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	is invoice must be completed in English. PORTER: Intact Name: John Gao ephone No.: (732) 484-9848 Afail: Impany Name/Address: adchemexpress LLC Deer park Drive, Suite K-2 Deer park Drive, Drive, Suite K-2 Deer park Drive,							Iαλ IDπ.								
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Telephone No.: (732) 484-9848 E-Mail: Company Name/Address: Medchemexpress LLC 9 Deer park Drive, Suite K-2 Monmouth Junction NJ 08852 Country: UNITED STATES OF AMERICA Parties to Transaction: Related X Non-Related																
Related X Non-Related CONSIGNEE: Fax ID#: Contact Name: RECEIVING/po#7200980868 Felephone No.: (416) 673-5496 E-Mail: Company Name/Address: University Health Network 101 College Street PMCRT Resea rch Toronto ON M5G1L7 Country: CANADA If there is a designated broker for this shipment, please provide contact information. Name of Broker Tel. No. Outies and Taxes Payable by Exporter X Consignee Other If Other No. of No. of Units (LBS / KGS) Measure 1 1.00 0.50 PCS HY-70002,CAS No:915087-33 1,Formula:C21H16F4N4O2S,ccompound for R&D use Special Instruction: HY-70002/10mg																
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l declare th	nat all the in	nformation c	ontained in th	nis invoice to b	e true and	correct.					Investor = 1.1				20.00	
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Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual: John Gao											Currency Code:		US	SD		
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