

UNITED STATES BANKRUPTCY COURT for the District of Delaware

PROOF OF CLAIM

Name of Debtor: ANDERSON NEWS, LLC

Case Number: 09-10695 (CCS)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): ALM LOGISTICS, INC.

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent: ALM LOGISTICS, INC. PO BOX 927 HERMITAGE, TN 37076 Telephone number: 615-758-3704

RECEIVED MAY 21 2010 BMC GROUP

Court Claim Number: (If known)

Filed on:

Name and address where payment should be sent (if different from above):

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 20,990.38

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

Specify the priority of the claim.

2. Basis for Claim: TRANSPORTATION SERVICES (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor:

Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

\$

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 5-17-10

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Hal Barnes HAL BARNES PRESIDENT

FOR COURT USE ONLY

Anderson News LLC



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INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view the claims register.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

ANDERSON NEWS, LLC,

Debtor.

Chapter 11

Case No. 09-10695 (CSS)

**NOTICE OF ENTRY OF BAR DATE ORDER ESTABLISHING
DEADLINES FOR FILING PROOFS OF CLAIM AGAINST THE DEBTOR**

PLEASE TAKE NOTICE THAT:

The United States Bankruptcy Court for the District of Delaware (the “**Bankruptcy Court**”) has entered an order (the “**Bar Date Order**”) establishing deadlines to file proofs of claim for all claims (as defined below), *including* claims pursuant to Section 503(b)(9) (a “**503(b)(9) Claim**”) of title 11 of the United States Code, 11 U.S.C. §§ 101-1532 (the “**Bankruptcy Code**”) against the above-captioned debtor-in-possession (the “**Debtor**”) that arose prior to March 2, 2009 (the “**Petition Date**”).

You should not file a Proof of Claim if you do not have a claim against the Debtor. The fact that you received this Notice does not necessarily mean that you have a claim or that either the Debtor or the Bankruptcy Court believe that you have a claim.

Pursuant to the terms of the Bar Date Order, and except as otherwise provided herein, each person or entity¹ (including, without limitation, each individual, partnership, joint venture, corporation, limited liability company, estate, trust, or governmental unit²) that holds or asserts a claim against the Debtor must file a proof of claim with original signature, substantially conforming to the proof of claim form attached hereto, so that it is actually received by The BMC Group (“**BMC**”), the proposed claims and noticing agent in this chapter 11 case (the “**Chapter 11 Case**”), on or before the Bar Dates set forth below. Proofs of Claim must be sent by *first-class mail, overnight courier or hand-delivery* to:

If by regular mail:

BMC Group Inc
Attn: Anderson News Claims Processing
PO BOX 3020
Chanhassen, MN 55317-3020

or

If by messenger or overnight delivery:

¹ “Entity” has the meaning given to it in Section 101(15) of the Bankruptcy Code.

² “Governmental Unit” has the meaning given to it in Section 101(27) of the Bankruptcy Code.

If by messenger or overnight delivery:

BMC Group Inc
Attn: Anderson News Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Proofs of claim will be deemed timely filed only if *actually received* by BMC on or before the bar date associated with such claim. Further, BMC will not accept proofs of claim sent by facsimile, telecopy, e-mail, or other electronic submission, and such claims will not be deemed to be properly filed claims.

General Bar Date. Except as otherwise provided herein, each person or entity, holding or asserting a claim (*including a 503(b)(9) Claim*) against the Debtor that arose prior to the Petition Date must file a proof of claim so that it is actually received by BMC on or before **June 13, 2010 at 4:00 p.m.** (prevailing Eastern Time) (the "**General Bar Date**").

Governmental Unit Bar Date. Each governmental unit holding or asserting a claim against the Debtor that arose prior to the Petition Date must file a proof of claim so that it is actually received by BMC on or before **August 30, 2010 at 4:00 p.m.** (prevailing Eastern Time) (the "**Governmental Bar Date**," and together with the General Bar Date, the "**Bar Dates**").

Amended Schedules Bar Date. If, on or after the date on which the Debtor serves this Notice, the Debtor amends or supplements its schedules of assets and liabilities, and statements of financial affairs (collectively, the "**Schedules**") (a) to reduce the undisputed, noncontingent, and liquidated amount of a claim, (b) to change the nature or characterization of a claim, or (c) to add a new claim to the Schedules, the affected claimant is required to file a proof of claim or amend any previously filed proof of claim in respect of the amended scheduled claim so that the proof of claim is actually received by BMC on or before the later of (i) the General Bar Date or (ii) twenty (20) days after the claimant is served with notice of the applicable amendment or supplement to the Schedules.

Rejection Bar Date. A proof of claim relating to the Debtor's rejection of an executory contract or unexpired lease pursuant to a Court order entered prior to the Debtor's plan of liquidation must be filed so that it is actually received by BMC on or before the later of (a) the General Bar Date or (b) thirty (30) days after the effective date of such Court order.

For purposes of the Bar Date Order and this Notice, the term "claim" means (a) any right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured, or unsecured; or (b) any right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unsecured as of the Petition Date.

For purposes of the Bar Date Order and this Notice, a "503(b)(9) Claim" is a claim for the value of any goods received by the Debtor within twenty (20) days prior to the Petition Date in which the goods have been sold to the Debtor in the ordinary course of the Debtor's businesses.

The following persons and entities need NOT file a proof of claim:

- a) any person or entity that has already properly filed a proof of claim against the Debtor with either BMC or the Clerk of the Court for the United States Bankruptcy Court for the District of Delaware;
- b) any person or entity (i) whose claim is listed in the Debtor's Schedules or any amendments thereto, *and* (ii) whose claim is not described therein as "disputed," "contingent," or "unliquidated," and (iii) who does not dispute the amount or characterization of its claim as set forth in the Schedules;
- c) professionals retained by the Debtor or the Committee pursuant to orders of this Court who assert administrative claims for fees and expenses subject to this Court's approval pursuant to Sections 330, 331 and 503(b) of the Bankruptcy Code;
- d) any person or entity that asserts an administrative expense claim against the Debtor pursuant to Section 503(b) of the Bankruptcy Code; *provided, however,* that, any person or entity that has a claim under Section 503(b)(9) of the Bankruptcy Code on account of prepetition goods received by the Debtor within twenty (20) days of the Petition Date must file a Proof of Claim on or before the General Bar Date;
- e) current officers and directors of the Debtor who assert claims for indemnification and/or contribution arising as a result of such officers' or
- f) any wholly-owned non-debtor subsidiary or non-debtor parent entity of the Debtor asserting a claim against the Debtor;
- g) any person or entity whose claim against the Debtor has been allowed by an order of this Court, entered on or before the Bar Dates; and
- h) any person or entity holding a claim payable to the Court or the United States Trustee Program pursuant to 28 U.S.C. § 1930.

Any person or entity that is required to file a timely Proof of Claim in the form and manner specified by the Bar Date Order and who fails to do so on or before the bar date associated with such claim shall not, with respect to such claim, be treated as a creditor of the Debtor for the purpose of voting on, or receiving distributions under, any chapter 11 plan in this Chapter 11 Case.

The Debtor reserves the right to (a) dispute, or to assert offsets or defenses against, any claim filed or any claim listed or reflected in the Schedules as to nature, amount, liability, classification, or otherwise; and (b) subsequently designate any claim as disputed, contingent, or unliquidated. Nothing contained in this Notice shall preclude the Debtor from objecting to any filed claim on any grounds.

Acts or omissions of the Debtor, if any, that occurred prior to the Petition Date, including acts or omissions related to any indemnity agreements, guarantees, or services provided to or

rendered by the Debtor, may give rise to claims against the Debtor notwithstanding the fact that such claims (or any injuries on which they are based) may be contingent or may not have matured or become fixed or liquidated prior to the Petition Date. Therefore, any person or entity that holds or asserts a claim or a potential claim against the Debtor, no matter how remote or contingent, must file a Proof of Claim on or before the General Bar Date.

You may be listed as the holder of a claim against the Debtor in the Schedules. If you hold or assert a claim that is not listed in the Schedules or if you disagree with the amount or priority of your claim as listed in the Schedules, or your claim is listed in the Schedules as "contingent," "unliquidated," or "disputed," you must file a proof of claim. Copies of the Schedules and the Bar Date Order are available for inspection during regular business hours at the office of the Clerk of the Bankruptcy Court, United States Bankruptcy Court for the District of Delaware, 3rd Floor, 824 Market Street, Wilmington, Delaware 19801. In addition, copies of the Debtor's Schedules and Bar Date Order may be obtained for a charge through Delaware Document Retrieval, 2 East 7th Street, 2nd Floor, Wilmington, Delaware 19801 or viewed and downloaded for a fee at the Bankruptcy Court's website (<http://www.deb.uscourts.gov/>) by following the directions for accessing the ECF system on such website or through BMC Group's website at www.bmcgroup.com/andersonnews.

Questions concerning the contents of this Bar Date Notice and requests for Proofs of Claim should be directed to BMC at (800) 655-1129. Please note that BMC's staff is not permitted to give legal advice. You should consult your own attorney for assistance regarding any other inquiries, such as questions concerning the completion or filing of a Proof of Claim.

