

# Commercial Invoice

<b>SELLER / SHIPPER (Name, Full, Address)</b> Gene by Gene, LTD 1445 North Loop West Suite 820 Houston, TX 77008 United States of America tel: (832) 968-8132		<b>Invoice Date</b>		<b>Customer Order/Kit Number</b>	
Tax Identification Number (EIN) 76-0640295		<b>Tracking Number</b>			
<b>CONSIGNEE (Name, Full Address)</b> Gene by Gene, LTD 1445 North Loop West Suite 820 Houston, TX 77008 United States of America tel: (832) 968-8132		<b>Buyer - Required for return shipments to the United States of America</b>			
<b>Country of Manufacture (itemize below if necessary)</b> United States of America		<b>Terms and Conditions of Delivery and Payment</b> Bill to Buyer - Seller/Consignee not responsible			
<b>Country of Export</b>	<b>Final Destination</b> United States of America				
		<b>Currency of Sale</b> USD			
<b>Marks and Numbers</b>	<b>Total Number of Packages</b> 1	<b>Total Gross Weight (kg)</b>		<b>Cubic Meters</b>	
<b>Complete And Accurate Description</b>		<b>Quantity / Unit of Measure</b>	<b>Unit Price</b>		<b>Amount</b>
<b>HS Codes</b> 9801.00.10 - Returns - duty free/unaltered return 5601.22.00.50 - Swab  The enclosed package consists of Cytology Brushes (dry swabs) for genealogy testing purposes only. This package does not contain dangerous goods, drugs, medications, flammable materials, liquid nitrogen nor any animal or cell culture derived products.  NOT A MEDICAL SAMPLE. MANUFACTURED IN THE USA.			1.00 USD		
I declare all the information contained in this invoice to be true and correct  (Type/print BUYER name and title and sign)		<b>Packing Costs</b>			
		<b>Freight Costs</b>			
		<b>Other Costs</b>			
		<b>Insurance Costs</b>			
<b>Signature and Status of Authorized Person</b>		<b>Date</b>	<b>Place</b>	<b>Total Invoice Value</b>	