

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s699

Amount/Classification
\$16,871.02 Unsecured

In re:

American of Martinsville, Inc.

Case Number:

10-11638

VOTE: See Reverse for List of Debtors/Case Numbers/ important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses 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(a).

Name of Creditor and Address: the person or other entity to whom the debtor owes money or property



24838952000058

CHARLES W TRENT & COMPANY, INC
BOX 4203
MARTINSVILLE, VA 24112

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

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

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (276) 638-3526

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

RECEIVED

JUL 29 2010

BMC GROUP

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

Claim Number (if known):

Filed on:

Payment Telephone Number (276) 638-3526

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 16,871.02

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.

2. BASIS FOR CLAIM:

Goods Sold

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as:

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 set off and provide the requested information

Nature of property or right of setoff:

☐ Real Estate ☐ Motor Vehicle ☐ Other

Value of Property: \$ Annual Interest Rate: % if any: \$ Amount of arrearage and other charges as of time case fi included in secured claim, Basis for Perfection:

Unsecured Claim Amount: \$

DO NOT include the priority portion of your claim here.

5. PRIORITY CLAIM

☐ 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.

You MUST 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).

Unsecured Priority Claim Amount: \$

Include **ONLY** the priority portion of your unsecured claim here.

☐ 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) ().

* 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.

SECTION 503(b)(9) CLAIM

☐ Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of commencement of the case (11 U.S.C. § 503(b)(9)). Include the amount of such claim in the space for "Amount entitled to priority" above.

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

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 7 and definition of "redacted" on reverse side.) If the documents are not available, please explain.

DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on August 6, 2010 for Non-Governmental Claimants OR on or before November 15, 2010 for Governmental Units.

BY MAIL TO:
BMC Group, Inc
Attn: Barcalounger Corporation Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:
BMC Group, Inc
Attn: Barcalounger Corporation Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

THIS SPACE FOR COURT USE ONLY

Barcalounger



00216

DATE

7/26/10

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.

KYLE TRENT

7-26-2010 President

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 (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

Debtor Name	Case No
American of Martinsville, Inc.	10-11638
Barcalounger Corporation	10-11637

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 item 4. 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.

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. Claims entitled to administrative priority under 11 U.S.C. § 503(b)(9) should be asserted by filling in the appropriate information on this Proof of Claim form. All other administrative claims must be asserted by an appropriate "request" under 11 U.S.C. § 503(a) and should not be asserted on this Proof of Claim form.

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. Supporting 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). 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.

Date-Stamped Copy

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.

Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

DEFINITIONS

DEBTOR

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

CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

CLAIM

A claim is the creditor's right to receive payment on a debt that was owed by the debtor 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 form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page

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 NONPRIORITY CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

UNSECURED PRIORITY CLAIM 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.

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.

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.

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.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com

CHARLES W. TRENT & COMPANY, INC

Aged Receivables

As of Jul 22, 2010

Filter Criteria includes: 1) IDs: AMEMAR; 2) Includes Drop Shipments. Report order is by ID. Report is printed in Detail Format.

Customer ID Customer Contact	Invoice/CM	Date	0 - 30	31 - 60	61 - 90	Over 90 days	Amount Due
AMEMAR	18481	5/4/09				2,626.40	2,626.40
American of Martinsville	18498	5/18/09				2,626.40	2,626.40
	18521	6/10/09				3,319.60	3,319.60
	18606	8/12/09				118.86	118.86
	18648	8/27/09				2,626.40	2,626.40
	18653	9/15/09				300.56	300.56
	18683	9/29/09				2,626.40	2,626.40
	18709	10/30/09				2,626.40	2,626.40
AMEMAR						16,871.02	16,871.02
American of Martinsville							
Report Total						16,871.02	16,871.02

Charles W. Trent & Company, Inc.

P.O. BOX 4203

MARTINSVILLE, VIRGINIA 24115

TEL: 276/638-3526 • FAX: 276/638-6317

INVOICE

INVOICE NUMBER: 18481

INVOICE DATE: May 4, 2009

PAGE: 1

SOLD TO: American of Martinsville
PO Box 5071
Martinsville, VA 24112

SHIP TO: American of Martinsville
Central Supply Dock 21, Pit 7
11 Redd Level Pit Rd-Back Door
Martinsville, VA 24112

SHIP VIA: Best Way
SHIP DATE: May 4, 2009
DUE DATE: Jun 3, 2009
TERMS: Net 30 Days

CUST. ID: AMEMAR
P.O. NUMBER: 1001995
P.O. DATE:
OUR ORDER NO.:
SALESPERSON:

ITEM I.D. / DESC.	ORDERED	SHIPPED	UNIT	PRICE	NET	TX
L Bags on Rolls		5.6000		469.0000	2.626.40	
				SUBTOTAL	2.626.40	
				TAX		
				PAYMENT		
				TOTAL	\$2.626.40	

STRAIGHT BILL OF LADING—SHORT FORM—ORIGINAL—NOT NEGOTIABLE

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Original Bill of Lading.

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

DESIGNATE WITH AN (X)

BY TRUCK ☐ FREIGHT ☐

From CHARLES W. TRENT
At 107 LAUREL STREET • SUMMIT, MS 39666

CONSIGNEE
AND
DESTINATION
AMERICAN FURNITURE
PLANT 8-UPHOLSTERY
11 REDD LEVEL PLANT RD.
MARTINSVILLE, VA 24112

DATE 5-4 2009 SHIPPER'S NO. 15475

CARRIER

BY

ROUTE

CARRIER'S NO.

DELIVERING CARRIER

CAR OR VEHICLE
INITIALS & NO.

