




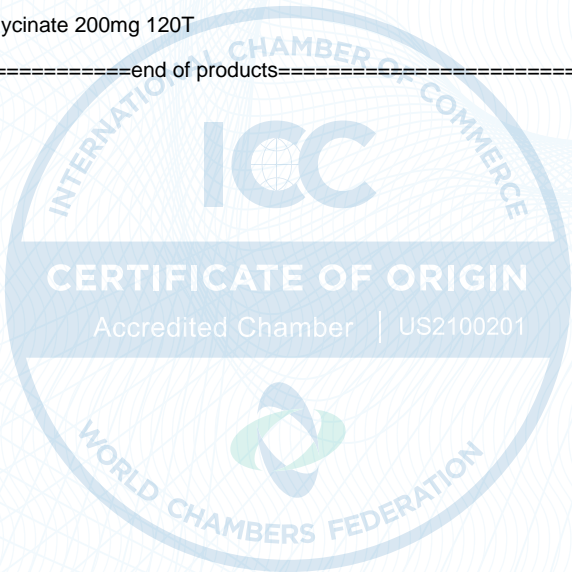
LOS ANGELES AREA
CHAMBER OF COMMERCE

CERTIFICATE OF ORIGIN ORIGINAL

TO VALIDATE, GO TO VERIFY.FTGS.US Certificate Number : **LA-COO-75372-6a1ec7ee7a2ef**
Date : **June 02, 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 ***** |
| | Remarks CN-KDW-20260526 Consignor reference: #INV-DRB-3445 | |
| Buyer (Importer) KINGDOMWAY HOLDING LIMITED NO.299 WEST YANGGUANG ROAD HAICANG DISTRICT XIAMEN, 361023 China |  | |

| Description (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.) | Weight | Country of Origin |
|---|----------|-------------------|
| DRB-00644C Hi Abs Magnesium Glycinate 200mg 120T -----end of products----- | 8831 lbs | United States |



Name of Authorized Trade Association



Behzad. Samya

Authorized Signature *Behzad Samya*

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.

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: _____ |
|---|---|

| | |
|--|--|
| 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: _____ |
|--|--|

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: _____

Yvonne Doyle
Yvonne Doyle - Customer Service Lead 05/29/26