
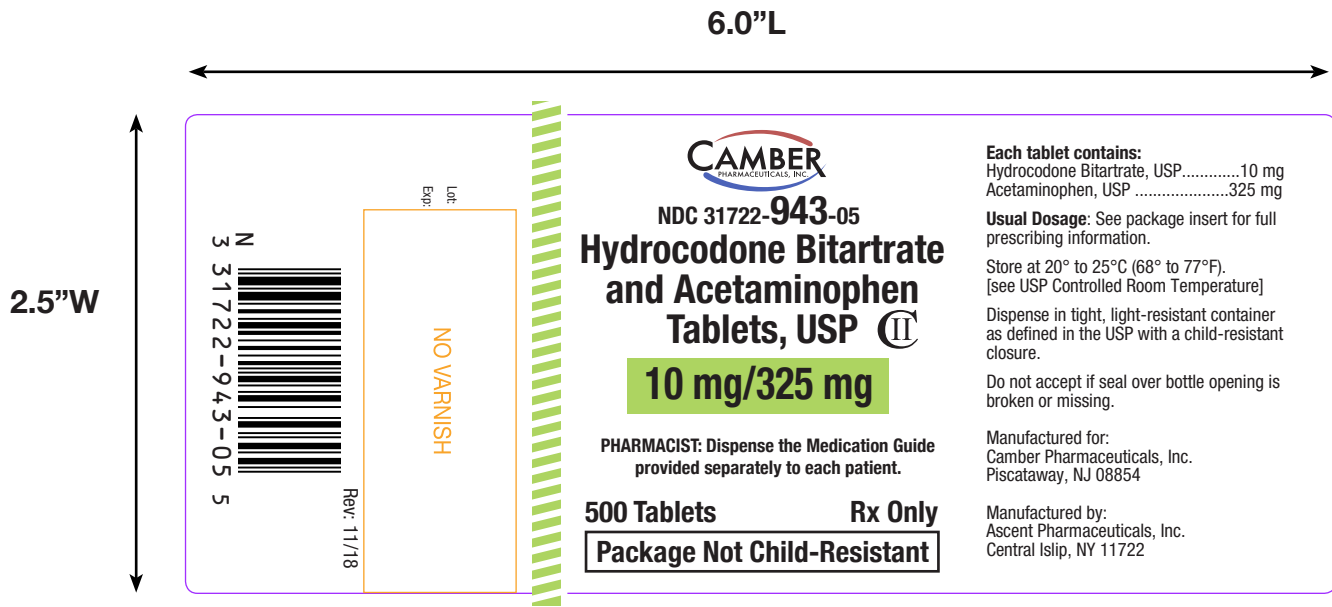




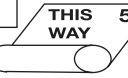


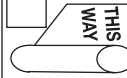


|  |  |                     |               |                 |                |
|--|--|---------------------|---------------|-----------------|----------------|
|  | 92 North Main Street,<br>Windsor, NJ-08561<br>Phone #609-448-9400<br>Fax #609-448-9600 | Proof #             |               | Proof Date      |                |
|  |  | Artwork Prepared by | <b>MMP</b>    | Job Number      | <b>MGL7702</b> |
|  |  | Manufactured FOR    | <b>Camber</b> | Manufactured BY | <b>Ascent</b>  |



|   |   |                   |                     |   |              |                     |              |
|---|---|-------------------|---------------------|---|--------------|---------------------|--------------|
| <b>Customer Description</b>   | <b>500s Count Container Label for Hydrocodone Bitartrate and Acetaminophen Tablets, USP 10 mg/325 mg (Camber)</b> |                   |                     |   |              |                     |              |
| <b>Customer Name</b>  | <b>Ascent / Prathima Arrabelly</b>  | <b>NDC #</b>      | <b>31722-943-05</b> | <b>REVISION #</b>   | <b>11/18</b> | <b># of COLOR</b>   | <b>5</b>     |
| <b>Label Size</b>   | <b>2.5" x 6.0"</b>  | <b>UPC CODE #</b> | <b>331722943055</b> | <b>CUSTOMER ITEM #</b>  | <b>31361</b> | <b>BARCODE TYPE</b> | <b>UPC-A</b> |
| <p style="text-align: center;">COLORS</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> CYMK    <input checked="" type="checkbox"/> SPOT         </div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: black; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: red; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: blue; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: green; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: yellow; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: white; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: white; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: white; margin: 2px;"></div> </div> </div> <p style="font-size: x-small;">Note: Proof colors do not represent exact PMS colors. Please refer to the current PMS guide.</p> |   |                   |                     | <p style="text-align: center;">REWIND DIRECTION</p> <div style="display: grid; grid-template-columns: repeat(4, 1fr); gap: 5px;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/>  1<br/>THIS WAY         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/>  2<br/>THIS WAY         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/>  3<br/>THIS WAY         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input checked="" type="checkbox"/>  4<br/>THIS WAY         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/>  5<br/>THIS WAY         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/>  6<br/>THIS WAY         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/>  7<br/>THIS WAY         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/>  8<br/>THIS WAY         </div> </div> |              |                     |              |
| <p style="text-align: center;">SPECIAL INSTRUCTIONS &amp; NOTES</p> <p style="font-size: large; font-weight: bold;">No Varnish area is 0.8" x 2.0"</p>  |   |                   |                     | <p>The above proof is verified and the same is ;</p> <p><input type="checkbox"/> Approved OK to Print.</p> <p><input type="checkbox"/> Approved OK for FDA submission only.</p> <p><input type="checkbox"/> Changes required submit revised proof.</p>  |              |                     |              |
| <b>CUSTOMER</b>   |   |                   |                     |   |              |                     |              |
| Verified By (Name & Sign)   |   |                   |                     | Approved By (Name & Sign)   |              |                     |              |
| <b>FOR MEDLIT GRAPHICS ONLY</b>   |   |                   |                     |   |              |                     |              |
| <b>HISTORY:</b>   | Noted Changes   |                   |                     |   |              |                     |              |

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