

VERATEX, INC.
P.O. Box 682
New York, NY 10108-0682

Phone: 1-212-683-9300
Fax: 1-212-889-5573

INVOICE

DATE:	05/22/2014	INVOICE:	30707
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# 25467 VIA UPS ACCT. 506E6 2 CASES

QUANTITY	DESCRIPTION	PRICE	AMOUNT
500.000 LIN	V10580 WHITE 60" POLYESTER SATIN OUR ORDER: 17069/1 CUSTOMER ORDER: 1660	1.550 LIN	775.00
CASES: 4577321	4577330		775.00

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: 05/22/2014

Shipper No. 0000025467

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 (the 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 (G) 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.		RESTORATIVE MEDICAL INC.	Collect
332 EAST BROADWAY		332 EAST BROADWAY	
BRADENBURG, KY 40108 US		BRADENBURG, KY 40108 US	
			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.
			The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
			(Signature of Shipper)
			C.O.D. SHIPMENT
			C.O.D. Amt. _____
			Collection Fee _____
			Total Charges _____
			C.O.D. CHARGE TO BE PAID BY

Special Instructions:

CUSTOMER ORDER # 1660

UPS # 506 E56

INSURE \$400 FOR EACH ROLL

DETAILS ON ATTACHED PACKING LIST
 0002046907 (18447)

2014/05/22, 2014 HGT WT 139.0 LBS #PK 2
 SVC GND/COM BL WT ALL CURRENCY USD
 TRACKING# 122165770348381532
 BILL LADING: 25467
 BILLED TO: RESTORATIVE MEDICAL INC. DV AMT 800.00
 HC 0.00 CNS 0.00 FRT: REC SVC F/C USD
 SHIPMENT PUB RATE CHARGES: COD 0.00 RS 0.00
 DV 7.20 DGD 0.00
 DC 0.00 PR 0.00 ROD 0.00
 AH 17.50 TOT PUB CHG 88.33 PUB+HANDLING 88.33

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 _____

PAGE 1 OF 1

PACKING SLIP

05/22/2014 05:08 AM

PAGE 1 OF 1

FOR ACCT OF VERATEX

GT #: 18447

CUST PO:

SHIP TO: RESTORATIVE MEDICAL INC.

DATE SHIPPED: 05/22/14 PACKING SLIP: 0002046907

332 EAST BROADWAY

BRADENBURG, KY 40108 US

SHIPPED VIA: UPS - GROUND

COLOR#	COLOR DESC	CASE	GD	POUNDS	YARDS	LOT	DO#
FINISH STYLE: V10580-61		WIDTH: 61					
4-04168	WHITE	004577330	011	69.7	250.0	19312	0018603200
		004577321	011	69.7	250.0	19312	0018603200
			DO #:	2	139.4	500.0	
			COLOR:	2	139.4	500.0	
			TOTAL:	2	139.4	500.0	

NOTES

CUSTOMER ORDER # 1660

UPS # 506 E64

INSURE \$400 FOR EACH ROLL