

SHIPPER'S LETTER OF INSTRUCTION

UPS Supply Chain Solutions



1a. U.S. PRINCIPAL PARTY IN INTEREST (USPPI) (Complete name and address) VRTX, Inc. 1204 Springwood Ave. Gibsonville, NC			SHIPPER'S ACCOUNT NUMBER 42735934	CONSIGNEE'S ACCOUNT NUMBER	GATEWAY	DESTINATION					
b. USPPI EIN (IRS) OR ID NO. 133853957			ZIP CODE 27249	2. DATE OF EXPORTATION March 18, 2010	ORIGIN	SHIPMENT NUMBER					
c. PARTIES TO TRANSACTION <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-related			<small>On receipt of this document described below, UPS Supply Chain Solutions, Inc. and its agents are requested and authorized to act as agent for the shipper, prepare and issue carriers air waybill, sign such air waybill in the name of the undersigned, and to act as a consignee for carriage to destination, and to act as a forwarder for export control and customs purposes in accordance with the terms and conditions contained in carrier's air waybill terms, rules and regulations, and the UPS Supply Chain Solutions, Inc. Terms and Conditions of Contract at www.ups-acs.com, including provisions that limit liability to the shipper's "allowable value for coverage," and to prepare and maintain in shipper's name any documents required for export.</small>								
4a. ULTIMATE CONSIGNEE (Complete name and address) Amoena Costa Rica, S.A. Zona Franca Metropolitana, 3006 Barrial De Heredia, Apartado 102 CA Costa Rica			FORM OF PAYMENT (If no Form of Payment is indicated, the Shipper shall be liable for charges.) <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT <input type="checkbox"/> GBL* *REFER TO GBL NUMBER BELOW <input type="checkbox"/> CHECK ON PICK UP <input type="checkbox"/> BILL TO THIRD PARTY <small>PAYING FOR RECEIVED BY (Initials) _____ \$ _____ <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> THIRD PARTY</small>								
b. INTERMEDIATE CONSIGNEE (Complete name and address)			<small>FREE DOMICILE <input type="checkbox"/> DDU <input type="checkbox"/> DDP</small>								
5a. FORWARDING AGENT (Complete name and address) UPS SUPPLY CHAIN SOLUTIONS, INC. 12380 MORRIS RD, ALPHARETTA, GA 30005 5b. ID No. 94308351500			<small>CONSIGNEE CONTACT Alejandro Bolaños R. TELEPHONE (506) 2293-3034</small>								
CHECK SERVICES <input type="checkbox"/> PUERTO RICO (Next Day) <input type="checkbox"/> EXPRESS (Door-to-Door) <input type="checkbox"/> STANDARD PLUS (Door-to-Door) <input type="checkbox"/> PREFERRED (Airport-to-Airport) <input type="checkbox"/> STANDARD (Airport-to-Airport) <input type="checkbox"/> OCEAN			<small>CHECK OPTIONS <input type="checkbox"/> GOLD <input type="checkbox"/> GOLD (Door-to-Door) <input type="checkbox"/> GOLD (Door-to-Airport) <input type="checkbox"/> Customs Clearance <input type="checkbox"/> Delivery</small>								
SHIPPER REQUESTS INSURANCE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> FOR CARRIAGE \$ _____			6. POINT (STATE) OF ORIGIN OR FTZ NO. NY 7. COUNTRY OF ULTIMATE DESTINATION Costa Rica								
DECLARED VALUE <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/> FOR CARRIAGE \$ _____			8. COUNTRY OF ORIGIN (MANUFACTURE) USA								
20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24)			CODE	ATTACHED		VALUE (U.S. dollars, omit cents)					
PCS.	D/F or M (21)	SCHEDULE B NUMBER (22)	QUANTITY-SCHEDULE B UNIT(S) (23)	SHIPPING WEIGHT (Kilograms) (24)	<input checked="" type="checkbox"/> COMMERCIAL INVOICE <input checked="" type="checkbox"/> CERTIFICATE OF ORIGIN <input type="checkbox"/> GBL <small>GBL Number</small> <input type="checkbox"/> PACKING LIST <input type="checkbox"/> LETTER OF CREDIT <input type="checkbox"/> BANKING (SIGHT DRAFT) <input type="checkbox"/> DANGEROUS GOODS DECLARATION <input type="checkbox"/> EXPORT LICENSE <input type="checkbox"/> IMPORT LICENSE		(Selling price or cost if not sold) (26)				
28	D	6005.32	693	693	DOCUMENTS TO BE PREPARED <input type="checkbox"/> PRO FORMA INVOICE <input type="checkbox"/> EXPORT LICENSE <input type="checkbox"/> CONSULAR INVOICE <input type="checkbox"/> INSURANCE CERTIFICATE <input type="checkbox"/> CERTIFICATE OF ORIGIN <input type="checkbox"/> BANKING (SIGHT DRAFT) <input type="checkbox"/> <input type="checkbox"/>		\$11,538				
DDTC Registration Number SME (Significant Military Equipment) <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible Party Certification <input type="checkbox"/> Yes <input type="checkbox"/> No USML Category Code _____ DDTC Quantity _____ DDTC Unit of Measure _____			PCS	L	W	H					
27. LICENSE NO./GENERAL EXCEPTION SYMBOL/AUTHORIZATION			28. ECCN (When required)								
29. Duly authorized officer or employee Claude Simon			The USPPI authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.				SHIPPER'S SPECIAL INSTRUCTIONS				
30. I certify that all statements made and all information contained herein are true and correct and that I have read and understand the instructions for preparation of this document, set forth in the "Correct Way to Fill Out the Shipper's Export Declaration." I understand that civil and criminal penalties, including forfeiture and sale, may be imposed for making false or fraudulent statements herein, failing to provide the requested information or for violation of U.S. laws on exportation (13 U.S.C. Sec. 305, 22 U.S.C. Sec. 401; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410).							Enter your AES reference if SED data is electronically filed by you:				
Signature <i>Claude Simon</i>			Confidential - For use solely for official purposes authorized by the Secretary of Commerce (13 U.S.C. 301 (g)).								
Title President			Export shipments are subject to inspection by U.S. Customs Service and/or Office of Export Enforcement.				GOODS RECEIVED IN APPARENT GOOD ORDER AT:				
Date March 18, 2010			31. AUTHENTICATION (When required)				<input type="checkbox"/> Shipper's Door <input type="checkbox"/> Service Center <input type="checkbox"/> Carrier Advance <input type="checkbox"/> Convention <input type="checkbox"/> Residence				
Telephone No. (Include Area Code) 336 449 4321			E-mail address csimon@fairlane.biz				TIME	DATE	# OF SHIPMENTS	Route Number	Employee ID#

See Terms and Conditions sheet for conditions under which service is available

UPS SUPPLY CHAIN SOLUTIONS, INC.
12380 MORRIS RD.
ALPHARETTA, GA 30005

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