Dated: April 27, 2010
Wilmington, Delaware

/s/ John D. McLaughlin, Jr.

John D. McLaughlin, Jr. (No. 4123)
CIARDI, CIARDI AND ASTIN
919 North Market Street, Suite 700
Wilmington, Delaware 19801
Telephone: (302) 658-1100
Facsimile: (302) 658-1300
jmclaughlin@ciardilaw.com

and

Adam L. Shiff
Julia A. Balduzzi
KASOWITZ, BENSON, TORRES & FRIEDMAN LLP
1633 Broadway
New York, New York 10019
Telephone: (212) 506-1700
Facsimile: (212) 506-1800

ATTORNEYS FOR
DEBTOR-IN-POSSESSION

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ALM Logistics, Inc.

INVOICE

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P.O. Box 927 • Hermitage, TN 37076
615 758-3704 • FAX 615 758-8563 • 866 758-3704

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ANDERSON NEWS
9605 DICE LANE
LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
PROLOGIX DISTRIBUTION SERVICES
2541 WESTCOTT BLVD
KNOXVILLE TN 37931

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ANDERSON NEWS
9605 DICE LANE
LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/20/2009	22015546	PRINTED MATERIAL	01/13/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 334				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		67.80	67.80
SHIPPER-1: LENEXA KS SH#: 31120				
CONSIGNEE-1: SPRINGFIELD MO				
CONSIGNEE-2: LENEXA KS				
TOTAL				
				\$567.80

THANK YOU FOR YOUR BUSINESS !
WE APPRECIATE YOUR PROMPT PAYMENT !

B/L TERMS: THIRD

SYS - GN

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CC754885-X (02/08)

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090113101943

PLACE PRO LABEL HERE

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 01/13/2009 P.O. NO.:

SHIPPER (FROM): PROLOGIX - SPRINGFIELD ~ [JSM/245]	CONSIGNEE (TO): PROLOGIX - LENEXA - [KCK/059]
ADDRESS: 3107 MN EAST CHESTNUT	ADDRESS: 9806 DICE LANE
CITY, STATE, ZIP: SPRINGFIELD, MO 65802	CITY, STATE, ZIP: P.O. BOX 14948 LENEXA, KS 66215
PHONE NO.: 417.869.5201	PHONE NO.: 913.641.8600
ATTENTION:	ATTENTION:

NAME/COMPANY:	COD AMOUNT	IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS:		
CITY, STATE, ZIP:	REMIT COD TO:	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect
ATTN:	ADDRESS:	
ACCOUNT NUMBER:	CITY, STATE, ZIP:	

# SHIPPING UNITS	NMFC	Package Type	Units	Description of Articles	NMFC No.	Class	Weight (LBS)	
18		Pallets		Magazines	161700	55	16215	
2		Pallets		Empty Totes	158600	125	1716	
1		Pallets		Books	161500	65	901	
1		Totes		Pink Mail Totes	161870	70	6.5	
							TOTAL:	18240.5

head going to lenexa K.
from [unclear] [unclear]

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:
This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the National Motor Freight Classification as shown in the NMFC 100 series.

NOTE: When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

Comments:

TRACKING #:	CARRIER: Prologix Transportation		
SHIPPER: PROLOGIX	DATE:	M/U RECEIVED:	TRAILER #: 533325
AUTHORIZED SIGNATURE: <i>[Signature]</i>	AUTHORIZED SIGNATURE:		

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

**STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE**

Bill of Lading ID:
20090112145115

FREIGHT CHARGES:

Prepaid Collect

DATE
01/12/2009

P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - LENEXA - [KCK/059]	CONSIGNEE (TO): PROLOGIX - SPRINGFIELD ~ [JSM/245]
ADDRESS 9605 DICE LANE	ADDRESS 3107 MN EAST CHESTNUT
P.O. BOX 14946	
CITY, STATE, ZIP LENEXA, KS 66215	CITY, STATE, ZIP SPRINGFIELD, MO 65802
PHONE NO. 913.541.8600	PHONE NO. 417.869.5201
ATTENTION	ATTENTION

THIRD PARTY INSIGHT CHARGES TO		COD AMOUNT
NAME/COMPANY	ADDRESS	
CITY, STATE, ZIP	ATTN.	COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Yes <input type="checkbox"/> No IS CUSTOMER'S CHECK ACCEPTABLE FOR COD?
ACCOUNT NUMBER		REMIT COD TO
		ADDRESS
		CITY, STATE, ZIP

# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
20		Pallets		Magazines	161700	55	18020
1		Totes		Pink Mail Totes	181870	70	5.5
<i>Load going to Springfield Mo P.O. Box Lenexa</i>							

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: _____ TOTAL: 18025.5

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight Classification as shown in the NMFC 100 series.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

TRACKING #:	CARRIER: AAA Transfer
SHIPPER: PROLOGIX	DATE: M/U RECEIVED: TRAILER #:
AUTHORIZED SIGNATURE: <i>Jim Walker</i>	AUTHORIZED SIGNATURE:

ALM Logistics, Inc.

INVOICE

233063

P.O. Box 927 • Hermitage, TN 37076
 615 758-3704 • FAX 615 758-6533 • 833 758-3704

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ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/20/2009	22015547	PRINTED MATERIAL	01/14/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT TOTAL: MILES: 334 1.00 FLAT RATE 500.00 500.00 1.00 FUEL SURCHARGE 67.80 67.80 SHIPPER-1: LENEXA KS SH#: 31122 CONSIGNEE-1: SPRINGFIELD MO CONSIGNEE-2: LENEXA KS				
				TOTAL
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! B/L TERMS: THIRD SYS - GN				\$567.80

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ALM Logistics, Inc.

P.O. Box 927 • Hermitage, TN 37076
 615 758-3704 • FAX 615 758-6563 • 866 758-3704

INVOICE

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/20/2009	22015549	PRINTED MATERIAL	01/13/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 360				
1.00	FLAT RATE		550.00	550.00
1.00	FUEL SURCHARGE		72.00	72.00
SHIPPER-1: LENEXA KS SH#: 31121				
CONSIGNEE-1: WICHITA KS				
CONSIGNEE-2: LENEXA KS				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
SYS - GN				
				TOTAL
				\$622.00

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

**STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE**

Bill of Lading ID:
20090113160916

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 01/13/2009 P.O. NO.:

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - WICHITA ~ [WKS/060]				CONSIGNEE (TO): PROLOGIX - LENEXA ~ [KCK/059]			
ADDRESS: 3629 WEST 30TH ST SOUTH				ADDRESS: 9605 DICE LANE			
CITY, STATE, ZIP: WICHITA, KS 67217				CITY, STATE, ZIP: LENEXA, KS 66215			
PHONE NO: 316.945.7108				PHONE NO: 913.541.8600			
ATTENTION:				ATTENTION:			
Bill (THIRD PARTY FREIGHT CHARGES TO)				COD AMOUNT			
NAME/COMPANY:							
ADDRESS:				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP:				REMIT COD TO:			
ATTN:				ADDRESS:			
ACCOUNT NUMBER:				CITY, STATE, ZIP:			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
11		Pallets		Magazines	161700	55	9911
1		Pallets		Empty Totes	156600	125	858
1		Totes		Pink Mail Totes	161870	70	5.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 10774.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. This agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments:							
TRACKING #:				CARRIER: AAA Transfer			
SHIPPER: PROLOGIX				DATE:		MU RECEIVED:	TRAILER #:
AUTHORIZED SIGNATURE: <i>Chris Colter</i>				AUTHORIZED SIGNATURE: <i>[Signature]</i>			

ALM Logistics, Inc.

P.O. Box 927 • Hermitage, TN 37076
 615 758-3704 • FAX 615 758-6563 • 866 758-3704

INVOICE

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/20/2009	22015550	PRINTED MATERIAL	01/14/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 360				
1.00	FLAT RATE		550.00	550.00
1.00	FUEL SURCHARGE		72.00	72.00
SHIPPER-1:	LENEXA KS			
	SH#: 31126			
CONSIGNEE-1:	WICHITA KS			
CONSIGNEE-2:	LENEXA KS			
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
SYS - GN				
				TOTAL
				\$622.00

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CC754885-X (02/09)

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ANDERSON SERVICES,LLC
4932 WEST PASADENA AVE
GLENDALE AZ 85301

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ATTN: FREIGHT PAYMENT
PROLOGIX DISTRIBUTION SERVICES
2541 WESTCOTT BLVD
KNOXVILLE TN 37931

ANDERSON SERVICES,LLC
4932 WEST PASADENA AVE
GLENDALE AZ 85301

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/20/2009	22015552	BOOKS/MAGAZINES	01/12/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 240				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		48.00	48.00
SHIPPER-1:	GLENDALE AZ SH#: 31118			
CONSIGNEE-1:	TUCSON AZ			
CONSIGNEE-2:	GLENDALE AZ			
				TOTAL
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! B/L TERMS: THIRD SYS - GN				\$548.00