NO. PACKAGES	HM	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	✓	Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee with- out recourse on the consignor, the con- signor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
2		30 X 30 X 52 CLEAR BAG ON ROLL	1,845	55		Per (Signature of Consignor) If charges are to be prepaid, write or stamp here, "To be Prepaid."
		32 ROLLS 175/ROLL				
		PO# 1001995 ORDER# 15-1844				PREPAID
						Received \$ to apply in prepayment of the charges on the property described hereon.
						Agent or Cashier.
						Per (The signature here acknowledges only the amounts prepaid).
						Charges Advanced:
						C.O.D. SHIPMENT C.O.D. Amt Collection Fee Total Charges

AVERITT 064 2679970



Customer B/L Copy
OUR DRIVING FORCE IS PEOPLE
This shipment is subject exclusively to the Uniform Bill of Lading, the liability limitations, and
all other applicable provisions of this carrier's individual and collective tariffs, including current
NMF 100.

When transporting hazardous materials include the technical or chemical name for n.o.s. (not otherwise specified) or generic description of material with appropriate UN or NA number as defined in US DOT Emergency Response Communication Standard (HM-126C). Provide emergency response phone number in case of incident or accident (in box at right)

EMERGENCY RESPONSE PHONE NO.

SHIPPERS CERTIFICATION: 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.

SIGNATURE

TITLE

\$

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".
†Shipper's Imprints in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.
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

THIS SHIPMENT IS CORRECTLY DESCRIBED.

† The fibre boxes used for this shipment conform to the specifications set forth in the box makers certificate thereon and all other requirements of the Consolidated Freight Classification.

CORRECT WEIGHT IS _____ LBS.


Shipper, Per

Agent, Per

107 LAUREL STREET • SUMMIT, MS 39666

Permanent post office address of shipper

0642679970 AE

AVERITT THINK RED INSTEAD averittexpress.com				 0642679970				DELIVERY RECEIPT	
P.O. BOX 3145 COOKEVILLE, TN 38502-3145				AVRT DUNS 05-648-2808				NO. 064-2679970	
DATE 5/04/09		P.O.# 1001995		SHIPPER REF # 15475		PAGE 1 OF 1			
CONSIGNEE: AMERICAN FURNITURE 11 REDD LEVEL RD MARTINSVILLE, VA 24112				SHIPPER: SUMMIT PLASTICS 107 LAUREL ST SUMMIT, MS 39666		SPECIAL INSTRUCTIONS:			
CONSIGNEE CONTACT: NAN JEAYNNE STEPHENS				CONSIGNEE PHONE NUMBER: 0-276-634-4046		TERMS: PREPAID			
ORIGIN	DEST.	TRAILER	O SCAC	ORIG. CARRIER FB#	DATE	TH	D SCAC	CONSIGNEE HOURS	RECEIVING HOURS
JMS	GB0	483537				D		7.00 - 15.30	7.00 - 15.30
UNITS	HM	DESCRIPTION OF ARTICLES				CLASS	WEIGHT	RATE	CHARGES
2		DRVR SIGNED FOR: 2 CLEAR BAG ON ROLL CL55 MANUAL FUEL SURCHARGE PRICING & TRAFFIC SPOT QUOTE Shipper's number...0642679970 TOTALS					1,845		
2							1,845		
AE Pro#: 064-26799'									

Date: <u>5-4-09</u> Seal No.: _____		ADDITIONAL SERVICES PERFORMED <input type="checkbox"/> INSIDE DELIVERY <input type="checkbox"/> LIFTGATE <input type="checkbox"/> RESIDENTIAL DELIVERY <input type="checkbox"/> CONSTRUCTION SITE <input type="checkbox"/> NON COMMERCIAL DELIVERY <input type="checkbox"/> SORT & SEGREGATE <input type="checkbox"/> SECURITY INSPECTION <small>(Initial to Acknowledge Receipt of the Above Services)</small> ADDITIONAL CHARGES MAY APPLY		THIS IS NOT AN INVOICE For Customer Service Assistance Call 1-800-283-7488 Liability of Averitt Express is limited to its governing tariff	
Skids Del: <u>(2)</u> PCS Del: _____ STRETCHWRAP INTACT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A COLOR: <input type="checkbox"/> BLUE <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> OTHER _____	ABOVE SHIPMENT RECEIVED IN GOOD ORDER EXCEPT WHERE NOTED Print Name: <u>Kerry Repas</u> Signature: <u>[Signature]</u> Company Name: <u>Adm 5-6-09</u>		TOTAL FREIGHT CHARGES _____ COLLECT C.O.D. FEE _____ TOTAL COLLECT DUE _____ C.O.D. AMOUNT (IN ADDITION TO TOTAL SHOWN ABOVE) _____		
Time In: <u>1410</u> Time Out: <u>1425</u> Delay Time (hh:mm) _____ Driver Signature: <u>[Signature]</u>					

Charles W. Trent & Company, Inc.

P.O. BOX 4203

MARTINSVILLE, VIRGINIA 24115

TEL: 276/638-3526 • FAX: 276/638-6317

INVOICE

INVOICE NUMBER: 18498

INVOICE DATE: May 18, 2009

PAGE: 1

SOLD
TO:American of Martinsville
PO Box 5071
Martinsville, VA 24112SHIP
TO:American of Martinsville
Central Supply Dock 21, Pit 7
11 Redd Level Pit Rd-Back Door
Martinsville, VA 24112SHIP VIA: Averitt
SHIP DATE: May 18, 2009
DUE DATE: Jun 17, 2009
TERMS: Net 30 DaysCUST. ID: AMEMAR
P.O. NUMBER: 1002228
P.O. DATE:
OUR ORDER NO.:
SALESPERSON:

ITEM I.D. / DESC.	ORDERED	SHIPPED	UNIT	PRICE	NET	TX
L Bars		5.6000		469.0000	2,626.40	
				SUBTOTAL	2,626.40	
				TAX		
				PAYMENT		
				TOTAL	2,626.40	

is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

4D, subject to the classification and lawfully filed tariffs in effect on the date of receipt by the carrier of the property described in the Original Bill of Lading.

