

Scapa North America Limited
540 North Oak Street
Inglewood CA 90302
USA
Tel: (310) 419 0567
Fax:

Registered Office Address: 111 Great Pond Drive
Windsor, Connecticut 06095, USA

Delivery To:
Katecho
4020 Gannett Avenue
DES MOINES IA 50321

Delivery note

Delivery Note no. / Date:
81032312 / 04/25/2011
Shipping account number:
127364

Repeat printout

If you have any queries with this document, please
contact +

Change #1. order split to amount on hand 13550 parts. due to ship 12/15. please overnight
the product.eg

please call 515-244-1212 and ask for shipping department.
1 Pallet 20 bxs fx-frt/coll

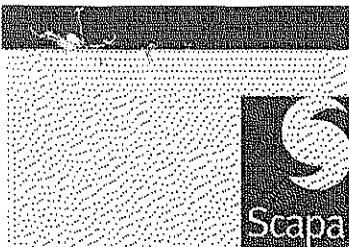
Delivery terms : Ex-Works See comments
Delivery priority : 01 Normal item
Weights : Nominal Gross weight 7,423 LB Nominal Net weight 743 LB

Change #1. order split to amount on hand 13550 parts. due to ship 12/15. please overnight
the product.eg

Item	Material	Description	Quantity/Pack	Whole Packs	Quantity
10	159307	Medical Converted Pulse Oximetry	Part No. <u>Rm1863</u>	<u>WAC</u>	143,737.000
	>RM1863/B	>RM1863 DWG # RM1863 Rev B	Date Rec. <u>04-28-11</u>		
	Cust O/N: 42642	Scapa O/N: 520869 Item: 000050	Lot # <u>B042811Z</u>		28,137 EA
	Batch: ING0008315		Vendor Lot # <u>ING0008378</u>		39,850 EA
	Batch: ING0008316		Use By <u>03/01/2013</u>		12,150 EA
	Batch: ING0008345		Packing Slip Qty <u>63,600</u>		63,600 EA
	Batch: ING0008378		Process By <u>NA</u>		
			Quant. Rej. <u>0</u>		
			Quant. Samples <u>NA</u>		
			Released By <u>[Signature]</u>		
			Date <u>5-11-11</u>		

Carrier name and signature:.....Date:.....
"By Accepting this document you are agreeing to abide by Scapa Terms and Conditions at
www.scapa.com/en/salesterms

Counted By _____
Date _____



Registered Office Address: 111 Great Pond Drive
Windsor, Connecticut 06095, USA

Bill to :
Katecho
4020 Gannett Avenue
DES MOINES IA 50321

Ship To:
Katecho
4020 Gannett Avenue
DES MOINES IA 50321

Scapa North America Inc
111 Great Pond Drive
Windsor CT 06095
USA
Tel: (800) 542 9715
Fax: (800) 615 2652
GST 866395460RT0001

Invoice

Invoice/Date :
9700038022 / 04/25/2011
Delivery Note no. / Date:
81032312 / 04/25/2011
Customer account number
127364
Currency: USD

If you have any queries with this document, please
contact +

Change #1. order split to amount on hand 13550 parts. due to ship 12/15. please overnight the product.eg

Payment terms	:	30 days from date of invoice.
Net Due Date	:	Up to 05/25/2011 without deduction
Delivery terms	:	Ex-Works See comments

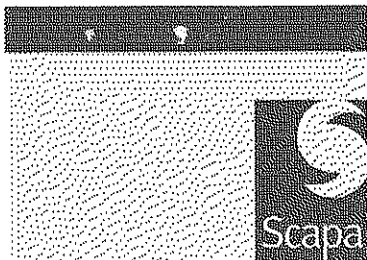
Item	Material	Description	Price / Unit	Quantity/Pack	Quantity	Value
1	159307	Medical Converted Pulse Oximetry		1	EA	
	> RM1863/B	> RM1863 DWG # RM1863 Rev B	0.46	1 EA	143,737	EA 66,119.02
	Cust O/N: 42642	Scapa O/N: 520869 Item: 000050				

Invoice Total USD

66,119.02

Remit to: Scapa NA P.O. Box 414086 Boston, MA 02241-4086

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Change #1. order split to amount on hand 13550 parts. due to ship 12/15. please overnight
the product.eg

please call 515-244-1212 and ask for shipping department.

Delivery terms : Ex-Works See comments
Delivery priority : 01 Normal item
Weights : Nominal Gross weight 143.737 LB Nominal Net weight 143.737 LB

Change #1. order split to amount on hand 13550 parts. due to ship 12/15. please overnight
the product.eg

Item	Material	Description	Quantity/Pack	Whole Packs	Quantity
10	159307 >RM1863/B Cust O/N: 42642	Medical Converted Pulse Oximetry >RM1863 DWG # RM1863 Rev B Scapa O/N: 520869 Item: 000050			143,737 EA

CERTIFICATE OF CONFORMITY STATEMENT

We certify that the items listed on this delivery note
fulfil the requirements of the accepted contract or order./>
This statement has been automatically generated by our IT system
and is therefore valid without signature.

19-36
1-9

20-693 #
1 Pallet 50 #

743 #

425569 484493

Carrier name and signature:.....Date:.....

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Stock per Material

Choose Save Units of Measure...

