

## EXHIBIT INVENTORY FORM

|                            |        |        |             |         |        |  |
|----------------------------|--------|--------|-------------|---------|--------|--|
| Exhibit Number             |        |        |             |         |        |  |
| Name                       |        |        |             |         |        |  |
| Address                    |        |        |             |         |        |  |
| Title of the Exhibit       |        |        |             |         |        |  |
| Class                      |        |        |             |         |        |  |
| Number of Frames           |        |        |             |         |        |  |
| Number of Exhibit Sheets   |        |        |             |         |        |  |
| Frame Number from and To   |        |        |             |         |        |  |
| Signature of the exhibitor |        |        |             |         |        |  |
|                            |        |        |             |         |        |  |
| Sheet Number               | Stamps | Covers | FDCs        | Folders | Others |  |
| 1                          |        |        |             |         |        |  |
| 2                          |        |        |             |         |        |  |
| 3                          |        |        |             |         |        |  |
| 4                          |        |        |             |         |        |  |
| 5                          |        |        |             |         |        |  |
| 6                          |        |        |             |         |        |  |
| 7                          |        |        |             |         |        |  |
| 8                          |        |        |             |         |        |  |
| 9                          |        |        |             |         |        |  |
| 10                         |        |        |             |         |        |  |
| 11                         |        |        |             |         |        |  |
| 12                         |        |        |             |         |        |  |
| 13                         |        |        |             |         |        |  |
| 14                         |        |        |             |         |        |  |
| 15                         |        |        |             |         |        |  |
| 16                         |        |        |             |         |        |  |
|                            |        |        |             |         |        |  |
|                            |        |        |             |         |        |  |
| For Office Use Only:       |        |        |             |         |        |  |
| Received on                |        |        |             |         |        |  |
|                            |        |        |             |         |        |  |
| Received by                |        |        |             |         |        |  |
|                            |        |        |             |         |        |  |
| Checked by                 |        |        |             |         |        |  |
|                            |        |        |             |         |        |  |
| Mounting Team Number       |        |        | Team Leader |         |        |  |
|                            |        |        |             |         |        |  |
| Dismounting Team Number    |        |        | Team Leader |         |        |  |