



CERTIFICATE OF GOOD MANUFACTURING PRACTICES CERTIFICADO DE BUENAS PRÁCTICAS DE MANUFACTURA

Certificate No.: LA-GMP-44331-660d4b56a1c7b

Certificado No.: LA-GMP-44331-660d4b56a1c7b

TO WHOM IT MAY CONCERN:

A QUIEN CORRESPONDA:

I, Martin Breidsprecher, being duly sworn, depose and say:

Yo, Martin Breidsprecher, habiendo prestado debido juramento, declara y afirma:

I am the Chief Operating Officer at the Los Angeles Area Chamber of Commerce the office of which is located at 350 S. Bixel Street, Los Angeles, CA 90017, United States of America.

Que soy el vicepresidente de la Los Angeles Area Chamber of Commerce cuya oficina se encuentra ubicada en el 350 S. Bixel Street, Los Angeles, CA 90017, Estados Unidos de América.

As attested by Brad Fitch on April 3, 2024 we certify that the manufacturing site(s) for the products(s) indicated on the following page(s) comply with GOOD MANUFACTURING PRACTICES (GMP) and that Seattle Gummy Company is registered and licensed to do business in the state of Washington

Tal como lo pone de manifiesto Brad Fitch el día viernes, , certificamos que el lugar de fabricación para el producto(s) que se indica en las siguientes páginas cumple con las BUENAS PRÁCTICAS DE MANUFACTURA (GMP por sus siglas en inglés) y que Seattle Gummy Company se encuentra registrado y autorizado para hacer negocios en el estado de Washington.

Company Address: 421 SW 41st St, Renton, WA 98057, USA.

Dirección de la empresa: 421 SW 41st St, Renton, WA 98057, USA.

In the United States of America, the U.S. Food and Drug Administration (FDA) is the U.S. government agency that enforces the Good Manufacturing Practices (GMP).

En los Estados Unidos de América, la Administración de Alimentos y Medicamentos de los EE.UU. (FDA por sus siglas en inglés) es la agencia de gobierno de dicho país que hace cumplir las Buenas Prácticas de Manufactura (GMP).

The Los Angeles Area Chamber of Commerce bases its attestation of compliance with GMP standards solely on the affidavit and/or State and Federal licensing as provided by the company. Los Angeles Area Chamber of Commerce does not guarantee GMP compliance beyond these measures.

La Los Angeles Area Chamber of Commerce basa su certificación de cumplimiento en los estándares de las Buenas Prácticas de Manufactura (GMP) únicamente en la declaración jurada y/o las licencias estatales y federales provistos por la empresa. La Los Angeles Area Chamber of Commerce no garantiza las Buenas Prácticas de Manufactura (GMP) más allá de estas medidas.

This certificate remains valid until. It becomes invalid if the product(s) or activity(ies) certified herewith are changed or if the site(s) is no longer in compliance with current GMP.

Este certificado permanece en vigencia hasta el. Este documento perderá su validez si los productos o las actividades certificadas en él son modificados o si los sitios ya no cumplen con las Buenas Prácticas de Manufactura (GMP) actuales.

Dated this 3rd Day of April, 2024.

Fecha el 03 de abril del 2024

Martin Breidsprecher

Chief Operating Officer
Los Angeles Area Chamber of Commerce



State of District of Columbia County Of Washington

I certify this to be the original document on this 3rd day of April, 2024.

Behzad Samya
BEHZAD SAMYA, Notary Public
My Commission Expires September 30, 2026



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1 of 2

350 S Bixel St, Los Angeles, CA 90027 | F: 213.580.7511 | lachamber.com





NSF INTERNATIONAL

789 N. Dixboro Road, Ann Arbor, Michigan 48105 USA
+1 800 673 6275



GMP Registered
Dietary Ingredients

NSF International has assessed and confirmed compliance of

SEATTLE GUMMY COMPANY

Facility: 421 SW 41ST ST, RENTON, WA 98057, USA

**to NSF GMP Registration Program Requirements
of NSF/ANSI 173, Section 8**
which includes FSMA and cGMP (21 CFR 111), (21 CFR 117)

Print Date: March 18, 2024
Certificate Number: C0517355-DS-3
Initial Certification: March 08, 2024
Expiration Date: March 18, 2025

A handwritten signature in black ink, appearing to read "David Trosin".

David Trosin
Senior Director Global Certification,
Health Sciences



Date:11/30/2023 23:12:19

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Yes No

Section 1: Type of Registration

Facility Location: **Domestic Registration**

Initial Registration **18131780940** Pin No **4Cb2DGeg**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name

Seattle Gummy

Telephone Number

001 206 6598069

Facility Name Suffix

Fax Number

Company

Facility Street Address, Line 1

421 SW 41 Street

E-Mail Address

compliance@seattlegummy.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

Renton

State/Province/Territory

Washington

Zip Code (Postal Code)

98057

Country/Area

UNITED STATES

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name

Seattle Gummy

Telephone Number

001 206 6598069

Address, Line 1

421 SW 41 Street

Fax Number



Address, Line 2

E-Mail Address

compliance@seattlegummy.com

City

Renton

State/Province/Territory

Washington

Zip Code (Postal Code)

98057

Country/Area

UNITED STATES

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

Same as Facility Address (Section 2)

Same as Preferred Mailing Address (Section 3)

None of the above

Company Name

Seattle Gummy

Telephone Number

001 206 6598069

Company Name Suffix

Company

Fax Number

Address, Line 1

421 SW 41 Street

E-Mail Address

compliance@seattlegummy.com

Address, Line 2

City

Renton

State/Province/Territory

Washington

Zip Code (Postal Code)

98057

Country/Area

UNITED STATES

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

Same as Facility Address (Section 2)

None of the above

Individual's Title (Optional)

Dr

Emergency Contact Phone

001 425 4491123

Individual's Name (Optional)

Connie

E-Mail Address

cwan@seattlegummy.com



Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

Wan

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

Yes

No

Alternate Trade Name #1: **Functional Gummy Company**

Alternate Trade Name #2: **SGC**

Alternate Trade Name #3: **FGC**

Alternate Trade Name #4: **SGC Pharma**

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

-N/A-

Emergency Contact Phone

-N/A-

Middle Name (Optional)

-N/A-

Fax Number

-N/A-

Last Name (Optional)

-N/A-

E-Mail Address

-N/A-

Title (Optional)

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

End Month



Harvest 2

Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

<input checked="" type="checkbox"/> Food for Human Consumption	<input type="checkbox"/> Food for Animal Consumption
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Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
12. DIETARY SUPPLEMENT CATEGORIES													
b. Vitamins and Minerals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Herbals and Botanicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Connie Wan

Address, Line 1
421 SW 41 Street

Telephone Number
001 206 6598069

Address, Line 2

Fax Number

City
Renton

E-Mail Address
compliance@seattlegummy.com

State/Province/Territory
Washington



Zip Code (Postal Code)

98057

Country/Area

UNITED STATES

Section 11: Inspection Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Connie Wan

CHECK ONE BOX

A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Individual's Name

-N/A-

Telephone Number

-N/A-

Address, Line 1

-N/A-

Fax Number

-N/A-

Address, Line 2

-N/A-

E-Mail Address

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-