

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

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.

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.

Specify the priority of the claim.

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

☐ 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).

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

☐ 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:

\$ _____

*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.

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

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

3a. Debtor may have scheduled account as: _____

(See instruction #3a on reverse side.)

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: \$ _____

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:

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



00128

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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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.

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 |
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| 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 | | | | |
| THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! | | | | |
| B/L TERMS: THIRD | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$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:
20090113101943

FREIGHT CHARGES:

☒ Prepaid ☐ Collect

DATE
01/13/2009

P.O. NO.

PLACE PRO LABEL HERE

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| SHIPPER (FROM): PROLOGIX - SPRINGFIELD ~ [JSM/245] | | CONSIGNEE (TO): PROLOGIX - LENEXA ~ [KCK/059] | |
| ADDRESS 3107 MN EAST CHESTNUT | | ADDRESS 9805 DICE LANE | |
| CITY, STATE, ZIP SPRINGFIELD, MO 65802 | | CITY, STATE, ZIP LENEXA, KS 66215 | |
| PHONE NO. 417.869.5201 | | PHONE NO. 913.641.8600 | |
| ATTENTION | | ATTENTION | |
| 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 | UNIT | Package Type | Ships | Description of Articles | NMFC No. | Class | Weight (LBS) |
|---------------------------------------|------|--------------|-------|-------------------------|----------|-------|----------------|
| 18 | | Pallets | | Magazines | 161700 | 55 | 18215 |
| 2 | | Pallets | | Empty Totes | 158600 | 125 | 1716 |
| 1 | | Pallets | | Books | 161500 | 65 | 901 |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 6.5 |
| <p><i>head going to lenexa K.</i></p> | | | | | | | |
| | | | | | | | TOTAL: 18240.5 |

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: 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: | DATE: | M/U RECEIVED: | TRAILER #: 533325 |
| AUTHORIZED SIGNATURE: <i>Betty Prince</i> | | AUTHORIZED SIGNATURE: | |

PAGE 3

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

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P.O. Box 927 • Hermitage, TN 37076
615 758-3704 • FAX 615 758-6533 • 826 758-3704

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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

ANDERSON NEWS
9605 DICE LANE
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| DATE | PRO NO. | COMMODITY | SHIPPING DATE | TERMS |
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| 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 | | | | |
| THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! | | | | |
| B/L TERMS: THIRD SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$567.80 |

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

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ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid .. ☐ Collect

DATE
01/14/2009

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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 |
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| 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 |

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STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/13/2008

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 | | | |
| | | | | P.O. BOX 14948 | | | |
| 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 TO (THIRD PARTY FREIGHT CHARGES TO) | | | | | | | |
| NAME/COMPANY: | | | | COD AMOUNT | | | |
| 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 | 156800 | 125 | 858 |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 |
| | | | | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | | TOTAL: 10774.5 | |
| 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: | | | | DATE: | | M/U RECEIVED: | |
| AUTHORIZED SIGNATURE: | | | | AUTHORIZED SIGNATURE: | | TRAILER #: | |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/13/2009

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: | | | | | | COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| 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) | | | | |
| 14 | | Pallets | | Magazines | 161700 | 55 | 12614 | | | | |
| 2 | | Pallets | | Books | 161560 | 65 | 1802 | | | | |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | | | | TOTAL: 14421.5 | | | |
| 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 #: | | | | | | | | | | | |
| SHIPPER: PROLOGIX | | | | | | CARRIER: AAA Transfer | | | | | |
| AUTHORIZED SIGNATURE: Brand 2 C | | | | | | DATE: | | MAJ RECEIVED: | | TRAILER #: | |
| AUTHORIZED SIGNATURE: [Signature] | | | | | | AUTHORIZED SIGNATURE: [Signature] | | | | | |

PAGE 2

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

6869 - 0000

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 |

Scanned: 5/21/2010-1:04:27 PM

CC754885-X (02/08)

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/14/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 3

ALM Logistics, Inc.

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

INVOICE

233066

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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 |
|--------------------------------------|----------------|-----------------|---------------|-------------|
| 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 | | | | |
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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

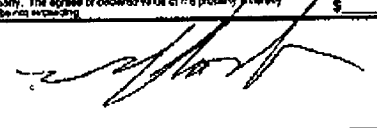
FREIGHT CHARGES:

☒ 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: 1832 WEST PASADENA AVE | | ADDRESS: 1867 WEST GRANT | | | | | |
| CITY, STATE, ZIP: GLENDALE, AZ 85301 | | CITY, STATE, ZIP: TUCSON, AZ 85745 | | | | | |
| PHONE NO. 623.939.5311 | | PHONE NO. 520.622.2831 | | | | | |
| ATTENTION DAVID BOSTIC | | ATTENTION DAVID BOSTIC | | | | | |
| BILL THIRD PARTY FREIGHT CHARGES TO | | COD AMOUNT | | | | | |
| NAME/COMPANY | | COD FEE: | | | | | |
| ADDRESS | | <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 | | CITY, STATE, ZIP | | | | | |
| Shipment Units | MM | Package Type | Qty | Description of Articles | NMFC No. | Class | Weight (LBS) |
| 13 | | Cartons | | Magazines | 104700 | 55 | 228 |
| 1 | | Total | | Pink Mail Total | 104870 | 70 | 5.5 |
| | | | | | | | TOTAL: \$30.1 |
| 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 Federal Motor Vehicle Safety Council as shown in the NMFC 100 series.</small> | | | | | | | |
| <small>NOTES: Where the rate is dependent on value, shipment is 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 as follows:</small> | | | | | | | |
| Comments:  | | | | | | | |
| TRACKING #: | | | | CARRIER: ALM Logistics | | | |
| SHIPPER: PROLOGIX | | | | DATE: | MAILED/RECEIVED: | TRAILER #: 4337 | |
| AUTHORIZED SIGNATURE: | | | | AUTHORIZED SIGNATURE: JM | | | |

PAGE 1

SHIPPER
PLEASE NOTE

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

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

BIB of Leading ID:
20090112065728

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/12/2009

P.G. NO.