Use number: ING INGLEWOOD
Material: 159307 >RM1863 DWG # RM1863 Rev B
Plant: ING

Stock per Material

Typ	Storage Bin	SC	SS	PB	FB	Total Stock	Available stock	UN	GR	Date	SLED/EBD	Special Stock Number
SLOC	Batch	Re	IA	CP	CR	Stock for putaway	Pick quantity	Cert.	No.			
FGR	SH01					28,137	28,137	EA		04/01/2011		
ING	ING00008315					0	0					
FGR	SH01					39,850	39,850	EA		04/04/2011		
ING	ING00008316					0	0					
FGR	SH01					12,150	12,150	EA		04/05/2011		
ING	ING00008345					0	0					
FGR	SH01					63,600	63,600	EA		04/05/2011		
ING	ING00008378					0	0					
						143,737	143,737	EA				
						0	0					

UNIFORM STRAIGHT BILL OF LADING ORIGINAL---NOT NEGOTIABLE
SUBJECT TO THE TERMS AND CONDITIONS OF THE UNIFORM BILL OF LADING -- QUESTIONS? CALL 1.866.393.4585

FedEx
Freight

227485443-3



Date **04-25-11**
Shipper # **520869**

Purchase Order #

Shipper #

REQUIRED: Please select a service type

☒ **FedEx Freight®** ☐ **FedEx Freight®**
Priority (FXFE) Economy (FXNL)

OPTIONAL: You may select a money-back guarantee delivery (charges and tariff limitations may apply).

☐ A.M. Delivery ☐ Close of Business Delivery

SHIPPER (from)

Please provide ZIP codes and phone numbers.

CONSIGNEE (to)

Shipper		FXFE Acct. #		Consignee		FXFE Acct. #	
Attn. to SCAPA		Area Code 310 Phone Number 419-0567		Attn. to Katecho		Area Code Phone Number	
Address Converted Products				Address 4020 GIANNETT AVE			
Address (Store, Dept., Ste., Flr., Apt., Div.) 540 N. Oak Street				Address (Store, Dept., Ste., Flr., Apt., Div.) DES MOINES IA 50321			
City Inglewood, CA 90302		State/Province		City		ZIP/Postal Code Country	
State/Province		ZIP/Postal Code		State/Province		ZIP/Postal Code Country	
Accessorial Charges: <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access				Accessorial Charges: <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access			
Shipper's Bill of Lading #				<input type="checkbox"/> Custom Delivery Window			
Special Instructions							

BILL FREIGHT CHARGES TO (if different than above):

Name		FXFE Acct. #		Mailing Address			
City		State		ZIP/Postal Code		Country	
Area Code		Phone Number					
Freight charges are PREPAID unless marked collect.		C.O.D.		1. The letters "C.O.D." must appear in box before consignee's name above.			
CHECK BOX IF COLLECT <input checked="" type="checkbox"/>		AMOUNT		2. C.O.D. funds to be collected as: <input type="checkbox"/> Certified Funds <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check			
				3. C.O.D. fee to be paid by: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee			

REMIT C.O.D. TO (if different than shipper above):

Name		FXFE Acct. #		Mailing Address			
City		State		ZIP/Postal Code		Country	
Area Code		Phone Number					

RECEIVED: This bill of lading is subject to the terms and conditions of the contract of carriage which may be subject to change without notice. The carrier and shipper agree to the terms and conditions of the contract of carriage which may be subject to change without notice. The carrier and shipper agree to the terms and conditions of the contract of carriage which may be subject to change without notice. The carrier and shipper agree to the terms and conditions of the contract of carriage which may be subject to change without notice.

HANDLING UNITS (H/U)	NO. PKGS. TYPE	PIECES (P)	HM (X)	DESCRIPTION OF ARTICLES, KIND OF PACKAGE, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS.	NMFC ITEM #	CLASS	CUBE
				1 Pallet - 20 Boxes (MEDICAL TAPE)	743*		60	
				* Collect *				

TOTAL H/U: **1** * MARK "X" OR "RQ" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.

HM EMERGENCY CONTACT PHONE NUMBER	FOR INTERNATIONAL SHIPMENTS PLEASE INDICATE BELOW THE NAME, FAX NUMBER AND PHONE NUMBER OF THE BROKER.
HM EMERGENCY RESPONSE PROVIDER PERSON OR CONTRACT #	EEI/SED Number or Exception
	Phone # (Area Code) _____
	Broker Name
	Fax # (Area Code) _____

FOR FREIGHT COLLECT SHIPMENTS

Subject to Section 7 of conditions of applicable Bill of Lading. If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

Consignor Signature _____

SHIPPER CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Shipper Signature **DAVID MORALES** Date **04-25-11**

CARRIER CERTIFICATION

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.

DATE	DRIVER/EMPLOYEE NUMBER	PIECE COUNT	TRAILER #
4-25-11	2094024	20 boxes	2584248

Scapa Converted Products
540 North Oak Street Inglewood, CA 90302
Tel: 310-419-0567 Fax: 310-419-4150

PRODUCT CERTIFICATE OF CONFORMANCE

The listed product was manufactured by Scapa Converted Products
whose quality system is registered to current ISO Standard

This document certifies that this shipment conforms to the following specifications:

Customer Name: Katecho

Product Description: Fab Liner Card – Folded Liner

Customer P.O. No. 42642 Date Shipped: April 25, 2011

Scapa Order No. 520869 Part Number: RM1863

Drawing No. RM1863 Revision: B


All materials are traceable to supplier lot number; further documentation is available upon request.

Material Supplier	Product Name or Description
3M	1522
3M	9472LE

Scapa C.P. Lot No.	Qty	1522 Lot #	1522 Date of Manufacture	9472LE Lot #	9472LE Date of Manufacture
ING0008315	28,137	MAR11 111	March 2011	1052069909	Feb 21, 2011
ING0008316	39,850	MAR11 111	March 2011	1052069909	Feb 21, 2011
ING0008345	12,150	MAR11 111	March 2011	1052069909	Feb 21, 2011
ING0008378	63,600	MAR11 111	March 2011	1060069938	Mar 01, 2011

Additional Information:

Released by
(sign):



Date:

4/25/2011