

# Commercial Invoice

EXPORTER Paragon Energy Solutions 7410 Pebble Drive Fort Worth TX 76118 US		EXPORTER No. 1	Date 10/10/2025	Export References <b>4500008575</b>			
			Invoice Number 4500008575	Purchase Order Number 4500008575			
			Bill of Lading Number	Letter of Credit Number			
CONSIGNEE NAWAH ENERGY COMPANY BARAKAH NUCLEAR POWER PLANT PO BOX 112040 ABU DHABI UNITED ARAB EMIRATES 00000 ABU DHABI		CONSIGNEE No. 862	BUYER NAWAH ENERGY COMPANY BARAKAH NUCLEAR POWER PLANT PO BOX 112040 ABU DHABI UNITED ARAB EMIRATES 00000 ABU DHABI		BUYER No. 862		
NOTIFY SUDHAKARAN THOOKATH 97123061918		NOTIFY No.	Country of Origin USA	Place of Delivery UAE			
			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
A7		8504.40.95.10	TEST GENERATOR P/N A7	1	EA	0.03	0.03
A1		8543.19.00.00	LINEAR AMPLIFIER P/N A1	1	EA	0.03	0.03
A3		8543.19.00.00	LINEAR AMPLIFIER P/N A3	1	EA	0.03	0.03
A4		8543.19.00.00	HF DISCRIMINATOR P/N A4	1	EA	0.03	0.03
A13		8543.19.00.00	LOG AMPLIFIER P/N A13	1	EA	0.03	0.03
						Page Total	<b>0.15</b>
Covering							
Packaging		Domestic Freight	Int'l Freight	Other Charges (Specify)			Insurance
Total Extra Charges		Total Gross Price		Discount		Advance Payment	
		0.15					
We certify that this invoice is true and...		Total Packages	Total Shipped	Total Weight	Total Invoice		
Authorized Signature		1 BX	5 EA	5 LBS	USD 0.15		

<b>EXPORTER</b> Paragon Energy Solutions 7410 Pebble Drive Fort Worth TX 76118 US		Exporter No. <b>1</b>	Export References <b>4500008575</b>	Date <b>10/10/2025</b>	Ship Date <b>10/10/2025</b>			
<b>CONSIGNEE</b> NAWAH ENERGY COMPANY BARAKAH NUCLEAR POWER PLANT PO BOX 112040 ABU DHABI UNITED ARAB EMIRATES 00000 ABU DHABI		Consignee No. <b>862</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>UAE</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"/>		Other <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	A7	8504.40.95.10	TEST GENERATOR P/N A7	1	EA		LBS	0.03
2	A1	8543.19.00.00	LINEAR AMPLIFIER P/N A1	1	EA		LBS	0.03
3	A3	8543.19.00.00	LINEAR AMPLIFIER P/N A3	1	EA		LBS	0.03
4	A4	8543.19.00.00	HF DISCRIMINATOR P/N A4	1	EA		LBS	0.03
5	A13	8543.19.00.00	LOG AMPLIFIER P/N A13	1	EA		LBS	0.03
Total Shipped		Total Weight		Total Invoice				
<b>5 EA</b>		<b>0</b>		<b>USD</b>		<b>0.15</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>				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.				
Email <b>kpolicy@paragones.com</b>								