PLACE PRO LABEL HERE

SHIPPER (FROM):
PROLOGIX - TUCSON ~ (TUC/488)
ADDRESS
1857 WEST GRANT

| | |
|-----------------|---------------------------------|
| CONSIGNEE (TO): | PROLOGIX - G. ENDALE - PHX(056) |
| ADDRESS: | 4912 WEST PASADENA AVE |

CITY, STATE, ZIP
TUCSON, AZ 85745
PHONE NO.
520.822.2831
ATTENTION
DAVID BOSTIC

| | |
|-------------------|--|
| CITY, STATE, ZIP | |
| GLENDAL, AZ 85301 | |
| PHONE NO. | |
| 822.935.6511 | |
| ATTENTION | |

BILL THIRD PARTY FREIGHT CHARGES TO
NAME/COMPANY

COD
AMOUNT

GOD FEE:

IS CUSTOMER'S CHECK ☐ Yes ☐ No
ACCEPTABLE FOR CREDIT

☐ Prepaid ☐ Collect

CITY, STATE, ZIP

REMIT COD TO

ATTN:

ADDRESS

ACCOUNT NUMBER

CITY, STATE, ZIP

[illegible]

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:

| | |
|--------|---------|
| TOTAL: | 15150.5 |
|--------|---------|

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 by the NMF 500 series.

NOTES: We are the rate is dependent on value, which are required to be specifically in writing the highest or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not in doubt.

Comments:

TRACKING #.

CARRIER: ALM Logistics

SHIPPER:

PROLOGUE

DATE:

NYU RECEIVED:

TRAILER #: 4337

AUTHORIZED SIGNATURE:

AUTHORIZED SIGNATURE:

IN

ALM Logistics, Inc.

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

INVOICE

233067

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ANDERSON SERVICES,LLC
4932 WEST PASADENA AVE
GLENDALE AZ 85301

C
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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

B
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| DATE | PRO NO. | COMMODITY | SHIPPING DATE | TERMS |
|--|----------------|-----------------|---------------|-----------------|
| 01/20/2009 | 22015553 | BOOKS/MAGAZINES | 01/14/2009 | 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#: 31123 | | | |
| 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 |

Save & Close Close Print

Bill of Lading - 20090114120343

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

Shipper (From)

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

Consignee (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 | NAFIC | Class | Weight (lbs) |
|------|------------------|---------------|-----------------|--------|-------|--------------|
| 1 | 1 | Pallets | Empty Totes | 154600 | 125 | 850 |
| 2 | 1 | Totes | Pink Mail Totes | 161070 | 70 | 5.5 |
| 3 | 15 | Pallets | Books | 161560 | 65 | 11515 |
| 4 | 8 | Cartons | Books | 161560 | 65 | 232 |
| | | | | | | 19610.5 |

Additional Commodity Details (Optional)

Add Entry Remove Entry Edit Entry Clear All

| Item | # Shipping Units | Package Types | Description |
|------|------------------|---------------|-------------|
|------|------------------|---------------|-------------|

4837

IM

<http://svprologix01/icon/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 NEGOTIABLEBill of Lading NO:
20000114111443

FREIGHT CHARGES:

☒ Prepaid ☐ CollectDATE
01/14/2009

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: 1837 WEST GRANT | | | |
| CITY, STATE, ZIP: GLENDALE, AZ 85301 | | | | CITY, STATE, ZIP: TUCSON, AZ 85745 | | | |
| PHONE NO.: 623.838.6511 | | | | PHONE NO.: 520.622.2831 | | | |
| ATTENTION: DAVID BOSTIC | | | | ATTENTION: DAVID BOSTIC | | | |
| BILL THIRD PARTY FREIGHT CHARGES TO: COD AMOUNT | | | | IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| NAME/COMPANY: | | | | COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect | | | |
| ADDRESS: | | | | REMIT COD TO: | | | |
| CITY, STATE, ZIP: | | | | ADDRESS: | | | |
| ATTN: | | | | CITY, STATE, ZIP: | | | |
| ACCOUNT NUMBER: | | | | TOTAL: 31240.8 | | | |
| # Shipping Units | HM* | Package Type | Skids | Description of Articles | NMFC No. | Class | Weight (LBS) |
| 30 | | Pallets | | Magazines | 161700 | 55 | 27000 |
| 5 | | Pallets | | Books | 161850 | 65 | 4000 |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 55 |
| 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 special value in writing and agreed or declared value of the property. The amount of declared value of the property is hereby solemnly stated by the shipper to be not exceeding \$ _____</small> | | | | | | | |
| Comments: <i>Shawn V</i> | | | | | | | |
| TRACKING #: | | | | CARRIER: ALM Logistics | | | |
| SHIPPER: | | | | DATE: | | MVR RECEIVED: | |
| AUTHORIZED SIGNATURE: <i>Drew Vance</i> | | | | AUTHORIZED SIGNATURE: <i>FM</i> | | TRAILER #: 4337 | |

PAGE 3



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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

6869 - 0000

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 |

SHIPPER
PLEASE NOTE

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

TMP# 432558

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090115111248


FREIGHT CHARGES:

☒ Prepaid ☐ Collect

DATE
01/15/2009

P.O. NO.

PLACE PRO LABEL HERE

| | | | |
|---|-----|--|-------|
| SHIPPER (FROM): PROLOGIX - GLENDALE - (PHX/065) | | CONSIGNEE (TO): PROLOGIX - TUCSON - (TUC/488) | |
| ADDRESS: 4832 WEST PASADENA AVE | | ADDRESS: 1557 WEST GRANT | |
| CITY, STATE, ZIP: GLENDALE, AZ 85301 | | CITY, STATE, ZIP: TUCSON, AZ 85745 | |
| PHONE NO.: 623.939.5311 | | 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: | |
| # Shipments Units | RM* | Package Type | Slide |
| 27 | | Pallets | |
| 5 | | Pallets | |
| 1 | | Totes | |
| Description of Articles | | NMFC No. | Class |
| Magazines | | 151700 | 39 |
| Books | | 151900 | 65 |
| Pink Mail Totes | | 151870 | 70 |
| Weight (LBS) | | | |
| 24327 | | | |
| 4605 | | | |
| 5.5 | | | |
| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | |
| TOTAL: 25837.5 | | | |
| NOTE: Where the value is dependent on value, shippers are required to state a specific value in writing the amount or declared value of the property. The agreed or declared value of the property is hereby acknowledged by the shipper to be not exceeding \$ _____ per _____ | | | |
| Comments: | | | |
|  | | | |
| TRACKING #: | | CARRIER: ALM Logistics | |
| SHIPPER: | | DATE: | |
| AUTHORIZED SIGNATURE: Brent Vance | | MAU RECEIVED: | |
| | | TRAILER #: 4337 | |
| | | AUTHORIZED SIGNATURE: Im | |

