

| FORMULA RECORD                                  |       |                                      |                                                                                                                                         |
|-------------------------------------------------|-------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Exp. No. <u>3-29-32</u>                         |       | Rex. No. <u>9</u>                    |                                                                                                                                         |
| Name <u>P. C. P. WHITE</u>                      |       | Card No. <u>3</u> See No. <u>201</u> |                                                                                                                                         |
| 238                                             | LBS   | 306                                  | Customer <u>Trade Sales</u>                                                                                                             |
| 238                                             | "     | 412 D                                | To Match <u>Std.</u>                                                                                                                    |
| "                                               | "     |                                      |                                                                                                                                         |
| "                                               | "     |                                      | Weight Per Gal. <u>30.00*</u> Visc. <u>          </u>                                                                                   |
| "                                               | "     |                                      | Baume. <u>          </u> Std. of Fineness <u>2 P</u> <input type="checkbox"/> Red <input checked="" type="checkbox"/> No Label Required |
| "                                               | "     |                                      | <u>200</u> Lbs. Gals. per hour <u>30"</u> Mill <u>          </u>                                                                        |
| "                                               | "     |                                      | New Std. Sample Required <u>No</u> Date Rec'd <u>3-16-34</u>                                                                            |
| "                                               | "     |                                      | Reason for Revision <u>          </u> to Serial <u>3-16-35</u>                                                                          |
| 4 3/8                                           | GALS. | ( <u>7509</u> )                      | <b>SELL</b>                                                                                                                             |
| 1/8                                             | "     | ( <u>548</u> ) ( <u>2120</u> )       |                                                                                                                                         |
| 3/4                                             | "     | ( <u>440</u> )                       |                                                                                                                                         |
| "                                               | "     | ( <u>          </u> )                |                                                                                                                                         |
| "                                               | "     | ( <u>          </u> )                |                                                                                                                                         |
| "                                               | "     | ( <u>          </u> )                |                                                                                                                                         |
| "                                               | "     | ( <u>          </u> )                |                                                                                                                                         |
| "                                               | "     | ( <u>          </u> )                |                                                                                                                                         |
| "                                               | "     | ( <u>          </u> )                |                                                                                                                                         |
| "                                               | "     | ( <u>          </u> )                |                                                                                                                                         |
| <b>CARD NO</b>                                  |       |                                      | Approved <u>          </u>                                                                                                              |
| Est. Mfg. Loss <u>          </u>                |       |                                      | Formulator <u>          </u>                                                                                                            |
| Department <u>K</u>                             |       |                                      | Supt. <u>          </u>                                                                                                                 |
| Label Analysis Checked - Date <u>          </u> |       |                                      | A135 11-35 2890                                                                                                                         |

N16195

**FORMULA RECORD**

Exp. No. \_\_\_\_\_ Date 9-26-39 Class. 20 TS Rex. No. 9  
 Name P. C. P. White Card No. 4 See No. 3

|       |       |            |                             |                  |
|-------|-------|------------|-----------------------------|------------------|
| 238   | LBS.  | 306        | Customer                    | Trade Sales      |
| 238   | "     | 412 D      | To Match                    | std              |
| "     | "     | <i>gls</i> | Weight Per Gal.             | 30.86            |
| "     | "     |            | Baume                       | Std. of Fineness |
| "     | "     |            | Lbs. Gals. per hour         | 2 P No           |
| "     | "     |            | New Std. Sample Required    | Yes              |
| "     | "     |            | Reason for Revision         | Date Rec'd       |
| 4 3/8 | GALS. | 478        | Reformulation study-        |                  |
| 1/8   | "     | 548        | (2) lower cost              |                  |
| 3/4   | "     | 2120       | <i>Make Void</i>            |                  |
| "     | "     | 440        |                             |                  |
| "     | "     |            |                             |                  |
| "     | "     |            |                             |                  |
| "     | "     |            |                             |                  |
| "     | "     |            | Normal Output               | 500              |
| "     | "     |            | Est. Mfg. Loss              | 3%               |
| "     | "     |            | Department                  | K                |
| "     | "     |            | Supt.                       |                  |
| "     | "     |            | Label Analysis Checked-Date |                  |

A135 8-37 4184

**MANUFACTURING INSTRUCTIONS:**

ne weight of 30# per gal. set up as average  
 gainst 7.31.12 - Check on future batches

