UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	PRC	OF	OF CLAIM		
In re:	ase Nu	mber:			
NOTE: See Reverse for List of Debtors/Case Numbers/ important details. Other than under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for adminitexpenses 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 case.	istrative n	aware th	ck box if you are at anyone else has oof of claim relating to m. Attach copy of		
works money or property WOFFORD HANDY 1545 HOLLANDSWORTH DR BASSETT, VA 24055		☐ Che	nt giving particulars. ck this box if you are or or trustee in this		
Creditor Telephone Number (スル ムス ?- ス 14 フ Name and address where payment should be sent (if different from ab	ovoj.	RE	CEIVED	Bankruptcy Court THIS SPAC	eady filed a proof of claim with the or BMC, you do not need to file again.
Name and address where payment should be sent (if different from ab	ovej.	'AUG	0 2 2010	claim amen	box to indicate that this ds a previously filed claim. ber (if known):
Payment Telephone Number ()		BM	C GROUP	Filed Oil.	
Express ould Vassing the	our claim	unt of clai uctions a on	m. Attach itemized stat 3. LAST FOUR DIG IDENTIFIES DEBT	tement of interest o	UMBER BY WHICH CREDITOR
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	ured Claim	n Amount		<u>D</u>	O NOT include the priority portion of our claim here.
Value of Property: • •	0/			•	ime case fil included in secured claim, asis for Perfection:
5. PRIORITY CLAIM Unsecured Priority under 11 U.S.C. §507(a).			\$		Include ONLY the priority portion of your unsecured claim here.
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 filling of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes of Other - * Amou with res	s for personal, family, cor penalties owed to go Specify applicable parants are subject to adjustification of the Spect to cases comment CTION 503(b)(9) C ok this box if your claim is tre the date of commencer	or household use -1 vernmental units - agraph of 11 U.S.C stment on 4/1/13 an iced on or after the LAIM \$ for the value of goods nent of the case(11 U.	11 U.S.C. § 507(a)(8). § 507(a) (). Ind every 3 years thereafter date of adjustment. Treceived by the debtor within 20 days S.C. § 503(b)(9)). Include the amount of
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). CREDITS: The amount of all payments on this claim has been credite 	ad far th	suc	n claim in the space for "A	mount entitled to priori	ity" above.
7. SUPPORTING DOCUMENTS: <u>Attach redacted copies of supportine</u> statements of running accounts, contracts, court judgments, mortgage of evidence of perfection of a security interest. (See instruction 7 and DATE-STAMPED COPY: To receive an acknowledgment of the fit	ng docur es, and s definition iling of yo	ments, s security n of "red our	auch as promissory in agreements. You macted" on reverse si	notes, purchase ay also attach a ide.) If the docum	summary. Attach redacted copies nents are not available, please explain. JAL DOCUMENTS. ATTACHED
Claim, enclose a stamped, self-addressed envelope and copy of this p The original of this completed proof of claim form must be sent be ACCEPTED) so that it is actually received on or before 4:00 pm, p	by mail o	or hand	delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
Non-Governmental Claimants OR on or before November 15, 201 BY MAIL TO: BMC Group, Inc Attn: Barcalounger Corporation Claims Processing PO Box 3020 BY MAIL TO:	O for Go Y HAND O MC Grou	DR OVEF up, Inc alounge ce Drive	ental Units. INIGHT DELIVERY TO r Corporation Claim East) :	Barcalounger 00248
SIGNATURE: The person filing this claim must si and state address and telephorem	ign it. Sigr number if o	n and prir different f	it name and title, if any, rom the notice address	of the creditor or o above. Attach cop	ther person authorized to file this claim y of power of attorney, if any.

enalty for presenting fraudulent claim is a line of up to \$500,000 or imprisorment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

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 on ginal documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim <u>must</u> 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

INFORMATION

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

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69	04/09/	2010 🐣 🤔	D010003
YTD	Deductions	Current	at PYTO
9,544,39	FEDERAL INCOME	128.69	1,569.87
1.791.00	FEDERAL MEDICARE	12.31	,155,51
88.99	FEDERAL SOCIAL	52.63	664.92
177.98	VIRGINIA	39.50	487,77
	Medical HStat	54.92	762.88
	Vision	4.84	67.76
	Dental	3.46	46.84
	STD	2.53	35.42 32.20
	LTD	2.30	
	Vol Life EE	4.87	68.18 7.00
	Vol Life Spouse	0.50	76.02
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Social Security No.

