



CERTIFICATE OF ORIGIN
Canada-Peru Free Trade Agreement
(instructions on reverse)

PROTECTED (when completed) B

Please print or type

<p>1. Exporter's name and address: Thalamic Labs Inc. 24 Charles St. W Kitchener, ON CA, N2G 1H2</p> <p>Telephone: 888-777-2546 Fax:</p> <p>E-Mail: support@thalmic.com</p>	<p>2. Blanket period:</p> <p align="center">From: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td>2</td><td>0</td><td>1</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td>5</td><td>0</td><td>1</td></tr></table> To: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td>2</td><td>0</td><td>1</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td>6</td><td>0</td><td>1</td></tr></table></p>					Y	M	D	2	0	1	Y	M	D	5	0	1	Y	M	D	2	0	1	Y	M	D	6	0	1
Y	M	D																											
2	0	1																											
Y	M	D																											
5	0	1																											
Y	M	D																											
2	0	1																											
Y	M	D																											
6	0	1																											
<p>3. Producer's name and address: SAME</p> <p>Telephone: Fax:</p> <p>E-Mail:</p>	<p>4. Importer's name and address: VARIOUS</p> <p>Telephone: Fax:</p> <p>E-Mail:</p>																												
<p>5. Description of good(s)</p> <p>Remote Control Apparatus - Myo Gesture Control Armband</p>	<p>6. HS tariff classification no.</p> <p>8526.92</p>	<p>7. Preference criterion</p> <p>B</p>	<p>8. Producer</p> <p>YES</p>	<p>9. Value Test</p>	<p>10. Country of origin</p> <p>CA</p>																								
<p>11. Reference Number:</p>																													
<p>12. Observations:</p>																													
<p>13. I certify that:</p> <p>- The information in 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.</p> <p>- 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.</p> <p>- The goods originate in the territory of one or both Parties and comply with the origin requirements specified for those goods in the Canada - Peru Free Trade Agreement.</p> <p>This Certificate consists of <u>1</u> pages, including all attachments.</p>																													
<p>Authorized signature: </p>			<p>Company: Thalamic Labs Inc.</p>																										
<p>Name: Jordan Jantzi</p>			<p>Title: Logistics Associate</p>																										
<p>Date ▶ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td>2</td><td>0</td><td>1</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td>5</td><td>0</td><td>4</td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td>1</td><td>0</td><td>1</td></tr></table></p>			Y	M	D	2	0	1	Y	M	D	5	0	4	Y	M	D	1	0	1	<p>Telephone: 888-777-2546 Fax: E-mail: jordan.jantzi@thalmic.com</p>								
Y	M	D																											
2	0	1																											
Y	M	D																											
5	0	4																											
Y	M	D																											
1	0	1																											