PAGE 3

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

6869 - 0000

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 |

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

Bill of Lading ID:

ORIGINAL - NOT NEGOTIABLE

20090115165900

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/15/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 1

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

Bill of Lading ID:
20090115093701

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

PLACE PRO LABEL HERE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/15/2009

P.O. NO.

| SHIPPER (FROM): PROLOGIX - LENEXA ~ [KCK/059] | | | | CONSIGNEE (TO): PROLOGIX - WICHITA ~ [WKS/060] | | | |
|---|-----|--------------|-------|---|----------------------|-------------------|-----------------------|
| ADDRESS: 9605 DICE LANE P.O. BOX 14948 CITY, STATE, ZIP LENEXA, KS 66215 PHONE NO. 913.541.8600 ATTENTION _____ | | | | ADDRESS: 3629 WEST 30TH ST SOUTH CITY, STATE, ZIP WICHITA, KS 67217 PHONE NO. 316.945.7108 ATTENTION _____ | | | |
| BILL THIRD PARTY FREIGHT CHARGES TO NAME/COMPANY: | | | | COD AMOUNT | | | |
| ADDRESS: | | | | | | | |
| | | | | COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect | | | |
| | | | | IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? Yes 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) |
| 12 | | Pallets | | Magazines | 161700 | 55 | 10812 |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 |
| | | | | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | | | TOTAL: 10817.5 |
| 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: <div align="center">PROLOGIX</div> | | | | DATE: | M/U RECEIVED: | TRAILER #: | |
| AUTHORIZED SIGNATURE: <div align="center"><i>[Signature]</i></div> | | | | AUTHORIZED SIGNATURE: <div align="center"><i>[Signature]</i></div> | | | |



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INVOICE**233089****S
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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 | 22015571 | PRINTED MATERIAL | 01/16/2009 | 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#: 31337 | | | | |
| CONSIGNEE-1: SPRINGFIELD MO | | | | |
| CONSIGNEE-2: LENEXA KS | | | | |
| THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! | | | | |
| B/L TERMS: THIRD | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$567.80 |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

PLACE PRO LABEL HERE

FREIGHT CHARGES:☒ **Prepaid** ☐ **Collect**

DATE
01/16/2009

P.O. NO.

| | | | |
|--|--|---|--|
| 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 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 | |
| | | | |
| 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 | |

[illegible]

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:

| | |
|--------|-------|
| TOTAL: | 21624 |
|--------|-------|

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 NIMFC 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: Prologix Transportation

SHIPPER:

PROLOGIX

DATE:

M/U RECEIVED:

TRAILER #:
533325

AUTHORIZED SIGNATURE:

AUTHORIZED SIGNATURE:

PAGE 3



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INVOICE

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SHIPPER

ANDERSON NEWS
9605 DICE LANE
LENEXA KS 66215

CONSIGNEE

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

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ANDERSON NEWS
9605 DICE LANE
LENEXA KS 66215

BILL TO

| 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 | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$571.19 |

SHIPPER
PLEASE NOTE

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

PROLOGIX™

Bill of Lading ID:
20090120092104

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ **Prepaid** ☐ **Collect**

DATE
01/20/2009

P.O. NO.

PLACE PRO LABEL HERE

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|--|-----|--------------|-------|--|----------|--|--------------|
| SHIPPER (FROM): PROLOGIX - SPRINGFIELD ~ [JSM/245] ADDRESS 3107 MN EAST CHESTNUT CITY, STATE, ZIP SPRINGFIELD, MO 65802 PHONE NO. 417.869.5201 ATTENTION | | | | CONSIGNEE (TO): PROLOGIX - LENEXA ~ [KCK/059] ADDRESS 9605 DICE LANE P.O. BOX 14948 CITY, STATE, ZIP LENEXA, KS 66215 PHONE NO. 913.541.8600 ATTENTION | | | |
| BILL THIRD PARTY FREIGHT CHARGES TO NAME/COMPANY | | | | <div style="font-size: 2em; font-weight: bold; margin: 0;">COD</div> <div style="font-weight: bold; margin: 0;">AMOUNT</div> | | | |
| ADDRESS | | | | | | | |
| CITY, STATE, ZIP | | | | COD FEE: | | IS CUSTOMER'S CHECK <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ATTN. | | | | <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect | | 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) |
| 5 | | Pallets | | Magazines | 161700 | 55 | 4505 |
| 4 | | Pallets | | Empty Totes | 156800 | 125 | 3432 |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 |
| 1 | | Totes | | Magazines | 161700 | 55 | 43 |
| | | | | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | | TOTAL: 7985.5 | |
| <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: 1 Tote Magazines - Overs | | | | | | | |
| TRACKING #: | | | | CARRIER: Prologix Transportation | | | |
| SHIPPER: <div style="text-align: center; font-weight: bold; margin-top: 5px;">PROLOGIX</div> | | | | DATE: | | M/U RECEIVED: | |
| AUTHORIZED SIGNATURE: | | | | TRAILER #: 533325 | | | |
| | | | | AUTHORIZED SIGNATURE: | | | |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/20/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 3

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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

6869 - 0000

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 |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/19/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 3

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ **Prepaid** ☐ **Collect**

DATE
01/19/2009

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 | | | | <div style="font-size: 2em; font-weight: bold; margin: 0;">COD</div> <div style="font-weight: bold; margin: 0;">AMOUNT</div> | | | |
| NAME/COMPANY | | | | | | | |
| ADDRESS | | | | <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect</div><div style="width: 50%;">IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> | | | |
| | | | | | | | |
| 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) |
| 16 | | Pallets | | Magazines | 161700 | 55 | 14416 |
| 4 | | Pallets | | Books | 161560 | 65 | 3604 |
| 1 | | Pallets | | Display Racks | 164320 | 110 | 901 |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 |
| | | | | | | | |
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| 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</small> \$ _____ per _____ | | | | | | | |
| Comments: | | | | | | | |
| TRACKING #: | | | | CARRIER: AAA Transfer | | | |
| SHIPPER: PROLOGIX | | | | DATE: | M/U RECEIVED: | TRAILER #: | |
| AUTHORIZED SIGNATURE: <i>Jim Warner</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

6869 - 0000

ANDERSON SERVICES, LLC
9605 DICE LANE
LENEXA KS 66215

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| DATE | PRO NO. | COMMODITY | SHIPPING DATE | TERMS |
|--|----------------|------------------|---------------|-----------------|
| 01/23/2009 | 22015589 | PRINTED MATERIAL | 01/20/2009 | 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#: 31186 | | | | |
| 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 |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/20/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 1

SHIPPER
PLEASE NOTE

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

PROLOGIX™

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

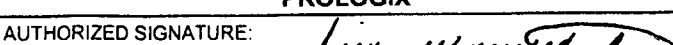

Bill of Lading ID:
20090120112826

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/20/2009

P.O. NO.