TMP# 432556

SHIPPER PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

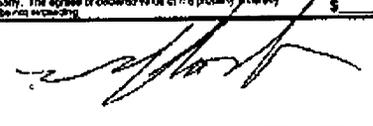
PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090112104806

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 01/12/2009 P.O. NO.:

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - GLENDALE - (PHX/056)		CONSIGNEE (TO): PROLOGIX - TUCSON - (TUC/488)					
ADDRESS: 4932 WEST PASADENA AVE		ADDRESS: 1867 WEST GRANT					
CITY, STATE, ZIP: GLENDALE, AZ 85301		CITY, STATE, ZIP: TUCSON, AZ 85745					
PHONE NO. 623.939.8311		PHONE NO. 520.622.2831					
ATTENTION		ATTENTION DAVID BORTIC					
BILL THIRD PARTY FREIGHT CHARGE \$ TO							
NAME/COMPANY		COD AMOUNT					
ADDRESS		COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect					
CITY, STATE, ZIP		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No					
ATTN.		REMIT COD TO					
ACCOUNT NUMBER		ADDRESS					
		CITY, STATE, ZIP					
Shippers Units	MM	Package Type	Qty	Description of Article	NMFC No.	Class	Weight (LBS)
13		Cartons		Magazines	164700	55	228
1		Totals		Pink Mail Totals	164870	70	5.5
							TOTAL: \$50.5
HAZARDOUS MATERIALS & EMERGENCY CONTACT NUMBER:							
<small>This is to certify that the above named materials are properly classified, packaged, marked, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the Federal Motor Vehicle Safety Council for the item in the NMFC 100 code.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the amount or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be as appearing.</small>							
Comments: 							
TRACKING #:		CARRIER: ALM Logistics					
SHIPPER: PROLOGIX		DATE:	MAJ RECEIVED:	TRAILER #: 4337			
AUTHORIZED SIGNATURE:		AUTHORIZED SIGNATURE: JM					

Save & Close Close Print

Bill of Lading - 20090114120343

Created by David Bostic - 01/14/2009 12:01

Origin (From)

Name: PROLOGIX - TUCSON - [TUC/488]
 Address: 1857 WEST GRANT
 City: TUCSON
 State: AZ ZIP: 85745
 Attn: DAVID BOSTIC
 Phone: 520.622.2831

Company (To)

Name: PROLOGIX - GLENDALE - [PHX/056]
 Address: 4932 WEST PASADENA AVE
 City: GLENDALE
 State: AZ ZIP: 85301
 Attn:
 Phone: 623.939.6511

Add Third Party

Name: N/A
 Address:
 City:
 State: ZIP:
 Attention:
 Account:

Additional Details

Date: 01/14/2009
 Freight Charges: Prepaid Collect
 Carrier: ALM LOGISTICS
 Tracking #:
 Trailer #:

Commodities

Add Entry Remove Entry Edit Entry Clear All

Item	# Shipping Units	Package Types	Description	NMFC	Class	Weight (lbs)
1	1	Pallets	Empty Totes	156000	125	850
2	1	Totes	Plink Mail Totes	161070	70	5.5
3	15	Pallets	Books	161560	65	13515
4	8	Cartons	Books	161560	65	732
						19610.5

Additional Commodity Details (Optional)

Add Entry Remove Entry Edit Entry Clear All

Item	# Shipping Units	Package Types	Description
			IM

<http://svprologix01/icom/dept/operations/BillOfLading.nsf/0/64D5F9ED646D29D78525753E005DC...> 1/14/2009

TMP# 432557

SHIPPER PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID: 20090114111443

FREIGHT CHARGES:

Prepaid Collect

DATE 01/14/2009

P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - GLENDALE - (PHX/056)		COMBINEE (TO): PROLOGIX - TUCSON - (TUC/488)					
ADDRESS 4932 WEST PASADENA AVE		ADDRESS 1837 WEST GRANT					
CITY, STATE, ZIP GLENDALE, AZ 85301		CITY, STATE, ZIP TUCSON, AZ 85745					
PHONE NO. 623.938.8511		PHONE NO. 520.622.2831					
ATTENTION		ATTENTION DAVID BOSTIC					
BILL THIRD PARTY FREIGHT CHARGES TO		COD AMOUNT					
NAME/COMPANY		COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect					
ADDRESS		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No					
CITY, STATE, ZIP		REMIT COD TO					
ATTN.		ADDRESS					
ACCOUNT NUMBER		CITY, STATE, ZIP					
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
30		Pallets		Magazines	161700	85	27000
5		Pallets		Books	161800	85	4000
1		Totes		Pink Mail Totes	161670	70	55
							TOTAL: 31540.0
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the Hazardous Material Regulations as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The amount of declared value of the property is hereby certifiably stated by the shipper to be not exceeding \$ _____.</small>							
Comments:							
<i>Shawn King</i>							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER: PROLOGIX				DATE:		TRAILER #: 4337	
AUTHORIZED SIGNATURE: <i>Drew Vance</i>				AUTHORIZED SIGNATURE: <i>FM</i>			

ALM Logistics, Inc.

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 615 758-3704 • FAX 615 758-8583 • 823 758-3704

INVOICE

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ANDERSON SERVICES,LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON SERVICES,LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/20/2009	22015554	BOOKS/MAGAZINES	01/15/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 240				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		48.00	48.00
SHIPPER-1: GLENDALE AZ SH#: 31128				
CONSIGNEE-1: TUCSON AZ				
CONSIGNEE-2: GLENDALE AZ				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
SYS - GN				
				TOTAL
				\$548.00

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CC754885-X (02/08)

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INVOICE

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/23/2009	22015551	PRINTED MATERIAL	01/15/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT TOTAL: MILES: 360 1.00 FLAT RATE 550.00 550.00 1.00 FUEL SURCHARGE 72.00 72.00 SHIPPER-1: LENEXA KS SH#: 31129 CONSIGNEE-1: WICHITA KS CONSIGNEE-2: LENEXA KS				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! B/L TERMS: THIRD SYS - GN				TOTAL \$622.00

ALM Logistics, Inc.

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INVOICE

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ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/23/2009	22015586	PRINTED MATERIAL	01/20/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 334				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		71.19	71.19
SHIPPER-1: LENEXA KS SH#: 31185				
CONSIGNEE-1: SPRINGFIELD MO				
CONSIGNEE-2: LENEXA KS				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
				\$571.19

SYS - GN

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/23/2009	22015588	PRINTED MATERIAL	01/19/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 360				
1.00	FLAT RATE		550.00	550.00
1.00	FUEL SURCHARGE		75.60	75.60
SHIPPER-1: LENEXA KS SH#: 31184				
CONSIGNEE-1: WICHITA KS				
CONSIGNEE-2: LENEXA KS				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
SYS - GN				
				TOTAL
				\$625.60

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ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/26/2009	22015587	PRINTED MATERIAL	01/21/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 334				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		71.19	71.19
SHIPPER-1: LENEXA KS SH#: 31187				
CONSIGNEE-1: SPRINGFIELD MO				
CONSIGNEE-2: LENEXA KS				
				TOTAL
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! B/L TERMS: THIRD				\$571.19

SYS - GN

**SHIPPER
PLEASE NOTE**

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT



**STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE**

Bill of Lading ID:
20090121171549

FREIGHT CHARGES:
 Prepaid Collect
 DATE: **01/21/2009** P.O. NO.:

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - SPRINGFIELD ~ [JSM/245]		CONSIGNEE (TO): PROLOGIX - LENEXA ~ [KCK/059]	
ADDRESS 3107 MN EAST CHESTNUT		ADDRESS 9605 DICE LANE	
CITY, STATE, ZIP SPRINGFIELD, MO 65802		CITY, STATE, ZIP LENEXA, KS 66215	
PHONE NO. 417.869.5201		PHONE NO. 913.541.8600	
ATTENTION		ATTENTION	
BILL THIRD PARTY FREIGHT CHARGES TO		COD AMOUNT	
NAME/COMPANY			
ADDRESS			
CITY, STATE, ZIP			
ATTN.			
ACCOUNT NUMBER		REMIT COD TO	
		ADDRESS	
		CITY, STATE, ZIP	

COD AMOUNT
 COD FEE: Prepaid Collect IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? Yes No

# Shipping Units	NM	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)	
3		Pallets		Magazines	161700	55	2703	
1		Pallets		Empty Totes	156600	125	858	
1		Pallets		Empty Wooden Pallet	150390-04	50	33	
1		Pallets		Miscellaneous	N/A	65	901	
1		Totes		Pink Mail Totes	161870	70	5.5	
							TOTAL:	4500.5

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:
 This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

Comments:
Miscellaneous Pallet - VOIDS

TRACKING #:	CARRIER: Prologix Transportation		
SHIPPER: PROLOGIX	DATE:	MU RECEIVED:	TRAILER #: 533325
AUTHORIZED SIGNATURE: <i>[Signature]</i>	AUTHORIZED SIGNATURE:		

ALM Logistics, Inc.

