
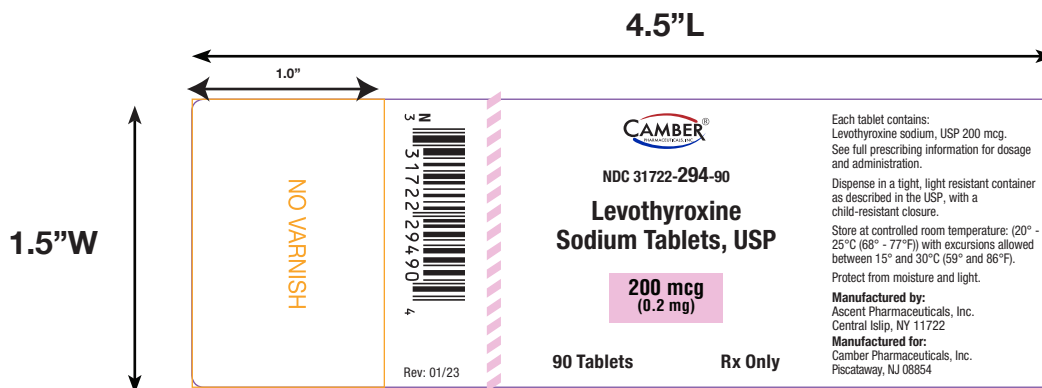
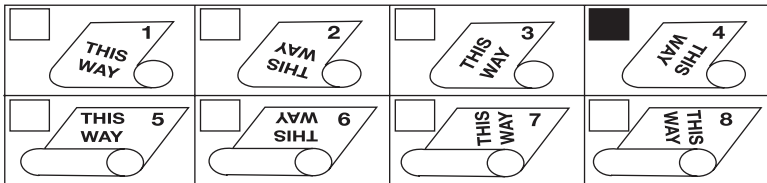


| | | | | | |
|--|--|---------------------|---------------|-----------------|-------------------------|
|  | 92 North Main Street, Windsor, NJ-08561 Phone #609-448-9400 Fax #609-448-9600 | Proof # | 2 | Proof Date | 11/13/23 4:15 PM |
| | | Artwork Prepared by | SS | Job Number | MGL 16240 |
| | | Manufactured FOR | Camber | Manufactured BY | Ascent |



| | | | | | | |
|---|---|-------------------|---|------------------------|-------------------|----------------------------------|
| Customer Description | 90 Count Container Label Levothyroxine Sodium Tablets, USP 200 mcg (Camber-Ascent) Rev 01/23 | | | | | |
| Customer Name | Camber | NDC # | 31722-294-90 | REVISION # | Rev: 01/23 | # of COLOR 5 |
| Label Size | 1.5" x 4.5" | UPC CODE # | 331722294904 | CUSTOMER ITEM # | | BARCODE TYPE UPC-A |
| COLORS <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 217 C <input type="checkbox"/> NO Varnish | | | REWIND DIRECTION  | | | |
| SPECIAL INSTRUCTIONS & NOTES No Varnish Area is 1.0" x 1.50" | | | 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. | | | |
| CUSTOMER | | | | | | |
| Verified By (Name & Sign) | | | Approved By (Name & Sign) | | | |
| FOR MEDLIT GRAPHICS ONLY | | | | | | |
| HISTORY: 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.