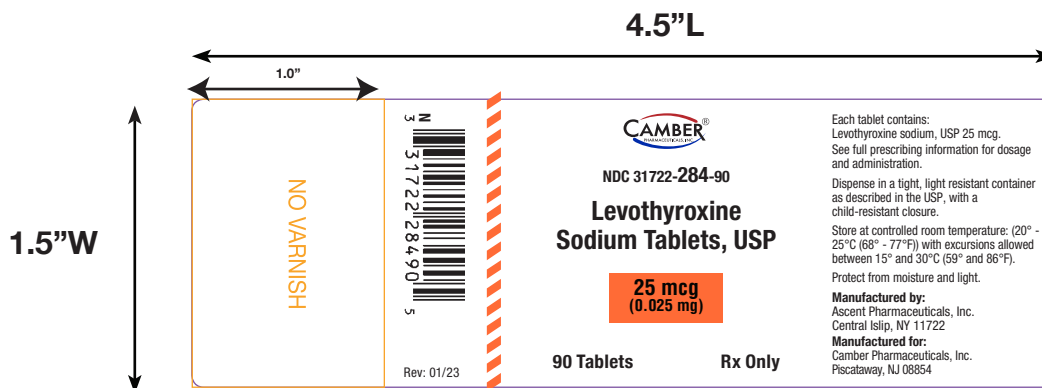

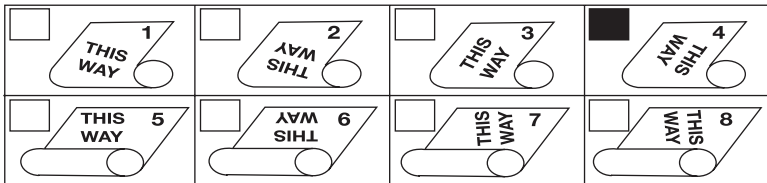
	92 North Main Street, Windsor, NJ-08561 Phone #609-448-9400 Fax #609-448-9600	Proof #	<b>2</b>	Proof Date	<b>11/13/23 3:25 PM</b>
		Artwork Prepared by	<b>SS</b>	Job Number	<b>MGL 16230</b>
		Manufactured FOR	<b>Camber</b>	Manufactured BY	<b>Ascent</b>



<b>Customer Description</b>	<b>90 Count Container Label Levothyroxine Sodium Tablets, USP 25 mcg (Camber-Ascent) Rev 01/23</b>						
<b>Customer Name</b>	<b>Camber</b>	<b>NDC #</b>	<b>31722-284-90</b>	<b>REVISION #</b>	<b>Rev: 01/23</b>	<b># of COLOR</b>	<b>5</b>
<b>Label Size</b>	<b>1.5" x 4.5"</b>	<b>UPC CODE #</b>	<b>331722284905</b>	<b>CUSTOMER ITEM #</b>		<b>BARCODE TYPE</b>	<b>UPC-A</b>
<b>COLORS</b> <input type="checkbox"/> CYMK <input checked="" type="checkbox"/> SPOT  Note: Proof colors do not represent exact PMS colors. Please refer to the current PMS guide.				<b>REWIND DIRECTION</b> 			
<b>SPECIAL INSTRUCTIONS &amp; NOTES</b> <b>No Varnish Area is 1.0" 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.**