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 615 758-3704 • FAX 615 758-6563 • 866 758-3704

INVOICE

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/26/2009	22015590	PRINTED MATERIAL	01/21/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 360				
1.00	FLAT RATE		550.00	550.00
1.00	FUEL SURCHARGE		75.60	75.60
SHIPPER-1:	LENEXA KS SH#: 31191			
CONSIGNEE-1:	WICHITA KS			
CONSIGNEE-2:	LENEXA KS			
				TOTAL
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! B/L TERMS: THIRD				\$625.60

SYS - GN

TMP # 433193

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX™

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090119143601

FREIGHT CHARGES:

Prepaid Collect

DATE: 01/19/2009 P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - TUCSON - [TUC/488]				CONSIGNEE (TO): PROLOGIX - GLENDALE - [PHX/056]			
ADDRESS 1857 WEST GRANT				ADDRESS 4932 WEST PASADENA AVE			
CITY, STATE, ZIP TUCSON, AZ 85745				CITY, STATE, ZIP GLENDALE, AZ 85301			
PHONE NO. 520.622.2831				PHONE NO. 623.939.6511			
ATTENTION DAVID BOSTIC				ATTENTION			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect			
CITY, STATE, ZIP				IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ATTN.				REMIT COD TO			
ACCOUNT NUMBER				ADDRESS			
				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
15		Pallets		Books	161560	65	13515
1		Totes		Pink Mail Totes	161870	70	5.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 13520.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____.</small>							
Comments:							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER: PROLOGIX				DATE:	M/U RECEIVED:	TRAILER #: 4337	
AUTHORIZED SIGNATURE: <i>Shawn [Signature]</i>				AUTHORIZED SIGNATURE: <i>JM</i>			

TMP# 433193

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

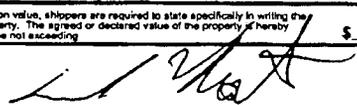
STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090119075737

FREIGHT CHARGES:
 Prepaid Collect

PLACE PRO LABEL HERE

DATE: 01/19/2009 P.O. NO.

SHIPPER (FROM): PROLOGIX - GLENDALE ~ [PHX/056]				CONSIGNEE (TO): PROLOGIX - TUCSON ~ [TUC/488]			
ADDRESS 4932 WEST PASADENA AVE				ADDRESS 1857 WEST GRANT			
CITY, STATE, ZIP GLENDALE, AZ 85301				CITY, STATE, ZIP TUCSON, AZ 85745			
PHONE NO. 623.939.6511				PHONE NO. 520.622.2831			
ATTENTION				ATTENTION DAVID BOSTIC			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
9		Pallets		Magazines	161700	55	8109
3		Pallets		Books	161560	65	2703
1		Pallets		Miscellaneous	N/A	65	901
1		Totes		Pink Mail Totes	161870	70	5.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 11718.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependant on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property if hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments: 							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER:				DATE:	M/U RECEIVED:	TRAILER #: 4337	
AUTHORIZED SIGNATURE: Boest Vance				AUTHORIZED SIGNATURE: IM			

ALM Logistics, Inc.

P.O. Box 927 • Hermitage, TN 37076
 615 758-3704 • FAX 615 758-6563 • 866 758-3704

INVOICE

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ANDERSON SERVICES,LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON SERVICES,LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/30/2009	22015593	BOOKS/MAGAZINES	01/21/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 240				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		50.40	50.40
SHIPPER-1: GLENDALE AZ SH#: 31188				
CONSIGNEE-1: TUCSON AZ				
CONSIGNEE-2: GLENDALE AZ				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
TOTAL				
				\$550.40

SYS - GN

TMP# 433194

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

Bill of Lading ID:
20090121114018

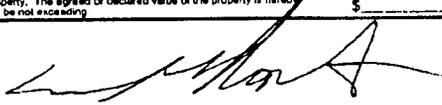
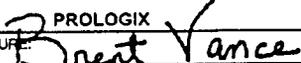
STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:

Prepaid Collect

DATE: 01/21/2009 P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - GLENDALE - [PHX/056]				CONSIGNEE (TO): PROLOGIX - TUCSON - [TUC/488]			
ADDRESS 4932 WEST PASADENA AVE				ADDRESS 1857 WEST GRANT			
CITY, STATE, ZIP GLENDALE, AZ 85301				CITY, STATE, ZIP TUCSON, AZ 85745			
PHONE NO. 623.939.6511				PHONE NO. 520.622.2831			
ATTENTION				ATTENTION DAVID BOSTIC			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
18		Pallets		Magazines	161700	55	16218
10		Pallets		Books	181560	65	9010
1		Totes		Pink Mail Totes	161870	70	5.5
							TOTAL: 25233.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the National Motor Freight Classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____.</small>							
Comments: 							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER:				DATE:	M/U RECEIVED:	TRAILER #: 4337	
AUTHORIZED SIGNATURE: Prologix 				AUTHORIZED SIGNATURE: IM			

ALM Logistics, Inc.

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INVOICE

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ANDERSON SERVICES,LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON SERVICES,LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
01/30/2009	22015594	BOOKS/MAGAZINES	01/22/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT TOTAL: MILES: 240 1.00 FLAT RATE 500.00 500.00 1.00 FUEL SURCHARGE 50.40 50.40 SHIPPER-1: GLENDALE AZ SH#: 31193 CONSIGNEE-1: TUCSON AZ CONSIGNEE-2: GLENDALE AZ				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! B/L TERMS: THIRD				TOTAL \$550.40

SYS - GN

TMP# 433195

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090122144432

FREIGHT CHARGES:
 Prepaid Collect

PLACE PRO LABEL HERE

DATE: 01/22/2009 P.O. NO.

SHIPPER (FROM): PROLOGIX - TUCSON ~ [TUC/488]				CONSIGNEE (TO): PROLOGIX - GLENDALE ~ [PHX/056]			
ADDRESS: 1857 WEST GRANT				ADDRESS: 4932 WEST PASADENA AVE			
CITY, STATE, ZIP: TUCSON, AZ 85745				CITY, STATE, ZIP: GLENDALE, AZ 85301			
PHONE NO. 520.622.2831				PHONE NO. 623.939.6511			
ATTENTION DAVID BOSTIC				ATTENTION			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE:		IS CUSTOMER'S CHECK <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		ACCEPTABLE FOR COD?	
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
1		Totes		Pink Mail Totes	161870	70	5.5
2		Cartons		Magazines	161700	55	50
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 55.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the National Motor Freight Classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments:							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER:				DATE:	M/U RECEIVED:	TRAILER #: 4337	
AUTHORIZED SIGNATURE: <i>Shawn [Signature]</i>				AUTHORIZED SIGNATURE: <i>IM</i>			

TMP# 433195

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090122100216

FREIGHT CHARGES:
 Prepaid Collect

PLACE PRO LABEL HERE

DATE: 01/22/2009 P.O. NO.

SHIPPER (FROM): PROLOGIX - GLENDALE ~ (PHX/056)		CONSIGNEE (TO): PROLOGIX - TUCSON ~ (TUC/488)					
ADDRESS 4932 WEST PASADENA AVE		ADDRESS 1857 WEST GRANT					
CITY, STATE, ZIP GLENDALE, AZ 85301		CITY, STATE, ZIP TUCSON, AZ 85745					
PHONE NO. 623.939.6511		PHONE NO. 520.622.2831					
ATTENTION		ATTENTION DAVID BOSTIC					
BILL THIRD PARTY FREIGHT CHARGES TO NAME/COMPANY		COD AMOUNT					
ADDRESS							
CITY, STATE, ZIP		COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect					
ATTN:		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No					
ACCOUNT NUMBER		REMIT COD TO					
		ADDRESS					
		CITY, STATE, ZIP					
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
22		Pallets		Magazines	161700	55	19822
6		Cartons		Display Racks	164320	110	N/A
1		Totes		Pink Mail Totes	161870	70	5.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 19827.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments:							
				CARRIER: ALM Logistics			
TRACKING #:		DATE:		M/U RECEIVED:		TRAILER #: 4337	
SHIPPER: PROLOGIX				AUTHORIZED SIGNATURE: IM			
AUTHORIZED SIGNATURE: Brent Vance							

ALM Logistics, Inc.

