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NOVOGENE CORPORATION INC 2921 Stockton Blvd. Suite 1810 Sacramento, CA 95817 Tel: 916-252-0068(toll free), Fax: 916-252-0068

www.novogene.com

## INVOICE

Bill To:		Invoice Numb	ar:	P. 10 1000 P.
	Bill To:		er.	P240400072
C'ENTRO DE INVESTIGACION Y DE ESTUDIOS AVANZADOS DEL INSTITUTO POLITECNICO NACIONAL RFC: CIE6010281U2		Invoice Date:		2024-05-15
		Payment Terms:		30
		Invoice Due Date:		2024-06-14
Ship To:		Contract Number:		H202SC24042849
Araceli Oropeza CENTRO DE INVESTIGACION Y DE ESTUDIOS AVANZADOS DEL INSTITUTO POLITECNICO NACIONAL AV. INSTITUTO POLITECNICO NACIONAL 2508, Col. SAN PEDRO ZACATENCO, CP: 07360, GUSTAVO A. MADERO, CIUDAD DE MÉXICO Irapuato Ciudad de México 07360 Mexico		PO Number: Contact Method:		araceli.oropeza@cinvestav.mx
		Product Type:		Life Science Service
Item	Service Description	Qty	Unit Price	Amount
1	NGS Service	1.00	4,800.00	4,800.00
TOTAL AMOUNT (USD)			4,800.00	
Terms and Conditi 1. Check can be acc 2. No other bank cl	check payment won't be accepted for count.  Check payment won't be accepted for counts:  cepted.  carge should be deducted from the total	or Non-US or	Non-Canada ci	Labors with your payment, istomers.
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Terms and Conditi  1. Check can be acc  2. No other bank cl  3. If payment is not month.  4. Please include yo	nsure proper credit to your account, ple Check payment won't be accepted fo ons: cepted. narge should be deducted from the total t received by the due date, interest shall	amount.  accrue on all	Non-Canada cu unpaid amount	abers with your payment.  istomers.  ts at the rate of 1.5% per
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Terms and Conditi  1. Check can be acc  2. No other bank cl  3. If payment is not month.  4. Please include you  Check address:  Attn: Acco	nsure proper credit to your account, ple Check payment won't be accepted fo ons: cepted. harge should be deducted from the total t received by the due date, interest shall our invoice# and quote# with your payn Novogene Corporation Inc 2921 Stockto	amount.  accrue on all  ment.  n Blvd Suite 1	unpaid amount 810 Sacramente 278642 Sacra For and	ts at the rate of 1.5% per o CA 95817
Terms and Conditi  1. Check can be acc  2. No other bank cl  3. If payment is not month.  4. Please include you  Check address:  Attn: Acco  Wire Transfer To:  Bank Name: East W  Bank Address: 9300  91731	nsure proper credit to your account, ple Check payment won't be accepted fo ons: cepted. harge should be deducted from the total t received by the due date, interest shall our invoice# and quote# with your paym Novogene Corporation Inc 2921 Stockto unts Receivable Novogene Corporation est Bank Flair Drive, 4th Fl. El Monte, CA IOVOGENE CORPORATION INC 70381 US66	amount. accrue on all ment. n Blvd Suite 1	unpaid amount 810 Sacramente 278642 Sacra For and OVOGENE CO	bers with your payment.  Istomers.  Its at the rate of 1.5% per  O CA 95817  mento, CA 95827-8642  on behalf of  RPORATION INC: