

VERATEX, INC.
P.O. Box 682
New York, NY 10108-0682
Phone: 1-212-683-9300
Fax: 1-212-889-5573

I N V O I C E

DATE: 01/25/2016 INVOICE: 31172
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# 28275 VIA FEDEX GROUND AC 1 CASES

QUANTITY	DESCRIPTION	PRICE	AMOUNT
250.000 LIN	V200 WHITE 60" POLYESTER MESH OUR ORDER: 17468/1 CUSTOMER ORDER: 2032	1.330 LIN	332.50
CASES: 4550609			332.50

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.

Date: 01/22/2016 Shipper No. 0000028275

Carrier: CFG65

FEDEX 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 (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.

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	NMPC Desc of Materials	Yards	Meters	(Signature of Shipper)		
								250.00	228.6	C.O.D. SHIPMENT
1	ROLL		46.0	20.9	ITM 49265 SUB9 CLASS70	250.00	228.6			C.O.D. Amt. _____
			46.0	20.9		250.00	228.6			Collection Fee _____
										Total Charges _____
										C.O.D. CHARGE TO BE PAID BY

Special Instructions:

BILL FREIGHT TO:
FEDEX ACCT. 502468987
RESTORATIVE MEDICAL INC

Invoice:	Date: 22Jan16	SHIPPING:	0.00
Customer:	Wgt: 46.00 LBS	SPECIAL:	0.00
Dept:	COD:	HANDLING:	0.00
PO Number:	DV: 0.00	TOTAL:	0.00

PLEASE INSURE \$400.00

Svcs: GND BLL RCP
TRCK: 650014682563

DETAILS ON ATTACHED PACKING LIST
0002054837 (18815)

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

PAGE 1 OF 1

01/22/2016 11:00 PM

FOR ACCT OF VERATEX

GT #: 18815

CUST PO:

SHIP TO: RESTORATIVE MEDICAL INC.

DATE SHIPPED: 01/22/16 PACKING SLIP: 0002054837

332 EAST BROADWAY
BRADENBURG, KY 40108 US

SHIPPED VIA: FEDEX GROUND

COLOR#	COLOR DESC	CASE	GD	POUNDS	YARDS	LOT	DO#
FINISH STYLE: V200-F60		WIDTH: 60					
5-10965	WHITE	004550609	011	44.8	250.0	19287	0018287100
		DO #:	1	44.8	250.0		
		COLOR:	1	44.8	250.0		
		TOTAL:	1	44.8	250.0		
----- NOTES -----							

BILL FREIGHT TO:
 FEDEX ACCT. 502468987
 RESTORATIVE MEDICAL INC

PLEASE INSURE \$400.00