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 615 758-3704 • FAX 615 758-6563 • 866 758-3704

INVOICE

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
02/03/2009	22015591	PRINTED MATERIAL	01/22/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 360				
1.00	FLAT RATE		550.00	550.00
1.00	FUEL SURCHARGE		75.60	75.60
SHIPPER-1: LENEXA KS SH#: 31194				
CONSIGNEE-1: WICHITA KS				
CONSIGNEE-2: LENEXA KS				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
				TOTAL
				\$625.60

SYS - GN

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

**STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE**

Bill of Lading ID:
20090122154207

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 01/22/2009 P.O. NO.:

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - WICHITA ~ [WKS/060]	CONSIGNEE (TO): PROLOGIX - LENEXA ~ [KCK/059]
ADDRESS: 3629 WEST 30TH ST SOUTH	ADDRESS: 9605 DICE LANE
CITY, STATE, ZIP: WICHITA, KS 67217	P.O. BOX 14948 CITY, STATE, ZIP: LENEXA, KS 66215
PHONE NO.: 316.945.7108	PHONE NO.: 913.541.8600
ATTENTION:	ATTENTION:

BILL THIRD PARTY FREIGHT CHARGES TO		COD AMOUNT
NAME/COMPANY:	IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDRESS:	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect	
CITY, STATE, ZIP:	REMIT COD TO:	
ATTN:	ADDRESS:	
ACCOUNT NUMBER:	CITY, STATE, ZIP:	

# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
15		Pallets		Magazines	161700	55	13515
2		Pallets		Empty Totes	156600	125	1716
1		Totes		Pink Mail Totes	161870	70	5.5

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: _____ TOTAL: 15236.5

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

Comments:

TRACKING #:	CARRIER: AAA Transfer		
SHIPPER: PROLOGIX	DATE:	M/U RECEIVED:	TRAILER #:
AUTHORIZED SIGNATURE: <i>[Signature]</i>	AUTHORIZED SIGNATURE: <i>[Signature]</i>		

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX™

Bill of Lading ID:
20090122132307

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 01/22/2009 P.O. NO.:

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - LENEXA - [KCK/059]		CONSIGNEE (TO): PROLOGIX - WICHITA - [WKS/060]	
ADDRESS 9605 DICE LANE		ADDRESS 3629 WEST 30TH ST SOUTH	
P.O. BOX 14948			
CITY, STATE, ZIP LENEXA, KS 66215		CITY, STATE, ZIP WICHITA, KS 67217	
PHONE NO. 913.541.8600		PHONE NO. 316.945.7108	
ATTENTION		ATTENTION	
BILL THIRD PARTY FREIGHT CHARGES TO			
NAME/COMPANY		COD AMOUNT	
ADDRESS			
CITY, STATE, ZIP		COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ATTN.		REMIT COD TO	
ACCOUNT NUMBER		ADDRESS	
		CITY, STATE, ZIP	

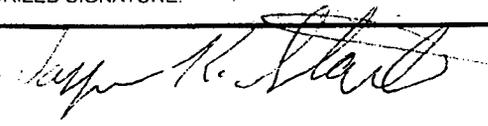
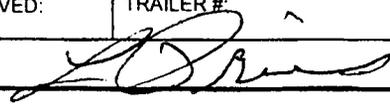
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
7		Pallets		Magazines	161700	55	6307
4		Pallets		Books	161560	65	3604

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: _____ TOTAL: 9911

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

Comments:

TRACKING #:	CARRIER: AAA Transfer		
SHIPPER: PROLOGIX	DATE:	M/U RECEIVED:	TRAILER #:
AUTHORIZED SIGNATURE: 	AUTHORIZED SIGNATURE: 		

ALM Logistics, Inc.

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INVOICE

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ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
02/03/2009	22015621	PRINTED MATERIAL	01/27/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 334				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		67.80	67.80
SHIPPER-1: LENEXA KS SH#: 31265				
CONSIGNEE-1: SPRINGFIELD MO				
CONSIGNEE-2: LENEXA KS				
TOTAL				
				\$567.80

THANK YOU FOR YOUR BUSINESS !
 WE APPRECIATE YOUR PROMPT PAYMENT !

B/L TERMS: THIRD

SYS - GN

**SHIPPER
PLEASE NOTE**

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

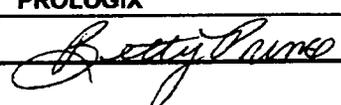
PROLOGIX

**STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE**

Bill of Lading ID:
20090126164354

FREIGHT CHARGES:	
<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Collect
DATE 01/27/2009	P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - SPRINGFIELD ~ [JSM/245]				CONSIGNEE (TO): PROLOGIX - LENEXA ~ [KCK/059]			
ADDRESS 3107 MN EAST CHESTNUT				ADDRESS 9605 DICE LANE			
CITY, STATE, ZIP SPRINGFIELD, MO 65802				CITY, STATE, ZIP LENEXA, KS 66215			
PHONE NO. 417.869.5201				PHONE NO. 913.541.8600			
ATTENTION				ATTENTION			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
20		Pallets		Magazines	161700	55	18020
3		Pallets		Empty Totes	156600	125	2574
1		Pallets		Empty Wooden Pallet	150390-04	50	33
1		Totes		Pink Mail Totes	161870	70	5.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 20632.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding</small>							
				\$ _____ per _____			
Comments:							
TRACKING #:				CARRIER: Prologix Transportation			
SHIPPER: PROLOGIX				DATE:		M/U RECEIVED:	TRAILER #: 533325
AUTHORIZED SIGNATURE: 				AUTHORIZED SIGNATURE:			

**SHIPPER
PLEASE NOTE**

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

**STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE**

Bill of Lading ID:
20090128162827

FREIGHT CHARGES:	
<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Collect
DATE 01/28/2009	P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - SPRINGFIELD ~ [JSM/245]				CONSIGNEE (TO): PROLOGIX - LENEXA ~ [KCK/059]			
ADDRESS 3107 MN EAST CHESTNUT				ADDRESS 9605 DICE LANE			
CITY, STATE, ZIP SPRINGFIELD, MO 65802				CITY, STATE, ZIP P.O. BOX 14948 LENEXA, KS 66215			
PHONE NO. 417.869.5201				PHONE NO. 913.541.8600			
ATTENTION				ATTENTION			
BILL THIRD PARTY FREIGHT QUOTES TO NAME/COMPANY				COD AMOUNT			
ADDRESS							
CITY, STATE, ZIP				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK <input type="checkbox"/> Yes <input type="checkbox"/> No ACCEPTABLE FOR COD?	
ATTN.				REMIT COD TO			
ACCOUNT NUMBER				ADDRESS			
				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
1		Pallets		Books	161560	65	901
5		Pallets		Magazines	161700	55	4505
2		Pallets		Empty Totes	156600	125	1716
2		Totes		Books	161560	65	N/A
1		Totes		Pink Mail Totes	161870	70	5.5
							TOTAL: 7127.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments: 2 Totes Books - Voids							
TRACKING #:				CARRIER: Prologix Transportation			
SHIPPER: PROLOGIX				DATE:	M/U RECEIVED:	TRAILER #: 533325	
AUTHORIZED SIGNATURE: <i>B. J. Prince</i>				AUTHORIZED SIGNATURE:			

ALM Logistics, Inc.

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615 758-3704 • FAX 615 758-6563 • 866 758-3704

INVOICE

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ANDERSON SERVICES, LLC
9605 DICE LANE
LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
PROLOGIX DISTRIBUTION SERVICES
2541 WESTCOTT BLVD
KNOXVILLE TN 37931

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ANDERSON SERVICES, LLC
9605 DICE LANE
LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
02/03/2009	22015624	PRINTED MATERIAL	01/27/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 360				
1.00	FLAT RATE		550.00	550.00
1.00	FUEL SURCHARGE		72.00	72.00
SHIPPER-1: LENEXA KS SH#: 31266				
CONSIGNEE-1: WICHITA KS				
CONSIGNEE-2: LENEXA KS				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
				TOTAL
				\$622.00

SYS - GN

ALM Logistics, Inc.

P.O. Box 927 • Hermitage, TN 37076
 615 758-3704 • FAX 615 758-0533 • 833 758-3704

INVOICE

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

6869 - 0000

ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
02/03/2009	22015625	PRINTED MATERIAL	01/28/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 360				
1.00	FLAT RATE		550.00	550.00
1.00	FUEL SURCHARGE		72.00	72.00
SHIPPER-1:	LENEXA KS SH#: 31271			
CONSIGNEE-1:	WICHITA KS			
CONSIGNEE-2:	LENEXA KS			
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
SYS - GN				
				TOTAL
				\$622.00

TMP # 434003

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

Bill of Lading ID:
20090128112937

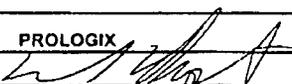
STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:

Prepaid Collect

PLACE PRO LABEL HERE

DATE: 01/28/2009 P.O. NO.

SHIPPER (FROM): PROLOGIX - TUCSON - (TUC/488)				CONSIGNEE (TO): PROLOGIX - GLENDALE - (PHX/056)			
ADDRESS 1857 WEST GRANT				ADDRESS 4932 WEST PASADENA AVE			
CITY, STATE, ZIP TUCSON, AZ 85745				CITY, STATE, ZIP GLENDALE, AZ 85301			
PHONE NO. 520.622.2831				PHONE NO. 623.939.6511			
ATTENTION DAVID BOSTIC				ATTENTION			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE:		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect			
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
1		Totes		Pink Mail Totes	181870	70	5.5
2		Pallets		Empty Totes	156800	125	1716
20		Pallets		Books	181560	65	18020
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 19741.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____.</small>							
Comments:							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER: PROLOGIX				DATE:	M/U RECEIVED:	TRAILER #: 4337	
AUTHORIZED SIGNATURE: 				AUTHORIZED SIGNATURE: IM			

TMP# 434603

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090128141342

FREIGHT CHARGES:
 Prepaid Collect

PLACE PRO LABEL HERE

DATE: 01/28/2009 P.O. NO.

SHIPPER (FROM): PROLOGIX - GLENDALE - [PHX/056]				CONSIGNEE (TO): PROLOGIX - TUCSON - [TUC/488]			
ADDRESS 4932 WEST PASADENA AVE				ADDRESS 1857 WEST GRANT			
CITY, STATE, ZIP GLENDALE, AZ 85301				CITY, STATE, ZIP TUCSON, AZ 85745			
PHONE NO. 623.939.6511				PHONE NO. 520.622.2831			
ATTENTION				ATTENTION DAVID BOSTIC			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Sticks	Description of Articles	NMFC No.	Class	Weight (LBS)
21		Pallets		Magazines	161700	55	18921
2		Pallets		Books	161560	65	1802
1		Totes		Pink Mail Totes	161870	70	5.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 20728.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments:							
							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER:		DATE:		M/U RECEIVED:		TRAILER #: 4337	
AUTHORIZED SIGNATURE: PROLOGIX <i>Brent Vance</i>				AUTHORIZED SIGNATURE: <i>IM</i>			

ALM Logistics, Inc.

P.O. Box 927 • Hermitage, TN 37076
 615 758-3704 • FAX 615 758-6563 • 833 758-3704

INVOICE

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ANDERSON SERVICES,LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

6869 - 0000

ANDERSON SERVICES,LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
02/03/2009	22015634	BOOKS/MAGAZINES	01/26/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 240				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		48.00	48.00
SHIPPER-1: GLENDALE AZ SH#: 31263				
CONSIGNEE-1: TUCSON AZ				
CONSIGNEE-2: GLENDALE AZ				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
SYS - GN				
				TOTAL
				\$548.00

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CC754885-X (02/08)

TMP# 434002

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

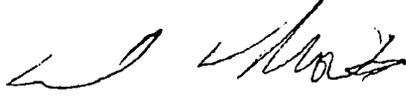
Bill of Lading ID:
20090126091945

FREIGHT CHARGES:

Prepaid Collect

DATE: 01/26/2009 P.O. NO

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - GLENDALE - [PHX/056]				CONSIGNEE (TO): PROLOGIX - TUCSON - [TUC/488]			
ADDRESS 4932 WEST PASADENA AVE				ADDRESS 1857 WEST GRANT			
CITY, STATE, ZIP GLENDALE, AZ 85301				CITY, STATE, ZIP TUCSON, AZ 85745			
PHONE NO. 623.939.6511				PHONE NO. 520.622.2831			
ATTENTION				ATTENTION DAVID BOSTIC			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
7		Pallets		Magazines	161700	55	6307
4		Pallets		Books	161560	65	3604
1		Totes		Pink Mail Totes	161870	70	5.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 9916.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments: 							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER:		DATE:		M/U RECEIVED:		TRAILER #: 4337	
AUTHORIZED SIGNATURE: Drent Vance				AUTHORIZED SIGNATURE: IM			

TRMP# 434004

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090129140711

PLACE PRO LABEL HERE

FREIGHT CHARGES:

Prepaid Collect

DATE
01/29/2009

P.O. NO.

SHIPPER (FROM): PROLOGIX - TUCSON ~ [TUC/488]				CONSIGNEE (TO): PROLOGIX - GLENDALE ~ [PHX/056]			
ADDRESS 1857 WEST GRANT				ADDRESS 4932 WEST PASADENA AVE			
CITY, STATE, ZIP TUCSON, AZ 85745				CITY, STATE, ZIP GLENDALE, AZ 85301			
PHONE NO. 520.622.2831				PHONE NO. 623.939.6511			
ATTENTION DAVID BOSTIC				ATTENTION			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
1		Totes		Pink Mail Totes	161870	70	5.5
4		Pallets		Books	161560	65	3604
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 3609.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments:							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER: PROLOGIX				DATE:	M/U RECEIVED:	TRAILER #: 4337	
AUTHORIZED SIGNATURE: 				AUTHORIZED SIGNATURE: IM			

TMP# 434004

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

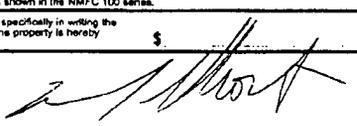
PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090129110509

PLACE PRO LABEL HERE

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 01/29/2009 P.O. NO.:

SHIPPER (FROM): PROLOGIX - GLENDALE - [PHX/056]				CONSIGNEE (TO): PROLOGIX - TUCSON - [TUC/488]			
ADDRESS 4932 WEST PASADENA AVE				ADDRESS 1857 WEST GRANT			
CITY, STATE, ZIP GLENDALE, AZ 85301				CITY, STATE, ZIP TUCSON, AZ 85745			
PHONE NO. 623.939.6511				PHONE NO. 520.622.2831			
ATTENTION				ATTENTION DAVID BOSTIC			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
25		Pallets		Magazines	161700	55	23428
6		Pallets		Books	161560	65	5406
1		Totes		Pink Mail Totes	181870	70	5.5
							TOTAL: 28637.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments: 							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER:				DATE:	M/U RECEIVED:	TRAILER #: 4337	
AUTHORIZED SIGNATURE: Boat Vance				AUTHORIZED SIGNATURE: IM			

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

**STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE**

Bill of Lading ID:
20090129158640

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 01/29/2009 P.O. NO.:

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - WICHITA ~ [WKS/060]				CONSIGNEE (TO): PROLOGIX - LENEXA - [KCK/059]			
ADDRESS: 3629 WEST 30TH ST SOUTH				ADDRESS: 9605 DICE LANE			
CITY, STATE, ZIP: WICHITA, KS 67217				CITY, STATE, ZIP: LENEXA, KS 66215			
PHONE NO. 316.945.7108				PHONE NO. 913.541.8600			
ATTENTION:				ATTENTION:			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY:							
ADDRESS:				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP:				REMIT COD TO:			
ATTN:				ADDRESS:			
ACCOUNT NUMBER:				CITY, STATE, ZIP:			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
17		Pallets		Magazines	161700	55	13317
2		Pallets		Empty Totes	156600	125	1716
1		Totes		Pink Mail Totes	161870	70	5.5
							TOTAL: 17038.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the National Motor Freight Classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____.</small>							
Comments:							
TRACKING #:				CARRIER: AAA Transfer			
SHIPPER:		DATE:		M/U RECEIVED:		TRAILER #:	
AUTHORIZED SIGNATURE: <i>[Signature]</i>				AUTHORIZED SIGNATURE: <i>[Signature]</i>			

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

**STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE**

Bill of Lading ID:
20090129132809

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 01/29/2009 P.O. NO.:

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - LENEXA ~ [KCK/059]	CONSIGNEE (TO): PROLOGIX - WICHITA ~ [WKS/060]
ADDRESS: 9605 DICE LANE	ADDRESS: 3629 WEST 30TH ST SOUTH
P.O. BOX 14848	
CITY, STATE, ZIP: LENEXA, KS 66215	CITY, STATE, ZIP: WICHITA, KS 67217
PHONE NO. 913.541.8800	PHONE NO. 316.945.7108
ATTENTION:	ATTENTION:

BILL THIRD PARTY FREIGHT CHARGES TO	
NAME/COMPANY:	COD AMOUNT
ADDRESS:	
CITY, STATE, ZIP:	REMIT COD TO:
ATTN:	ADDRESS:
ACCOUNT NUMBER:	CITY, STATE, ZIP:
COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
24		Pallets		Magazines	181700	55	21624
1		Pallets		Books	181580	65	801
1		Totes		Pink Mail Totes	181870	70	5.5
							TOTAL: 22530.5

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: _____

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the National Motor Freight classification as shown in the NMFC 100 series.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

Comments:

TRACKING #:	CARRIER: AAA Transfer
SHIPPER: PROLOGIX	DATE: M/U RECEIVED: TRAILER #:
AUTHORIZED SIGNATURE: <i>Brandon J. V.</i>	AUTHORIZED SIGNATURE: <i>A. Bruns</i>

Deway

ALM Logistics, Inc.

