

1 SHIPPER'S UPS ACCOUNT NO. SHIPPER'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES

AX6-955

NAME OF SENDER TELEPHONE NO.
S HUYNH H 514-232-2761

COMPANY NAME AND ADDRESS
P PHARMA EXP

E 5480 VICTORIA AVENUE
R MONTREAL
PQ H3W 2P8 CANADA

2 CONSIGNEE'S UPS ACCOUNT NO. CONSIGNEE'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (E.T.V. V.A.T. Importer No. N.C. No. Etc.)

80833238

NAME OF CONTACT PERSON TELEPHONE NO.
O TINA HO 714-559-3276

COMPANY NAME AND ADDRESS
S GREENFIELD PHARMACEUTICALS

G 13071 BROOKHURST ST 150
E GARDEN GROVE
CA 92643- UNITED STATES
COUNTRY

3 PAYMENT OF CHARGES

BILLING OPTION (check one option only) Refer to the appropriate service guide for options available by country.

PREPAID FREIGHT COLLECT DELIVERED DUTY PAID BILL DUTY TAX AND SHIPPING CHARGES TO SHIPPER
 Shipper pays all shipping charges except duty and V.A.T. Shipper pays shipping charges and duty, and V.A.T. (Shipper must have a UPS account).
 Shipper pays destination country's duty & tax in addition to shipping charges. Shipper must have a UPS account.

BILL SHIPPER'S PORTION OF SHIPPING CHARGES AS INDICATED BELOW
 FOR PREPAID BILLING OPTION ONLY THIRD PARTY'S COMPANY NAME

0287969203 05490 CD



UPS WORLDWIDE SERVICES WAYBILL (NON-NEGOTIABLE)

4 SERVICE LEVEL

EARLY EXPRESS	A.M. EST	1+
EXPEDITED		1
3 DAY SELECT	SM	2
STANDARD		3

5 SHIPMENT INFORMATION

NO. OF PACKAGES IN SHIPMENT	TOTAL ACTUAL WEIGHT OF SHIPMENT	TOTAL VOLUME WEIGHT OF SHIPMENT (DIMENSIONAL WEIGHT)	PRIORITY
1	65		

DESCRIPTION OF GOODS
 see doc's attached
 Wescrption drug

6 COUNTRY OF ORIGIN (MANUFACTURE) OF GOODS
 CANADA



DELIVERY 2

7 SPECIAL INSTRUCTIONS
 SATURDAY DELIVERY (EARLY A.M. and EXPRESS ONLY) After meeting item to postmark
 VERBAL CONFIRMATION OF DELIVERY (EARLY A.M. ONLY) See instructions on back
 OTHER - RECORD INSTRUCTIONS BELOW
 Held for Dick - up



DELIVERY 1
 EXPORT 2

9 DATE OF SHIPMENT
 RECEIVED FOR DELIVERY
 DATE TIME
 SHIPPER'S SIGNATURE

DELIVERY 1
 EXPORT 2

1 NAME OF SHIPPER: **HUYN H.** TELEPHONE/TELEX NO.: VERY IMPORTANT: **(514) 232-2761**

COMPANY NAME AND ADDRESS (Include Postal Code):
Pharma Exp.
5480 Victoria Ave.
Montreal Québec
H3W-2P8
CANADA

2 SHIPPER'S IDENTIFICATION NUMBER FOR CUSTOMS PURPOSES (GST, ETC.):

3 NAME OF CONTACT PERSON: **Tina Ho.** TELEPHONE/TELEX NO.: VERY IMPORTANT: **(514) 539-3276**

COMPANY NAME AND ADDRESS (Include Postal 7 Zip Code):
NDT Pharms
dba Greenfield Pharmaceuticals
13071 Brookhurst St. 150
Garden Grove
CA 92643 USA

4 CONSIGNEE'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (VAT, IMPORTER'S NO., ETC.):

5 DATE: **30/7/01**

6 SHIPMENT REFERENCE NO. REFERENCE NUMBER 1: **3**

7 NUMBER OF PACKAGES IN SHIPMENT: **1**

8 TOTAL WEIGHT OF SHIPMENT (SPECIFY LB OR KG): **65 lb**

9 SHIPPER'S IDENTIFICATION NUMBER FOR CUSTOMS PURPOSES (GST, ETC.): **WCPD**

9 NAME OF CONTACT PERSON: TELEPHONE/TELEX NO.: VERY IMPORTANT:

COMPANY NAME AND ADDRESS:

SOLD TO: **L 227 5 699M**

10 PURCHASER'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (VAT, IMPORTER'S NO., ETC.):

11 DESCRIPTION AND VALUE OF CONTENTS				
QUANTITY	COMPLETE DESCRIPTION OF CONTENTS	COUNTRY OF ORIGIN (WHERE MANUFACTURED)	CUSTOMS COMMODITY CODE NUMBER (HARMONIZED CODE)	TOTAL VALUE
	Prescription drugs			4159.03
	see doc's attached			
				4159.03

