

Certificate of Origin - Kuwait

1.Exporter	NAME	Grovara Inc	2. Blanket Period From <u>24/ JAN / 25</u> TO <u>23 / JAN / 26</u> Invoice: 240730-1527-27131		
	ADDRESS	Grovara Inc 312 River Rd Gladwyne PA 19035 USA			
	TELEPHONE	(305) 582-5643			
	FAX				
	E-MAIL	sales@grovara.com			
3.Producer	NAME	Kenny's Candy & Confections Inc. DBA Snaxsational	4.Importer	NAME	Injaz International
	ADDRESS	609 Pinewood Ln. Perham MN 56573 USA		ADDRESS	Kuwait - Salwa - Block 2 - Street 9 - Building 424 Block B - First Floor Kuwait, 00965
	TELEPHONE	(218) 346-2340		TELEPHONE	+965 6665 0266
	FAX			FAX	
	E-MAIL	chris@snaxsationalbrands.com		E-MAIL	amer@injazgt.com
5. LIST OF PRODUCT(S) SUBJECT TO PROOF OF ORIGIN					
Serial No.	Description of Good(s)	Quantity & UNIT	HS No. (6 Digits)		Origin
1	Candy Pop Snickers Popcorn	162 Cases	1702.90		Country of Origin United States
2	Cookie Pop OREO Popcorn	162 Cases	1702.90		Country of Origin United States
3	Candy Pop M&M Minis Popcorn	108 Cases	1702.90		Country of Origin United States
4	Candy Pop TWIX Popcorn	108 Cases	1702.90		Country of Origin United States
6. OBSERVATIONS					
I certify that: - The information in this document is true and accurate and I assume the responsibility for proving such representations. - understand that I am liable for any false statements or material omissions made on or in connection with this document. -I agree to maintain, and present upon request, documentation necessary to support this Certificate, and to inform, in writing, all persons to whom the Certificate was given of any changes that would affect the accuracy or validity of this Certificate. -The goods originate in the territory of one or both Parties and comply with the origin requirements specified for those goods in Kuwait - This Certificate consists of <u>1</u> page, including all attachments.					
7. Authorized Signature			Company GROVARA INC		
Name Barry Forgeng			Title VP of Operations		
Date: 24/ Jan /2025			Telephone : (215) 260-4302		

IN WITNESS WHEREOF, the undersigned has executed this instrument as of the ____ day of ____, 2025

 Barry Forgeng
 State of (_____)_____
 County of (_____)_____

On this day, before me, a notary public, the undersigned officer, personally appeared Barry Forgeng, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she executed the same for the purposes consideration therein contained.
 In witness whereof, I hereunto set my hand and official seals.

NOTARY SEAL NOTARY PUBLIC_____