Property described below, in apparent good order, except as to (1) contents and condition of contents of packages (unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract to mean any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CAR OR VEHICLE
INITIALS & NO.

[illegible]

When transporting hazardous materials include the technical or chemical name for n.o.s. (not otherwise specified) or generic description of material with appropriate UN or NA number as defined in US DOT Emergency Response Communication Standard (HM-126C). Provide emergency response phone number in case of incident or accident. (in box at right)

EMERGENCY RESPONSE PHONE NO

SHIPPERS CERTIFICATION: 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.

SIGNATURE

TITLE

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight"

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

THIS SHIPMENT IS CORRECTLY DESCRIBED.

CORRECT WEIGHT IS _____ LBS

† The fibre boxes used for this shipment conform to the specifications set forth in the box makers certificate thereon, and all other requirements of the Consolidated Freight Classification.

4. 18. 09

Shipper

C.O.D. SHIPMENT

C.O.D. Amt _____

Collection Fee

Total Charges _____

Shipper, Per

Agent, Per

107 LAUREL STREET • SUMMIT, MS 39666

Permanent post office address of shipper

0642680000 AE

AVERITT
THINK RED INSTEAD
averittexpress.com

P.O. BOX 3145
COOKEVILLE, TN 38502-3145

AVRT DUNS
05-649-2608



0642680000

DELIVERY
RECEIPT

NO. 064-2680000

PAGE 1 OF 1

TERMS:

PREPAID

DATE 5/18/09 P.O.# 1002228 SHIPPER REF # 15894

CONSIGNEE: 0627531

AMERICAN FURNITURE
11 REDD LEVEL RD

MARTINSVILLE, VA 24112

CONSIGNEE CONTACT: NAN JEAYNE STEPHENS

SHIPPER: 0261645

SUMMIT PLASTICS
107 LAUREL ST

SUMMIT, MS 39666

CONSIGNEE PHONE NUMBER: 0-276-634-4046

SPECIAL INSTRUCTIONS:

ORIGIN	DEST.	TRAILER	O SCAC	ORIG. CARRIER FB#	DATE	TH	D SCAC	CONSIGNEE HOURS	RECEIVING HOURS
JMS	GB0	483311				D		7.00 - 15.30	7.00 - 15.30

UNITS	HM	DESCRIPTION OF ARTICLES	CLASS	WEIGHT	RATE	CHARGES
2		DRVR SIGNED FOR: 2SK CLEAR BAG ON ROLL 15-1913 CL55		1,806		
2		MANUAL FUEL SURCHARGE PRICING & TRAFFIC SPOT QUOTE Shipper's number...15-1913 TOTALS		1,806		

AE Pro#: 064-26800

Date: 5-21-09 Seal No.: _____

Skids Del: (2) PCS Del: _____

STRETCHWRAP INTACT: ☒ YES ☐ NO ☐ N/A

COLOR: ☐ BLUE ☐ CLEAR ☐ OTHER

Time In: 130 Time Out: 135

Delay Time (hh:mm): _____

Driver
Signature: *[Signature]*

ADDITIONAL SERVICES PERFORMED

☐ INSIDE DELIVERY ☐ LIFTGATE
☐ RESIDENTIAL DELIVERY ☐ CONSTRUCTION SITE
☐ NON COMMERCIAL DELIVERY ☐ SORT & SEGREGATE
☐ SECURITY INSPECTION
 (Initial to Acknowledge Receipt of the Above Services)
 ADDITIONAL CHARGES MAY APPLY

ABOVE SHIPMENT RECEIVED IN GOOD ORDER EXCEPT WHERE NOTED

Print Name: *[Signature]*

Signature: *[Signature]*

Company Name: *[Signature]*

THIS IS NOT AN INVOICE

For Customer Service Assistance Call 1-800-283-746
Liability of Averitt Express is limited to its governing tariffs

TOTAL FREIGHT CHARGES

COLLECT C.O.D. FEE

TOTAL COLLECT DUE

C.O.D. AMOUNT (IN ADDITION TO TOTAL SHOWN ABOVE)

Charles W. Trent & Company, Inc.

P.O. BOX 4203
MARTINSVILLE, VIRGINIA 24115
TEL: 276/638-3526 • FAX: 276/638-6317

INVOICE

INVOICE NUMBER: 13521

INVOICE DATE: Jun 10, 2009

PAGE: 1

SOLD TO: American of Martinsville
PO Box 5071
Martinsville, VA 24112

SHIP TO: American Furniture
Plant 3-Upholstery
11 Redd Level Plant Road
Martinsville, VA 24112

SHIP VIA: Best Way
SHIP DATE:
DUE DATE: Jul 10, 2009
TERMS: Net 30 Days

CUST. ID:
P.O. NUMBER: AMEMAR
P.O. DATE: 1002525
OUR ORDER NO.: 6306
SALESPERSON:

ITEM I.D. / DESC.	ORDERED	SHIPPED	UNIT	PRICE	NET	TX
K Bars on Rolls		2.0000		738.0000	1,476.00	
M Bars on Rolls		2.0800		385.0000	800.80	
C Bars		1.2000		869.0000	1,042.80	
				SUBTOTAL	3,319.60	
				TAX		
				PAYMENT		
				TOTAL	\$3,319.60	

STRAIGHT BILL OF LADING—SHORT FORM—ORIGINAL—NOT NEGOTIABLE

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Original Bill of Lading.

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

DESIGNATE WITH AN (X)

BY TRUCK ☐ FREIGHT ☐From
At

CHARLES W. TRENT & CO.
107 LAUREL STREET • SUMMIT, MS 39666

DATE
JUNE 10 2009

SHIPPER'S NO. 16112

CARRIER

CARRIER'S NO.

