | | | | | | | 18 Sep, 2025 |