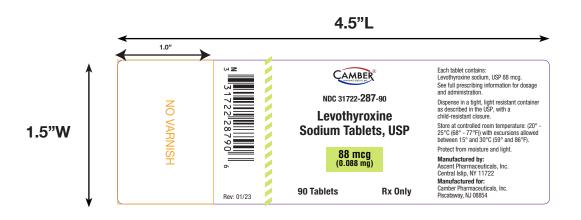


92 North Main Street, Windsor, NJ-08561 Phone #609-448-9400 Fax #609-448-9600

| Proof # | 2 | Proof Date | 11/13/23 3:42 PM |
|---------------------|--------|-----------------|------------------|
| Artwork Prepared by | SS | Job Number | MGL 16233 |
| Manufactured FOR | Camber | Manufactured BY | Ascent |



| ustomer Description 90 Count Container Label Levothyroxine Sodium Tablets, USP 88 mcg (Camber-Ascent) Rev 01/23 | | | | | | | | | | |
|---|-------------|------------|--|--|--------------------|------------|-------------|-------|--|--|
| Customer Name | Camber | NDC # | 31722 | -287-90 | REVISION # | Rev: 01/23 | # of COLOR | 5 | | |
| Label Size | 1.5" x 4.5" | UPC CODE # | 331722287906 | | CUSTOMER ITEM # | | BARCODE TYP | UPC-A | | |
| COLORS CYMK SPOT | | | | REWIND DIRECTION THIS WAY SIHL SIHL SIHL SIHL SIHL SIHL SIHL SIHL | | | | | | |
| PMS 1805 C PMS 2736 C Black PMS 374 C NO Varnish Note: Proof colors do not represent exact PMS colors. Please refer to the current PMS guide. | | | THIS 5 AVM 6 SIHLL STEE TO SEE TO SHELL STEE TO SEE | | | | | | | |
| SPECIAL INSTRUCTIONS & NOTES No Varnish Area is 1.0" x 1.50" | | | The above proof is verified and the same is ; Approved OK to Print. Approved OK for FDA submission only. Changes required submit revised proof. | | | | | | | |
| | | | CUS | OMER | | | | | | |
| Verified By (Name & Sign) | | | Approved By (Name & Sign) | | | | | | | |
| LICTORY. | | FOR ME | EDLIT GF | APHICS ONLY | | | | | | |
| HISTORY: Noted Changes | | | | | | | | | | |