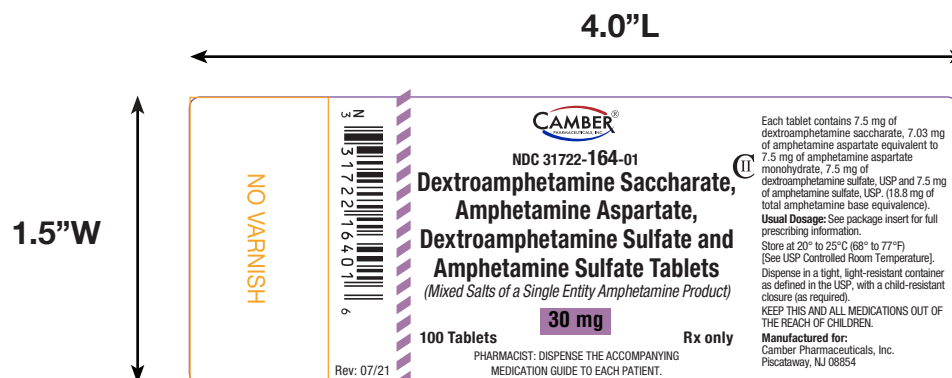

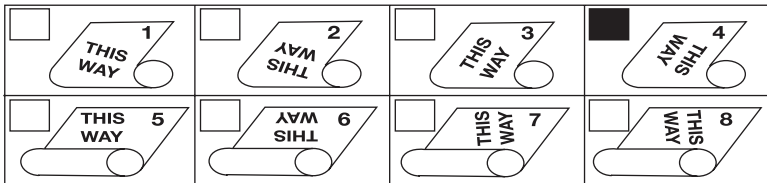
	92 North Main Street, Windsor, NJ-08561 Phone #609-448-9400 Fax #609-448-9600	Proof #	<b>2</b>	Proof Date	<b>7/21/2021 11:29 AM</b>
		Artwork Prepared by	<b>JS</b>	Job Number	<b>MGL 10300</b>
		Manufactured FOR	<b>Camber</b>	Manufactured BY	<b>Ascent</b>



<b>Customer Description</b>	100s Count Container Label Dextroamphetamine Saccharate, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate Tablets 30 mg (Ascent-Camber) Rev 07/21						
<b>Customer Name</b>	<b>Ascent</b>	<b>NDC #</b>	<b>31722-164-01</b>	<b>REVISION #</b>	<b>07/21</b>	<b># of COLOR</b>	<b>5</b>
<b>Label Size</b>	<b>1.5" x 4.0"</b>	<b>UPC CODE #</b>	<b>331722164016</b>	<b>CUSTOMER ITEM #</b>	<b>31732</b>	<b>BARCODE TYPE</b>	<b>UPC-A</b>
<b>COLORS</b> <input type="checkbox"/> CYMK <input checked="" type="checkbox"/> SPOT  <p>Note: Proof colors do not represent exact PMS colors. Please refer to the current PMS guide.</p>				<b>REWIND DIRECTION</b> 			
<b>SPECIAL INSTRUCTIONS &amp; NOTES</b> <b>No Varnish Area is 0.72" x 1.50"</b>				The above proof is verified and the same is ; <input type="checkbox"/> Approved OK to Print. <input type="checkbox"/> Approved OK for FDA submission only. <input type="checkbox"/> Changes required submit revised proof.			
<b>CUSTOMER</b>							
Verified By (Name & Sign)				Approved By (Name & Sign)			
<b>FOR MEDLIT GRAPHICS ONLY</b>							
<b>HISTORY:</b> Noted Changes							

**DISCLAIMER: Medlit Graphics has checked this artwork for accuracy. Final approval is the Client's responsibility. Please double check for any errors. Client assumes all and any risks for compliance with federal, state and local packaging, advertising and labeling laws, regulation and rules. Client relies and acts upon information, opinion or suggestion at its own risk.**