Wilmington Trust SP Services, Inc.

1100 North Market Street

4th Floor

Wilmington, DE 19890

Client #:

207348

Team #:

Date:

01/03/2024

To:

lovate Health Sciences U.S.A. Inc.

1100 North Market Street 4th Floor, Suite 4071 Wilmington, DE 19890

Secretarial/Receptionists Servi

Invoice No:

DCM000000216419

Project No:

46259

Secretarial/Receptionists Servi

Annual Billing for the period 1/1/24-12/31/24

Leased Office

Invoice No:

DCM000000216505

Project No:

64177

Fees: Leased Office

Annual Billing for the period 1/1/24-12/31/24

Delaware Office Services

Invoice No:

DCM000000216515

Project No:

64393

Fees:

Delaware Office Services

Annual Billing for the period 1/1/24-12/31/24

To ensure prompt and accurate application of your payment, please include the invoice number on your check or wire transfer. Payment instructions are listed below:

Check Mailing Address: Wilmington Trust SP Services, Inc. PO Box 8985 Wilmington, DE 19801

Wire Instructions Wilmington Trust SP Services, Inc. Bank Name: M&T Bank ABA#: 031100092

Account#: 2460-3504

Please keep this invoice for your records. Please note that this invoice is due and payable upon receipt. Charges remaining unpaid after 60 days will incur a late charge of 1.5% per month, 18% per annum. Thank you.

TOTAL DUE THIS INVOICE:

All fees are in U.S. dollars.