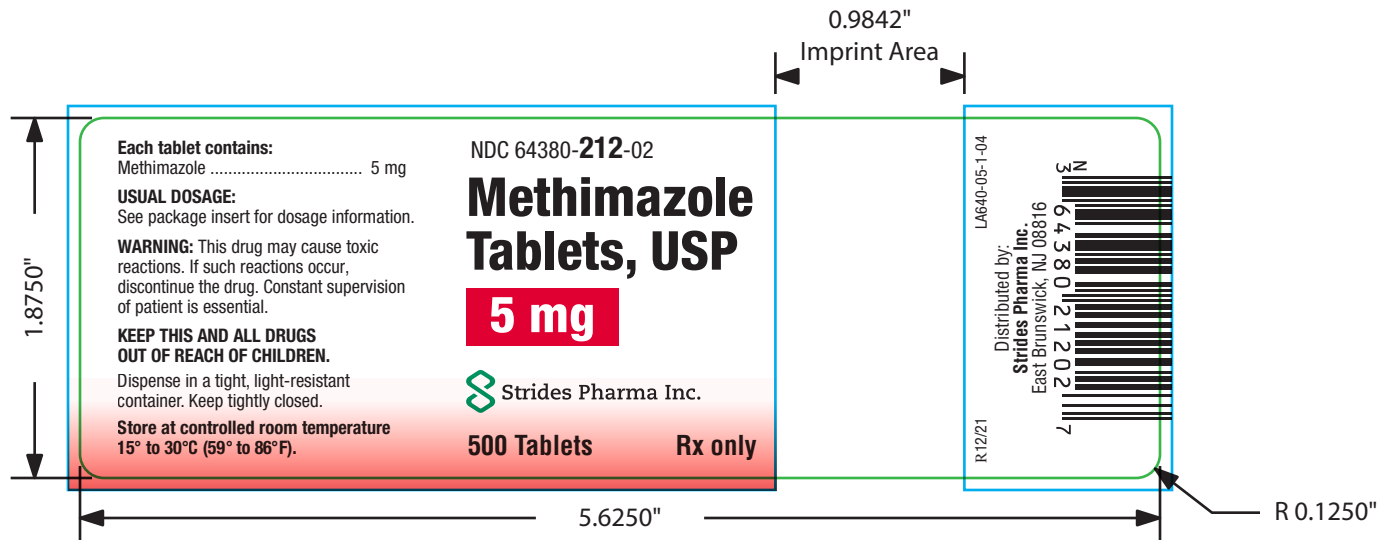


Flat Label



Graphics Proof		Rev.#	Date	BC Grade	Artist	Copy Position	Please indicate status below. Please sign, date, and return if approved.				
Customer:	Strides Pharma	2	10/16/18	A	MS	#4 	<input type="checkbox"/> REVISE and RE-PROOF <input type="checkbox"/> APPROVED				
Product Name:	500ct. 5 mg Methimazole Tablets, USP	3	12/17/21	A	LM		DIE LINE BLACK PMS 199 PMS 340 SPOT VARNISH	APPROVAL SIGNATURE _____ DATE: _____ APPROVAL SIGNATURE _____ DATE: _____			
Part #:	LA640-05-1-04							THIS PROOF IS NOT INTENDED FOR COLOR REPRESENTATION. PLEASE REVIEW FOR COPY AND POSITIONING OF GRAPHICS AND TEXT.			
Size (H x W):	1.8750" x 5.6250"						4251 Empire Road Ft. Worth, TX 76155 Tel: 469.733.1506 Fax: 469.733.1510				
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