



28350 W. Witherspoon Parkway Valencia, CA 91355

Phone: (661) 257-3400 Fax: (661) 257-9650

Packing List

Delivery no. : **SHP00106316**

Customer Number : **C54175**

Sales Order : **SO0698264**

Purchase Order : **4600000114**

Shipment date : **4/17/2025**

Delivery date : **4/17/2025**

Delivery method :

Carrier : **WILLCALL**

Ship To :

TIRUPATI WELLNESS PRIVATE LIM

KHASRA NO. 562, VILLAGE SURAJPUR

NAHAN ROAD, SIRMOUR , PAONTA

HIMACHAL PRADESH , 173025

India

Product	Quantity	Flammability
4101M NATURAL & ARTIFICIAL ORANGE POPSICLE TYPE FLAVOR PWD (33021000) Lot # 00167039 Expiration Date: 04/07/2026	45.360000 KG	Non-Flammable 45.360000 KG
Micro Testing Micro Testing Lot # Expiration Date:	1.0 EA	Above 140°F EA
Number of packages : 0 Total gross weight : 45.360000 KG Total net weight : 45.360000 KG		

28350 W. Witherspoon Pkwy Valencia CA 91355

T (661) 257-3400 F (661) 257-9650



QC229965

Certificate of Analysis

Product: NATURAL & ARTIFICIAL ORANGE POPSICLE TYPE FLAVOR PWD (33021000)

Ext Number: 4101M

Formula Color: Light Yellow
Type Of Material: Powder
Taste: Conforms to Organoleptic Standard
Odor: Conforms to Organoleptic Standard

Attribute Tested	Value	Units	Specification	Method/Test
Percent Moisture%	9.450	Percent	0.000-12.000	Karl Fischer (AOAC 977.10)
Aerobic Plate Count CFU/g	< 10	CFU / g	0-5,000	FSNS#1.1 (FDA BAM)
Yeast and Mold CFU/g	< 10	CFU / g	0-100	FSNS#4.3 (AOAC)
Coliforms CFU/g	< 10	CFU / g	0-10	FSNS#7.4 (AOAC)
E.Coli CFU/g	< 10	CFU / g	0-10	FSNS#7.4 (AOAC)
Staph Aureus CFU/g	< 10	CFU / g	0-10	FSNS#11.3 (AOAC)
Salmonella 375/g	Negative	/375g	0-Negative	FSNS#32.2 (ELFA-AOAC) 375g

Storage & Handling: Store Ambient, Typically < 25°C. No unusual precautions, but opened containers should be kept tightly sealed in a cool place when not in use.

Prepared For: TIRUPATI WELLNESS PRIVATE LIM

Date of Manufacture: 04/07/2025

PO#: 4600000114

Lot Number: 00167039

Expiration Date: 04/07/2026

Shelf Life: 12 months from DOM

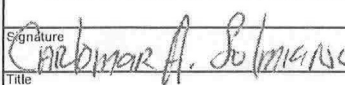
Country of Origin: U.S.A.

Signature of Approval: Merari Quevedo Date 04/14/2025

Signature of approval is confirmation that these results comply with the specification for the above said product.

For Questions or Issues Please Contact:

Colin Willard, Director of Quality at (513) 771-0777 colin.willard@flavorproducers.com

Shipper's Letter of Instruction															
EXPORTER (Name and address including ZIP code)															
FLAVOR PRODUCERS INC.															
28350 W. WITHERSPOON PKWY, VALENCIA CA		ZIP CODE 91355	ULTIMATE CONSIGNEE TIRUPATI WELLNESS PRIVATE LIM KHASRA NO. 562, VILLAGE SURAJPUR NAHAN ROAD, SIRMOUR , PAONTA SAHIB HIMACHAL PRADESH, 173025 VIETNAM P.O. Number PO# 4600000114												
EXPORTER'S EIN (IRS) NO. 95-3670157	PARTIES TO TRANSACTION Related <input type="checkbox"/> Non-Related <input checked="" type="checkbox"/>														
SHIPPER'S WAREHOUSE PICKUP/ORDER NUMBER 698264	DATE OF PICKUP														
Pickup address SAME AS ABOVE															
Operation hour M-TH 8-12 & 1-5 F 7-12 & 1-3 PROMPLY															
Contact person, phone number Carlomar Andres Solmiano (661) 257-3400 ext. 139															
			COUNTRY OF ULTIMATE DESTINATION INDIA												
SHIPPING TERM EX W <input type="checkbox"/> FOB <input checked="" type="checkbox"/>															
PORT OF UNLOADING (Vessel and air only)	CONTAINERIZED (Vessel only) Yes <input type="checkbox"/> No <input type="checkbox"/>														
SHIP VIA AIR <input type="checkbox"/> OCEAN <input type="checkbox"/> CONSOLIDATE <input type="checkbox"/> DIRECT <input type="checkbox"/>		FREIGHT CHARGES Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/>													
SCHEDULE B DESCRIPTION OF COMMODITIES, MARKS, NOS., AND KINDS OF PACKAGES (Use columns 17 - 19)															
	SCHEDULE B NUMBER AND DESCRIPTION	CHECK DIGIT	NUMBER OF PIECES NUMBER OF PALLETS DIMENSION OF EACH PALLET WEIGHT OF EACH PALLET VALUE (U.S. dollars, omit cents) (Selling price or cost if no sold)												
	RAW MATERIAL FOR NUTRITIONAL SUPPLEMENT : FLAVORING 3302.10.0000		2 1 40X48X24 GROSS 59.42 KG NET 45.36 KG \$1,012.44												
All Pallets Used for This Shipment: <table style="width:100%; margin-top: 5px;"> <tr> <td>1) Plastic</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>2) Non-wooden</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>3) Heat treated/Fumigated with IPPC</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>4) Others are not permit.</td> <td></td> <td></td> </tr> </table>				1) Plastic	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	2) Non-wooden	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	3) Heat treated/Fumigated with IPPC	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	4) Others are not permit.		
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2) Non-wooden	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>													
3) Heat treated/Fumigated with IPPC	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>													
4) Others are not permit.															
VALIDATED LICENSE NO./GENERAL LICENSE SYMBOL NLR		ECCN (When required)													
Duly authorized officer or employee Carlomar Andres Solmiano		The exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.													
I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this documents, set forth in the "Correct Way to Fill Out the Shipper's Export Declaration." I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, failing to provide the requested information or for violation of U.S. laws or exportation (13 U.S.C. Sec. 305; 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410).															
Signature  Title Shipping Lead Date 4/17/2024		Confidential - For use solely for official purposes authorized by the Secretary of Commerce (13 U.S.C. 301 (g)). Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement. AUTHENTICATION (When required)													

