NORTH AMERICAN FREE TRADE AGREEMENT CERTIFICATE OF ORIGIN

19 CFR 181.11.181.22

Please print or type

11. 11c. NAME (Print orType)

1/1/2014

Stacey Gorka

11e. DATE (MM/DD/YYYY)

1. EXPORTER NAME AND ADDRESS	2. BLANKET PERIOD					
Bio-Lab, Inc.						
1735 North Brown Road	FROM					
Lawrenceville, GA 30043, USA	01/01/2014 TO					
TAX IDENTIFICATION NUMBER: 22-2268754		12/31/2014				
3. PRODUCER NAME AND ADDRESS	4. IMPORTER NAME AND ADDRESS					
Available to CBP upon request	VARIOUS					
TAX IDENTIFICATION NUMBER:	TAX IDENTIFICATION NUMBER:					
5. DESCRIPTION OF GOOD(S)		6. HS TARIFF CLASSIFICATION NUMBER	7. PREFERENCE CRITERION	8. PRODUCER	9. NET COST	10. COUNTRY OF ORIGIN
BioGuard Balance Pak 200		2836.20	Α	No(3)	No	US
I CERTIFY THAT:						
• THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE AND I ASSUME THE RESPONSIBILITY FOR PROVING SUCH						
REPRESENTATIONS. I 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 COULD AFFECT THE ACCURACY						
OR VALIDITY OF THIS CERTIFICATE; • THE GOODS ORIGINATED IN THE TERRITORY OF ONE OR MORE OF THE PARTIES, AND COMPLY WITH THE ORIGIN REQUIREMENTS						
SPECIFIED FOR THOSE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT AND UNLESS SPECIFICALLY EXEMPTED IN ARTICLE						
411 OR ANNEX 401, THERE HAS BEEN NO FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE						
PARTIES; AND						
• THIS CERTIFICATE CONSISTS OF 1 PAGES, INCLUDING ALL ATTACHMENTS.						
11a. AUTHORIZED SIGNATURE	11b. COMPANY					
Stacy Corka	Bio-Lab, Inc.					

11d. TITLE

(Voice) (863) 551-3018

11f. TELEPHONE

NUMBER ▶

Compliance Manager

(863) 967-4463 CBP Form 434 (04/97)

(Facsimile)