## CERTIFICATE OF ORIGIN ORIGINAL

TO VALIDATE, GO TO Certificate Number: LA-COO-65932-68ee3f099c76c

VERIFY.FTGS.US Date: October 14, 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-20250828

Consignor reference: #INV-DRB-1951



Description (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.)	Weight	Country of Origin United States		
DRB-00250 Vitamin D3 5000 IU 125 mcg (5000 IU) 360	2115 kgs			
Softgels DRB-00210	829 kgs	United States		
Vitamin D3 2000 IU 50 mcg (2000 IU) 180 Softgels				
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CERTIFICATE OF ORIGIN  Accredited Chamber   US2100201				
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- 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										of			
EXPORTER:						Ship Date:							
Tax ID#:						Air Waybill No. / Tracking No.:							
Contact Name: Telephone No.:					All Waybiii No. / Tracking No.:								
E-Mail:					Invoice N	Invoice No.: Pur			chase Order No.:				
Company Name/Address:				Payment	Payment Terms: Bill			of Lading:					
							-						
							Purpose	of S	hipment:				
Country:	Transaction	n·											
_	lated	···- 	Non-Rela	ated									
CONSIGNI	EE:						SOLD TO	) (if	different from Cons	signee):			
Tax ID#:							San	ne a	s CONSIGNEE:				
Contact Na Telephone							Tax ID#:						
E-Mail:							Tax ID#.						
Company	Name/Addr	ess:					Company	y Na	me/Address:				
Country:							Country:						
	a designate	d broker for	this shipment	t, please prov	ide contact i	nformation.							
Name of B	roker					Tel. No			Conta	ct Name			
	Taxes Pay		Exporter	Consign	ee Oth	ner If Other, I	please spec	ify _					
No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure		Descrip	tion of Goods			Harmonized Tariff Number	Country of Manufacture	Unit Value		Total Value
							<i>V</i>						
Total	Total	Total Net	(Indicate	Total Gross	(Indicate	Terms			<u> </u>	<u>I</u>	Subtotal:		
Pkgs	Units	Weight	LBS/KGS)	Weight	LBS/KGS)	of Sale:							
Special Ins	tructions	<u> </u>									Insurance:		
opeciai ins	ou uctions:										Freight:		
									Packing:				
Declaration Statement(s):									Handling:				
									Other:				
I declare t	hat all the i	nformation c	ontained in th	nis invoice to	be true and	correct.					Invoice Total:		
I declare that all the information contained in this invoice to be true and correct.  Originator or Name of Company Representative if the invoice is being completed on behalf of a company or					or individual:			_					
AREA CHAM					3						Currency Code:		

REV. 02.28.12-1.07

Yvonne Doyle Customer Service Lead 10/10/25