***-**-9869

YTD Earnings

11602.36

Current

756.43

155.74

Employee Number

000122

Reg Rate

11.12397

5.56214

Hours

68.00

28.00

Period 03/28/2010 - 04/03/2010

American of Martinsville

128 East Church Street

P.O. Box 5071

Martinsville, VA 24115

Bank Name
Account Type Account Deposited

Fouliant Federal CU
Chk

000
532.26

Net Pay

557.26

 Fax Status:
 Federal
 State VA

 Marital
 Single
 Single

 Exempt
 0
 0

 Extra \$
 12.00
 0.00

Americansof Martinsvilles

128 least Church Street

2.0 Leo 1507/1

Martinsville, VA 2.015

Current Deductions

354.91

Employee Name

Wofford H. Handy

610189 610189

Earnings

Holiday

Vacation

Regular Overtime-Weekly Department

Amount

\$557.20

Pay the amount:

Current Earnings

912.17

Five Hundred Fifty Seven and 26/100 Dollars

To the account of:

Wofford H. Handy 1545 Hollandsworth Dr Bassett WA 24055 OT NEGOTIABLE

Form CKAMIMVA Version 6.81.1263vo

Wofford Handy

	CARRY OVER CASH				
DATE	ADVANCE	CASH ADVANCE	CASH PAID	CARRY OVER NEXT JOB	PAY TO TECH
12/20/09 - 12/21/09	-\$222.11	\$400.00	\$447.68	0	269.79
12/27/09 - 1/2/10	-\$269.79	\$500.00	\$412.00	\$0.00	\$181.79
1/3/2010	-\$181.79	\$500.00	\$492.00	\$0.00	\$173.79
1/10/10 - 1/16/10	-\$173.79	\$260.00	\$412.00	\$0.00	\$325.79
1/17/09 - 1/19/10	-\$325.79	\$500.00	\$417.55	\$0.00	\$243.34
1/28/10 - 1/30/10	-\$243.34	\$500.00	\$176.55	\$80.11	\$0.00
1/31/10 - 2/6/10	\$80.11	\$0.00	\$412.00	\$0.00	\$331.89
2/7/10 - 2/13/10	-\$331.89	\$500.00	\$538.00	\$0.00	\$369.89
2/14/10 - 2/20/10	-\$369.89	\$500.00	\$412.00	\$0.00	\$281.89
2/21/10 - 2/27/10	-\$281.89	\$500.00	\$532.00	\$0.00	\$313.89
2/28/10 - 3/6/10	-\$313.89	\$500.00	\$412.00	\$0.00	\$225.89
3/7/10 - 3/13/10	-\$225.89	\$260.00	\$412.00	\$0.00	\$377.89
3/14/10 - 3/20/10	-\$377.89	\$500.00	\$588.00	\$0.00	\$465.89
3/21/2010	-\$465.89	\$480.00	\$484.00	\$0.00	\$469.89
3/28/10 - 4/3/10	-\$469.89	\$500.00	\$668.00	\$0.00	\$637.89





SUMMARY OF ACCOUNTS

Welcome WOFFORD H HANDY JR, member since 2007.

Don't see all your Cards? - Register another now

Update Alerts and Communication Settings Pay Household Bills With Your Card

Report a Problem

Report Fraud

Report a Lost or Stolen Card

See Account Management Options

MANAGE YOUR ACCOUNT Switch to Paperless Statements

Contact Us

By Phone

By Email

Update Contact Information



American Express: Gift Cards for Business Great for recognizing employees, and thanking clients and customers. Order now

> Payment Due Balance Balance Payments Activity

> > (\$2.50)

This account is cancelled and has an outstanding balance. Click here to make a payment.

\$777.57

Since May 9

\$775.07

Closing date May 8 Due May 30

Online Statement Recent Payments

Recent Activity

PAY BILL¹

Corporate Card

BENEFITS

Did you know that the American Express⁽ⁱⁱ⁾ Corporate Card offers benefits well beyond those of an ordinary charge card? Including:

Emergency Card Replacement Business Travel Accident Insurance Baggage Insurance Check-cashing privileges Around-the-clock customer service within global reach Travel Services Office

Learn more.

HOW THE CARD HELPS YOU

A convenient and reliable A convenient and reliable expense management tool for business expenses, the Corporate Card simplifies reconciliation and reimbursement. The Card is accepted in over 190 countries, and by all major airlines, hotels and car rental companies. companies.

MANAGE YOUR ACCOUNT ONLINE

\$0.00

Our online tools are easy to use. Managing your account, making a payment, inquiring about a transaction or even creating expense reports is simple and fast! View Demo

Explore More Places

Welcomed for overnight stays Welcomed for overnight stays or overnight packages. Whether you're visiting clients or shipping important information to them, you can use your American Express® Corporate Card for everything from your stay at a hotel to your shipment at FedEx. LEARN MORE

CARD OPTIONS

Sign up for alerts Update Email Address

WORLDWIDE TRAVEL ASSISTANCE

Get assistance at Travel Services Office locations in over 130 countries, 24 hours a day, seven days a week. Click here

X Close

Ill you currently send in an individual payment for business or personal expenses on your Corporate card account, you are eligible to use Pay Bill In contrast, all Corporate Purchasing Cards and certain other Corporate cards are paid directly by the corporation

²Available Credit information is updated in real time and will reflect account activity, including any outstanding authorizations. Recent Activity information is updated nightly and may not match your Available Credit.

