

## Commercial Invoice

Date of Export: <b>10/29/2025</b>				Export References (i.e. order no., invoice no., etc): <b>INV25180766/769/773</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	
17	17	Bx	Dental Implants 9021218000	17070	EA	470	\$48.01	\$819,509.04	
			Dental Instruments 9018490000	606	EA	140	\$43.96	\$26,638.90	
			Dental Prosthetics 9021218000	21310	EA	110	\$18.08	\$385,337.17	
	Total No. of Pkgs					Total Weight Lbs		Total Invoice Value	
	17	15 @ 24 x 20 x 20 ( 10 @ 45 , 44 , 44 , 54, 50 , 37 lbs)				720		\$1,231,485.11	
		1 @ 18 x 18 x 18 ( 33 lbs)							
		1 @ 14 x 14 x 14 ( 8 lbs )							
I declare all the information contained in this invoice to be true and correct									
Signature of shipper/exporter (type name and title and sign)  <i>Jeremiah Miller</i>				Date:  10/29/2025		<input checked="" type="checkbox"/> FCA <input type="checkbox"/> C&F <input type="checkbox"/> CIF			
Jeremiah Miller International Distribution Specialist									