

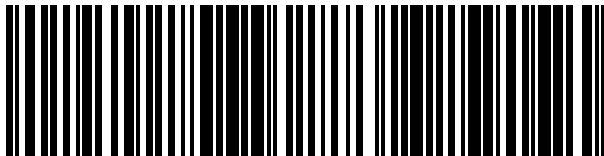
**REMITENTE:**

Cargo / CC / Dpto: 004522 / 4115200018  
NAPOLEON  
Calle Talochas, 12  
45222 BOROX

**DESTINATARIO:**

Sigrid Rivera Molina  
Sigrid Rivera Molina  
Calle Hospital de San José 19, local clinica dental

**28901** GETAFE  
**008290 C.O. VILLAVERDE**  
ESPAÑA  
Obser.



Código Bulto: 0045220082909700077889001

**COMPROMISO****REEMBOLSO****BULTOS****FECHA ENVIO****FIRMA/SELLO****19E****1 / 1****27/09/2025**

EXP. CTT EXPRESS: **0045220082909700077889**  
REF CLIENTE: **ZHI0U-250927-0637**  
REF 2 CLIENTE: **PSJZV5092700512YQ**  
REF PROVEEDOR: **ZHI0U-0BG057W01\*1**