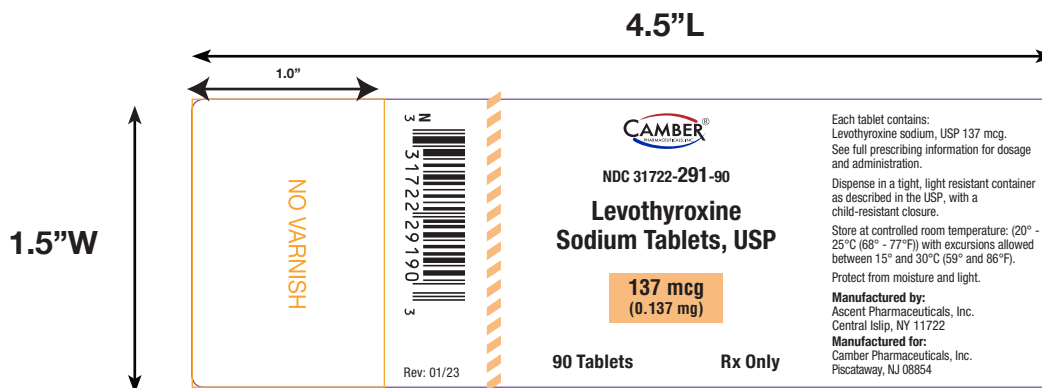
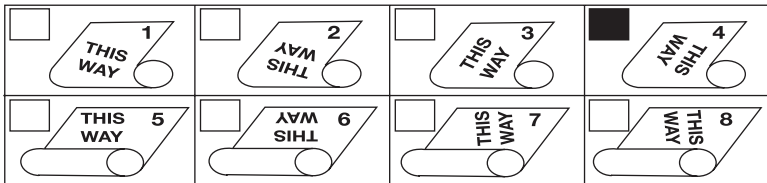
	92 North Main Street, Windsor, NJ-08561 Phone #609-448-9400 Fax #609-448-9600	Proof #	<b>5</b>	Proof Date	<b>11/16/23 7:53 PM</b>
		Artwork Prepared by	<b>SS</b>	Job Number	<b>MGL 16237</b>
		Manufactured FOR	<b>Camber</b>	Manufactured BY	<b>Ascent</b>



<b>Customer Description</b>	<b>90 Count Container Label Levothyroxine Sodium Tablets, USP 137 mcg (Camber-Ascent) Rev 01/23</b>						
<b>Customer Name</b>	<b>Camber</b>	<b>NDC #</b>	<b>31722-291-90</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>331722291903</b>	<b>CUSTOMER ITEM #</b>		<b>BARCODE TYPE</b>	<b>UPC-A</b>
<b>COLORS</b> <input type="checkbox"/> CYMK <input type="checkbox"/> SPOT <input type="checkbox"/> PMS 1805 C <input type="checkbox"/> PMS 2736 C <input type="checkbox"/> Black <input type="checkbox"/> PMS 156 C <input type="checkbox"/> NO Varnish <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<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							

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