

VERATEX, INC.
3rd Floor
254 5th Avenue
New York, NY 10001-6406
Phone: 1-212-683-9300
Fax: 1-212-889-5573

INVOICE

DATE:	04/04/2014	INVOICE:	30672
CUST#:	2918		
TERMS:	NET 30 FOB MILL	SALESMAN:	HSE
		NC	

SOLD TO

RESTORATIVE MEDICAL INC.
332 EAST BROADWAY
BRANDENBURG, KY 40108

SHIPPED TO

SAME

B/L# 25230 VIA UPS ACCT. 506E6 2 CASES

QUANTITY	DESCRIPTION	PRICE	AMOUNT
516.000 LIN	V10580 WHITE 60" POLYESTER SATIN OUR ORDER: 17041/1 CUSTOMER ORDER: 1626	1.550 LIN	799.80
CASES: 4575687	4575690		799.80

This invoice is payable to VERATEX, INC. ONLY

All knitted goods are subject to imperfections. Examination must be made before goods have been processed or cut as no claims will be recognized at any time after goods have been processed or cut.
Continuing guaranty under The Textile Fiber Products Identification Act filed with the Federal Trade Commission.

UNIFORM STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE - Short Form
 RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading.

Carrier: CUPSN

Date: 04/04/2014

Shipper No. 0000025230

UPS - GROUND

From:

At: the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (he word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned To:	(Destination)	Bill Freight To:	Freight Charges
RESTORATIVE MEDICAL INC. 332 EAST BROADWAY BRADENBURG, KY 40108 US		RESTORATIVE MEDICAL INC. 332 EAST BROADWAY BRADENBURG, KY 40108 US	Collect

Subject to Section 7 of the agreement between Shipper and Carrier, if the shipment is to be delivered to the consignee without recourse of the consignor, the consignor shall sign the following statement.

Sold To:
VERATEX

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Qty	Unit	Type	Gross Lbs	Gross Kgs	NMFC Desc of Materials	Yards	Meters	(Signature of Shipper)
2	ROLL		149.0	67.6	ITM 49265 SUB9 CLASS70	516.00	471.8	C.O.D. SHIPMENT
2			149.0	67.6		516.00	471.8	C.O.D. AMT. _____
								Collection Fee _____
								Total Charges _____
								C.O.D. CHARGE TO BE PAID BY

Special Instructions:
CUSTOMER ORDER # 1626

UPS # 506 E64

INSURE \$400 FOR EACH ROLL AND EACH TRACKING #
 216577 APR 4, 2014 ACT WT 149.0 LBS #PK 2
 SVC GND COM BL WT 149.0 LBS
 TRACKING# 1Z2165770346785769 ALL CURRENCY USD
 BILL LADING: 25230
 BILLED TO: RESTORATIVE MEDICAL INC.

HC 0.00	CNS 0.00	DV AMT 800.00
SHIPMENT PUB RATE CHARGES:	FRT: REC	SVC F/C USD
DV 7.20	COD 0.00	RS 0.00
DC 0.00	DGD 0.00	
AH 17.50	PR 0.00	ROD 0.00
TOT PUB CHG 92.22	PUB+HANDLING 92.22	

MUST RIDE FLAT DO NOT STAND ON END

PACKING SLIPS MUST ACCOMPANY SHIPMENT

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____. The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certification thereon, and all other requirements of the Consolidated Freight Classification.

Permanent Address of Shipper:
GLEN RAVEN TECHNICAL FABRICS, LLC
PARK AVENUE PLANT
1831 NORTH PARK AVENUE
GLEN RAVEN, NC 27217 US

Pro Number	Shipper, Per	Signature
		not available
	Consignee	
	Received in good order except as noted above	

Date _____

DATE SHIPPED: 04/04/2014
 SHIPPED VIA: UPS - GROUND

SHIP TO: RESTORATIVE MEDICAL INC.
 332 EAST BROADWAY
 BRANDENBURG, KY 40108
 UNITED STATES

PACKING SLIP#: 0002046252

REF S.O.# 0027379000

CASE#	PIECE#	WIDTH	GRADE	LBS	KG	LENGTH	ALT LENGTH	OTHER REFERENCE
FC V10580-61-04168			VERATX.V10392E/2.WHITE.POLY			WHITE		MO#: 0018603200
004575687	NR18-3073-1	61	011	77.00	34.93	266.00 YD	243.23 M	19312
004575690	NR18-3073-1	61	011	72.00	32.66	250.00 YD	228.60 M	19312
	WORK ORDER TOTALS:	2 PCS		149.00	67.59	516.00	471.83	
	SALES ORDER TOTALS:	2 PCS		149.00	67.59	516.00	471.83	

CUSTOMER ORDER # 1626

UPS # 506 E64

INSURE \$400 FOR EACH ROLL AND EACH TRACKING #

GRAND TOTALS: 2 PCS 149.00 67.59 516.00 471.83

SHIPMENT