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DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection

NORTH AMERICAN FREE TRADE AGREEMENT CERTIFICATE OF ORIGIN

19 CFR 181.11, 181.22

1. EXPORTER NAME, ADDRESS AND EMAIL	2.	BLANKET PERIOD					
Grovara LLC		EPOM (mm/dd/spay)					
3675 Market Street, Ste 200	"	FROM (mm/dd/yyyy) 04/01/2021					
Philadelphia, PA 19104	TO	TO (mm/dd/yyyy) 02/21/2-12					
AX IDENTIFICATION NUMBÉR: 27-4822315 PRODUCER NAME, ADDRESS AND EMAIL (1/6/9/2VAZ)	4. IMPORTER NAME, ADDRESS AND EMAIL						
SUR Natural Health Brands LLC	"	IVII OTTETTIVIL	ADDITIES AND	LIVINGE			
610 N Oakland Avenuc, Ste 3N							
horewood w = 53211							
AX IDENTIFICATION NUMBER: 82-0656166	T	AX IDENTIFICATION	NUMBER:				
5. DESCRIPTION OF GOOD(S)		6. HS TARIFF CLASSIFICATION NUMBER	7. PREFERENCE CRITERION	8. PRODUCER	9. NET COST	10. COUNTRY OF ORIGIN	
YN Immunity & Recovery						USA	
Beverages - 16 fl on/12 coun	it						
-Mixed Berry Flavor -Mango Lychec 1-lavor -Pomegranate Cranberry Flav - Lemon Cringer 1-lavor							
- Mango Lychec 1-lavor Flavor	,,,						
- Pomegranate Cranberry Pink	01						
Lemon Utinger 1- 1000							
IN Daily Wellness Boost Stick	1						
Packs - 10 on Packets							
- Strawberry Yugu Flavor			-				
- Strawberry Yugu 1-lavor -Blackberry Dragonfinit Fla -Passion fruit Lemmade Flav	Vo,						
- Passion truit Lemonade Muu	100						
-Mango Pomegranate Flavor							
CERTIFY THAT:							
THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE REPRESENTATIONS. I UNDERSTAND THAT I AM LIABLE FOR ANY CONNECTION WITH THIS DOCUMENT;	FAL	SE STATEMENTS	ESPONSIBILITY OR MATERIAL C	FOR PROVIN	IG SUCH ADE ON OR II	N	
LAGREE TO MAINTAIN AND PRESENT UPON REQUEST, DOCUMEN	NTA	TION NECESSARY	TO SUPPORT T	HIS CERTIFIC	CATE, AND TO	INFORM, IN	
WRITING, ALL PERSONS TO WHOM THE CERTIFICATE WAS GIVEN THIS CERTIFICATE;	N OF	ANY CHANGES TH	IAT COULD AFF	ECT THE AC	JURACY OR \	ALIDITY OF	
THE GOODS ORIGINATED IN THE TERRITORY OF ONE OR MORE OF	OF T	HE PARTIES, AND	COMPLY WITH	THE ORIGIN I	REQUIREMEN	TS	
SPECIFIED FOR THOSE GOODS IN THE NORTH AMERICAN FREE THE THOSE AND FURTHER PRODUCTION PARTIES; AND	TRAI N OF	DE AGREEMENT AF R ANY OTHER OPER	ND UNLESS SPI RATION OUTSIE	ECIFICALLY E DE THE TERR	ITORIES OF T	HE	
St. State Control of the Control of	IG AI	LL ATTACHMENTS.					
11a. AUTHORIZED SIGNATURE		1b. COMPANY	. О Ис	OU Z	ands Li	1/1/1/	
11. 11c. NAME AS I'M Khan		SUR Natu	val Hen ounder	UT D	anois u	r (9/0/0	
116, DATE (mm/dd/yyyy) 11f, TELEPHONE NUMBERS		00-10	11g. EMAII		2 20 1	11/2111	
03/11/2021 (Voice) 312-545-9410 (Facsimi	ile) 4	44-988-32	32 REL	IVEC	DKIN	KZYN.C	

CBP Form 434 (11/16)