



Test Report

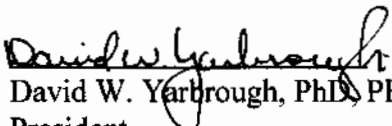
CRRC - Initial Data for Super-Therm

Prepared For:

Mr. Craig Smith
Superior Products International II, Inc.
10835 W. 78th Street
Shawnee, KS 66214

R & D Services, Inc.
P.O. Box 2400
Cookeville, Tennessee 38502-2400

Report: RD06248

Reviewed by: 
David W. Yarbrough, PhD, PE
President

May 2, 2006

The test results in this report apply only to the specimens tested. This report shall not be reproduced, except in full, without written approval of R & D Services, Inc. This report must not be used by the Client to claim product endorsement by R & D Services, Inc., NVLAP or any agency of the U.S. Government.



Test Report

Aged Values for Super Therm White Water-Based Latex Manufactured by Superior Products International II, Inc.

Prepared For:

Mr. Craig Smith
Superior Products International II, Inc.
10835 W. 78th Street
Shawnee, KS 66214

R & D Services, Inc.
P.O. Box 2400
Cookeville, Tennessee 38502-2400

Report: RD09409

Reviewed by: David W. Yarbrough
David W. Yarbrough, PhD, PE
President

July 27, 2009

The test results in this report apply only to the specimens tested. This report shall not be reproduced, except in full, without written approval of R & D Services, Inc. This report must not be used by the Client to claim product endorsement by R & D Services, Inc., NVLAP or any agency of the U.S. Government.



AGED Test Results Report

Company Name _____

Product Brand Name and Model _____

1610 Harrison Street • Oakland, CA 94612 • Toll-free (866) 465-2523 • Fax (510) 482-4421 • www.coolroofs.org

INSTRUCTIONS: UPON RECEIVING NOTIFICATION OF COMPLETION OF THREE-YEAR WEATHERING FROM THE TEST FARM, LICENSEE SHALL COORDINATE WITH AN AITL TO CONDUCT THE AGED TESTING AND SHALL SUPPLY THE AITL WITH THIS AGED TEST RESULTS REPORT FORM WITH SECTION A COMPLETED. THE AITL SHALL CONDUCT THE TESTING, COMPLETE SECTION B AND RETURN THE COMPLETED FORM TO THE LICENSEE. THE LICENSEE SHALL SUBMIT THE COMPLETED FORM AND A COMPLETED AGED PRODUCT RATING APPLICATION (CRRC-F-12) TO THE CRRC. IT IS THE RESPONSIBILITY OF THE LICENSEE TO ENSURE THAT THE PRODUCT DESCRIPTION ON THE AGED TEST RESULTS REPORT MATCHES THE PRODUCT DESCRIPTION ON THE INITIAL TEST RESULTS REPORT FOR THE AITL AND CRRC'S IDENTIFICATION PURPOSES.

Section A; 1-8: Licensed Seller/Other Manufacturer and Product Information (this section to be filled out by licensee prior to sending to Laboratory)

1. CRRC Licensed Seller/OM Company Superior Products	2. CRRC Product ID Number Not shown
3. Company Address 10835 W. 78 th St., Shawnee, KS 66214	4. Contact Name Craig Smith
5. Email Address superiorproducts@cool.com crsmith@spicoatings.com	
6. Phone Voice and Fax (913) 962-4848 Fax (913) 962-6767	
7. Product/Brand Name and Model Name/Number Super Therm System	8. Brief Description (incl. color) Water-based Latex (white)

Section B; 9-13: Accredited Independent Testing Laboratory AGED Test Results and Signature (this section to be filled out by AITL only)

9. Laboratory Name RDS	10. Lab report ID (Aged Ratings) RD 09409	
11. Tested Aged Radiative Properties:		
11a. Hot/Humid Climate Exposure		
Panel ID	Solar Reflectance	Thermal Emittance
1. B1	0.722	0.932
2. A5	0.721	0.923
3. A6	0.722	0.935
11b. Cold/Temperate Exposure		
Panel ID	Solar Reflectance	Thermal Emittance
1. B2	0.714	0.916
2. B3	0.716	0.921
3. A7	0.720	0.925
11c. Hot/Dry Climate Exposure		
Panel ID	Solar Reflectance	Thermal Emittance
1. B4	0.783	0.920
2. A8	0.782	0.927
3. A9	0.782	0.919
11d. Results if preparing samples according to CRRC-1 Section 2.2.4 C2 (using CRRC-1 Method #1):		
Sample 1 (Batch A&B):	SR / TE	Sample 2 (Batch A&B): SR / TE
		Sample 3 (Batch A&B): SR / TE
11e. Average for all aged tests (2 decimal places): Solar Reflectance (SR) 0.74 thermal Emittance (TE) 0.92		
11f. Air mass of 1.5 used in reflectance measurements <input checked="" type="checkbox"/> (check box to confirm)		



AGED Test Results Report

Company Name _____

Product Brand Name and Model _____

12. Tests conducted:

Type	Aged Test Date
<input type="checkbox"/> E903 Test	Date _____
<input type="checkbox"/> E1918 Test	Date _____
<input checked="" type="checkbox"/> C1549 Test	Date 7-15-09
<input checked="" type="checkbox"/> C1371 Test	Date 7-22-09
<input type="checkbox"/> CRRC-1 Method #1	Date _____

13. The undersigned certifies that, to the best of his/her knowledge, the measurements contained herein are true and accurate:

David W. Yarbrough
Responsible Person's Printed Name

Responsible Person's Signature (Aged Tests) 7-26-09
Date