## CERTIFICATE OF ORIGIN ORIGINAL

TO VALIDATE, GO TO Certificate Number: LA-COO-65062-68dd655ba3497

VERIFY.FTGS.US Date: October 01, 2025

Port of Loading Transport Type Seller (Exporter) Air Los Angeles Doctor's Best, Inc 2742 Dow Ave **Destination Country Destination Port** Tustin China Shanghai CA 92780 USA Exporting Carrier **Export Date** Consignee NINGBO LEADGO E-COMMERCE CO.,LTD. Bill of Lading / AWB Import Permit Number NO. 8H DISTRICT STANDARD FACTORY. CIXI EXPORT PROCESSING ZONE HANGZHOU BAY NEW ZONE Forwarding Agent Owner or Agent NINGBO, ZHEJIANG China

Buyer (Importer) KINGDOMWAY HOLDING LIMITED NO.299 WEST YANGGUANG ROAD

HAICANG DISTRICT XIAMEN, 361023 China

PO: CN-KDW-20250821

Consignor reference: #INV-DRB-1851



Description May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.)	Weight	Country of Origin		
RB-00087 High Absorption Magnesium Lysinate Glycinate	4134.5 kgs	United States		
00% Chelated 200 mg Per Serving 240 Tablets				
PRB-00133 Alpha-Lipoic Acid 600 600 mg 60 Veggie Caps	359.7 kgs	United States		
PRB-00304 Ashwagandha 250 mg Per Serving 60 Veggie Saps PRB-00029 Quercetin Bromelain 180 Veggie Capsules	70.8 kgs	United States		
Caps				
RB-00029 Quercetin Bromelain 180 Veggie Capsules	21.3 kgs	United States		
PRB-00373 Biotin 10,000 mcg 120 Veggie Caps	21.3 kgs	United States		
DRB-00634 Vitamin D3 5000IU + Vitamin K2 100mcg	283.9 kgs	United States		
80sg. Accredited Chamber US2100201				
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CHAMBERS FEDERATION				



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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This invoice must be completed in English.  COMMERCIAL INVOICE								Page	of			
EXPORTER:					Ship Date:				<u> </u>			
Tax ID#:												
Contact Name:				Air Waybill No. / Tracking No.:								
Telephone No.: E-Mail:				Invoice No.:		Pur	chase Order No.:					
Company Name/Address:			Payment Terms: Bil		Bill	of Lading:						
			Burnace of Shinmont									
Purpose of Shipment:												
Country: Parties to Transaction:												
	lated		Non-Rela	ated								
CONSIGNEE:					SOLD TO (if different from Consignee):							
Tax ID#:					Same as CONSIGNEE:							
Contact Name:					Tax ID#:							
Telephone No.: E-Mail:				Tax ID#:								
1	Name/Addr	ess:					Company Na	ame/Address:				
Country:							Country:					
	a designate	d broker for	this shipment	t, please prov	ide contact	information.	Country.					
Name of B	_					Tel. No		Conta	act Name			
Duties and	l Taxes Pay	able by	Exporter [	Consign	ee 🔲 Otl	her If Other, p	please specify					
No. of	No. of Units	Net Weight	Unit of Measure		Descrip	otion of Goods		Harmonized Tariff Number	Country of Manufacturer	Unit		Total Value
Packages	Units	(LBS / KGS)	weasure				<del>/</del>	Tariff Number	Wanuracturer	Value		value
Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)	Terms of Sale:				Subtotal:		
i kgo	Oillio	Weight	LDG/1100)	Weight	LBG/RGG/	-				Incurance		
Special Instructions:								Insurance:				
Special ins	aructions:									Freight:		
					Packing:							
Declaration Statement(s):					Handling:							
					Other:							
I declare that all the information contained in this invoice to be true and correct.					Invoice Total:							
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:												
REA CHANGED					Currency Code:							
Signate: Chronne Doyle Yvonne Doyle - Customer Service Lead 09/29/25												

REV. 02.28.12-1.07