## CERTIFICATE OF ORIGIN ORIGINAL

TO VALIDATE, GO TO Certificate Number: NU-COO-57613-67ca1d495a363

**VERIFY.FTGS.US** Date: March 06, 2025

Seller (Exporter) Gentell LLC 1000 Floral Vale Boulevard	Transport Type Air	Port of Loading New York, NY  Destination Port Mubarak Al Kabeer  Exporting Carrier Federal Express  Bill of Lading / AWB ************************************			
Morrisville	Destination Country				
PA USA	Kuwait				
Consignee Gentell LLC 1000 Floral Vale Blvd Yardley, PA 19067 United States	Export Date  ***********************************				
	Import Permit Number				
	Owner or Agent ************************************				
	Remarks				

Buyer (Importer)

National Medical Consumable Industries Co. KSCC

P.O.Box 44369 Hawalli 32058 Kuwait

Block # 10, Plot # 1 - 5,

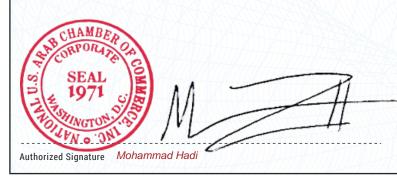
North Subhan, State of Kuwait.

Kuwait



Description (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.)	Weight	Country of Origin
Calcium Alginate Ag (Silver) 4" x 8" Dressing	1982	United States
H.S.Code: 3005901000 Marks: GEN-13482	Net: 1970	
end of products====================================		

Name of Authorized Trade Association



- 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 National U.S. – Arab Chamber of
- Commerce ("NUSACC") is accurate, true and complete.
- The Applicant undertakes to advise NUSACC 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 NUSACCs issuance of this Certificate, the Applicant agrees to release, discharge and hold harmless NUSACC from any liability in connection with the issuance of this certificate and to indemnify NUSACC in respect of any costs and/or claims made against NUSACC 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.  COIVINERCIAL INVOICE  Page of													
EXPORTER: Ship Date:													
Tax ID#:					Air Waybill No. / Tracking No.:								
Contact Name: Telephone No.:				All Waybii No. / Tracking No.									
E-Mail:			Invoice No.: Purchase Order No.:										
Company Name/Address:			Payment Terms: Bill of Lading:										
							Purpose of S	Shipment:					
Country/Te													
_	Transactioı lated	n:	Non-Rela										
CONSIGNE			Non-Rela	itea			SOLD TO (if different from Consignee):						
Tax ID#:	ie.						Same as CONSIGNEE:						
Contact Na	ame:						Saine a	S CONSIGNEE.					
Telephone	No.:						Tax ID#:						
E-Mail:													
Company	Name/Addr	ess:					Company Na	me/Address:					
Country/Te	erritory:						Country/Terr	ritory:					
If there is a	designate	d broker for	this shipment	, please provi	de contact i	nformation.							
Name of B	roker					Tel. No		Conta	ct Name				
	Taxes Pay		Exporter	Consigne	eOth	ner If Other, p	lease specify	<u> </u>					
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	
						Ψ							
									USA				
Total Pkgs	Total Units	Total Net Weight	(Indicate LBS/KGS)	Total Gross Weight	(Indicate LBS/KGS)	Terms of Sale:				Subtotal:			
										Insurance:			
Special Ins	tructions:									Freight:			
					Packing:								
Declaration Statement(s):						Handling:							
						Other:							
I declare that all the information contained in this invoice to be true and correct.													
Originally or Name of Company Representative if the invoice is being completed on behalf of a company or individual:					Invoice Total:								
Salvania de la companya de la compan													
SEAL Signature	Title	/  /   Willi	am Fran	ks									
TO WAY OF TO		<del>VI</del> /			#								

**COMMERCIAL INVOICE**