PLACE PRO LABEL HERE

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|--|-----|--------------|-------|--|---------------|------------|-----------------------|
| SHIPPER (FROM): PROLOGIX - LENEXA ~ [KCK/059] ADDRESS 9605 DICE LANE P.O. BOX 14948 CITY, STATE, ZIP LENEXA, KS 66215 PHONE NO. 913.541.8600 ATTENTION | | | | CONSIGNEE (TO): PROLOGIX - WICHITA ~ [WKS/060] ADDRESS 3629 WEST 30TH ST SOUTH CITY, STATE, ZIP WICHITA, KS 67217 PHONE NO. 316.945.7108 ATTENTION | | | |
| BILL THIRD PARTY FREIGHT CHARGES TO | | | | <div style="font-size: 2em; font-weight: bold; margin: 0;">COD</div> <div style="font-weight: bold; margin: 0;">AMOUNT</div> | | | |
| NAME/COMPANY | | | | | | | |
| ADDRESS | | | | | | | |
| CITY, STATE, ZIP | | | | | | | |
| ATTN. | | | | REMIT COD TO | | | |
| ACCOUNT NUMBER | | | | ADDRESS | | | |
| | | | | CITY, STATE, ZIP | | | |
| # Shipping Units | HM* | Package Type | Skids | Description of Articles | NMFC No. | Class | Weight (LBS) |
| 12 | | Pallets | | Magazines | 161700 | 55 | 10812 |
| 1 | | Pallets | | Books | 161560 | 65 | 901 |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 |
| | | | | | | | |
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| 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 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: AAA Transfer | | | |
| SHIPPER: PROLOGIX | | | | DATE: | M/U RECEIVED: | TRAILER #: | |
| AUTHORIZED SIGNATURE:  | | | | AUTHORIZED SIGNATURE:  | | | |

PAGE 2

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INVOICE**233112****S
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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 |
|--|----------------|------------------|---------------|-----------------|
| 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 | | | | |
| THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! | | | | |
| B/L TERMS: THIRD | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$571.19 |

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

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 - SPRINGFIELD ~ [JSM/245] | | | | CONSIGNEE (TO): PROLOGIX - LENEXA ~ [KCK/059] | | | |
|---|------|--------------|-------|--|-----------|----------------------|----------------------|
| ADDRESS: 3107 MN EAST CHESTNUT | | | | ADDRESS: 9605 DICE LANE | | | |
| | | | | P.O. BOX 14948 | | | |
| 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 NAME/COMPANY | | | | COD AMOUNT | | | |
| ADDRESS | | | | | | | |
| | | | | COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect | | | |
| | | | | IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| CITY, STATE, ZIP | | | | REMIT COD TO | | | |
| ATTN. | | | | ADDRESS | | | |
| ACCOUNT NUMBER | | | | CITY, STATE, ZIP | | | |
| # Shipping Units | NMFC | 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 |
| | | | | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | | | TOTAL: 4500.5 |
| 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: Miscellaneous Pallet - VOIDS | | | | | | | |
| TRACKING #: | | | | CARRIER: Prologix Transportation | | | |
| SHIPPER: PROLOGIX | | | | DATE: | | M/U RECEIVED: | |
| AUTHORIZED SIGNATURE: <i>[Signature]</i> | | | | TRAILER #: 533325 AUTHORIZED SIGNATURE: | | | |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/21/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 2

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INVOICE**233113****S
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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 |
|--|----------------|------------------|---------------|-----------------|
| 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 | | | | |
| THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! | | | | |
| B/L TERMS: THIRD | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$625.60 |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

P.O. NO.

PLACE PRO LABEL HERE

PAGE 2

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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

6869 - 0000

ANDERSON SERVICES,LLC
4932 WEST PASADENA AVE
GLENDALE AZ 85301

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| DATE | PRO NO. | COMMODITY | SHIPPING DATE | TERMS |
|--|----------------|-----------------|---------------|-----------------|
| 01/30/2009 | 22015592 | BOOKS/MAGAZINES | 01/19/2009 | 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#: 31183 | | | | |
| 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 |
| | | | | \$550.40 |

SHIPPER
PLEASE NOTE

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

PROLOGIX™

Bill of Lading ID:
20090119143601

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

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 | | | | | | | | | |
| NAME/COMPANY | | | | | COD AMOUNT 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 | | | | |
| ADDRESS | | | | | | | | | |
| 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 | | Books | 161560 | 65 | 13515 | | |
| 1 | | Totals | | Pink Mail Totals | 161870 | 70 | 5.5 | | |
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| 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: | | | | | DATE: | MU RECEIVED: | TRAILER #: | | |
| PROLOGIX | | | | | | | 4337 | | |
| AUTHORIZED SIGNATURE: | | | | | AUTHORIZED SIGNATURE: | | | | |
| | | | | | | | | | |

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

PROLOGIX™

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

☒ Prepaid ☐ Collect

| | |
|--------------------|----------|
| DATE 01/19/2009 | P.O. NO. |
|--------------------|----------|

PLACE PRO LABEL HERE

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

INVOICE

233118

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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 |
|--|----------------|-----------------|---------------|-----------------|
| 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 | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$550.40 |

TMP# 433194

SHIPPER
PLEASE NOTE

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

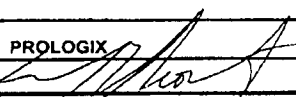

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090120183737

| | |
|---|----------------------------------|
| FREIGHT CHARGES: | |
| <input checked="" type="checkbox"/> Prepaid | <input type="checkbox"/> Collect |
| DATE 01/20/2009 | P.O. NO. |

PLACE PRO LABEL HERE

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|--|-----|--------------|-------|--|----------------|-----------------|--------------|
| 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 | | | |
| NAME/COMPANY | | | | AMOUNT | | | |
| 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 |
| 6 | | Pallets | | Empty Totes | 156600 | 125 | 5148 |
| 10 | | Pallets | | Books | 161560 | 65 | 9010 |
| | | | | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | TOTAL: 14183.5 | | |
| <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: | |
| AUTHORIZED SIGNATURE:  | | | | AUTHORIZED SIGNATURE:  | | TRAILER #: 4337 | |

