

From: Karyna Shuliak <[REDACTED]>
To: Janusz Banasiak <[REDACTED]>
Subject: dental cabinet paypal invoice
Date: Thu, 30 Jul 2015 13:13:40 +0000

Paid with

AMEX x-1088

You'll see "PAYPAL *CERTIFIEDDE" on your card statement.

Ship to

Dr. Karyna Shuliak
358 El Brillo Way
Palm Beach, FL 33480-4730
United States

Transaction ID

5EP435758A119145C

Seller info

[Certified Dental Supply](#) (certifieddentalsupply)

[REDACTED]

[REDACTED]

Your purchase

[LS1 DENTAL CLINIC CABINET W/LAMINATE TOP - SINK](#) \$2,200.00
[3 MODULE AND MOBILE CART](#)
Item #171643382143

Shipping	\$500.00
Tax	\$0.00
Purchase total	\$2,700.00
Fee	\$0.00
Total	\$2,700.00