

Invoice

| Date | Number |
|------------|--------|
| 01/28/2025 | |

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| Bill To |
| KimmyTest007 1600 Pennsylvania Ave Washington, DC 20500 United States |

PAID
01/28/2025

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

| Description | Qty | | Total USD |
|--|-----|--|----------------------|
| Annual U.S. FDA Registration Service (valid through December 31, 2027) | 1 | | 890.00 |
| Payment Options: For your convenience, we offer these payment options: 1) Wire Transfer Payments made by wire transfer should be sent to: Bank Name: Truist (Formerly SunTrust Bank) Address: 214 North Tryon Street, Charlotte, NC USA Bank SWIFT Code: BRBTUS33 Routing Number (ABA Number): 061000104 Beneficiary: Registrar Corp Account Number: 1000013052369 2) Credit Cards (For credit card payments, please provide the following information and return it along with the other documents) Type of Card: Visa MasterCard American Express Credit Card Number: _____ Expiration Date: _____ CS Code: _____ Cardholder's Name: _____ Credit Card Billing Address (if different from above): _____ _____ _____ | | | |
| Registrar Corp Tax ID#86-1067977 | | | Total USD 890 |