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. |
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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
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 |
|--|----------------|-----------------|---------------|-----------------|
| 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 | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$550.40 |

SHIPPER
PLEASE NOTE

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

PROLOGIX™

Bill of Lading ID:
20090122144432

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 - 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 | | |
| 2 | | Cartons | | Magazines | 161700 | 55 | 50 | | |
| | | | | | | | | | |
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| 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: | | | |
| AUTHORIZED SIGNATURE: | | | | AUTHORIZED SIGNATURE: | | TRAILER #: | | | |

SHIPPER: PROLOGIX
 AUTHORIZED SIGNATURE: *[Signature]*
 CARRIER: ALM Logistics
 DATE: *[Blank]* M/U RECEIVED: *[Blank]* TRAILER #: 4337
 AUTHORIZED SIGNATURE: IM

SHIPPER
PLEASE NOTE

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

PROLOGIX

Bill of Lading ID:
20090122100216

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

| | |
|--------------------|----------|
| DATE 01/22/2009 | P.O. NO. |
|--------------------|----------|

PLACE PRO LABEL HERE

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

INVOICE**233131****S
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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 | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$625.60 |

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

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

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|---|-----|--------------|-------|---|----------|--|--------------|
| 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: | | 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) |
| 15 | | Pallets | | Magazines | 161700 | 55 | 13515 |
| 2 | | Pallets | | Empty Totes | 156600 | 125 | 1716 |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 |
| | | | | | | | |
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| 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: | | | | DATE: | | M/U RECEIVED: | |
| AUTHORIZED SIGNATURE: PROLOGIX | | | | TRAILER #: | | | |
| AUTHORIZED SIGNATURE: <i>[Signature]</i> | | | | AUTHORIZED SIGNATURE: <i>[Signature]</i> | | | |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

PLACE PRO LABEL HERE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/22/2009

P.O. NO.

[illegible]

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 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 |
|--|----------------|------------------|---------------|-----------------|
| 02/03/2009 | 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 | | | | |
| THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! | | | | |
| B/L TERMS: THIRD | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$567.80 |

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CC754885-X (02/08)

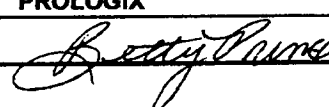
SHIPPER
PLEASE NOTE

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

PROLOGIXBill of Lading ID:
20090126164354**STRAIGHT BILL OF LADING**
ORIGINAL - NOT NEGOTIABLE**FREIGHT CHARGES:**☒ Prepaid ☐ CollectDATE
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 NAME/COMPANY | | | | COD AMOUNT | | | |
| ADDRESS | | | | | | | |
| CITY, STATE, ZIP | | | | COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect | | | |
| ATTN. | | | | IS CUSTOMER'S CHECK <input type="checkbox"/> Yes <input type="checkbox"/> No ACCEPTABLE FOR COD? | | | |
| ACCOUNT NUMBER | | | | REMIT COD TO | | | |
| CITY, STATE, ZIP | | | | ADDRESS | | | |
| CITY, STATE, ZIP | | | | 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 |
| | | | | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | | | TOTAL: 20632.5 |
| 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: Prologix Transportation | | | |
| SHIPPER: PROLOGIX | | | | DATE: | M/U RECEIVED: | TRAILER #: 533325 | |
| AUTHORIZED SIGNATURE:  | | | | AUTHORIZED SIGNATURE: | | | |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:

☒ Prepaid ☐ Collect

DATE
01/27/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 2

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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 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 | 22015622 | PRINTED MATERIAL | 01/28/2009 | 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#: 31267 | | | | |
| CONSIGNEE-1: SPRINGFIELD MO | | | | |
| CONSIGNEE-2: LENEXA KS | | | | |
| THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! | | | | |
| B/L TERMS: THIRD | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$567.80 |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ **Prepaid** ☐ **Collect**

DATE
01/28/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 3

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/28/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 2

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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

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 | 22015623 | PRINTED MATERIAL | 01/26/2009 | 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#: 31264 | | | | |
| 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 (02/08)

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/26/2009

P.O. NO.

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ **Prepaid** ☐ **Collect**

DATE
01/26/2009

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 | | | | COD AMOUNT COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? Yes No | | | |
| NAME/COMPANY | | | | | | | |
| ADDRESS | | | | | | | |
| | | | | | | | |
| 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 |
| 1 | | Pallets | | Books | 161560 | 65 | 901 |
| 1 | | Pallets | | Display Racks | 164320 | 110 | 901 |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 |
| | | | | | | | |
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HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: _____ **TOTAL: 15322.5**

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: | DATE: | M/U RECEIVED: | TRAILER #: |
| AUTHORIZED SIGNATURE: PROLOGIX <i>[Signature]</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

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 | 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 | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$622.00 |

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CC754885-X (02/08)

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

P.O. NO.

PLACE PRO LABEL HERE

PAGE 1

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



STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

PLACE PRO LABEL HERE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/27/2009

P.O. NO.

| | | | | | | | |
|--|-----|--------------|-------|---|---------------|------------|----------------|
| SHIPPER (FROM): PROLOGIX - LENEXA ~ [KCK/059] ADDRESS 9605 DICE LANE P.O. BOX 14948 CITY, STATE, ZIP LENEXA, KS 66215 PHONE NO. 913.541.8600 ATTENTION | | | | CONSIGNEE (TO): PROLOGIX - WICHITA ~ [WKS/060] ADDRESS 3629 WEST 30TH ST SOUTH CITY, STATE, ZIP WICHITA, KS 67217 PHONE NO. 316.945.7108 ATTENTION | | | |
| BILL THIRD PARTY FREIGHT CHARGES TO NAME/COMPANY ADDRESS CITY, STATE, ZIP ATTN. ACCOUNT NUMBER | | | | <div style="text-align: center; font-size: 2em; font-weight: bold;">COD AMOUNT</div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect</div><div style="width: 50%;">IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> REMIT COD TO ADDRESS CITY, STATE, ZIP | | | |
| # Shipping Units | HM* | Package Type | Skids | Description of Articles | NMFC No. | Class | Weight (LBS) |
| 15 | | Pallets | | Magazines | 161700 | 55 | 13515 |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 |
| | | | | | | | |
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| 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: AAA Transfer | | | |
| SHIPPER: PROLOGIX | | | | DATE: | M/U RECEIVED: | TRAILER #: | |
| AUTHORIZED SIGNATURE:  | | | | AUTHORIZED SIGNATURE:  | | | |

PAGE 2

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

INVOICE

233142

SHIPPER

ANDERSON SERVICES, LLC
9605 DICE LANE
LENEXA KS 66215

CONSIGNEE

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

6869 - 0000

ANDERSON SERVICES, LLC
9605 DICE LANE
LENEXA KS 66215

BILL TO

| 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 |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ **Prepaid** ☐ **Collect**

DATE
01/28/2009

P.O. NO.

