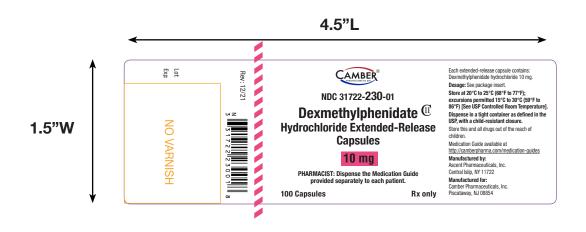


92 North Main Street, Windsor, NJ-08561 Phone #609-448-9400 Fax #609-448-9600

| Proof #             | 2      | Proof Date      | 12/17/2021 11:18 AM |
|---------------------|--------|-----------------|---------------------|
| Artwork Prepared by | JS     | Job Number      | MGL 10745           |
| Manufactured FOR    | Camber | Manufactured BY | Ascent              |



| <b>Customer Description</b>   | stomer Description   100s Count Container Label Dexmethylphenidate Hydrochloride Extended-Release Capsules 10 mg (Ascent-Camber) Rev 12/21 |                   |  |              |                    |                           |              |       |  |  |
|---|--|-------------------|--|--------------|--------------------|---------------------------|--------------|-------|--|--|
| Customer Name Ascent  |  | NDC# 31722-230-01 |  | REVISION #   | 12/21              | # of COLOR                | 5            |       |  |  |
| Label Size  | 1.5" x 4.5"  | UPC CODE #        | ODE# 331722230018  |              | CUSTOMER<br>ITEM # | 31842                     | BARCODE TYPE | UPC-A |  |  |
| COLORS  CYMK SPOT  PMS 1805 C PMS 2736 C Black PMS 7424 C NO Varnish  Note: Proof colors do not represent exact PMS colors. Please refer to the current PMS guide.  SPECIAL INSTRUCTIONS & NOTES  No-Varnish area is H: 1.25" x W: 1.0" |  |                   | REWIND DIRECTION  THIS 5 AVM 6 SIHL  The above proof is verified and the same is;  Approved OK to Print.  Approved OK for FDA submission only. |              |                    |                           |              |       |  |  |
|   |  |                   | 0110   | L            | Changes requ       | uired submit revised proc | or.          |       |  |  |
| Verified By (Name & Sign)   |  |                   | STOMER Approved By (Name & Sign)   |              |                    |                           |              |       |  |  |
|   |  |                   |  |              |                    |                           |              |       |  |  |
|   |  | FOR ME            | DLIT GI  | RAPHICS ONLY |                    |                           |              |       |  |  |
| HISTORY:<br>Noted Changes   |  |                   |  |              |                    |                           |              |       |  |  |