BY

CONSIGNEE
AND
DESTINATION

AMERICAN FURNITURE
PLANT 8 UPHOLSTERY
11 REDD LEVEL PLANT ROAD
MARTINSVILLE, VA 24112

ROUTE

DELIVERING CARRIER

CAR OR VEHICLE
INITIALS & NO.

RL

NO. PACKAGES	HM	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	✓	
1		128 X 55 CLEAR C/F BAG ON ROLL 20 ROLLS ORDER # 15-2050	1,423 100/ROLL PO # 1002525	55		
1		74 X 52 CLEAR VENTED BAGS 16 ROLLS ORDER # 15-2050 B	835 130/ROLL PO # 1002525	55		
1		47 X 28 X 88 CLEAR BAGS ON ROLL 20 ROLLS ORDER # 14-0904 C	757 60/ROLL PO # 1002525	55		
			3,015			
		NO DELIVERY FRIDAY				
		SHIPPER'S COPY 97617861-9 This shipment is subject solely to the terms and conditions of Carrier's Individual and Collective Tariffs, including Limitations of Liability and the Uniform Straight Bill of Lading, NMFC 100 series.				

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Per
(Signature of Consignor)
If charges are to be prepaid, write or stamp here, "To be Prepaid."

PREPAID

Received \$
to apply in prepayment of the charges on the property described hereon.

Agent or Cashier.

Per
(The signature here acknowledges only the amounts prepaid).

Charges Advanced:

When transporting hazardous materials include the technical or chemical name for n.o.s. (not otherwise specified) or generic description of material with appropriate UN or NA number as defined in US DOT Emergency Response Communication Standard (HM-126C). Provide emergency response phone number in case of incident or accident (in box at right)

EMERGENCY RESPONSE PHONE NO.

SHIPPER'S CERTIFICATION: 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.

SIGNATURE _____ TITLE _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".
†Shipper's Imprints in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.
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 _____

THIS SHIPMENT IS CORRECTLY DESCRIBED.

CORRECT WEIGHT IS _____ LBS.

† The fibre boxes used for this shipment conform to the specifications set forth in the box makers certificate of approval, and all other requirements of the Consolidated Freight Classification

Per _____ Shipper

C.O.D. SHIPMENT

C.O.D. Amt _____

Collection Fee _____

Total Charges _____

Shipper, Per

Agent, Per

107 LAUREL STREET • SUMMIT, MS 39666

「我這是在想，如果我們能知道一些關於這座山的事情，也許就能知道一些關於這座山的事情。」

MAIL TO:
P.O. BOX 271
WILLIAMSTON, OH
45177-0271

504
AAA
B-112

WASHINGTON, D.C.
45177-0271

271-8

212-868-1112
 TEL# 800-365-1100
 ONE CALL - ONE CARRIER

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

IN-STATE DELIVERY	<input type="checkbox"/>	DETENTION	<input type="checkbox"/>
OUT-STATE	<input type="checkbox"/>	OUT-STATE	<input type="checkbox"/>

ORIGINAL TWO TERMINAL

JMB/ARIEA
16112

DISSEMINATION TERMINAL

AREA/AREA 181

NO ORIGIN

RCM DA 1677
22249L

...and the world...

114

100

P. BUNNIES
 1 CHARLES W TRENT & CO
 107 S LAUREL ST
 GIBBUTT MS 78444

THE

SUMMITTS 601-276-7500
CHARLES W TRENT & CO
1107 S LAUREL ST
SUMMITT MS 39666

ARRIVE 540
AMERICAN OF
11 REDD LEVE
MARTINEVILLE

AMERICAN OF MARTINEVILLE
11 REDD LEVEL PLANT ROAD
MARTINEVILLE VA 24112

AMERIVE 540 638-2379
 AMERICAN OF MARTINVILLE
 11 REDD LEVEL PLANT RD
 MARTINVILLE VA 24112

NO 10028

DESCRIPTION OF ARTICLES

15977000

SOVER SVETLO

白話

ORDER NUMBER 15-2050 B
ORDER NUMBER 15-2050 B
ORDER NUMBER 14-0904 C
P O # 1002525

BOL READS... PLANT 8 UPHOLSTERY
*** DO NOT DOUBLE STACK/BREAK DOWN SKID
FUEL BURCHARGE 15.80%
** THANK YOU FOR SHIPPING RM CARRIERS#

21367

06/10/09 5:26PM

510E

SIGNATURE

DELIVERY DATE

29

STRAIGHT BALL OF LAD

5, WAFB 100.3

NOTES

5

INTERVIEW

2

Charles W. Trent & Company, Inc.

P.O. BOX 4203

MARTINSVILLE, VIRGINIA 24115

TEL: 276/638-3526 • FAX: 276/638-6317

INVOICE

INVOICE NUMBER: 18606

INVOICE DATE: Aug 12, 2009

PAGE: 1

SOLD TO: American of Martinsville
PO Box 5071
Martinsville, VA 24112

SHIP TO: American of Martinsville
Plant 8-Upholstery
11 Redd Level Plt Rd
Martinsville, VA 24112

SHIP VIA: FedEx-Ground
SHIP DATE: Aug 12, 2009
DUE DATE: Sep 11, 2009
TERMS: Net 30 Days

CUST. ID: AMEMAR
P.O. NUMBER: 1003804-1
P.O. DATE:
OUR ORDER NO.: 6389
SALESPERSON:

ITEM I.D. / DESC.	ORDERED	SHIPPED	UNIT	PRICE	NET	TX
22" x 900' x 4 mil Clear Poly Tubing		1.0000		95.5000	95.50	
Freight		1.0000		23.3600	23.36	
				SUBTOTAL	118.86	
				TAX		
				PAYMENT		
				TOTAL	\$118.86	

Detailed Results

[Printer-Friendly](#)[Get Link](#)[Help](#)

Enter tracking number

[Track](#)

Detailed Results

Notifications

Tracking no.: 001745210643393

Select time format **12H** | **24H**[E-mail notifications](#)**Delivered**

Initiated Picked up In transit Delivered

Delivered
Signed for by: LADAMS

Shipment Dates

Destination

Ship date ⓘ Aug 12, 2009

Martinsville, VA

Delivery date ⓘ Aug 14, 2009 3:48 PM

[Signature Proof of Delivery](#) ⓘ

Shipment Facts

[Help](#)

Service type

FedEx Ground-U.S.

