

## Commercial Invoice

Date of Export: <b>10/7/2025</b>				Export References (i.e. order no., invoice no., etc): <b>INV25168201/208</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	
9	9	Bx	Dental Mem-Lok 3001900190	1270	EA	90	\$57.97	\$73,620.00	
			Dental Alloderm 3001900190	35	EA	13	\$0.00	\$0.00	
	Total No. of Pkgs					Total Weight Lbs		Total Invoice Value	
	9	1 @ 24 x 20 x 20 (24)				103		\$73,620.00	
		7 @ 20 x 15 x 6 (11,11,11,11,7,11,10)							
		1 @ 14 x 14 x 14 (7)							
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>Jolen Ware</i>				Date:  10/7/2025			<input checked="" type="checkbox"/> FCA <input type="checkbox"/> C&F <input type="checkbox"/> CIF		
Jolen Ware International Distribution Specialist									