




**LOS ANGELES AREA**  
CHAMBER OF COMMERCE



# CERTIFICATE OF ORIGIN ORIGINAL

TO VALIDATE, GO TO [VERIFY.FTGS.US](http://VERIFY.FTGS.US) Certificate Number : **LA-COO-75974-6a29cab1c65de**  
Date : **June 10, 2026**

<b>Seller (Exporter)</b> Doctor's Best, Inc 2742 Dow Ave Tustin CA 92780 USA	<b>Transport Type</b> Air	<b>Port of Loading</b> Los Angeles
	<b>Destination Country</b> China	<b>Destination Port</b> Shanghai
	<b>Export Date</b> *****	<b>Exporting Carrier</b> *****
<b>Consignee</b> NINGBO LEADGO E-COMMERCE CO.,LTD. NO. 8H DISTRICT STANDARD FACTORY. CIXI EXPORT PROCESSING ZONE HANGZHOU BAY NEW ZONE NINGBO, ZHEJIANG China	<b>Import Permit Number</b> *****	<b>Bill of Lading / AWB</b> *****
	<b>Owner or Agent</b> *****	<b>Forwarding Agent</b> *****
	<b>Remarks</b> CN-KDW-20260522 Consignor reference: #INV-DRB-3477	
<b>Buyer (Importer)</b> 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-00183 High Absorption CoQ10 120 Softgels	3379 lbs	United States
DRB-00111 High Absorption CoQ10 200 mg 60 Veggie Caps	2905 lbs	United States
DRB-00088 High Absorption CoQ10 100 mg 60 Softgels	3326 lbs	United States
DRB-00274 Ubiquinol 200 mg 30 Softgels	330 lbs	United States
=====end of products=====	=====	=====

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.

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# COMMERCIAL INVOICE

This invoice must be completed in English.

Page \_\_\_\_\_ of \_\_\_\_\_

<b>EXPORTER:</b> 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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<b>CONSIGNEE:</b> 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.

Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual: \_\_\_\_\_ Invoice Total: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Currency Code: \_\_\_\_\_



Jonathan DiMaggio - Customer Service 06/03/26

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