

TO VALIDATE, GO TO  
VERIFY.FTGS.US

Certificate Number : **GI-COO-52095-66f58d948e72d**

Date : **September 26, 2024**

<b>Seller (Exporter)</b> Konan Medical USA, Inc 15770 Laguna Canyon Rd Irvine CA USA	<b>Transport Type</b> Air	<b>Port of Loading</b> IRVINE
	<b>Destination Country</b> Tunisia	<b>Destination Port</b> TUNIS
	<b>Export Date</b> 2024-08-13	<b>Exporting Carrier</b> DHL
	<b>Import Permit Number</b> TAP/TUN/0939503	<b>Bill of Lading / AWB</b> 1393858933
<b>Consignee</b> SOCIETE MASELEC TUNISIA 1002 48 rue D'IRAN Tunisia	<b>Owner or Agent</b> SOCIETE MASELEC TUNISIA/ AMEN BANK	<b>Forwarding Agent</b> DHL
	<b>Buyer (Importer)</b>	
<b>Remarks</b> Consignor reference: SO11109		



Description (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.)	Weight	Country of Origin
<b>OPHTHALMIC INSTRUMENTS: 1 UNIT CELLCHEK D+ INTERNATIONAL</b> H.S.Code: 9011.10.4000 =====end of products=====	75 LBS =====	JAPAN =====

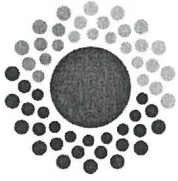
Name of Authorized Trade Association



Authorized Signature *Farhad Ghorbani Fard*

The Applicant (or the Applicant on behalf of the Consignor), by utilizing this document, certifies that:

- The above-mentioned goods originate in the country(ies) specified above and comply with the rules of origin applicable in the country(ies) to those goods.
- The information in this certificate and in any documents provided to the Greater Irvine Chamber ("GIC") is accurate, true and complete.
- The Applicant undertakes to advise GIC and any other person(s) to whom the applicant provides this Certificate (or to whom the Certificate is provided to with the knowledge of the Applicant) promptly in writing of any inaccuracy, omission or change in such information, or in the origin of goods.
- In consideration for the GIC's issuance of this Certificate, the Applicant agrees to release, discharge and hold harmless GIC from any liability in connection with the issuance of this certificate and to indemnify GIC in respect of any costs and/or claims made against GIC in connection herewith.
- The Applicant is authorized to give the undertakings set out herein.



# COMMERCIAL INVOICE

LETTER of CREDIT: 24CDI00032278000

**KONAN MEDICAL USA, INC.**  
**JOHN OROZCO**  
**15770 LAGUNA CANYON RD**  
**SUITE 150**  
**IRVINE, CA 92618**  
**TEL: +1 (949) 576 2240**  
**FAX: +1 (949) 576 2298**

TERM: EXW- KONAN MEDICAL IRVINE  
HTS: 9011.10.4000

DATE April 9, 2024



CERTIFICATE of ORIGIN

DATE: APRIL 9, 2024

INVOICE NUMBER: SO11109

LETTER of CREDIT: 24CDI00032278000

SENDER:

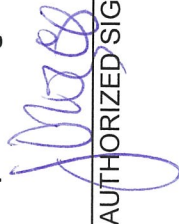
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FINAL DESTINATION:

SOCIETE MASELEC TUNISIA  
Mme CHRITI NOURA  
1002 48 RUE D'IRAN  
LAFAYETTE  
TUNIS, TUNISIA  
TEL: +216 98 199 739

QUANTITY	HS TARIFF CODE CLASSIFICATION NUMBER	PART NUMBER	DESCRIPTION	UNIT PRICE	COUNTRY of ORIGIN
1	9011.10.4000	PR-SM-D+-INTL	OPHTHALMIC INSTRUMENTS: 1 UNIT CELLCHEK D+ INTERNATIONAL	26565USD	JAPAN

Shipment Weight: 75 LBS

  
AUTHORIZED SIGNATURE

  
TITLE

  
DATE