Invoice number

284620-1

Weight

55.5 lbs/25.2 kg

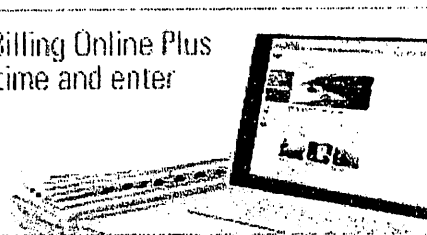
Shipment Travel History

[Help](#)

Select time zone: Local Scan Time ⓘ

All shipment travel activity is displayed in local time for the location

<u>Date/Time</u>	<u>Activity</u>	<u>Location</u>	<u>Details</u>
Aug 14, 2009 3:48 PM	Delivered	Martinsville, VA	
Aug 14, 2009 4:44 AM	On FedEx vehicle for delivery	SALEM, VA	
Aug 14, 2009 3:08 AM	At local FedEx facility	SALEM, VA	
Aug 13, 2009 11:22 PM	Departed FedEx location	HAGERSTOWN, MD	
Aug 13, 2009 3:43 PM	Arrived at FedEx location	HAGERSTOWN, MD	
Aug 13, 2009 5:42 AM	Departed FedEx location	WILLINGTON, CT	
Aug 12, 2009 11:14 PM	Arrived at FedEx location	WILLINGTON, CT	
Aug 12, 2009 8:16 PM	Left FedEx origin facility	AUBURN, MA	
Aug 12, 2009 6:27 PM	Arrived at FedEx location	AUBURN, MA	
Aug 12, 2009 5:01 PM	Picked up	AUBURN, MA	
Aug 12, 2009 4:53 PM	Shipment information sent to FedEx		

FedEx Desktop: Tracking at your fingertips.[Learn more](#)Sign up for FedEx® Billing Online Plus
to save paper, save time and enter
for a chance to win[Learn more](#)



07/21/2010

PROOF OF DELIVERY

PO Box 108
Pittsburgh, PA 15230
1-800-GOFEDEX

CHARLES AND COMPANY
DEBBIE TAYLER
55 WILD FLOWER LN

MARTINSVILLE, VA 24112

Dear Customer,

This letter is in response to your proof of delivery request for packages

SHIPPED TO:

DELIVERED TO:

11 REDD LEVEL PLANT ROAD
FABRIC ROOM
Martinsville, VA 24112

Signature: L. ADAMS
Signed for by:

L. ADAMS

#59, 15:49, 5 Del, 0 NonDel

Delivery Information is as follows:

Delivery Date: 08/14/09
Delivery Terminal: 0240-ROAN
Delivery Rec/Stop No: 93882143-59

PO#:
INV#: 284620-1
Dept. Code:

The package you requested is listed below as part of the total delivery of 5.

Tracking ID: 001745210643393 Weight: 55.50

Thank you for shipping with FedEx Ground.

Sincerely,
FedEx Ground, Delivery Information

Charles W. Trent & Company, Inc.

P.O. BOX 4203

MARTINSVILLE, VIRGINIA 24115

TEL: 276/638-3526 • FAX: 276/638-6317

INVOICE

INVOICE NUMBER: 13648

INVOICE DATE: Aug 27, 2009

PAGE: 1

SOLD TO: American of Martinsville
PO Box 5071
Martinsville, VA 24112

SHIP TO: American of Martinsville
Central Supply Dock 21, PII 7
11 Redd Level PII Rd-Back Door
Martinsville, VA 24112

SHIP VIA: Estes
SHIP DATE: Aug 7, 2009
DUE DATE: Sep 26, 2009
TERMS: Net 30 Days

CUST. ID: AMEMAR
P.O. NUMBER: 1002922
P.O. DATE:
OUR ORDER NO.:
SALESPERSON:

ITEM I.D. / DESC.	ORDERED	SHIPPED	UNIT	PRICE	NET	TX
L Bags		5.6000		469.0000	2.626.40	
				SUBTOTAL	2.626.40	
				TAX		
				PAYMENT		
				TOTAL	\$2.626.40	

and consignment are hereby agreed to by the shipper and accepted for delivery and transportation by the carrier, including those in the back matter, and holds in the transportation of such cargo covering the transportation of all shipments, and the said carrier

P:4/6

Date	SHIPPER'S NO.
AUGUST 7 2009	16444
CARRIER	CARRIER'S NO.

AMERICAN FURNITURE
PLANT 8 UPHOLSTERY
11 REDD LEVEL PLANT ROAD
MARTINSVILLE, VA 24112

ST	<i>Fishes</i>	
ROUTE		DELIVERED CARRIER

CAR OR VEHICLE
INITIALS & NO.[illegible]

When manufacturing hazardous materials include the chemical or chemical name for U.S. (for extreme cases) or generic description of materials with appropriate UN or NA number as defined in the GHS emergency Response Communication Standards (see 126C). Provide emergency response phone numbers in case of incident or accident. (in box of 100)

EMERGENCY RESPONSE PHONE NO.

SHIPPERS CERTIFICATION: 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.