P.O. Box 927 • Hermitage, TN 37076
 615 759-3704 • FAX 615 759-6533 • 833 759-3704

INVOICE

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ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
02/10/2009	22015656	PRINTED MATERIAL	02/04/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 334				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		67.80	67.80
SHIPPER-1: LENEXA KS SH#: 31354				
CONSIGNEE-1: SPRINGFIELD MO				
CONSIGNEE-2: LENEXA KS				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
SYS - GN				\$567.80

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

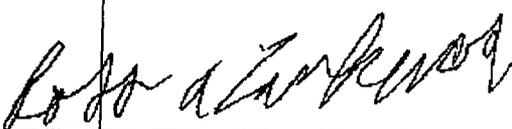
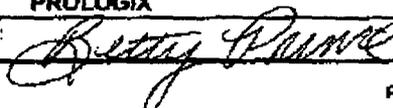
PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20080204064528

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 02/04/2009 P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - SPRINGFIELD ~ [JSM/245]		CONSIGNEE (TO): PROLOGIX - LENEXA ~ [KCK/059]						
ADDRESS: 3107 MN EAST CHESTNUT		ADDRESS: 9605 DICE LANE						
CITY, STATE, ZIP: SPRINGFIELD MO 65802		P.O. BOX 14948 CITY, STATE, ZIP: LENEXA, KS 68215						
PHONE NO. 417.869.5201		PHONE NO. 913.541.8600						
ATTENTION		ATTENTION						
NAME/COMPANY		COD AMOUNT						
ADDRESS								
CITY, STATE, ZIP		COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect						
ATTN.		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No						
ACCOUNT NUMBER		REMIT COD TO						
		ADDRESS						
		CITY, STATE, ZIP						
# Shipping Units	HMT	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)	
7		Pallets		Magazines	161700	55	6307	
2		Pallets		Empty Totes	150600	125	1716	
3		Totes		Miscellaneous	N/A	65	129	
1		Totes		Pink Mail Totes	181070	70	5.6	
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 8187.6	
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>								
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>								
Comments: Miscellaneous Totes - 1 Ovars; 1 Void and 1 Not a Springfield Acct. 								
TRACKING #:				CARRIER: Prologix Transportation				
SHIPPER: PROLOGIX		DATE:		MU RECEIVED:		TRAILER #: 533325		
AUTHORIZED SIGNATURE: 				AUTHORIZED SIGNATURE:				

SHIPPER PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

**STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE**

Bill of Lading ID:
20090203132845

FREIGHT CHARGES:

Prepaid Collect

DATE
02/04/2009

P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - LENEVA ~ [KCK/058]		CONSIGNEE (TO): PROLOGIX - SPRINGFIELD ~ [JSM/245]						
ADDRESS 9605 DICE LANE		ADDRESS 3107 MN EAST CHESTNUT						
P.O. BOX 14948								
CITY, STATE, ZIP LENEVA, KS 66215		CITY, STATE, ZIP SPRINGFIELD, MO 65802						
PHONE NO. 913.541.8600		PHONE NO. 417.869.5201						
ATTENTION		ATTENTION						
Bill THIRD PARTY FREIGHT CHARGES TO		COD AMOUNT						
NAME/COMPANY								
ADDRESS		COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect						
CITY, STATE, ZIP		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No						
ATTN.		REMIT COD TO						
ACCOUNT NUMBER		ADDRESS						
		CITY, STATE, ZIP						
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)	
17		Pallets		Magazines	161700	55	15317	
1		Totes		Pink Mail Totes	161870	70	5.5	
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 15322.5	
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>								
<small>NOTE: Where the value is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding</small>								
Comments:		<p>PROLOGIX Springfield, MO Subject To Count Date: <u>2-04-09</u> Time: <u>6:00AM</u> By: <u>BP/UMC</u> SIGNATURES DO NOT CERTIFY QUANTITY OR CONDITION OF GOODS</p>						
TRACKING #:		CARRIER: AAA Transfer						
SHIPPER:		DATE:	MU RECEIVED:	TRAILER #:				
AUTHORIZED SIGNATURE: <u>Jim Wadman</u>		AUTHORIZED SIGNATURE:						

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

**STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE**

Bill of Lading ID:
20090203105805

FREIGHT CHARGES:

Prepaid Collect

DATE
02/03/2009

P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM) PROLOGIX - LENEXA ~ [KCK/059]	CONSIGNEE (TO): PROLOGIX - WICHITA ~ [WKS/060]
ADDRESS 9605 DICE LANE	ADDRESS 3629 WEST 30TH ST SOUTH
P.O. BOX 14948	
CITY, STATE, ZIP LENEXA, KS 66215	CITY, STATE, ZIP WICHITA, KS 67217
PHONE NO. 913.541.8600	PHONE NO. 316.945.7108
ATTENTION	ATTENTION

BILL THIRD PARTY FREIGHT CHARGES TO	
NAME/COMPANY	COD AMOUNT
ADDRESS	
CITY, STATE, ZIP	COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect
ATTN.	IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No
ACCOUNT NUMBER	REMIT COD TO
	ADDRESS
	CITY, STATE, ZIP

# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
24		Pallets		Magazines	181700	55	21624
3		Cartons		Miscellaneous	N/A	65	87
1		Totes		Pink Mail Totes	161870	70	5.5

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: _____ TOTAL: 21716.5

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 book.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

Comments:

TRACKING #:	CARRIER: AAA Transfer
SHIPPER: PROLOGIX	DATE: M/U RECEIVED: TRAILER #:
AUTHORIZED SIGNATURE: <i>Jim Wanner</i>	AUTHORIZED SIGNATURE: <i>L. Bruns</i>

Chris Cotton

ALM Logistics, Inc.

P.O. Box 927 • Hermitage, TN 37076
 615 759-3704 • FAX 615 759-6563 • 833 759-3704

INVOICE

233182

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ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

6869 - 0000

ANDERSON NEWS
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
02/10/2009	22015671	PRINTED MATERIAL	01/29/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 334				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		67.80	67.80
SHIPPER-1: LENEXA KS SH#: 31571				
CONSIGNEE-1: SPRINGFIELD MO SH#: 31571				
CONSIGNEE-2: LENEXA KS SH#: 31571				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD YS - GN				
				TOTAL
				\$567.80

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 615 759-3704 • FAX 615 759-6533 • 833 759-3704

INVOICE

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ANDERSON SERVICES, LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

6869 - 0000

ANDERSON SERVICES, LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
02/13/2009	22015653	BOOKS/MAGAZINES	02/02/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 240				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		48.00	48.00
SHIPPER-1:	GLENDALE AZ SH#: 31350			
CONSIGNEE-1:	TUCSON AZ			
CONSIGNEE-2:	GLENDALE AZ			
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
				\$548.00

SYS - GN

TMP# 434615

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

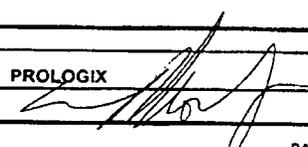
PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090202131711

PLACE PRO LABEL HERE

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 02/02/2009 P.O. NO.

SHIPPER (FROM): PROLOGIX - TUCSON - (TUC/488)				CONSIGNEE (TO): PROLOGIX - GLENDALE - (PHX/056)			
ADDRESS 1857 WEST GRANT				ADDRESS 4932 WEST PASADENA AVE			
CITY, STATE, ZIP TUCSON, AZ 85745				CITY, STATE, ZIP GLENDALE, AZ 85301			
PHONE NO. 520.622.2831				PHONE NO. 623.939.6511			
ATTENTION DAVID BOSTIC				ATTENTION			
Bill L. THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
1		Totes		Pink Mail Totes	161870	70	5.5
1		Pallets		Empty Totes	156800	125	858
12		Pallets		Books	161560	65	10812
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 11675.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____.</small>							
Comments:							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER: PROLOGIX				DATE:	M/U RECEIVED:	TRAILER #: 4337	
AUTHORIZED SIGNATURE: 				AUTHORIZED SIGNATURE: IM			

TMP# 434615

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

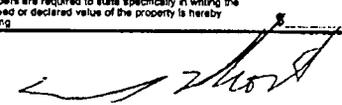
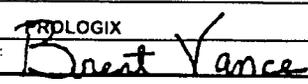
PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090202085511

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 02/02/2009 P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - GLENDALE - (PHX/056)				CONSIGNEE (TO): PROLOGIX - TUCSON - (TUC/488)			
ADDRESS 4932 WEST PASADENA AVE				ADDRESS 1857 WEST GRANT			
CITY, STATE, ZIP GLENDALE, AZ 85301				CITY, STATE, ZIP TUCSON, AZ 85745			
PHONE NO. 623.939.8511				PHONE NO. 520.622.2831			
ATTENTION				ATTENTION DAVID BOSTIC			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect			
CITY, STATE, ZIP				IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ATTN.				REMIT COD TO			
ACCOUNT NUMBER				ADDRESS			
				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
11		Pallets		Magazines	161700	55	9911
10		Pallets		Books	161560	65	9010
1		Totes		Pink Mail Totes	161870	70	5.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 18926.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the National Motor Freight Classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.</small>							
Comments: 							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER:				DATE:	M/U RECEIVED:	TRAILER #: 4337	
AUTHORIZED SIGNATURE: PROLOGIX 				AUTHORIZED SIGNATURE: 			

ALM Logistics, Inc.

