

Master Packing List

Date: 7/10/2026

Shipper Name:	Invoice #:	CR-42516	Authorized Agent:
CranioMandibular Rehab, Inc.			
Shipper Address			
2600 W 29th Ave Unit 102G			
Denver, CO 80211			
Incoterms:	EXW	Freight Charges:	☐ Prepaid ☐ Collect ☒ 3rd Party

Ultimate Consignee Name & Address:		Intermediate Consignee Name & Address:
Atco Technology Company -		
Receiving PO 7864		
Building No 1537 Street No 19 Near Block 3		
Al Rai Industrial Area, Kuwait 99999		

State of Origin:	USA	
Country of Ultimate Destination:	Kuwait	
Hazardous Material:	☐ Yes ☒ No	

INSTRUCTIONS TO FORWARDER: Ship as instructed by buyer.

Gross Weight (Kg)	122.5	PACKING INFORMATION: Products packed into 15 boxes, 20x16x14" each					
Product Code	Description	Unit Quantity	HTS	Packages	Net Weight of Package (KG)	Gross Weight of Package (Kg)	Measurement of Package (m3)
CR1020	OraStretch Jaw Orthotic Device	375	9019.10.20	Boxes X 15	7.4	8.16	0.07
	Total	250		5	91	95.5	0.9

I certify that the statements made and all information contained herein are true and correct. I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false and fraudulent statements herein., failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401, 18 U.S.C. Sec 1001, 50 U.S.C. app. 2410).

Shipper Email Address:	office@craniorehab.com	Shipper Telephone No.:	303-433-8670
Printed Name of the Duly authorized officer or employee:	Robert Christensen		
Signature:	<i>Robert Christensen</i>	Title:	CEO
		Date:	7/10/26

Package Packing List (1 of 5)					Date: 7/10/2026		
Shipper Name:		Invoice #:		CR-42516		Authorized Agent:	
CranioMandibular Rehab, Inc.							
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2600 W 29th Ave Unit 102G							
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State of Origin:		USA					
Country of Ultimate Destination:		Kuwait					
Hazardous Material:		☐ Yes ☒ No					
INSTRUCTIONS TO FORWARDER: Ship as instructed by buyer.							
Package List		PACKING INFORMATION: Products packed into 15 boxes, 20x16x14" each					
Product Code	Description	Package Unit Quantity	HTS	Packages	Net Weight of Package (KG)	Gross Weight of Package (Kg)	Measurement of Package (m3)
CR1020	OraStretch Jaw Orthotic Device	25	9019.10.20	1 of 15	7.4	8.16	0.07
	Package Total	25		1	7.4	8.16	0.073
I certify that the statements made and all information contained herein are true and correct. I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false and fraudulent statements herein., failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401, 18 U.S.C. Sec 1001, 50 U.S.C. app. 2410).							
Shipper Email Address:		office@craniorehab.com		40. USPPI Telephone No.:		303-433-8670	
Printed Name of the Duly authorized officer or employee:				Robert Christensen			
		Robert Christensen					