PLACE PRO LABEL HERE

| COD | |
|--------|------|
| AMOUNT | |
| 1 | 100 |
| 2 | 200 |
| 3 | 300 |
| 4 | 400 |
| 5 | 500 |
| 6 | 600 |
| 7 | 700 |
| 8 | 800 |
| 9 | 900 |
| 10 | 1000 |

COD FEE:

☐ Prepaid ☐ Collect

**IS CUSTOMER'S CHECK
ACCEPTABLE FOR COD**

☐ Yes ☐ No

REMIT COD TO

ADDRESS

CITY, STATE, ZIP

[illegible]

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:

| | |
|--------|---------|
| TOTAL: | 17124.5 |
|--------|---------|

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: Nothing to return

TRACKING #:

CARRIER: AAA Transfer

SHIPPER:

DATE:

M/U RECEIVED:

TRAILER #

AUTHORIZED SIGNATURE:

AUTHORIZED SIGNATURE:



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

INVOICE

233149

SHIPPER

ANDERSON SERVICES,LLC
4932 WEST PASADENA AVE
GLENDALE AZ 85301

CONSIGNEE

6869 - 0000

ANDERSON SERVICES,LLC
4932 WEST PASADENA AVE
GLENDALE AZ 85301

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

BILL TO

| DATE | PRO NO. | COMMODITY | SHIPPING DATE | TERMS |
|--|----------------|-----------------|---------------|-----------------|
| 02/03/2009 | 22015633 | BOOKS/MAGAZINES | 01/28/2009 | 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#: 31268 | | | | |
| 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 |

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

| | |
|--------------------|----------|
| DATE 01/28/2009 | P.O. NO. |
|--------------------|----------|

PLACE PRO LABEL HERE

[illegible]

SHIPPER
PLEASE NOTE

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

PROLOGIX

Bill of Lading ID:
20090128141342

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/28/2009

P.O. NO.

PLACE PRO LABEL HERE

[illegible]

PAGE 3



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INVOICE

233150

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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 |

SHIPPER
PLEASE NOTE

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

PROLOGIX™

Bill of Lading ID:
20090126125345

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

| | |
|--------------------|----------|
| DATE 01/26/2009 | P.O. NO. |
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PLACE PRO LABEL HERE

[illegible]

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

PROLOGIX

Bill of Lading ID:
20090126091945

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

| | |
|--------------------|---------|
| DATE 01/26/2009 | P.O. NO |
|--------------------|---------|

PLACE PRO LABEL HERE

[illegible]

ALM Logistics, Inc.

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

INVOICE

233151

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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 | 22015635 | BOOKS/MAGAZINES | 01/29/2009 | 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#: 31273 | | | | |
| 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 |

SHIPPER
PLEASE NOTE

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

PROLOGIX

Bill of Lading ID:
20090129140711

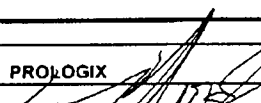

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/29/2009

P.O. NO.

PLACE PRO LABEL HERE

| SHIPPER (FROM): PROLOGIX - TUCSON ~ [TUC/488] ADDRESS 1857 WEST GRANT | | | | CONSIGNEE (TO): PROLOGIX - GLENDALE ~ [PHX/056] ADDRESS 4932 WEST PASADENA AVE | | | |
|--|-----|--------------|-------|--|----------|----------------------|--------------|
| CITY, STATE, ZIP TUCSON, AZ 85745 PHONE NO. 520.622.2831 ATTENTION DAVID BOSTIC | | | | CITY, STATE, ZIP GLENDALE, AZ 85301 PHONE NO. 623.939.6511 ATTENTION | | | |
| BILL THIRD PARTY FREIGHT CHARGES TO | | | | | | | |
| NAME/COMPANY | | | | COD AMOUNT 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? | | | |
| ADDRESS | | | | | | | |
| 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 |
| | | | | | | | |
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| | | | | | | TOTAL: 3609.5 | |
| 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 #: SHIPPER: <div style="text-align: center;">PROLOGIX</div> AUTHORIZED SIGNATURE:  | | | | CARRIER: ALM Logistics DATE: MU RECEIVED: TRAILER #: 4337 AUTHORIZED SIGNATURE:  | | | |

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

PROLOGIX™

Bill of Lading ID:
20090129110509

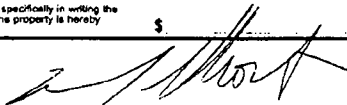
STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

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 | | | | | | | | | |
| NAME/COMPANY | | | | | COD AMOUNT COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| ADDRESS | | | | | | | | | |
| 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) | | |
| 26 | | Pallets | | Magazines | 181700 | 55 | 23428 | | |
| 6 | | Pallets | | Books | 181560 | 65 | 5406 | | |
| 1 | | Totes | | Pink Mail Totes | 181870 | 70 | 5.5 | | |
| | | | | | | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | | | | TOTAL: 28637.5 | |
| <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: Brent Vance | | | | | AUTHORIZED SIGNATURE: Im | | | | |



P.O. Box 927 • Hermitage, TN 37076
615 758-3704 • FAX 615 758-3533 • 888 758-3704

INVOICE**233170****S
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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

**B
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| DATE | PRO NO. | COMMODITY | SHIPPING DATE | TERMS |
|--|----------------|------------------|---------------|-----------------|
| 02/10/2009 | 22015626 | PRINTED MATERIAL | 01/29/2009 | 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#: 31274 | | | | |
| 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 |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
01/29/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 1

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

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. 913.541.8600 | | | | 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 | | | |
| # 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 | 901 |
| 1 | | Totes | | Pink Mail Totes | 181870 | 70 | 5.5 |
| | | | | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | | TOTAL: 22530.5 | |
| 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 #: | | | | | | | |
| SHIPPER: PROLOGIX | | | | CARRIER: AAA Transfer | | | |
| AUTHORIZED SIGNATURE: <i>Brendi S. C.</i> | | | | DATE: | | M/U RECEIVED: | TRAILER #: |
| | | | | AUTHORIZED SIGNATURE: <i>[Signature]</i> | | | |

DeWayne Hall

PAGE 2



P.O. Box 927 • Hermitage, TN 37076
615 752-3704 • FAX 615 752-8533 • 833 752-3704

INVOICE

233178

SHIPPER

ANDERSON NEWS
9605 DICE LANE
LENEXA KS 66215

CONSIGNEE

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

6869 - 0000

ANDERSON NEWS
9605 DICE LANE
LENEXA KS 66215

BILL TO

| 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 |

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CC754885-X (02/08)

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
02/04/2009

P.Q. NO.

