



CERTIFICATE OF ORIGIN

Please Print or Type

J.A. Léveillé et fils (1990) Inc.
CUSTOMS BROKERS / INTERNATIONAL FREIGHT FORWARDERS
Tel.: 1 866 243-4146 Fax: 1 866 588-6027

Page:

Client No.:

<p>1 Exporter's Name and Address:</p> <p>Tax Identification Number:</p>	<p>2 Blanket Period (DD/MM/YY):</p> <p>From:</p> <p>To:</p>
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<p>3 Producer's Name and Address:</p> <p>Tax Identification Number:</p>	<p>4 Importer's Name and Address:</p> <p>Tax Identification Number:</p>
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5 Description of Good(s)	6 H.S. Tariff Classification Number	7 Preference Criterion	8 Producer	9 Net Cost	10 Country of Origin

11 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 would 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 pages, including all attachments.

Authorized Signature:	Company:	
Name: (Print or Type)	Title:	
Date (DD/MM/YY):	Telephone:	FAX:

