

**PURCHASER IDENTIFICATION & DESIGNATION OF AUTHORIZED PURCHASING AGENT
 VOLUMETRIC KARL FISCHER REAGENTS**

Dear Customer: The Code of Federal Regulations, Title 21, Part 1310.07, "Proof of Identity", requires that positive identification and authorization status be established for all persons making regulated purchases of List 1 & List 2 Chemicals. Please complete all sections of the form and return to Quveon, Inc. Designations are valid for one year.

Company Name: _____
 Ship-to Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Contact Person: _____
 Email: _____ Fax: _____

Authorized Purchasing Agent: (Print) _____ Title: _____
 Signature: _____ Date: _____

Authorized Purchasing Agent: (Print) _____ Title: _____
 Signature: _____ Date: _____

Authorized Purchasing Agent: (Print) _____ Title: _____
 Signature: _____ Date: _____

Authorized Purchasing Agent: (Print) _____ Title: _____
 Signature: _____ Date: _____

I hereby designate the above Authorized Purchasing Agent(s) and affix my signature as witness to the validity of the identification and the Authorized Purchasing Agent status of each person designated herein.
 On behalf of the organization named above I do hereby certify that all facts contained in this certification are true and correct. We will not resell, export, re-export, or dispose of this product in violation of the Drug Enforcement Administration regulations of the United States Department of Justice or in any way which is contrary to the laws of the United States.

Purchasing company official: (Print) _____ Title: _____
 Signature: _____ Date: _____

Please sign and date this document and return it as an email attachment to regulatory@quveon.com or fax to 213-283-3909. Thank you in advance for your cooperation.