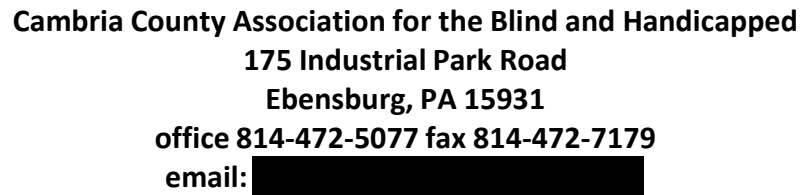




Project Name & Job No: [Redacted]
Address: [Redacted]
ATTN: [Redacted]
Phone: [Redacted]

Requisition No: [Redacted]
Date: 2/7/2018
Description: CAB System

Line No	Category	Manufacturer	Part No	Item Code	Item Description	Quantity	UOM	Required by	Unit Cost	Notes	Supplier	PO Number
1	[Redacted]	- CAB Cambria Co.	[Redacted]		[Redacted]	[Redacted]	[Redacted]	2/28/2018				
2	[Redacted]	- CAB Cambria Co.	[Redacted]		[Redacted]	[Redacted]	[Redacted]	2/28/2018				
3	[Redacted]	- CAB Cambria Co.	[Redacted]		[Redacted]	[Redacted]	[Redacted]	2/28/2018				
4	[Redacted]	- CAB Cambria Co.	[Redacted]		[Redacted]	[Redacted]	[Redacted]	2/28/2018				



[REDACTED]

CAB, EX2054
Case No. IPR2024-00178
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