

**CERTIFICATE OF ORIGIN**

Please print or type


<b>EXPORTER NAME, ADDRESS, EMAIL AND TELEPHONE NUMBER</b> NUCOR TUBULAR PRODUCTS INC. 6226 W 74TH ST, COOK COUNTY CHICAGO, IL 60638-6121 US <a href="mailto:chris.allen@nucor.com">chris.allen@nucor.com</a> 815-795-4400 TAX IDENTIFICATION NUMBER: 36-2744515	<b>BLANKET PERIOD</b> FROM (mm/dd/yyyy) 01/04/2021 TO (mm/dd/yyyy) 12/31/2021
<b>PRODUCER NAME, ADDRESS, EMAIL AND TELEPHONE NUMBER</b> NUCOR TUBULAR PRODUCTS INC. 6226 W 74TH ST, COOK CHICAGO, IL 60638-6121 US <a href="mailto:chris.allen@nucor.com">chris.allen@nucor.com</a> 815-795-4400 TAX IDENTIFICATION NUMBER: 36-2744515	<b>IMPORTER NAME, ADDRESS, EMAIL AND TELEPHONE NUMBER</b>  VARIOUS  TAX IDENTIFICATION NUMBER:

DESCRIPTION OF GOOD(S)	HS TARIFF CLASSIFICATION NUMBER	ORIGIN CRITERION	CERTIFICATION INDICATOR	QUALIFICATION METHOD	COUNTRY OF ORIGIN
Non Alloy Welded SQ/REC Steel Tubing ASTM A500/A513	7306.61	C	D	NO	US
Non Alloy Welded Circular/Round Steel Pipe ASTM A500/A513/A252	7306.30	C	D	NO	US

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 CERTIFICATE CONSISTS OF 3 PAGES, INCLUDING ALL ATTACHMENTS.

CERTIFIER'S NAME AND ADDRESS			
<b>AUTHORIZED SIGNATURE</b> 	<b>COMPANY</b> Nucor Tubular Products Inc.		
<b>NAME</b> Chris Allen	<b>TITLE</b> Quality Systems Supervisor		
<b>DATE (mm/dd/yyyy)</b> 1/4/2021	<b>TELEPHONE NUMBERS</b> (Voice) 708-475-4245 (Fax) 708-563-1950		<b>EMAIL</b> <a href="mailto:chris.allen@nucor.com">chris.allen@nucor.com</a>