**Hiding Power: Fair 1**

Reduction: Amount 75-100% Reducer Used (13)  
 Application: Surface Bldgs Method Brush-tinting  
 No. Coats Good 2 Undercoater Used Primer for new work  
 Drying Time: Touch 10 hrs Handle Recoat 4-5 days  
 Rub Sand Wrap Stencil  
 Baking Time and Temp. Oil Film  
 Gloss Oil Film  
 Special Tests

| FACTORY     | FORMULA  | SPEC. CARD | ST. SAMPLE | FACTORY          | FORMULA  | SPEC. CARD | ST. SAMPLE |
|-------------|----------|------------|------------|------------------|----------|------------|------------|
| CLEVELAND   | 10-20-39 |            | 10-2-47    | ALLIED RESEARCH  | 10-20-39 |            |            |
| NEWARK      | "        |            | "          | GIBBSBORO        | "        |            |            |
| KENSINGTON  | "        | 10-20-39   | "          | DAYTON           | "        |            |            |
| OAKLAND     | "        | "          | "          | DETROIT          | "        |            |            |
| DALLAS      | "        | "          | "          | LONDON           | "        |            |            |
| LOS ANGELES | "        | "          | "          | AUSTRALIA        | "        |            |            |
| MONTEBEL    | "        | "          | "          | MS               | "        |            |            |
| COSTA DEPT  | "        | "          | "          | CHI. TECH. SERV. | "        |            |            |



P. O. 221-C 15M 12-37

### FORMULA RECORD

Exp. No. 57 Date 8-29-48 Rev. No. 11-12  
 Name Metalife Gray Card No. 1 See No.

|                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>450 LBS 412-E<br/>         138 9<br/>         193 20-L<br/>         222 (2)<br/>         996 Paste No.<br/>         266 (2)<br/>         23 (31)<br/>         65 (348)<br/>         16 L.B.<br/>         14 U.B.</p> | <p>Customer <u>Trade in General</u><br/>         To Match <u>Std.</u><br/>         Weight Per Gal. <u>15.76</u> Visc. <u>15</u> 500 <u>72</u> Cup<br/>         Baume <u></u> Std. of Fineness <u>22</u> <input type="checkbox"/> No Label Required<br/>         Lit. Gals. per hour <u></u> Mill<br/>         New Std. Sample Required <u></u> Date Rec'd <u></u><br/>         Reason for Revision <u></u><br/>         Code Revision of Formula <u>1-31-51</u><br/>         Normal Output <u>160</u> Approved <u></u><br/>         Est. Mfg. Loss <u></u> Formulator <u></u><br/>         Department <u>Supt.</u><br/>         Label Analysis Checked-Date <u></u></p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### MANUFACTURING INSTRUCTIONS

| <p>Reduction: Amount <u></u> Reducer Used <u></u><br/>         Application: Surface <u>Metal</u> Method <u>Brush</u><br/>         No. Coats <u></u> Undercoater Used <u>MLP or ML 39</u><br/>         Drying Time: Touch <u>12 hrs.</u> Handle <u></u> Recoat <u>48 hrs.</u><br/>         Rub <u>Sand</u> <u>Wrap</u> <u>Shovel</u><br/>         Baking Time and Temp. <u></u><br/>         Gloss <u>Oil</u> Film <u>Tough</u><br/>         Special Tests <u></u></p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">PRODUCTION</th> </tr> <tr> <th>Date</th> <th>Slip No.</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | PRODUCTION |  |  | Date | Slip No. | Amount |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PRODUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |      |          |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Slip No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Amount     |  |  |      |          |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| FACTORY     | FORMULA | SPEC. CARD | STD. SAMPLE | FACTORY         | FORMULA | SPEC. CARD | STD. SAMPLE |
|-------------|---------|------------|-------------|-----------------|---------|------------|-------------|
| CLEVELAND   |         |            |             | ALLIED RESEARCH |         |            |             |
| NEWARK      |         |            |             | GIBBSBORO       |         |            |             |
| KENSINGTON  |         |            |             | DAYTON          |         |            |             |
| OAKLAND     |         |            |             | DETROIT         |         |            |             |
| DALLAS      |         |            |             | LONDON          |         |            |             |
| LOS ANGELES |         |            |             | AUSTRALIA       |         |            |             |
| MONTREAL    |         |            |             |                 |         |            |             |
| COST DEPT.  |         |            |             |                 |         |            |             |

0007-SWP-060981