

## SHIPPER'S LETTER OF INSTRUCTION

UPS Supply Chain Solutions™



<b>1a. U.S. PRINCIPAL PARTY IN INTEREST (USPPI) (Complete name and address)</b> <b>VRTX, Inc.</b> <b>1204 Springwood Ave.</b> <b>Gibsonville, NC</b> ZIP CODE <b>27249</b>				SHIPPER'S ACCOUNT NUMBER CONSIGNEE'S ACCOUNT NUMBER <b>42735934</b>		GATEWAY DESTINATION	
<b>b. USPPI EIN (IRS) OR ID NO.</b> <b>133853957</b>				<b>c. PARTIES TO TRANSACTION</b> <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-related			
<b>4a. ULTIMATE CONSIGNEE (Complete name and address)</b> <b>Amoena Costa Rica, S.A.</b> <b>Zona Franca Metropolitana, 3006 Barrial De Heredia, Apartado 102 CA</b> <b>Costa Rica</b>				<b>2. DATE OF EXPORTATION</b> <b>March 18, 2010</b>			
<b>b. INTERMEDIATE CONSIGNEE (Complete name and address)</b>				On receipt of the shipment described below, UPS Supply Chain Solutions, Inc. and its agents are requested and authorized to act as agent for the shipper, prepare and issue carrier's air waybill, for each air freight bill in the name of the undersigned, consign each shipment for carriage to destination or for onward carriage and delivery by any other transportation arrangement in accordance with the terms and conditions contained in carrier's air waybill tariffs, rules and regulations, and the UPS Supply Chain Solutions, Inc. Terms and Conditions of Contract at www.ups-scs.com, including provisions that limit liability to the shipper's "declared value for carriage" and to prepare and forward in shipper's name any documents required for export.			
<b>5a. FORWARDING AGENT (Complete name and address)</b> <b>UPS SUPPLY CHAIN SOLUTIONS, INC.</b> 12380 MORRIS RD, ALPHARETTA, GA 30005 <b>5b. ID No. 94308351500</b>				<b>FORM OF PAYMENT (If no Form of Payment is indicated, the Shipper shall be liable for charges.)</b> <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT <input type="checkbox"/> GBL* <small>*REFER TO GBL NUMBER BELOW</small> <input type="checkbox"/> CHECK ON PICK UP <input type="checkbox"/> BILL TO THIRD PARTY RECEIVED BY (Initials) _____ \$ _____ <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> THIRD PARTY			
<b>6. POINT (STATE) OF ORIGIN OR FTZ NO.</b> <b>NY</b>				<b>7. COUNTRY OF ULTIMATE DESTINATION</b> <b>Costa Rica</b>			
<b>CHECK SERVICES</b> <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				<b>CHECK OPTIONS</b> <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			
<b>SHIPPER REQUESTS INSURANCE</b> <input type="checkbox"/> Yes - AMOUNT \$ _____ No <input type="checkbox"/>				<b>DECLARED VALUE FOR CARRIAGE</b> \$ _____			
<b>20. SCHEDULE B DESCRIPTION OF COMMODITIES (Use columns 22-24)</b>				<b>CONSIGNEE CONTACT</b> <b>Alejandro Bolaños R.</b> <b>TELEPHONE</b> <b>(506) 2293-3034</b>			
<b>8. COUNTRY OF ORIGIN (MANUFACTURE)</b> <b>USA</b>				<b>15. SHIPMENT REFERENCE NO.</b>			
<b>CONSIGNEE REFERENCE NUMBER</b>				<b>17. HAZARDOUS MATERIALS</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>BILL TO (THIRD-PARTY) NAME &amp; ADDRESS</b>				<b>19. ROUTED EXPORT TRANSACTION</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>THIRD-PARTY ACCOUNT NUMBER</b>				<b>21. HAZARDOUS MATERIALS</b> <small>IF YES, U.S. LAW REQUIRES THE SHIPPER TO PROVIDE SAFETY DATA SHEET (SDS) TO THE DESTINATION COUNTRY'S REGULATORY AGENCY</small>			
<b>22. SCHEDULE B NUMBER (22)</b> <b>6005.32</b>				<b>23. QUANTITY- SCHEDULE B UNIT(S) (23)</b> <b>693</b>			
<b>24. SHIPPING WEIGHT (Kilograms) (24)</b> <b>693</b>				<b>25. CODE</b> <input type="checkbox"/> GBL <input checked="" type="checkbox"/> COMMERCIAL INVOICE <input checked="" type="checkbox"/> CERTIFICATE OF ORIGIN <input type="checkbox"/> PACKING LIST <input type="checkbox"/> DANGEROUS GOODS DECLARATION <input type="checkbox"/> LETTER OF CREDIT <input type="checkbox"/> EXPORT LICENSE <input type="checkbox"/> BANKING (SIGHT DRAFT) <input type="checkbox"/> IMPORT LICENSE <b>DOCUMENTS TO BE PREPARED</b> <input type="checkbox"/> PRO FORMA INVOICE <input type="checkbox"/> EXPORT LICENSE <input type="checkbox"/> INSURANCE CERTIFICATE <input type="checkbox"/> CERTIFICATE OF ORIGIN <input type="checkbox"/> BANKING (SIGHT DRAFT)			
<b>DDTC Registration Number</b> 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 _____				<b>26. VALUE (U.S. dollars, omit cents) (26)</b> (Selling price or cost if not sold) <b>\$11,538</b>			
<b>27. LICENSE NO./GENERAL EXCEPTION SYMBOL/AUTHORIZATION</b>				<b>28. ECCN (When required)</b>			
<b>29. Duly authorized officer or employee</b> <b>Claude Simon</b>				The USPPI authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.			
<b>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. 481; 18 U.S.C. Sec. 1001; 50 U.S.C. App. 2410).</b>				<b>SHIPPER'S SPECIAL INSTRUCTIONS</b>			
Signature				Enter your AES reference if SED data is electronically filed by you:			
Title <b>President</b>				<b>GOODS RECEIVED IN APPARENT GOOD ORDER AT:</b> <input type="checkbox"/> Shipper's Door <input type="checkbox"/> Service Center <input type="checkbox"/> Carrier Advance <input type="checkbox"/> Convention <input type="checkbox"/> Residence			
Date <b>March 18, 2010</b>				<b>31. AUTHENTICATION (When required)</b>			
Telephone No. (Include Area Code) <b>336 449 4321</b>				E-mail address <b>csimon@fairlane.biz</b>			
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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