Remarks: Please ensure to fill in the EACH YELLOW highlight blank.

COMMERCIAL INVOICE

(Please complete in English print)

INTERNATIONAL AIR WAYBILL NO.

DATE OF EXPORTATION 4/17/2025	SHIPPER'S EXPORT REFERENCES (i.e., order no., invoice no.) PO# 4600000114 // SO# 698264
SHIPPER / EXPORTER (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required) FLAVOR PRODUCERS, LLC 28350 WEST WITHERSPOON PARKWAY VALENCIA, CA 91355 UNITED STATES	CONSIGNEE (complete name, address, telephone, Business Registration No./ Customs / Tax ID No. e.g. GST / RFC / VAT / IN / EIN / ABN / SSN, or as locally required) TIRUPATI WELLNESS PRIVATE LIMI KHASRA NO. 562, VILLAGE SURAJPUR NAHAN ROAD, SIRMOUR , PAONTA SAHIB. HIMACHAL PRADESH, 173025 INDIA
COUNTRY OF EXPORT UNITED STATES	IMPORTER - IF OTHER THAN CONSIGNEE (complete name, address and telephone) TIRUPATI WELLNESS PRIVATE LIMI KHASRA NO. 562, VILLAGE SURAJPUR NAHAN ROAD, SIRMOUR , PAONTA SAHIB. HIMACHAL PRADESH, 173025 INDIA
REASON FOR EXPORT (e.g. personal gift, return for repair) COMMERCIAL	
COUNTRY OF ULTIMATE DESTINATION CANADA	

COUNTRY OF ORIGIN	MARKS/ NO'S.	NO. OF PKGS	TYPE OF PACKAGING	FULL DESCRIPTION OF GOODS <small>What is it? What is it made of? What is it used for? What is it a component of? e.g.) Ladies' 100% Silk Knitted Blouse.</small>	HS CODE	QTY.	UNIT OF MEASURE <small>e.g. pieces, units, set.</small>	WEIGHT <small>lb / kg</small>	UNIT VALUE <small>currency</small>	TOTAL VALUE
UNITED STATES		2	Boxes	NATURAL & ARTIFICIAL ORANGE POPSICLE TYPE FLAVOR PWD	3302.10	2	PCS	45.36 kg	USD	1012.44
		Total Weight						Total Weight	Currency	Total Value
		2						45.36 kg	USD	1012.44

I DECLARE ALL THE INFORMATION CONTAINED IN THE INVOICE TO BE TRUE AND CORRECT.

FLAVOR PRODUCERS LLC

SIGNATURE OF SHIPPER/EXPORTER

Payment Method <input type="checkbox"/> L/C <input type="checkbox"/> T/T <input type="checkbox"/> Others	Check one <input checked="" type="checkbox"/> F.O.B. <input type="checkbox"/> C & F <input type="checkbox"/> C.I.F.
Check if applicable	

Carbmar A. Solmanco
 NAME (PLEASE PRINT)

LOGISTICS LEAD
 TITLE (PLEASE PRINT)

4/17/2025
 DATE

CERTIFICATION OF ORIGIN

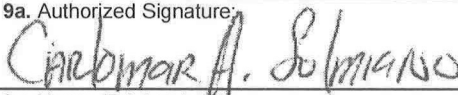
1. The Certifier can be Exporter, Producer or Importer*