SIGNATURE

TITLE

12. If the shipment moves between two parts by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight" (Shipper's weight in case of ocean; not a part of bill of Lading approved by the Interstate Commerce Commission. Note - before the rate is \$600.00 in value, shippers are required to state specifically in writing the weight 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

C.O.D. SHIPMENT

C.O.D. Amt

Collection Fee

Total Charges

THIS SHIPMENT IS CORRECTLY DESCRIBED

CORRECT WEIGHT IS

1 The Library has secured for this volume more complete and accurate information
set forth in this book makes complete information and all other
requirements of the Consolidated Budget Classification

Shipper, Per

Agent. P.

107 LAUREL STREET • SUMMIT, MS 39666

Permanent post office address of shipper

8-07-09

1

ESTES		P.O. Box 25612, Richmond, VA 23209 www.estes-express.com		DELIVERY RECEIPT	
TE	ORIGIN	DESTINATION	P.O.#		
08/07/09	JAM 075	GBQ 017	1002922		
UPPER B/L OR GBL NUMBER		ESTES REV.	ADV. REV.	BYD. REV.	
444					
NSIGNEE					
1703811 AMERICAN FURNITURE CO (PLANT) 11 REDD LEVEL PLANT RD MARTINSVILLE, VA 24112					



075-0356941

PRO NUMBER

ROUTE (CARRIERS F/B #, DATE AND INTERCHANGE POINTS)

A	B	C	D	E	F	G	H
Y	Y	Y	Y	Y	Y	Y	N

BILL CHARGES TO

UPPER

7582185

CHARLES W TRENT
107 S LAUREL ST
SUMMIT, MS 39666

SAW SKIDS DEL'D INTACT _____ # SKIDS DEL'D _____ # EMPTY SKIDS RET'D _____
☐ GOOD ORDER ☐ SHORT ☐ OVER ☐ DAMAGE
 DESCRIBE EXCEPTIONS:
 (2)

# PCS.	HM	DESCRIPTION OF ARTICLES AND SPECIAL MARKINGS	WEIGHT/LBS	RATE	TOTAL CHARGES
2		SK CLEAR BAG ON ROLL Fuel Surcharge added at 12.00% ID-- BL--16444 PO--1002922 ID--0002558793	1,805		
2		Thanks for shipping ESTES EXPRESS LINES Call (336) 621-2775 for inquiries regarding this freight bill	1,805		

If the above property in good condition except noted above.

RM

* Shipments taking more than 30 minutes to load/unload may be subject to additional charges.

BY Terry Cleave

Residential	Inside Deliv.	Sort & Seg.
Construction Site	Lift Gate	PG. WGT.

9/5/09 8:11:09

Charles W. Trent & Company, Inc.

P.O. BOX 4203

MARTINSVILLE, VIRGINIA 24115

TEL: 276/638-3526 • FAX: 276/638-6317

INVOICE

INVOICE NUMBER: 18653

INVOICE DATE: Sep 15, 2009

PAGE: 1

SOLD TO: American of Martinsville
PO Box 5071
Martinsville, VA 24112

SHIP TO: American of Martinsville
11 Redd Level Plt Rd
Martinsville, VA 24112

SHIP VIA: FedEx
SHIP DATE: Sep 15, 2009
DUE DATE: Oct 15, 2009
TERMS: Net 30 Days

CUST. ID: AMEMAR
P.O. NUMBER: 1004595-1
P.O. DATE:
OUR ORDER NO.: 6430
SALESPERSON:

ITEM I.D. / DESC.	ORDERED	SHIPPED	UNIT	PRICE	NET	TX
22" x 900' x 4 mil Clear Poly Tubing		1.0000		95.5000	95.50	
10.5" Cable Ties 1000/case		1000.0000		0.1720	172.00	
Freight		1.0000		33.0600	33.06	
				SUBTOTAL	300.56	
				TAX		
				PAYMENT		
				TOTAL	\$300.56	

Detailed Results

[Printer-Friendly](#)[Get Link](#)[Help](#)

Enter tracking number

[Track](#)

Detailed Results

Notifications

Tracking no.: 001745210664862



Select time format: [12H](#) | [24H](#)[E-mail notifications](#)

Delivered

Initiated Picked up In transit Delivered


Delivered
Signed for by: WBRIM

Shipment Dates

Ship date  Sep 15, 2009Delivery date  Sep 17, 2009 2:49 PM

Destination

Martinsville, VA

[Signature Proof of Delivery](#) 

Shipment Facts

[Help](#)Service type
WeightFedEx Ground-U.S.
55.2 lbs/25.0 kg

Invoice number

295659-1

Shipment Travel History

[Help](#)

Select time zone: Local Scan Time

All shipment travel activity is displayed in local time for the location

<u>Date/Time</u>	<u>Activity</u>	<u>Location</u>	<u>Details</u>
Sep 17, 2009 2:49 PM	Delivered	Martinsville, VA	
Sep 17, 2009 4:57 AM	On FedEx vehicle for delivery	SALEM, VA	
Sep 17, 2009 12:52 AM	Departed FedEx location	HAGERSTOWN, MD	
Sep 16, 2009 5:37 PM	Arrived at FedEx location	HAGERSTOWN, MD	
Sep 16, 2009 5:25 AM	Departed FedEx location	WILLINGTON, CT	
Sep 15, 2009 10:58 PM	Arrived at FedEx location	WILLINGTON, CT	
Sep 15, 2009 8:12 PM	Left FedEx origin facility	AUBURN, MA	
Sep 15, 2009 6:18 PM	Arrived at FedEx location	AUBURN, MA	
Sep 15, 2009 5:03 PM	Picked up	AUBURN, MA	
Sep 15, 2009 4:53 PM	Shipment information sent to FedEx		

FedEx Desktop: Tracking at your fingertips.

[Learn more >](#)Sign up for FedEx® Billing Online Plus
to save paper, save time and enter
for a chance to win[Learn more >](#)



07/21/2010

PROOF OF DELIVERY

PO Box 108
Pittsburgh, PA 15230
1-800-GOFEDEX

DEBBIE TAYLER

Dear Customer,

This letter is in response to your proof of delivery request for packages.

