



CERTIFICATE OF ORIGIN

CANADA (CUSMA) • UNITED STATES (USMCA) • MEXICO (T-MEX)

1. Blanket Period: (mm/dd/yyyy) From: 1/1/2022 To: 12/31/2022		2. Single Shipment YES <input type="checkbox"/> Invoice Number:	
3. Certifier's Name and Address: Roseburg Forest Products Co. 3660 Gateway Street Springfield, OR 97477 Tax ID: 37-1530800 Telephone: 541-679-3311 Email Address: www.roseburg.com Certifying Party: Exporter <input type="checkbox"/> Producer <input checked="" type="checkbox"/> Importer <input type="checkbox"/>		4. Exporter's Name and Address: Telephone: Email Address:	
5. Producer's Name and Address: Roseburg Forest Products 3660 Gateway Street Springfield OR 97477 Telephone: 541-679-3311 Email Address: www.rfpco.com		6. Importer's Name and Address: Various Telephone: Email Address:	
7. Description of Good(s)	8. HS Tariff Classification	9. Origin Criterion	10. Country of Origin
Particleboard Plain	4410.11	A	US
Particleboard Melamine Covered	4410.11	C	US
Particleboard Other	4410.11	C	US
Medium Density Fiberboard (MDF)	4411.13	A	US
Medium Density Fiberboard (MDF) Melamine Covered thickness exceeding 5mm but not exceeding 9mm	4411.13	C	US
Medium Density Fiberboard (MDF)	4411.14	A	US
Medium Density Fiberboard (MDF) Melamine Covered thickness exceeding 9mm	4411.14	C	US
11. I CERTIFY THAT: The goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for proving such representations and agree to maintain and present upon request or to make available during a verification visit, documentation necessary to support this certification. This Certification consists of <u>2</u> pages, including all attachments.			
Authorized Signature: <i>Stuart W. Gray</i>		Company: Roseburg Forest Products Co.	
Name: Stuart Gray		Title: SVP and General Counsel	
Date (mm/dd/yyyy): 11/03/2021		Email: www.roseburg.com Telephone: 541-679-3311	



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COMPLETION INSTRUCTIONS:

For purposes of obtaining preferential tariff treatment at the time of entry, this document must be completed legibly and in full, and be in the possession of the Importer at the time the declaration is made. This document may be completed by the Producer, Exporter and/or Importer.

Field 1: BLANKET PERIOD (MM/DD/YYYY)

"FROM" is the date upon which the certification becomes applicable to the good covered by the blanket Certification (it may be prior to the date of signing this certification). "TO" is the date upon which the blanket period expires. In no instance should that certification exceed a 12-month period, and any information provided should be updated in the event any previously-issued certification no longer applies. Complete this field if applicable.

Field 2: SINGLE SHIPMENT

If the certification is only applicable to a single shipment this should be indicated by typing "YES" to the right of Single Shipment and providing the Invoice Number applicable to the single shipment. Complete this field if applicable.

Field 3: CERTIFIER'S NAME AND ADDRESS

Provide the Certifier's name, title, address (including country), email address, and telephone number. Indicate whether the Certifier is the Exporter, or Producer, or Importer in accordance with Article 5.2 (Claims for Preferential Treatment) of the Agreement. This is a mandatory field.

Field 4: EXPORTER'S NAME AND ADDRESS

Provide the Exporter's name, address (including country), e-mail address, and telephone number if different from the Certifier. This information is not required if the Producer is completing the certification of origin and does not know the identity of the Exporter. The address of the Exporter shall be the place of export of the good in a Party's territory.

Field 5: PRODUCER'S NAME AND ADDRESS

Provide the Producer's name, address (including country), e-mail address, and telephone number, if different from the Certifier or Exporter or, if there are multiple Producers, state "Various" or provide a list of producers. A person that wishes for this information to remain confidential may state "Available upon request by the importing authorities". The address of a Producer shall be the place of production of the good in a Party's territory.

Field 6: IMPORTER'S NAME AND ADDRESS

Provide, if known, the importer's name, address (including country), e-mail address, and telephone number. The address of the Importer shall be in a Party's territory. If there are multiple importers, state "Various".

Field 7: DESCRIPTION OF GOODS

Provide a full description of each good subject to the certification. The description should be sufficient to relate it to the invoice description and to the Harmonized System (HS) description of the good. The description can include part number(s) in addition to the full description. If the certification of origin covers a single shipment of a good, indicate, if known, the invoice number related to the exportation.

Field 8: HS CLASSIFICATION NUMBER

For each good described in the certification, identify the HS tariff classification to six digits as specified for each good in the Rules of Origins set forth. If the good is subject to a specific rule of origin that requires eight digits, identify the HS tariff classification to an eight digit level.

Field 9: ORIGIN CRITERION

For each good described in the certification, state which Origin Criterion (A through D) is applicable. The rules of origin are contained in Chapter Four and Article 4.2. NOTE: In order to be entitled to preferential tariff treatment, each good must meet at least one of the criteria below: A, B, C, or D.

(A) Wholly obtained or produced entirely in the territory of one or more of the Parties, as defined in Article 4.3; (Wholly Obtained or Produced Goods)

(B) Produced entirely in the territory of one or more of the Parties using non-originating materials provided the good satisfies all applicable requirements of Annex 4-B (Product-Specific Rules of Origin);

(C) Produced entirely in the territory of one or more of the Parties exclusively from originating materials; or

(D) Except for a good provided for in Chapter 61 to 63 of the Harmonized System:

(i) Produced entirely in the territory of one or more of the Parties;

(ii) one or more of the non-originating materials provided for as parts under the Harmonized System used in the production of the good cannot satisfy the requirements set out in Annex 4-B (Product-Specific Rules of Origin) because both the good and its materials are classified in the same subheading or same heading that is not further subdivided into subheadings or, the good was imported into the territory of a Party in an unassembled or a disassembled form but was classified as an assembled good pursuant to rule 2(a) of the General Rules of Interpretation of the Harmonized System; and

(iii) the regional value content of the good, determined in accordance with Article 4.5 (Regional Value Content), is not less than 60 percent if the transaction value method is used, or not less than 50 percent if the net cost method is used; and the good satisfies all other applicable requirements of this Chapter.

Field 10: COUNTRY OF ORIGIN

Identify the country of origin for each good listed in this certification. ("MX" or "US" for all goods exported to Canada; "US" or "CA" for all goods exported to Mexico; or "CA" or "MX" for all goods exported to the United States) as a result of which the preferential rate of duty applies.

Field 11: CERTIFICATION

This document must be completed, signed, and dated by the Certifier. The date must be the date the Certification was completed and signed. State the legal name, address, telephone, and e-mail address of the responsible official or authorized agent of the Certifier. The certification can accept an electronic or digital signature, as long as it is an actual representation of the signer's signature and not a signature font. Example of an electronic or digital signature is a scanned image of the signer's ink signature. The total number of pages of the certification should be provided on the main page where it states "this Certification consists of ____ pages, including all attachments."

CONTINUATION PAGES

If additional lines are needed use the Continuation Page(s). Continuation page numbers should be inserted at the bottom of each page.