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615 758-3704 • FAX 615 758-6563 • 866 758-3704

INVOICE

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ANDERSON SERVICES,LLC
4932 WEST PASADENA AVE
GLENDALE AZ 85301

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ATTN: FREIGHT PAYMENT
PROLOGIX DISTRIBUTION SERVICES
2541 WESTCOTT BLVD
KNOXVILLE TN 37931

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ANDERSON SERVICES,LLC
4932 WEST PASADENA AVE
GLENDALE AZ 85301

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
02/13/2009	22015654	BOOKS/MAGAZINES	02/04/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 240				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		48.00	48.00
SHIPPER-1: GLENDALE AZ SH#: 31357				
CONSIGNEE-1: TUCSON AZ				
CONSIGNEE-2: GLENDALE AZ				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
YS - GN				
				TOTAL
				\$548.00

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CC754885-X (02/08)

TMP # 434616

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

Bill of Lading ID:
20090204122836

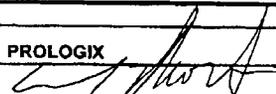
STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:

Prepaid Collect

DATE: 02/04/2009 P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - TUCSON ~ (TUC/488)				CONSIGNEE (TO): PROLOGIX - GLENDALE ~ (PHX/056)			
ADDRESS 1857 WEST GRANT				ADDRESS 4932 WEST PASADENA AVE			
CITY, STATE, ZIP TUCSON, AZ 85745				CITY, STATE, ZIP GLENDALE, AZ 85301			
PHONE NO. 520.622.2831				PHONE NO. 623.939.6511			
ATTENTION DAVID BOSTIC				ATTENTION			
BILL THIRD PARTY FREIGHT CHARGES TO NAME/COMPANY				COD AMOUNT			
ADDRESS							
CITY, STATE, ZIP				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ATTN.				REMIT COD TO			
ACCOUNT NUMBER				ADDRESS			
				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
1		Totes		Pink Mail Totes	161870	70	5.5
10		Pallets		Books	161580	65	9010
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 9015.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments:							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER: PROLOGIX				DATE:	M/U RECEIVED:	TRAILER #: 4337	
AUTHORIZED SIGNATURE: 				AUTHORIZED SIGNATURE: FM			

TMP # 434616

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

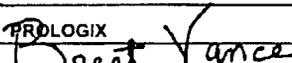
Bill of Lading ID:
20090204100351

FREIGHT CHARGES:

Prepaid Collect

DATE: 02/04/2009 P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - GLENDALE - [PHX/056]				CONSIGNEE (TO): PROLOGIX - TUCSON - [TUC/486]			
ADDRESS 4932 WEST PASADENA AVE				ADDRESS 1857 WEST GRANT			
CITY, STATE, ZIP GLENDALE, AZ 85301				CITY, STATE, ZIP TUCSON, AZ 85745			
PHONE NO. 623.939.6511				PHONE NO. 520.622.2831			
ATTENTION				ATTENTION DAVID BOSTIC			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
21		Pallets		Magazines	161700	55	18921
4		Pallets		Books	161560	65	3604
1		Totes		Pink Mail Totes	161870	70	5.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 22530.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments: 							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER:		DATE:		M/U RECEIVED:		TRAILER #:	
PROLOGIX						4337	
AUTHORIZED SIGNATURE: 				AUTHORIZED SIGNATURE: 			

ALM Logistics, Inc.

P.O. Box 927 • Hermitage, TN 37076
 615 758-3704 • FAX 615 758-6563 • 866 758-3704

INVOICE

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ANDERSON SERVICES,LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

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ANDERSON SERVICES,LLC
 4932 WEST PASADENA AVE
 GLENDALE AZ 85301

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
02/13/2009	22015655	BOOKS/MAGAZINES	02/05/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 240				
1.00	FLAT RATE		500.00	500.00
1.00	FUEL SURCHARGE		48.00	48.00
SHIPPER-1: GLENDALE AZ SH#: 31362				
CONSIGNEE-1: TUCSON AZ				
CONSIGNEE-2: GLENDALE AZ				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
YS - GN				
				TOTAL
				\$548.00

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TMP# 434617

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

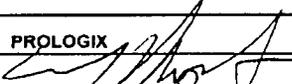
Bill of Lading ID:
20090205124941

FREIGHT CHARGES:

Prepaid Collect

DATE: 02/05/2009 P.O. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - TUCSON - (TUC/488)				CONSIGNEE (TO): PROLOGIX - GLENDALE - (PHX/056)			
ADDRESS 1857 WEST GRANT				ADDRESS 4932 WEST PASADENA AVE			
CITY, STATE, ZIP TUCSON, AZ 85745				CITY, STATE, ZIP GLENDALE, AZ 85301			
PHONE NO. 520.622.2831				PHONE NO. 623.939.6511			
ATTENTION DAVID BOSTIC				ATTENTION			
BILL THIRD PARTY FREIGHT CHARGES TO NAME/COMPANY				COD AMOUNT			
ADDRESS							
CITY, STATE, ZIP				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ATTN.				REMIT COD TO			
ACCOUNT NUMBER				ADDRESS			
				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
1		Totes		Pink Mail Totes	161870	70	5.5
3		Pallets		Empty Totes	156800	125	2374
5		Pallets		Books	161560	65	4505
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 7094.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments:							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER:		DATE:		M/U RECEIVED:		TRAILER #:	
PROLOGIX						4337	
AUTHORIZED SIGNATURE: 				AUTHORIZED SIGNATURE: IM			

TMP# 434617

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX™

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090205103706

PLACE PRO LABEL HERE

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 02/05/2009 P.O. NO.

SHIPPER (FROM): PROLOGIX - GLENDALE - [PHX/056]				CONSIGNEE (TO): PROLOGIX - TUCSON - [TUC/488]			
ADDRESS 4932 WEST PASADENA AVE				ADDRESS 1857 WEST GRANT			
CITY, STATE, ZIP GLENDALE, AZ 85301				CITY, STATE, ZIP TUCSON, AZ 85745			
PHONE NO. 623.939.6511				PHONE NO. 520.622.2831			
ATTENTION				ATTENTION DAVID BOSTIC			
BILL THIRD PARTY FREIGHT CHARGES TO				COD AMOUNT			
NAME/COMPANY							
ADDRESS				COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP				REMIT COD TO			
ATTN.				ADDRESS			
ACCOUNT NUMBER				CITY, STATE, ZIP			
# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
22		Pallets		Magazines	161700	55	19822
3		Pallets		Books	161580	65	2703
1		Totes		Pink Mail Totes	161870	70	5.5
HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:							TOTAL: 22530.5
<small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the department of transportation and the National Motor Freight classification as shown in the NMFC 100 series.</small>							
<small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</small>							
Comments:							
TRACKING #:				CARRIER: ALM Logistics			
SHIPPER: PROLOGIX				DATE:		M/U RECEIVED:	TRAILER #: 4337
AUTHORIZED SIGNATURE: <i>Brent Vance</i>				AUTHORIZED SIGNATURE: <i>IM</i>			

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090204152734

FREIGHT CHARGES:
 Prepaid Collect
 DATE: 02/04/2009 P.O. NO.:

PLACE PRO LABEL HERE

SHIPPER (FROM): PROLOGIX - WICHITA ~ [WKS/060]	CONSIGNEE (TO): PROLOGIX - LENEXA - [KCK/059]
ADDRESS 3629 WEST 30TH ST SOUTH	ADDRESS 9605 DICE LANE
CITY, STATE, ZIP WICHITA, KS 67217	CITY, STATE, ZIP P.O. BOX 14948 LENEXA, KS 66215
PHONE NO. 316.945.7108	PHONE NO. 913.541.8600
ATTENTION	ATTENTION
BILL THIRD PARTY FREIGHT CHARGES TO	
NAME/COMPANY	COD AMOUNT
ADDRESS	
CITY, STATE, ZIP	COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No
ATTN:	REMIT COD TO
ACCOUNT NUMBER	ADDRESS
	CITY, STATE, ZIP

# Shipping Units	HM*	Package Type	Skids	Description of Articles	NMFC No.	Class	Weight (LBS)
4		Pallets		Magazines	161700	55	3604
1		Pallets		Miscellaneous	N/A	65	901
5		Pallets		Empty Totes	156600	125	4290
1		Totes		Pink Mail Totes	161870	70	5.5
							TOTAL: 8800.5

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:
 This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the National Motor Freight Classification as shown in the NMFC 100 series.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

Comments:
For info new

TRACKING #:	CARRIER: AAA Transfer
SHIPPER: PROLOGIX	DATE: M/U RECEIVED: TRAILER #: 53015
AUTHORIZED SIGNATURE: <i>[Signature]</i>	AUTHORIZED SIGNATURE:

ALM Logistics, Inc.

P.O. Box 927 • Hermitage, TN 37076
 615 758-3704 • FAX 615 758-6533 • 823 758-3704

INVOICE

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ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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ATTN: FREIGHT PAYMENT
 PROLOGIX DISTRIBUTION SERVICES
 2541 WESTCOTT BLVD
 KNOXVILLE TN 37931

6869 - 0000

ANDERSON SERVICES, LLC
 9605 DICE LANE
 LENEXA KS 66215

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DATE	PRO NO.	COMMODITY	SHIPPING DATE	TERMS
02/13/2009	22015661	PRINTED MATERIAL	02/05/2009	NET 30 DAYS
DESCRIPTION				CHARGES
TRUCK SHIPMENT				
TOTAL: MILES: 360				
1.00	FLAT RATE		550.00	550.00
1.00	FUEL SURCHARGE		72.00	72.00
SHIPPER-1: LENEXA KS SH#: 31363				
CONSIGNEE-1: WICHITA KS				
CONSIGNEE-2: LENEXA KS				
THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT !				
B/L TERMS: THIRD				
SYS - GN				
				TOTAL
				\$622.00

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CC754885-X (02/09)