SHIPPED TO:

UPHOLSTERY DEPT PLANT 8
11 REDD LEVEL PLANT
Martinsville, VA 24112

DELIVERED TO:

UPHOLSTERY DEPT PLANT 8
11 REDD LEVEL PLANT
Martinsville, VA 24112

Signature:

W. BRIM

Signed for by:

W.BRIM

#49, 14:49, 4 Del, 0 NonDel

Delivery Information is as follows:

Delivery Date: 09/17/09
Delivery Terminal: 0240-ROAN
Delivery Rec/Stop No: 77406781-49

PO#:
INV#: 295659-1
Dept. Code:

The package you requested is listed below as part of the total delivery of 0.

Tracking ID: 001745210664862 Weight: 55.25

Thank you for shipping with FedEx Ground.

Sincerely,
FedEx Ground, Delivery Information

Charles W. Trent & Company, Inc.

P.O. BOX 4203

MARTINSVILLE, VIRGINIA 24115

TEL: 276/638-3526 • FAX: 276/638-6317

INVOICE

INVOICE NUMBER: 18683

INVOICE DATE: Sep 29, 2009

PAGE: 1

SOLD TO: American of Martinsville
PO Box 5071
Martinsville, VA 24112

SHIP TO: American Furniture
Plant 8-Upholstery
11 Redd Level Plant Road
Martinsville, VA 24112

SHIP VIA: Estes
SHIP DATE: Sep 29, 2009
DUE DATE: Oct 29, 2009
TERMS: Net 30 Days

CUST. ID:
P.O. NUMBER: AMEMAR
P.O. DATE: 1004713
OUR ORDER NO.: 6451
SALESPERSON:

ITEM I.D. / DESC.	ORDERED	SHIPPED	UNIT	PRICE	NET	TX
L Baas		5.6000		469.0000	2.626.40	
				SUBTOTAL	2.626.40	
				TAX		
				PAYMENT		
				TOTAL	\$2.626.40	

Destroy

BY TRUCK

the property described herein, in respect of good title, except he moved documents and portions of packages to various markets, consigned and sold to each customer on all or any of said property until as to any portion of the property under the contract agrees to buy the usual phrase of delivery at that destination, or in the case of the United States in light of said of London and New York (1) in United States transportation in effect on the first receipt, if this is a rail or a rail-road shipment, or (2) if the carrier certifies that he is familiar with all the terms and conditions of the sale and of transit, including those on the back thereof, and form to the carrier and consignor are hereby agreed to by the WHOLESALE are accepted for himself and his assignee.

0A T2

SUPPERS NO.

From CHARLES W TRENT
At 107 LAUREL STREET • SUMMIT, MS 39666

SEPT. 29 2009

16760

CARRIER

CARRIAGE NO.



10

ROUTE

DELIVERING CARRIER	
--------------------	--

5.25

CAR OR VEHICLE INITIALS & NO.	
----------------------------------	--

NO. OF PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS	WEIGHT (SUBJECT TO CARR.)	CLASS OR RATE	INITIALS & NO.
2	30 X 30 X 52 CLEAR BAG ON ROLL	1,791	55	
	32 ROLLS 175/ROLL			
	ORDER # 15-1913 PO # 1004713			
	 www.estes-express.com			
				
	075 - 0358113 <small>Driver's signature ONLY acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of the Uniform Straight Bill of Lading and the EXL-100 service rules term.</small>			
	DO NOT DOUBLE STACK UNLESS ON RACKS			
	<u>TAV. # 971500</u>			

Subject to Section 7 of conditions incorporated by reference, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Per _____
 (Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To Be Prepaid."

PREPAID

Quoted \$ _____
 to apply in payment of the charges on the property described hereon.

Agent or Clerk _____

Per _____
 (The signature here acknowledges only the amounts prepaid).

Charges Accepted.

DO NOT DOUBLE STACK UNLESS ON RACKS

TANV # 971500

When transporting hazardous materials include the UN/NA number or chemical name for A.D.S. (see sample on attached) or generic description of material with appropriate UN/NA Number as defined in US DOT Emergency Response Communication Standards (49 CFR 175). Provide emergency response phone number in case of incidents or accidents. In lieu of name.

EMERGENCY RESPONSE PHONE NO

SHIPPER'S CERTIFICATION: 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.

SIGNATURE

TITLE

IN THE SHIPMENT OF PROPERTY BETWEEN TWO PARTIES BY CARRIER BY WATER, THE LAW REQUIRES THAT THE BILL OF LADING SHOWS WHETHER IT IS "CLEAN" OR "STAINED" OR "DAUGHT" (STAINING) IMPRINTS IN BLUE INK; AND A PART OF BILL OF LADING APPROVED BY THE INTERSTATE COMMERCE COMMISSION. NOTE - WHEN THE BILL IS DISAPPOINTED ON THIS, SHIPPERS ARE REQUIRED TO SIGN CERTIFICATE IN WRITING THE AGREED OF DECLINED STATUS OF THE PROPERTY. THE AGREED OR DECLINED STATUS OF THE PROPERTY IS HEREBY ASSUMEDLY SIGNED BY THE SHIPPER TO BE AN ASSUMPTION.

THIS SHIPMENT IS CORRECTLY DESCRIBED

7 The above mentioned for the above mentioned letter is not a
let letter in the case of the above mentioned person and in other
cases, except of the above mentioned person, the above mentioned

2. CORRECT WEIGHT IS _____ LBS.

C.O.D. SHIPMENT

C.O.D. Am

Collection Fee

Total Charges	100.00
---------------	--------

107 LAUREL STREET • SUMMIT, MS 39666

Shipper, Per

Agent. Per

Permanent post office address of shipper

TUE -19-2010 MON 01:47PM ID

ESTES P.O. Box 25612, Richmond, VA 23260
www.estes-express.com

DATE 09/29/09	ORIGIN JAM 075	DESTINATION GBC 017	P.O.# 1004713
SHIPPER B/L OR GBL NUMBER 5760		ESTES REV.	ADV. REV.
CONSIGNEE 1703811 AMERICAN FURNITURE CO (PLANT) 11 REDD LEVEL PLANT RD MARTINSVILLE, VA 24112		BYD. REV.	



