

**SUPPLIER CERTIFICATION**

Today's Date: 2/16/2024

**Supplier's Name and Address:**

Veratex, Inc.  
336 East 56<sup>th</sup> Street Grnd Floor  
New York, NY 10022 USA  
Phone: 212 683 9300 Fax: 212 889 5573

**Purchaser's Name and Address:**

Hexcel Composites Ltd, 'M' Stores  
Duxford Cambridge  
CB2 4QD, United Kingdom  
Phone: 01223838244 Fax: 01223838723

Date of Manufacture: 02/13/2024

Hexcel RMS and Issue: 8251 ISSUE B

Material Description: Style V10401 100% Polyester Tricot Knit Fabric

Expiry Date: 02/12/2026 Batch Number: 20263/580151 P.O. Number: 10PO00984a1/2

Batch Number 20263/580151 Specification:

- Structure: Tricot Knit
- Chemistry: PET (Polyester)
- Fabric Width: 1308 mm
- I.D. Cores: 7.62cm (3 Inches)263
- Weight: 30 gsm
- Filaments: 20 Denier Monofilaments

**Additional Requirements:**

- Each roll is to be individually packaged to prevent contamination before finishing
- Maximum roll length 700 meters
- All joints must be flagged with a minimum of 120 m between joints
- The maximum pallet height shall be 1 meter

**Packaging Requirements:**

- Packaging shall be adequate to prevent loss, damage or deterioration in transit and for up to one year of the product in storage
- An advice note giving details of purchase order number, item description, item number, quantity and RMS number and issue shall accompany each delivery.
- The advice note shall bear the individual piece numbers and roll lengths.
- Containers shall be marked with highly visible labels and marked as required for 3.3.2

---

**Certificate of Conformity**

This is to certify that the aforementioned fabric conforms with the PURCHASE REQUIREMENTS

of 8251, Issue B.

RMS

Signature:

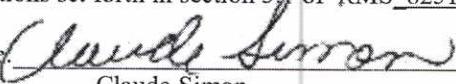
Date: February 16, 2024

Claude Simon

---

**Certificate of Analysis**This is to certify that the lot covered by this certification has been analyzed and conforms to the specifications set forth in section 3.1 of RMS 8251, Issue B.

Signature:

Dated: February 16, 2024

Claude Simon

**Social Security Administration  
Retirement, Survivors and Disability Insurance  
Important Information**

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898  
Date: April 3, 2024  
BNC#: 24T2018J55786-C1



0041498 00043322 1 AB 0.547 0327M1T2R1PN T104 P6



HENRY V SIMON  
71 TONJES ROAD  
CALLICOON NY 12723-5729

We are writing to you about your Social Security benefits.

**What You Should Know**

You are no longer entitled to Social Security benefits beginning April 2024. Your benefits are stopping because in that month you are

- 18 years old, and
- not disabled, and
- not a full-time elementary or secondary level school student.

**If You Disagree With The Decision**

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.



- You have 60 days to ask for an appeal in writing.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at [www.ssa.gov/forms/](http://www.ssa.gov/forms/) to locate the form. You can also contact us to request the form, or if you need help filling out the form.

## If You Want Help With Your Appeal

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. Your local Social Security office can give you a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA-1696 "Appointment of Representative." Any local Social Security office can give you this form.

## Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).



## If You Have Questions

### Need more help?

- 1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple, and secure online service.
- 2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
- 3. You may also call your local office at 1-855-794-4728.

SOCIAL SECURITY  
SUITE 4  
60 JEFFERSON ST  
MONTICELLO, NY 12701

**How are we doing?** Go to [www.ssa.gov/feedback](http://www.ssa.gov/feedback) to tell us.

*Social Security Administration*