

## COUNTRY OF ORIGIN VERIFICATION FOR NON NAFTA ITEMS

Please print or type

<b>1. EXPORTER NAME AND ADDRESS:</b> Nasco 901 Janesville Avenue Fort Atkinson, WI 53538  TAX IDENTIFICATION NUMBER: 06-11654854		<b>2. BLANKET PERIOD (DD/MM/YY)</b>  FROM: 1/1/ _____ TO: 12/31/ _____	
<b>3. PRODUCER NAME AND ADDRESS:</b>  OR Available to Customs Upon Request TAX IDENTIFICATION NUMBER:		<b>4. IMPORTER NAME AND ADDRESS:</b>  TAX IDENTIFICATION NUMBER:	
<b>5. DESCRIPTION OF GOODS(S):</b>	<b>6. H.S. TARIFF CLASSIFICATION NUMBER</b>	<b>8. PRODUCER</b>	<b>10. COUNTRY OF ORIGIN</b>
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 OMISSION 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. - THIS CERTIFICATE CONSISTS OF _____ PAGES, INCLUDING ALL ATTACHMENTS.			
<b>11a. AUTHORIZED SIGNATURE:</b>		<b>11b. COMPANY:</b>	
<b>11c. NAME (PRINT OR TYPE):</b>		<b>11d. TITLE:</b>	
<b>11e. DATE: (DD/MM/YY)</b>	<b>11f. TELEPHONE:</b>	<b>E-MAIL:</b>	<b>FAX:</b>