

INVOICE

1. EXPORTER, SHIPPER, SELLER AND MAILING ADDRESS		FOR U.S. CUSTOMS CLEARANCE BY CUSTOMS BROKER:				8. SHIPPER'S REF. NO.
2. CONSIGNEE AND MAILING ADDRESS		PMK International LLC - EMP 1107 SW Grady Way Bldg B, STE 120 Renton, WA 98057 TEL: 206-439-1863 FAX: 206-241-9989				9. PAGE OF
3. IRS NO. _____		10. US DUTY AND/OR BROKERAGE FOR:				
4. BUYER (IF OTHER THAN CONSIGNEE)		<input type="checkbox"/> SHIPPER (INCLUDED) <input type="checkbox"/> SHIPPER (NOT INCLUDED) <input type="checkbox"/> BUYER <input type="checkbox"/> CONSIGNEE				5. IRS NO. _____
6. CONSIGNEE'S OR BUYER'S REF. NO.		11. PARTIES TO THIS TRANSACTION ARE:		12. EXCHANGE RATE		
7. TERMS OF SALE-DELIVERY-PAYMENT		<input type="checkbox"/> RELATED <input type="checkbox"/> NOT RELATED		13. EXPORTING CARRIER		
<input type="checkbox"/> FOB PLANT <input type="checkbox"/> C&F/CIF DESTINATION <input type="checkbox"/> OTHER (IDENTIFY) _____		14. CURRENCY OF SALE		15. FREIGHT CHARGES		
		<input type="checkbox"/> PREPAID (INCLUDED) <input type="checkbox"/> PREPAID (NOT INCLUDED) <input type="checkbox"/> COLLECT		TO POINT OF EXIT \$ _____ OR TO DESTINATION \$ _____		
16. MARKS AND NUMBERS						
17. COUNTRY/ PROVINCE OF ORIGIN	18. # OF PKGS	19. DESCRIPTION OF GOODS (INCLUDE H.S. NUMBER, IF KNOWN)	20. WEIGHT	21. QUANTITY	22. UNIT PRICE	23. TOTAL PRICE
25. DECLARATION BY FOREIGN SHIPPER					24. INVOICE TOTAL	
* (TO BE COMPLETED ONLY WHEN THE GOODS DESCRIBED ABOVE ARE OF U.S. MANUFACTURE OR GROWTH). I, _____, DECLARE THAT THE ARTICLES HEREIN SPECIFIED ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE GROWTH PRODUCE OR MANUFACTURE OF THE UNITED STATES, THAT THEY WERE EXPORTED FROM THE UNITED STATES FROM THE PORT OF _____ ON OR ABOUT _____ THAT THEY ARE RETURNED WITHOUT HAVING BEEN ADVANCED IN VALUE OR IMPROVED IN CONDITION BY ANY PROCESS OF MANUFACTURE OR OTHER MEANS.				26. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE AND ON THE CONTINUATION SHEET (S), IF ANY, IS TRUE AND COMPLETE IN EVERY RESPECT.		
SIGNATURE _____ STATUS _____				_____ NAME OF RESPONSIBLE EMPLOYEE OF EXPORTER _____ GIVE FIRM NAME AND ADDRESS IF DIFFERENT FROM EXPORTER BOX ABOVE DATE _____ STATUS _____ SIGNATURE _____ <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT		