| National U.SArab   | CEDT                    |   |  |  |  |  |
|--|-------------------------|---|--|--|--|--|
| Chamber of Commerce  |                         |   | HHHH   |  |  |  |
| الغرفة التجارية<br>الأمريكية العربية الوطنية NUSACC  | VERIFY.FT(              | GOTO Certificate Number<br>GS.US Date   | Une 05, 2025   | 51-6841be9b02ddd   |  |  |
| Seller (Exporter)<br>Gentell LLC   | Transport Typ<br>Vessel | De la   |  | Port of Loading<br>New York, NY  |  |  |
| 1000 Floral Vale Boulevard<br>Morrisville  | Destination C           | country   | (//////////////////////////////////////  | Destination Port   |  |  |
| PA<br>USA  | Kuwait                  |   |  | Mubarak Al Kabeer  |  |  |
| Consignee  | Export Date             | •   | Exporting Carrier<br>Federal Express   |  |  |  |
| Gentell LLC<br>1000 Floral Vale Blvd<br>Yardley, PA  | Import Permit           | t Number  | Bill of Lading /   | Bill of Lading / AWB   |  |  |
| 19067<br>United States   | Owner or Age            |   | Forwarding Ag<br>N/A   | Forwarding Agent<br>N/A  |  |  |
| Buyer (Importer)<br>National Medical Consumable Industries Co. KSCC<br>P.O.Box 44369 Hawalli 32058 Kuwait<br>Block # 10, Plot # 1 – 5,<br>North Subhan, State of Kuwait.<br>Kuwait | Remarks                 |   |  |  |  |  |
| Description<br>(May include notes on Quantity, Item Number, Marks and Numbers, I   | Kind of Package         | s.)   | Weight   | Country of Origin  |  |  |
| Calcium Alginate Ag (Silver) 4" x 8" Dressing<br>H.S.Code: 3005901000 Marks: GEN-13482   |                         |   | 1982<br>Net: 1970  | United States  |  |  |
| =====end of products========   |                         |   |  |  |  |  |
|  |                         |   |  |  |  |  |
|  |                         |   |  |  |  |  |
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|  |                         |   |  |  |  |  |
|  |                         |   |  |  |  |  |
| Name of Authorized Trade Association   | 1-                      | origin applicable in the country(ies)<br>-The information in this certificate a<br>Commerce ("NUSACC") is accurate,<br>-The Applicant undertakes to advisi<br>Certificate (or to whom the Certifica<br>of any inaccuracy, omission or chau-<br>-The Applicant will maintain, and pr<br>truth, accuracy and completeness c<br>-In consideration for the NUSACCs<br>and hold harmless NUSACC from a | nate in the country(ies) specifie<br>to those goods.<br>And in any documents provided<br>true and complete.<br>e NUSACC and any other person<br>ate is provided to with the know<br>onge in such information, or in th<br>esent upon request, such docuu<br>of this certificate and accompan<br>issuance of this Certificate, the<br>my liability in connection with th<br>y costs and/or claims made ag | d above and comply with the rules of<br>to the National U.S. – Arab Chamber of<br>h(s) to whom the applicant provides this<br>ledge of the Applicant) promptly in writing<br>te origin of goods.<br>mentation as is necessary to verify the<br>nying documents.<br>Applicant agrees to release, discharge<br>the issuance of this certificate and to<br>ainst NUSACC in connection herewith. |  |  |

