



LOS ANGELES AREA
CHAMBER OF COMMERCE

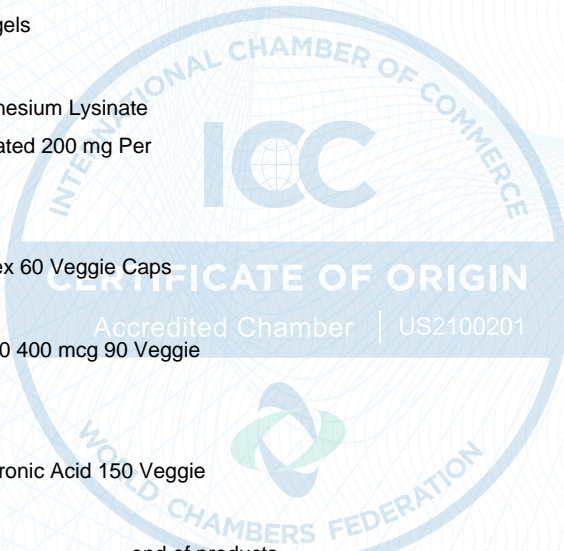
CERTIFICATE OF ORIGIN ORIGINAL

TO VALIDATE, GO TO VERIFY.FTGS.US Certificate Number : **LA-COO-73545-69de2967a808c**
Date : **April 14, 2026**

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
Consignee Yiwu Changcang Supply Chain Service Co. D4-II-A, No. 999, Siji Road, Chengxi Street Yiwu City, Jinhua China (Zhejiang) Pilot Free Trade Zone China	Export Date *****	Exporting Carrier *****
	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 HD2U-KDW-20260401 Consignor reference: #INV-DRB-3244	



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	202 lbs	United States
DRB-00087 High Absorption Magnesium Lysinate Glycinate 100% Chelated 200 mg Per Serving 240 Tablets	2655 lbs	United States
DRB-00501 Fully Active B Complex 60 Veggie Caps	644 lbs	United States
DRB-00262 Fully Active Folate 400 400 mcg 90 Veggie Caps	202 lbs	United States
DRB-00271V Glucosamine + Hyaluronic Acid 150 Veggie Caps	101 lbs	United States
=====end of products=====	=====	=====



Name of Authorized Trade Association



[Handwritten Signature]

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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COMMERCIAL INVOICE

This invoice must be completed in English.

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:	
							Insurance:	

Special Instructions: _____
 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: _____ Currency Code: _____

Signature: Yvonne Doyle Title: _____ Date: 04/13/26

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