

Proof Sheet

	Viamed		VST		Vandagraph	X	Other
--	---------------	--	------------	--	-------------------	----------	--------------

Document Name:	VM3C0003.09
Version Number/Date:	18/8/17
Proofer Name:	JL
Date Artwork Received:	18/8/17
Date Proof sent back to designer:	
Job Number:	
Linked to Issue Number:	
Number of Corrections:	
Proofer Signature:	

[illegible]

If no amends required

Date:

Date: 16/5/17

Signature:

Date: 16/5/17 Signature: [Signature]