NU-COO-60451-6841be9b02ddd / June 05, 2025

| This invo  | oice must               | be comple    | ted in Englis | sh.               | C            | OMME              | RCIAL IN                               | IVOICE              |             |            | Page | of    |  |
|--|-------------------------|--------------|---------------|-------------------|--------------|-------------------|--|---------------------|-------------|------------|------|-------|--|
| EXPORTE  |                         |              |               |                   |              |                   | Ship Date:                             |                     |             |            |      |       |  |
| Tax ID#:   |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |
| Contact N  |                         |              |               |                   |              |                   | Air Waybill N                          | No. / Tracking No.: |             |            |      |       |  |
| Telephone No.:<br>E-Mail:  |                         |              |               |                   | Invoice No.: | Invoice No.: Pure |  |                     |             |            |      |       |  |
| Company Name/Address:  |                         |              | Payment Ter   | rms:              | Bill         | of Lading:        |  |                     |             |            |      |       |  |
|  |                         |              |               | Purpose of \$     | Shipment:    |                   |  |                     |             |            |      |       |  |
|  |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |
| Country/T  | erritory:               |              |               |                   |              |                   |  |                     |             |            |      |       |  |
|  | Parties to Transaction: |              |               |                   |              |                   |  |                     |             |            |      |       |  |
| <u> </u>   | Related Non-Related     |              |               |                   |              | SOLD TO (if       | SOLD TO (if different from Consignee): |                     |             |            |      |       |  |
| CONSIGNI<br>Tax ID#:   | EE:                     |              |               |                   |              |                   |  |                     |             |            |      |       |  |
| Contact N  | ame:                    |              |               |                   |              |                   |  | as CONSIGNEE:       |             |            |      |       |  |
| Telephone  |                         |              |               |                   |              |                   | Tax ID#:                               |                     |             |            |      |       |  |
| E-Mail:  |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |
| Company  | Name/Addr               | ress:        |               |                   |              |                   | Company Na                             | ame/Address:        |             |            |      |       |  |
|  |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |
|  |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |
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|  |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |
| Country/T  | -                       | d broker for | this shinmen  | t, please provide | e contact i  | nformation        | Country/Ter                            | ritory:             |             |            |      |       |  |
| Name of B  | -                       |              | the empirer   | , prodoc pro ma   |              | Tel. No.          |  | Conta               | act Name    |            |      |       |  |
|  | d Taxes Pay             | able by      | Exporter      | Consignee         | Oth          |                   | r, please specify                      |                     |             |            |      |       |  |
| No. of   | No. of                  | Net Weight   |               |                   |              |                   |  | Harmonized          | Country of  | Unit       |      | Total |  |
| Packages   | Units                   | (LBS / KGS)  | Measure       |                   | Descrip      | tion of Goods     | <del>,</del>                           | Tariff Number       | Manufacture | Value      |      | Value |  |
|  |                         |              |               |                   |              |                   | ·                                      |                     |             |            |      |       |  |
|  |                         |              |               |                   |              |                   |  |                     | USA         |            |      |       |  |
|  |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |
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|  |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |
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|  |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |
|  |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |
| Total  | Total                   | Total Net    | (Indicate     |                   | Indicate     | Terms             |  |                     |             | Subtotal:  |      |       |  |
| Pkgs   | Units                   | Weight       | LBS/KGS)      | Weight L          | BS/KGS)      | of Sale:          |  |                     |             | Insurance: |      |       |  |
| Special Ins  | structions:             |              |               |                   |              |                   |  |                     |             |            |      |       |  |
|  |                         |              |               |                   |              |                   | Freight:                               |                     |             |            |      |       |  |
|  |                         |              |               |                   |              | Packing:          |  |                     |             |            |      |       |  |
| Declaration Statement(s):  |                         |              |               |                   |              | Handling:         |  |                     |             |            |      |       |  |
|  |                         |              |               |                   |              |                   | Other:                                 |                     |             |            |      |       |  |
|  |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |
| I declare that all the information contained in this invoice to be true and correct.                                 |                         |              |               |                   |              |                   | Invoice Total:                         |                     |             |            |      |       |  |
| Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual: |                         |              |               |                   |              |                   |  | Currency Code:      |             |            |      |       |  |
| SEAL   | COMI                    | ΛΛ           |               | _                 | 71           |                   |  |                     |             |            |      |       |  |
| Signature  | / Title Dat             | •¥/>         |               | /                 | 4            |                   |  |                     |             |            |      |       |  |
| OLUN O   | JAL SING                | $\cdot \nu$  | $\sim$        |                   | ,            |                   |  |                     |             |            |      |       |  |
|  |                         |              |               |                   |              |                   |  |                     |             |            |      |       |  |

| 1000 Floral Vale, Suite 40  |                    |         | Pick                                | ing Slip                            |             | Ma                                 | <b>Date</b><br>ay 20, 2025 | Page<br>1       |
|---|--------------------|---------|-------------------------------------|-------------------------------------|-------------|------------------------------------|----------------------------|-----------------|
| ′ardley, PA 19067<br>′ <b>hone:</b> (800) 840-904 <sup>:</sup>                              |                    |         |                                     |                                     |             |                                    | Order Nun<br>ORD00027      |                 |
| <b>Sold To:</b><br>IATIONAL MEDICAL CC<br>BLOCK #10, PLOTS # 1-8<br>IORTH SUBHAN<br>IAWALLI | 5                  |         |                                     | BLOCK #10,<br>NORTH SUBI<br>HAWALLI | HAN         |                                    |                            |                 |
| Reference   | PO Nui<br>NEEDS PO | mber    | per Customer No. Sa<br>300210       |                                     | Salesperson | Ship Via Ship Date<br>May 20, 2025 |                            |                 |
| Picking Ite<br>Sequence   | n Number           |         | Description                         |                                     |             | UOM                                | Qty.<br>Shipped            | Qty.<br>Backord |
|   |                    | EPXIRAT | 110086 MFG DATE<br>ION DATE:02/26/2 |                                     |             |                                    |                            |                 |

| Раскед ру:  |     |  |
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| Received by | 1 1 |  |
| Réceived by |     |  |
| OLAVN O'DN' |     |  |

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Total packages: