




LOS ANGELES AREA
CHAMBER OF COMMERCE

CERTIFICATE OF ORIGIN ORIGINAL

TO VALIDATE, GO TO VERIFY.FTGS.US Certificate Number : **LA-COO-73664-69e22b7cbddad**
Date : **April 17, 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
	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 CN-KDW-20260401 Consignor reference: #INV-DRB-3262		

Description (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.)	Weight	Country of Origin
DRB-00087 High Absorption Magnesium Lysinate Glycinate 100% Chelated 200 mg Per Serving 240 Tablets	6365 lbs	United States
DRB-00274 Ubiquinol 200 mg 30 Softgels	1191 lbs	United States
DRB-00428 High Absorption CoQ10 plus PQQ 60 Veggie Caps	202 lbs	United States
DRB-00262 Fully Active Folate 400 400 mcg 90 Veggie Caps	167 lbs	United States
DRB-00271V Glucosamine + Hyaluronic Acid 150 Veggie Caps	208 lbs	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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CHAMBER OF COMMERCE


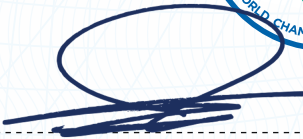
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Description (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.)	Weight	Country of Origin
DRB-00518 Hi Abs Magnesium Powder Sweet Peach 12.3 oz (347 grams)	104 lbs	United States
DRB-00111 High Absorption CoQ10 200 mg 60 Veggie Caps	104 lbs	United States
DRB-00407 Melatonin 5 mg 120 Chewable Tablets	104 lbs	United States
DRB-00527 High Absorption CoQ10 300 mg 90 Veggie Softgels	84 lbs	United States
DRB-00133 Alpha-Lipoic Acid 600 600 mg 60 Veggie Caps	374 lbs	United States
=====end of products=====	=====	=====

Name of Authorized Trade Association

Authorized Signature *Farhad Ghorbani Fard*

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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: Title: _____ Date: _____



YVONNE DOYLE - CUSTOMER SERVICE LEAD 04/16/26

Yvonne Doyle

LA-C00-73664-69e22b7cbddad/April 17, 2026