

# Invoice

| Date       | Number |
|------------|--------|
| 01/31/2025 |        |

|  |
|--|
| Bill To  |
| KimmyTest007<br>1600 Pennsylvania Ave<br>Washington, DC 20500<br>United States |



| Terms          | Rep | Tax ID. |
|----------------|-----|---------|
| Due on receipt |     | EIN:    |

| Description  | Qty |  | Total USD             |
|--|-----|--|-----------------------|
| Annual U.S. FDA Registration Service (valid through December 31, 2027)   | 1   |  | 1110.00               |
| Payment Options:<br>For your convenience, we offer these payment options:<br><br>1) Wire Transfer<br>Payments made by wire transfer should be sent to:<br>Bank Name: Truist (Formerly SunTrust Bank)<br>Address: 214 North Tryon Street, Charlotte, NC USA<br>Bank SWIFT Code: BRBTUS33<br>Routing Number (ABA Number): 061000104<br>Beneficiary: Registrar Corp<br>Account Number: 1000013052369<br><br>2) Credit Cards (For credit card payments, please provide the following information and return it along with the other documents)<br><br>Type of Card: Visa MasterCard American Express<br>Credit Card Number: _____<br>Expiration Date: _____ CS Code: _____<br>Cardholder's Name: _____<br>Credit Card Billing Address (if different from above): _____<br>_____<br>_____ |     |  |                       |
| Registrar Corp<br>Tax ID#86-1067977  |     |  | <b>Total USD 1110</b> |