075-0358113

PRO NUMBER

 ROUTE (CARRIERS/B # DATE AND INTERCHANGE POINTS)
 Y Y Y Y Y Y Y N

BILL CHARGES TO

 SHIPPER 7582185
 CHARLES W TRENT
 107 S LAUREL ST
 SUMMIT, MS 39666

 # SAW SKIDS DEL'D INTACT _____ # SKIDS DEL'D _____ # EMPTY SKIDS RET'D _____
☐ GOOD ORDER ☐ SHORT ☐ OVER ☐ DAMAGE
 DESCRIBE EXCEPTIONS:

# PCS.	HM	DESCRIPTION OF ARTICLES AND SPECIAL MARKINGS	WEIGHT/LBS	RATE	TOTAL CHARGES
2		SK CLEAR BAG ON ROLL DO NOT DOUBLE STACK UNLESS ON RACKS Fuel Surcharge added at 12.50% BL--16760 PO--1004713 ID--0003071388	1,900		
2		Thanks for shipping ESTES EXPRESS LINES Call (336) 621-2775 for inquiries regarding this freight bill	1,900		

DO NOT
WRITE IN RED AREA

If the above is not in good condition except

* Shipments taking more than 20 minutes to load/unload may be subject to additional charges.

Initial to Acknowledge Receipt of Service(s)

 Additional charges apply
☐ Residential ☐ Inside Delv. ☐ Sort & Seg.
☐ Construction Site ☐ Lift Gate ☐ PC WGT

 938 940
 44510-107

Charles W. Trent & Company, Inc.

P.O. BOX 4203
 MARTINSVILLE, VIRGINIA 24115
 TEL: 276/638-3526 • FAX: 276/638-6317

INVOICE

INVOICE NUMBER: 18709

INVOICE DATE: Oct 30, 2009

PAGE: 1

SOLD TO: American of Martinsville
 PO Box 5071
 Martinsville, VA 24112

SHIP TO: American Furniture
 Plant 8-Upholstery
 11 Redd Level Plant Road
 Martinsville, VA 24112

SHIP VIA: R & L
 SHIP DATE: Oct 30, 2009
 DUE DATE: Nov 29, 2009
 TERMS: Net 30 Days

CUST. ID: AMEMAR
 P.O. NUMBER: 1005002
 P.O. DATE:
 OUR ORDER NO.: 0459
 SALESPERSON:

ITEM I.D. / DESC.	ORDERED	SHIPPED	UNIT	PRICE	NET	TX
L.Bars		5.6000		469.0000	2.626.40	
				SUBTOTAL	2.626.40	
				TAX		
				PAYMENT		
				TOTAL	\$2,626.40	

Shipper hereby certifies that he is familiar with all the terms and conditions of this bill of lading, including those on the back thereof, and hereby binds the carrier to the classification or term which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for forward and his assignee.

BY TRUCK ☐ AIR ☐

From CHARLES W TRENT AND COMPANY
At 107 LAUREL STREET • SUMMIT, MS 39666

DATE OCTOBER 30 2009
SHIPPER'S NO. 16814
CARRIER
BY
ROUTE
CAR OR VEHICLE INITIALS & NO.

CONSIGNEE AND DESTINATION
AMERICAN OF MARTINSVILLE
CENTRAL SUPPLY DOCK 32, PLT 7
11 REDD LEVEL PLT ROAD-BACK DOOR
MARTINSVILLE, VA 24112

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE
2	30 X 30 X 52 CLEAR BAG ON ROLL	1,777	55
	32 ROLLS 175/ROLL		
	ORDER # 16-0642 PO# 1005032		
	(I # 971808)		
	DO NOT DELIVER BEFORE 11/3/09		
	DO NOT DOUBLE STACK UNLESS ON RACKS		
	SHIPPER'S COPY 16844575-3		

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee with out receipt on the carrier's part, the carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Per (Signature of Consignor)
If charged are to be prepaid, write or stamp here, "To be Prepaid."

PREPAID

Received \$
to apply in payment of the charges on the property described herein.

Agent or Consignee.

Per
(The signatory here acknowledges only the charges prepaid.)
Charges Advanced.

When transporting hazardous materials include the technical or chemical name for a 9 and otherwise specify or general description of material with appropriate UN or NA number as shown in US DOT Emergency Response Communication System (49 CFR 172.101) Provide emergency response phone number in case of incident or accident. (in case of night)

EMERGENCY RESPONSE PHONE NO.

SHIPPER'S CERTIFICATION: 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.

SIGNATURE

DATE

"If the shipment moved common law by a carrier by water, the law requires that the bill of lading shall state whether it is a carrier's or shipper's receipt. Shipper's receipts in lieu of bills of lading are not a bill of lading as provided by the Interstate Commerce Commission. Note - Where the rate is dependent on value shippers are required to file verifiably 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

THIS SHIPMENT IS CORRECTLY DESCRIBED

CORRECT WEIGHT IS

The law has been applied for this shipment common law specifications set forth in the box makers certificate and all other relevant items of the Commodity Freight Classification

C.O.D. SHIPMENT
C.O.D. Amt
Collection Fee
Total Charges

107 LAUREL STREET • SUMMIT, MS 39666
Permanent post office address of shipper

Shipper, Per

Signature of Shipper
Agent, Per
10 3009
2 paid