Blanket Period: 01/01/25 to 12/31/2025	Invoice or Reference Number: PO# 4600000114 // SO# 698264
2. Certifier's Name and Address (including country): FLAVOR PRODUCERS LLC 28350 W. WITHERSPOON PKWY VALENCIA CA 91355 661-257-3400 carlomar.solmiano@flavorproducers.com	3. Exporter's Name, Address (including country), Telephone Number, Email Address: FLAVOR PRODUCERS LLC 28350 W. WITHERSPOON PKWY VALENCIA CA 91355 661-257-3400 carlomar.solmiano@flavorproducers.com
4. Producer's Name and Address (including country), Telephone Number, Email Address: FLAVOR PRODUCERS LLC 28350 W. WITHERSPOON PKWY VALENCIA CA 91355 661-257-3400 carlomar.solmiano@flavorproducers.com	5. Importer's Name, Address, Telephone Number, Email Address: TIRUPATI WELLNESS PRIVATE LIMI KHASRA NO. 562, VILLAGE SURAJPUR NAHAN ROAD, SIRMOUR , PAONTA SAHIB. HIMACHAL PRADESH, 173025 INDIA

6. Part # / SKU / Description of Good(s)	Classification Number – 6 Digits	7. Origin Criteria	8. Country of Origin
NATURAL & ARTIFICIAL ORANGE POPSICLE TYPE FLAVOR PWD	3302.10.0000	B	USA

I certify that:

- ⇒ the information on this document is true and accurate and I assume the responsibility for proving such representations.
- ⇒ I agree to maintain, and present upon request, documentation necessary to support this Certification.
- ⇒ the goods meet the Chapter 4 Rules of origin and / or specific rules of origin of Annex 4B.
- ⇒ this Certificate consists of 1 pages, including all attachments.

9a. Authorized Signature: 	9b. Company: FLAVOR PRODUCERS LLC
9c. Name (Print or type): Carlomar Andres Solmiano	9d. Title: LOGISTIC LEAD
9e. Date: 4/17/2025	(Telephone Number) 661-257-3400
(Email) carlomar.solmiano@flavorproducers.com	

SHIP FROM

Name: FLAVOR PRODUCERS, LLC
Address: 28350 W Witherspoon Parkway
City/State/Zip: Valencia CA 91355
Expected Ship Date: 05/01/2025
Shipping Hours: 07:00-15:30
SID#: FOB: ☐
Pickup/Delivery Number: A1042556782
Contact Info: Carlomar Solmiano 1(661) 257-3400
References: A1042556782



SHIP TO

Name: CONDOR CARGO / CO CITI FREIGHT LOGISTICS INC
Address: 12911 Simms Ave,
City/State/Zip: Hawthorne CA 90250
Shipping Hours: 09:00-18:00
CID#: FOB: ☐
Pickup/Delivery Number:
Contact Info: Bruce Yun (562) 810-9774
References: A1042556782

SPECIAL INSTRUCTIONS:

PU: Please carry all the original documents for pickup. Billing Ref No: A1042556782, invoice -PO# 4600000114 // SO# 698264 NON-STACKABLE (Do not stack anything on this cargo)
Del: Please carry all the original documents for delivery.

Accessorials:

Non Stackable, Non Stackable

CUSTOMER PO NUMBER:

invoice -PO# 4600000114 // SO# 698264

ORDER NUMBER:

Bill of Lading Number: SHP5880047

☐ Master Bill of Lading: with attached underlying Bills of Lading

Underlying Bill of Lading Numbers:

CARRIER

NAME:

WARP (LTL)

Carrier

Comments:

Service Class: Standard Rate

Quote/Contract WTCH_GL:PRICING_5721f887-Id: 1fc4-43bc-8d0d-edac5bcd3a21

For Accessorial Authorizations please contact GLT:
Carrier Instructions: ltl@goglt.com, ph: (305) 726-0275

Messages:

Trailer

Number:

Seal

Number(s):

SCAC:

WTCH

Freight Charge Terms (freight charges are prepaid unless marked otherwise):

Prepaid ☐ Collect ☐ Third Party ☒

THIRD PARTY FREIGHT CHARGES BILL TO

Name: GLT

Address: 10 Canal Street # 318

City/State/Zip: Miami Springs FL 33166

CARRIER INFORMATION

HANDLING UNIT		PACKAGE					LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	HM (X)	COMMODITY DESCRIPTION	NMFC #	NMFC CLASS
1	Pallets (40L x 48W x 24H in)	1	Pallets	131 lbs		Flavored Powdered Extract		175
1		1		131 lbs		GRAND TOTAL		

Per _____

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

1026 5-2-2025

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

Trailer Loaded Freight Counted

☒ By Shipper

☒ By Shipper

☐ By Driver

☐ By Driver/pallets said to contain:

☐ By Driver/Pieces:

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

Carlomar A. Solmiano

5.1.25

CONSIGNEE SIGNATURE / DELIVERY DATE