

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

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

INVOICE

DATE: 06/23/2014 INVOICE: 30740
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# 25641 VIA UPS ACCT.#506E6 2 CASES

QUANTITY	DESCRIPTION	PRICE	AMOUNT
500.000 LIN	V10580 WHITE 60" POLYESTER SATIN	1.550 LIN	775.00
	OUR ORDER: 17090/1 LOT#: 19312/18603200		
	CUSTOMER ORDER: 1686		
CASES: 4577325	4575688		

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: 06/23/2014

Shipper No. 0000025641

UPS - GROUND

At:

From:

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 (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)
RESTORATIVE MEDICAL INC.
332 EAST BROADWAY
BRADENBURG, KY 40108 US

Bill Freight To:
RESTORATIVE MEDICAL INC.
332 EAST BROADWAY
BRADENBURG, KY 40108 US

Freight Charges

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.

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

Sold To:
VERATEX

Qty	Unit Type	Gross Lbs	Gross Kgs	NMFC Desc of Materials	Yards	Meters
2	ROLL	139.0	63.1	ITM 49265 SUB9 CLASS70	500.00	457.2
2		139.0	63.1		500.00	457.2

(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:
UPS # 505 864

INSURE \$400 EACH

CUSTOMER ORDER # 1686

DETAILS ON ATTACHED PACKING LIST
0002047404 (18475)

210577 JUN 23, 2014 ACT WT 139.0 LBS APK 2
SVC GND COM BL WT
TRACKING# 1Z2165770348895664 ALL CURRENCY USD
BILL LADING: 25641
BILLED TO: RESTORATIVE MEDICAL INC
HC 0.00 CNS 0.00 DV AMT 800.00
SHIPMENT PUB RATE CHARGES: FRT: REC
DV 7.20 COD 0.00 SVC F/C USD
DC 0.00 DGD 0.00 RS 0.00
AH 8.75 PR 0.00 ROD 0.00
TOT PUB CHG 79.58 PUB+HANDLING 79.58

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 fiber 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

Date

Received in good order except as noted above

PAGE 1 OF 1

DATE SHIPPED: 06/23/2014
SHIPPED VIA: UPS - GROUND

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

PACKING SLIP#: 0002047404

REF S.O# 0027379000

CASE#	PIECE#	WIDTH	GRADE	LBS	KG	LENGTH	ALT LENGTH	OTHER REFERENCE
FC V10580-61-04168			VERATX.V10392E/2.WHITE.POLY					MO#: 0018603200
004575688	NR18-3073-1	61	011	71.00	32.20	250.00 YD	228.60 M	19312
004577325	NR18-3073-1	61	011	68.00	30.84	250.00 YD	228.60 M	19312
WORK ORDER TOTALS:				2 PCS	139.00	63.04	500.00	457.20
SALES ORDER TOTALS:				2 PCS	139.00	63.04	500.00	457.20

UPS # 506 E64
INSURE \$400 EACH
CUSTOMER ORDER # 1686

GRAND TOTALS: 2 PCS 139.00 63.04 500.00 457.20

SHIPMENT