




LOS ANGELES AREA
CHAMBER OF COMMERCE

CERTIFICATE OF ORIGIN ORIGINAL

TO VALIDATE, GO TO
VERIFY.FTGS.US

Certificate Number : **LA-COO-65931-68ee3eeb33b72**
Date : **October 14, 2025**

Seller (Exporter) Doctor's Best, Inc 2742 Dow Ave Tustin CA 92780 USA	Transport Type Air	Port of Loading Los Angeles
	Destination Country China	Destination Port Shanghai
	Export Date *****	Exporting Carrier *****
Consignee NINGBO LEADGO E-COMMERCE CO.,LTD. NO. 8H DISTRICT STANDARD FACTORY. CIXI EXPORT PROCESSING ZONE HANGZHOU BAY NEW ZONE NINGBO, ZHEJIANG China	Import Permit Number *****	Bill of Lading / AWB *****
	Owner or Agent *****	Forwarding Agent *****
	Buyer (Importer) KINGDOMWAY HOLDING LIMITED NO.299 WEST YANGGUANG ROAD HAICANG DISTRICT XIAMEN, 361023 China	
Remarks PO: CN-KDW-20250825 Consignor reference: #INV-DRB-1937		

Description (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.)	Weight	Country of Origin
DRB-00626 Vitamin D3 5000IU + MK7 K2 125mcg 60vc	624 kgs	United States
DRB-00334 Natural Vitamin K2 MK-7 100 mcg 60 Veggie Caps	860 kgs	United States
DRB-00428 High Absorption CoQ10 plus PQQ 60 Veggie Caps	350 kgs	United States
DRB-00257 Vitamin C 1000 mg 120 Veggie Caps	823 kgs	United States
DRB-00458 Fully Active Folate 800 800 mcg 60 Veggie Caps	117 kgs	United States
DRB-00262 Fully Active Folate 400 400 mcg 90 Veggie Caps	49 kgs	United States
DRB-00080 Glucosamine Chondroitin MSM 120 Capsules US2100201	108 kgs	United States
DRB-00250 Vitamin D3 5000 IU 125 mcg (5000 IU) 360 Softgels	108 kgs	United States
DRB-00029 Quercetin Bromelain 180 Veggie Capsules	20 kgs	United States
DRB-00369 Lutein 20 mg 60 Softgels	15 kgs	United States
DRB-00311 Natural Vision Enhancers 60 Softgels	10 kgs	United States

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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Description (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.)	Weight	Country of Origin
DRB-00204 Collagen Types 1 & 3 With Vitamin C 3000 mg Per Serving 180 Tablets	10 kgs	United States
DRB-00373 Biotin 10,000 mcg 120 Veggie Caps =====end of products=====	4 kgs =====	United States =====

Name of Authorized Trade Association



Authorized Signature **Farhad Ghorbani Fard**

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This invoice must be completed in English.

COMMERCIAL INVOICE

Page _____ of _____


EXPORTER: Tax ID#: Contact Name: Telephone No.: E-Mail: Company Name/Address: Country: Parties to Transaction: <input type="checkbox"/> Related <input type="checkbox"/> Non-Related	Ship Date: Air Waybill No. / Tracking No.: Invoice No.: Purchase Order No.: Payment Terms: Bill of Lading: Purpose of Shipment:
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CONSIGNEE: Tax ID#: Contact Name: Telephone No.: E-Mail: Company Name/Address: Country:	SOLD TO (if different from Consignee): <input type="checkbox"/> Same as CONSIGNEE: Tax ID#: Company Name/Address: 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

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

Signature:  Date: 10/10/25
Yvonne Doyle Customer Service Lead 10/10/25
LA - C00-65931-68ee3eeb33b72/October 14, 2025
REV. 02.28.12-1.07