18 COUNTRY OF ULTIMATE DESTINATION: **USA**

19 VALIDATED LICENCE NUMBER AND EXPIRATION DATE OR GENERAL LICENCE SYMBOL:

20 TERMS OF SALE:

21 REMARKS: **FOR EXPORT ONLY**

22 CUSTOMS BROKER: **DRUGS - NO NAFTA Required**

23 BILL DUTY, TAX, AND BROKERAGE SERVICE CHARGES TO: SHIPPER CONSIGNEE OTHER: (RECORD NAME AND ADDRESS TO THE RIGHT)

24 FOR EXPRESS, EXPEDITED, AND STANDARD SHIPMENTS TO THE UNITED STATES

CERTIFICATION OF CANADIAN ORIGIN (INITIAL THE BOX BELOW WHEN APPLICABLE)

INITIAL HERE: I HEREBY CERTIFY THAT THE GOODS COVERED BY THIS SHIPMENT QUALIFIES AS AN ORIGINATING GOOD(S) FOR THE PURPOSES OF PREFERENTIAL TARIFF TREATMENT UNDER THE NORTH AMERICAN FREE TRADE AGREEMENT, AND THAT FURTHER PROCESSING OR ASSEMBLY IN A THIRD COUNTRY HAS NOT OCCURRED SUBSEQUENT TO PROCESSING OR ASSEMBLY IN CANADA.

12 TOTAL VALUE OF CONTENTS: **4159.03**

13 INSURANCE CHARGES:

14 TRANSPORTATION CHARGES:

15 TOTAL INVOICE VALUE: **4159.03**

16 SPECIFY CURRENCY: **CAD**

17 DUTY, TAX, AND BROKERAGE SERVICE CHARGES INCLUDED IN TOTAL INVOICE VALUE: YES NO

25 I CERTIFY THAT ALL OF THE INFORMATION SHIPPER'S SIGNATURE AND TITLE: **[Signature]**

INFORMATION TO THE PATIENT
RENSEIGNEMENTS A L'INTENTION
DES PATIENTS

SEAMLE
TMDC

CELEBREX
celecoxib capsules/capsules de célécoxib
3 BILINGUAL INSERTS / 3 FEUILLETS BILINGUES

A06269-1

↓ Open top layer.
↓ La couche supérieure



DIN 02239942

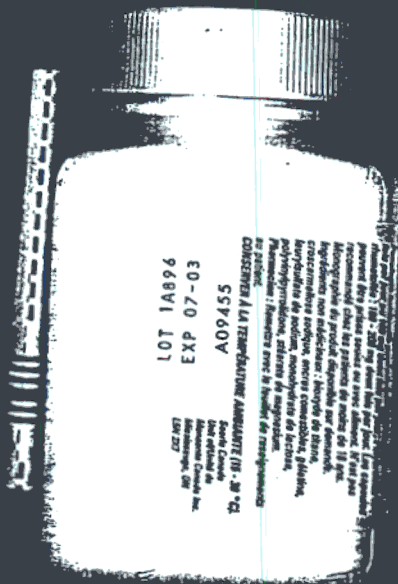
Celebrex

celecoxib capsules

capsules de célécoxib

200 mg

SEARLE



LOT 1A896
EXP 07-03

A09455

100 mg
100 mg
100 mg
100 mg

CONSEJOS PARA EL USO DEL PRODUCTO
Este producto es un medicamento. Debe ser usado de acuerdo a las instrucciones.
No se debe usar si se está embarazada o lactando.
Evitar el alcohol y otros medicamentos.
Si se experimentan efectos secundarios, consultar al médico.
Este producto es un medicamento. Debe ser usado de acuerdo a las instrucciones.
No se debe usar si se está embarazada o lactando.
Evitar el alcohol y otros medicamentos.
Si se experimentan efectos secundarios, consultar al médico.

PRAVACHOL
PRAVASTATIN SODIUM
40 mg Tablets

PRAVACHOL
PRAVASTATIN SODIUM
40 mg Tablets

3 X 10 TABLETS



6 23131 00147 2



Box made of
100% recycled and
recyclable material

Squibb Canada
Division of
Bristol-Myers
Squibb Canada Inc.
Montreal, Canada

LIST 519181
DIN 0222205



Scrupuleusement
fabriqué en
Canada
Sécheresse
Médical/entier

PRAVACHOL
PRAVASTATINE SODIQUE
Comprimés de 40 mg

3 x 10 COMPRIMÉS

PRAVACHOL
PRAVASTATINE SODIQUE
Comprimés de 40 mg

Liste 519481
DIN 02222051

PRAVACHOL
PRAVASTATINE SODIQUE
Comprimés de 40 mg

(L)1B21-31
EXP. FE 03

