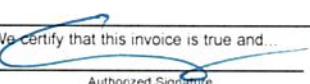


## Commercial Invoice

EXPORTER Paragon Energy Solutions 7410 Pebble Drive Fort Worth TX 76118 US			EXPORTER No	Date 1 01/08/2026	Export References PR24000846-2			
			Invoice Number 4500010462	Purchase Order Number 4500010462				
			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 Commercial Terms NET 30 DAYS Other Terms	Place of Delivery UAE INCO FCA			
			Carrier	Vessel				
Seaport of Lading		Seaport of Discharge						
Item	CO	HS Code	Description		Quantity	UM	Price	Invoice
002203-002		8535.90.80.20	CABLE ASSY: COAX P/N 002203-002		12	EA	2,969.45	35,633.40
							Page Total	35,633.40

Covering

Packaging	Domestic Freight	Int'l Freight	Other Charges (Specify)			Insurance
Total Extra Charges		Total Gross Price 35,633.40		Discount	Advance Payment	
We certify that this invoice is true and...  		Total Packages 1 BX	Total Shipped 12 EA	Total Weight 6 LBS	Total Invoice USD	35,633.40
Authorized Signature						

EXPORTER Paragon Energy Solutions 7410 Pebble Drive Fort Worth TX 76118 US		Exporter No 1	Export References <b>PR24000846-2</b>	Date 01/08/2026	Ship Date 01/08/2026		
CONSIGNEE NAWAH ENERGY COMPANY BARAKAH NUCLEAR POWER PLANT PO BOX 112040 ABU DHABI UNITED ARAB EMIRATES 00000 ABU DHABI		Consignee No. 862	Export References Please find attached the following documents: 1. Export Worksheet 2. Commercial Invoice				
BROKER		Broker No.	EIN# 82-2483099 EAR 99 NLR				
<b>SHIPPER'S LETTER OF INSTRUCTIONS</b>							
Country of Origin USA		Place of Delivery UAE	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"/>	Type of Shipment Direct <input checked="" type="checkbox"/> Consolidation <input type="checkbox"/> In Case of Inability to Deliver Shipment Abandon <input checked="" type="checkbox"/> Return To Shipper <input type="checkbox"/>		
Hazardous Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Status O... <input checked="" type="checkbox"/> Ag... <input type="checkbox"/>		Filed Online <input type="checkbox"/>	Other <input type="checkbox"/> Deliver To <input type="checkbox"/>		
No.	Item	HS Code	Goods Description		Quantity UM	Weight UM	Invoice
1	002203-002	8535.90.80.20	CABLE ASSY: COAX P/N 002203-002		12 EA	LBS	35,633.40
Total Shipped 12 EA			Total Weight 0		Total Invoice USD		35,633.40
Additional Instructions							
<p>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.</p> <p>Name CHRISTOPHER LICON Title MATERIAL MANAGER Telephone 8172840077</p> <p>Email kpolcy@paragones.com</p> 						<p>Insurance</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>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.</p>	