




**LOS ANGELES AREA**  
CHAMBER OF COMMERCE

# CERTIFICATE OF ORIGIN ORIGINAL

TO VALIDATE, GO TO  
VERIFY.FTGS.US

Certificate Number: **LA-COO-64732-68dd650955f30**  
Date: **October 01, 2025**

<b>Seller (Exporter)</b> Doctor's Best, Inc 2742 Dow Ave Tustin CA 92780 USA	<b>Transport Type</b> Air	<b>Port of Loading</b> Los Angeles
	<b>Destination Country</b> China	<b>Destination Port</b> Shanghai
	<b>Export Date</b> *****	<b>Exporting Carrier</b> *****
<b>Consignee</b> NINGBO LEADGO E-COMMERCE CO.,LTD. NO. 8H DISTRICT STANDARD FACTORY. CIXI EXPORT PROCESSING ZONE HANGZHOU BAY NEW ZONE NINGBO, ZHEJIANG China	<b>Import Permit Number</b> *****	<b>Bill of Lading / AWB</b> *****
	<b>Owner or Agent</b> *****	<b>Forwarding Agent</b> *****
	<b>Buyer (Importer)</b> KINGDOMWAY HOLDING LIMITED NO.299 WEST YANGGUANG ROAD HAICANG DISTRICT XIAMEN, 361023 China	
<b>Remarks</b> Purchase Order No.: CN-KDW-20250813-1 Consignor reference: #INV-DRB-1852 & 1847		

Description (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.)	Weight	Country of Origin
DRB-00369 Lutein 20 mg 60 Softgels	564.3 kgs	United States
DRB-00111 High Absorption CoQ10 200 mg 60 Veggie Caps	108 kgs	United States
DRB-00088 High Absorption CoQ10 100 mg 60 Softgels	1213.8 kgs	United States
DRB-00274 Ubiquinol 200 mg 30 Softgels	442.3 kgs	United States
DRB-00412 High Absorption COQ10 200 mg 60 Veggie Softgels	442.7 kgs	United States
DRB-00527 High Absorption CoQ10 300 mg 90 Veggie Softgels	879.1 kgs	United States
DRB-00304 Ashwagandha 250 mg Per Serving 60 Veggie Caps   US2100201	156 kg	United States
DRB-00275 Ubiquinol 200 mg 120 Softgels	61 kgs	United States
DRB-00133 Alpha-Lipoic Acid 600 600 mg 60 Veggie Caps	317 kgs	United States
DRB-00245 Calcium Bone Maker(R) Complex 180 Capsules	52.5 kgs	United States
DRB-00157 High Absorption CoQ10 400 mg 60 Veggie Caps	24.9 kgs	United States
=====end of products=====	=====	=====

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 Los Angeles Area Chamber of Commerce ("LAACC") is accurate, true and complete.
- The Applicant undertakes to advise LAACC 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.
- The Applicant will maintain, and present upon request, such documentation as is necessary to verify the truth, accuracy and completeness of this certificate and accompanying documents.
- In consideration for the LAACC's issuance of this Certificate, the Applicant agrees to release, discharge and hold harmless LAACC from any liability in connection with the issuance of this certificate and to indemnify LAACC in respect of any costs and/or claims made against LAACC in connection herewith.
- The Applicant is authorized to give the undertakings set out herein.

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USA

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This invoice must be completed in English.

## COMMERCIAL INVOICE

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<b>EXPORTER:</b> Tax ID#: Contact Name: Telephone No.: E-Mail: Company Name/Address:  Country: Parties to Transaction: <input type="checkbox"/> Related <input type="checkbox"/> Non-Related	<b>Ship Date:</b>  <b>Air Waybill No. / Tracking No.:</b>  <b>Invoice No.:</b> <b>Purchase Order No.:</b>  <b>Payment Terms:</b> <b>Bill of Lading:</b>  <b>Purpose of Shipment:</b>
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<b>CONSIGNEE:</b> Tax ID#: Contact Name: Telephone No.: E-Mail: Company Name/Address:  Country:	<b>SOLD TO (if different from Consignee):</b> <input type="checkbox"/> Same as CONSIGNEE:  <b>Tax ID#:</b>  <b>Company Name/Address:</b>  Country:
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If there is a designated broker for this shipment, please provide contact information.  
Name of Broker \_\_\_\_\_ Tel. No. \_\_\_\_\_ Contact Name \_\_\_\_\_  
Duties and Taxes Payable by ☐ Exporter ☐ Consignee ☐ Other If Other, please specify \_\_\_\_\_

No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Manufacturer	Unit Value	Total Value

<b>Total Pkgs</b>	<b>Total Units</b>	<b>Total Net Weight</b>	<b>(Indicate LBS/KGS)</b>	<b>Total Gross Weight</b>	<b>(Indicate LBS/KGS)</b>	<b>Terms of Sale:</b>	<b>Subtotal:</b>	
							<b>Insurance:</b>	
<b>Special Instructions:</b>							<b>Freight:</b>	
							<b>Packing:</b>	
							<b>Handling:</b>	
<b>Declaration Statement(s):</b>							<b>Other:</b>	
							<b>Invoice Total:</b>	
<b>I declare that all the information contained in this invoice to be true and correct.</b>							<b>Currency Code:</b>	
<b>Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:</b>								

Signature:  Yvonne Doyle - Customer Service Lead Date: 09/29/25