PLACE PRO LABEL HERE

[illegible]

PAGE 3

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090203132645

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
02/04/2009

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 14948 | | | | | | | | | | | |
| CITY, STATE, ZIP LENEXA, KS 66215 | | | | | | CITY, STATE, ZIP SPRINGFIELD, MO 65802 | | | | | |
| PHONE NO. 913.541.8600 | | | | | | PHONE NO. 417.869.5201 | | | | | |
| ATTENTION | | | | | | ATTENTION | | | | | |
| R III THIRD PARTY FREIGHT CHARGES TO | | | | | | | | | | | |
| NAME/COMPANY | | | | | | COD AMOUNT | | | | | |
| ADDRESS | | | | | | COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input checked="" 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 | 65 | 15317 | | | | |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 | | | | |
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| 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 good 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> | | | | | | | | | | | |
| Comments: <div style="text-align: right;"> \$ _____ Springfield, MO Subject To Count Date: 2-04-09 Time: 6:00AM By: BPRMB SIGNATURES DO NOT CERTIFY QUANTITY OR CONDITION OF GOODS </div> | | | | | | | | | | | |
| TRACKING #: | | | | CARRIER: AAA Transfer | | | | | | | |
| SHIPPER: | | | | DATE: | | MU RECEIVED: | | | | | |
| AUTHORIZED SIGNATURE: | | | | TRAILER #: | | AUTHORIZED SIGNATURE: | | | | | |



P.O. Box 927 • Hermitage, TN 37076
615 758-3704 • FAX 615 758-6563 • 888 758-3704

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 |
|--|----------------|------------------|---------------|-----------------|
| 02/10/2009 | 22015659 | PRINTED MATERIAL | 02/03/2009 | 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#: 31355 | | | | |
| 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 |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
02/03/2009

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 | | | | | | |
| | | | | | | P.O. BOX 14948 | | | | | | |
| 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 | | | | | | | | | | | | |
| NAME/COMPANY | | | | | | COD AMOUNT | | | | | | |
| ADDRESS | | | | | | | | | | | | |
| | | | | | | COD FEE: | | | | IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? Yes 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) | | | | | |
| 22 | | Pallets | | Magazines | 161700 | 55 | 19822 | | | | | |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 | | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | | | | | | TOTAL: 19827.5 | | |
| 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 10B 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: | | | | | | DATE: | | MOU 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:
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. 316.945.7106 | |
| ATTENTION | | ATTENTION | |
| BILL THIRD PARTY FREIGHT CHARGES TO | | COD AMOUNT | |
| NAME/COMPANY: | | COD FEE: | |
| ADDRESS: | | <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 | | CITY, STATE, ZIP | |
| # Shipping Units | HM* | Package Type | Skids |
| 24 | | Pallets | |
| 3 | | Cartons | |
| 1 | | Totes | |
| | | Description of Articles | NMFC No. |
| | | Magazines | 181700 |
| | | Miscellaneous | N/A |
| | | Pink Mail Totes | 161870 |
| | | | Class |
| | | | 55 |
| | | | 65 |
| | | | 70 |
| | | | Weight (LBS) |
| | | | 21624 |
| | | | 87 |
| | | | 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 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. This 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: |
| AUTHORIZED SIGNATURE: <i>Jim Wanner</i> | | TRAILER #: | |
| AUTHORIZED SIGNATURE: <i>Chris Cotton</i> | | AUTHORIZED SIGNATURE: <i>L. Bruns</i> | |

PAGE 2



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

INVOICE

233182

SHIPPER

ANDERSON NEWS
9605 DICE LANE
LENEXA KS 66215

CONSIGNEE

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

6869 - 0000

ANDERSON NEWS
9605 DICE LANE
LENEXA KS 66215

BILL TO

| 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 |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ **Prepaid** ☐ **Collect**

DATE
01/29/2009

P.O. NO.

PLACE PRO LABEL HERE

[illegible]

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

P.O. NO.

PLACE PRO LABEL HERE

PAGE 2

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

PROLOGIX™

Bill of Lading ID:
20090202131711

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
02/02/2009

P.O. NO.

PLACE PRO LABEL HERE

[illegible]

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

PROLOGIX

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

☒ Prepaid ☐ Collect

P.O. NO.

PLACE PRO LABEL HERE

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

INVOICE**233187****S
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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 | 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 |

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

TMP # 434616

PROLOGIX™

Bill of Lading ID:
20090204100351

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

| | |
|--------------------|----------|
| DATE 02/04/2009 | P.O. NO. |
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PLACE PRO LABEL HERE

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|---|-----|--------------|-------|-------------------------|----------|--|--------------|----------------|--|-----------------|--|
| SHIPPER (FROM): PROLOGIX - GLENDALE ~ [PHX/058] | | | | | | 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 | | | | | | | | | | | |
| | | | | | | 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 | 161670 | 70 | 5.5 | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | | | | TOTAL: 22530.5 | | | |
| 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 this property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____ | | | | | | | | | | | |
| Comments: | | | | | | | | | | | |
| TRACKING #: | | | | | | CARRIER: ALM Logistics | | | | | |
| SHIPPER: PROLOGIX | | | | | | DATE: | | M/U RECEIVED: | | TRAILER #: 4337 | |
| AUTHORIZED SIGNATURE: Brent Vance | | | | | | AUTHORIZED SIGNATURE: Jm | | | | | |



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

INVOICE**233188****S
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ANDERSON SERVICES,LLC
4932 WEST PASADENA AVE
GLENDALE AZ 85301

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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

| 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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CC754885-X (02/08)

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

PROLOFIX™

Bill of Lading ID:
20090205124941

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

| | |
|--------------------|----------|
| DATE 02/05/2009 | P.O. NO. |
|--------------------|----------|

PLACE PRO LABEL HERE

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

TRP# 434617

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE


Bill of Lading ID:
20090205103706

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
02/05/2009

P.O. NO.

