

Hippo Technologies LLC  
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INVOICE

**BILL TO**  
Walmart Inc.  
2608 S.E. J Street STE 8  
Attn: Pharmacy Billing and  
Reconciliation  
Mailstop 0445  
Bentonville, AR 72716  
United States

**INVOICE #**  
**DATE**  
**DUE DATE**  
**TERMS** Net

ACTIVITY	QTY	AMOUNT
<b>GENERIC - AWP</b>	1	
FOR PERIOD:		
CLAIMS COUNT:		
TOTAL PAID CLAIMS:		
TOTAL REMUNERATIVE PAID CLAIMS:		
TOTAL INGREDIENT COST PAID:		
TOTAL ADMINISTRATION FEE OWED:		
<b>BRAND - AWP</b>	1	
FOR PERIOD:		
CLAIMS COUNT:		
TOTAL PAID CLAIMS:		
TOTAL REMUNERATIVE PAID CLAIMS:		
TOTAL INGREDIENT COST PAID:		
TOTAL ADMINISTRATION FEE OWED:		
<b>GENERIC - NADAC</b>	1	
FOR PERIOD:		
CLAIMS COUNT:		
TOTAL PAID CLAIMS:		
TOTAL REMUNERATIVE PAID CLAIMS:		
TOTAL INGREDIENT COST PAID:		
TOTAL ADMINISTRATION FEE OWED:		