Invoice Page 1

IIIVC					Page 1
From					
Tax ID/VAT No.:	Waybill Number:		Shipment ID:		
Contact Name:	Date:				
Company Name:					
Address:					
	Invoice Number (Reference 1):				
City State/Province:	Purchase Order Number (Reference 2):				
Postal Code Country/Territory:	Terms of Sale (Incoterm):				
Phone:	Reason for Export: Unit Return				
Ship To	Sold To				
Tax ID/VAT No.:	Tax ID/VAT Number:				
Contact Name: Murray Grant	Contact Name:	Do Not Fill This			
Company Name: Silent Circle	Company Name:	Section Out - Device			
Address: 230-135 Michael Cowpland Drive	Address:	Being Returned For			
City State/Province: Kanata, Ontario Canada	City State/Province:	Repair			
	City State/Flovince.	- (° P)	· -		
Postal Code Country/Territory: K2M 2E9	Postal Code Country/Territ	tory:			
Phone: 1-800-721-6793	Phone:				
Units U/M Description of Goods/Part Number	Harmonized Code	C/O	Unit Value	Total Value	Currency
Mobile Smart Phones FOR RETURN ONLY Additional Comments:	8517.12.00.50	voice Line total:	\$100.00		USD
Mobile Smart phone - NOT FOR SALE - FOR	Discount/Rebate:		Ψ100.00		_ 555
RETURN ONLY	Inv	oice Sub-Total: Freight:			_
Declaration Statement:	1	Insurance:			
Mobile Smart phone - NOT FOR SALE - FOR		Other:			Currency
RETURN ONLY	Total	Invoice amount:	\$100.00		
Shipper's Signature / Title Date	Total Number	er of Packages: Total Weight:			