PLACE PRO LABEL HERE

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|---|--|--|--|---|--|------------------------|--|
| SHIPPER (FROM): PROLOGIX - GLENDALE - (PHX)0561 ADDRESS 4932 WEST PASADENA AVE CITY, STATE, ZIP GLENDALE, AZ 85301 PHONE NO. 623.939.6511 ATTENTION | | | | CONSIGNEE (TO): PROLOGIX - TUCSON - (TUC)4881 ADDRESS 1857 WEST GRANT CITY, STATE, ZIP TUCSON, AZ 85745 PHONE NO. 520.622.2831 ATTENTION DAVID BOSTIC | | | |
| BILL THIRD PARTY FREIGHT CHARGES TO | | | | COD | | | |
| NAME/COMPANY ADDRESS CITY, STATE, ZIP ATTN. ACCOUNT NUMBER | | | | COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collected | | | |
| | | | | IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | REMIT COD TO ADDRESS CITY, STATE, ZIP | | | |
| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | TOTAL: 22530.5 | | | |
| 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 | | | | | | | |
| Comments: | | | | \$ _____ PER _____ | | | |
| <div style="text-align: center; font-size: 2em; font-family: cursive;">  </div> | | | | | | | |
| TRACKING #: | | | | CARRIER: ALM Logistics | | | |
| SHIPPER: PROLOGIX | | | | DATE: | | M/U RECEIVED: | |
| AUTHORIZED SIGNATURE: <i>B. Vance</i> | | | | AUTHORIZED SIGNATURE: <i>IM</i> | | TRAILER #: 4337 | |

ALM Logistics, Inc.

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

INVOICE

233189

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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

| DATE | PRO NO. | COMMODITY | SHIPPING DATE | TERMS |
|--|----------------|------------------|---------------|-----------------|
| 02/13/2009 | 22015657 | PRINTED MATERIAL | 02/05/2009 | 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#: 31356 | | | | |
| CONSIGNEE-1: SPRINGFIELD MO | | | | |
| CONSIGNEE-2: LENEXA KS | | | | |
| THANK YOU FOR YOUR BUSINESS ! WE APPRECIATE YOUR PROMPT PAYMENT ! | | | | |
| B/L TERMS: THIRD | | | | |
| SYS - GN | | | | |
| | | | | TOTAL |
| | | | | \$567.80 |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090205050109

FREIGHT CHARGES:☒ **Prepaid** ☐ **Collect**

DATE
02/05/2009

P.O. NO.

PLACE PRO LABEL HERE

| | | | | | | | |
|--|-----|--------------|-------|--|---------------|--|--------------|
| SHIPPER (FROM): PROLOGIX - SPRINGFIELD ~ [JSM/245] ADDRESS 3107 MN EAST CHESTNUT CITY, STATE, ZIP SPRINGFIELD, MO 65802 PHONE NO. 417.869.5201 ATTENTION | | | | CONSIGNEE (TO): PROLOGIX - LENEXA ~ [KCK/059] ADDRESS 9605 DICE LANE P.O. BOX 14948 CITY, STATE, ZIP LENEXA, KS 66215 PHONE NO. 913.541.8600 ATTENTION | | | |
| BILL THIRD PARTY FREIGHT CHARGES TO NAME/COMPANY | | | | <div style="font-size: 2em; font-weight: bold; margin: 0;">COD</div> <div style="font-weight: bold; margin: 0;">AMOUNT</div> | | | |
| ADDRESS | | | | | | | |
| CITY, STATE, ZIP | | | | COD FEE: | | <div>IS CUSTOMER'S CHECK</div> <div>ACCEPTABLE FOR COD?</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><input type="checkbox"/> Yes<input type="checkbox"/> No</div> | |
| ATTN. | | | | <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect | | | |
| ACCOUNT NUMBER | | | | REMIT COD TO | | ADDRESS | |
| | | | | CITY, STATE, ZIP | | | |
| # Shipping Units | HM* | Package Type | Skids | Description of Articles | NMFC No. | Class | Weight (LBS) |
| 6 | | Pallets | | Magazines | 161700 | 55 | 5406 |
| 1 | | Totes | | Pink Mail Totes | 161870 | 70 | 5.5 |
| | | | | | | | |
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| HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER: | | | | | | TOTAL: 5411.5 | |
| <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: <i>Betty Prince</i> | | | | AUTHORIZED SIGNATURE: | | | |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

PLACE PRO LABEL HERE

☒ Prepaid ☐ Collect

P.O. NO.

COD
AMOUNT

COD FEE:☐ Prepaid ☐ Collect

**IS CUSTOMER'S CHECK
ACCEPTABLE FOR COD?**

☐ Yes ☐ No

REMIT COD TO

ADDRESS

CITY, STATE, ZIP

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:

TOTAL: 9916.5

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.

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PROLOGIX

Comments:

Springfield, MO
Subject To Count

Date: 9-03-07 Time: 7:00

By

SIGNATURES DO NOT CERTIFY QUANTITY

TRACKING #:

CARRIER: AAA TRANSIT

SHIPPER:

DATE:

M/U RECEIVED:

TRAILER #:

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

233190

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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

B
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| DATE | PRO NO. | COMMODITY | SHIPPING DATE | TERMS |
|--|----------------|------------------|---------------|-----------------|
| 02/13/2009 | 22015660 | 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#: 31360 | | | | |
| 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 |

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

P.O. NO.

PLACE PRO LABEL HERE

PAGE 3

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
02/04/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 2

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

INVOICE

233191

SHIPPER

ANDERSON SERVICES, LLC
9605 DICE LANE
LENEXA KS 66215

CONSIGNEE

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

6869 - 0000

ANDERSON SERVICES, LLC
9605 DICE LANE
LENEXA KS 66215

BILL TO

| 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 (02/08)

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

Bill of Lading ID:
20090205133011

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
02/05/2009

P.O. NO.

PLACE PRO LABEL HERE

PAGE 1

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

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

Bill of Lading ID:
20090205092420

FREIGHT CHARGES:☒ Prepaid ☐ Collect

DATE
02/05/2009

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 | 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 | |

[illegible]

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:

| | |
|---------------|---------------|
| TOTAL: | 9015.5 |
|---------------|---------------|

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: |
| AUTHORIZED SIGNATURE: <i>Jim Wanner</i> | | AUTHORIZED SIGNATURE: <i>L. D. Price</i> | |

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