More Products & Services

Membership Rewards® Program Travel Protection Savings Accounts and CDs Small Business Services

Get an American Express Card

Airlines Credit Cards Small Business Credit Cards Credit Card Rewards No Annual Fee Credit Cards Gold Cards

Important Links

Resources for Cardmembers Credit Basics Fraud Protection Center Amex Labs Help

Company Information About American Express Careers Affiliate Program

Contact Us Connect

Terms of Service | Privacy Statement | Card Agreements All users of our online services subject to Privacy Statement and agree to be bound by Terms of Service. Please read.

@2010 American Express Company. All rights reserved

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Your manager is continuously evaluating your job performance. Day-to-day interaction between you and your manager should give you a sense of how your manager perceives your performance.

The primary reason for a performance review is to examine your accomplishments since your last review and to identify strengths and weaknesses in order to reinforce your good habits and develop ways to improve weaker areas. The evaluation will be based on specific job-related factors such as job knowledge, work quality and quantity, attendance and safety record. It will be conducted in a fair and objective manner and will become part of your American of Martinsville record.

Pay Cycl

All "hourly" associates are paid weekly

Pay Period & Hours

Our payroll workweek begins on Sunday at 12:01 e.m. and ends on Saturday at 12:00 midnight

Personal Phone Calls

American of Martinsville is a business dedicated to producing the highest quality furniture. The operator's telephone tines must be kept open for business calls. Therefore, keep incoming and outgoing calls to a minimum. Cell phone usage is prohibited in the work areas and may be used at scheduled breaks and at lunch.

Personal Protective Equipment

Eye protection is required in all manufacturing areas. Associates who do not wear glasses will be provided one pair of non-prescription safety glasses which meet OSHA standards. The safety glasses will be replaced free if they are damaged due to a work related incident. The associate will be responsible for the cost or replacement through loss or theft.

Company has a prescription safety glasses program for your benefit. Please contact First Aid for details.

Proper foot protection will be required in the entire plant and warehouses. For employee's safety and protection, a safety toe shoe is strongly recommended in all manufacturing areas. However, a fully leather, solid toe, enclosed shoe must be worn at all times. Tennis shoes that are fully leather and solid toe will be acceptable. No canvas or doth shoes will be acceptable.

Resignation

American of Martinsville hopes and expects that you will give at least two weeks notice in the event you intend to leave our employ.

Service Awards

Your company gives recognition for years of continuous service. For example, service awards are delivered at the end of each five year period, beginning with your fifth consecutive year of employment through forty-five years. These awards are presented and displayed with pride and distinction by those recovering them.

Sections

Smoking will only be permitted in designated smoking areas located outside of the building. No smoking will be allowed in any area of the facility which includes offices, canteens or in the parking lot except within your car. Smoking is permitted only during authorized breaks. Do not place it digarettes into any confisher and meant for that purpose.

Revised 12/05

ACCIDENTS

First Aid on Duty

A drug and alcohol test will be administered to any employee who is hurt on the job. Any serious accidents during normal week hours should be reported to your supervisor immediately.

If an accident occurs at work and the Human Resources office is closed, the following procedure should be followed if it is considered to be serious enough to require the attention of a doctor:

- The injured associate should be taken to either the Emergency Room or the office of one of the Company's panel of doctors. At the Emergency Room, request one of the panel of doctors. The company will only be responsible for the services of one of the panel of doctors, or their referral.
- At the beginning of the next scheduled work day, a detailed account of the accident must be reported to First Aid.
- For less serious accidents, utilize the trained First Aid Assistants in each plant.

Termination

All terminated associates should report to the Human Resources Department upon termination. Payrol checks will be mailed to the associate and company property (keys, safety equipment, uniforms, tools, product samples, manuals, radio, etc.) must be returned.

Associates will be reconsidered for employment after a six month waiting period.

Should the time ever come when you are thinking of leaving American of Martinsville, please talk it over with your supervisor. This is a very important decision, and you may have failed to consider some important factors.

If you decide to resign, please give at least two weeks notice. This will help us to find a replacement. You will receive your final paycheck (including any payment you are owed for accrued vacation) on the next regular pay day.

BENEFITS

Eligibility for Benefits

If you are a full-time associate, you will enjoy all of the benefits described in this manual as soon as you meet the eligibility requirements of each particular benefit.

Part-time associates are not eligible for benefits.

Molidays

All full-time associates are eligible for holiday pay after the 90-day introductory period is completed. In order to be paid holiday pay, you must work the regularly scheduled work day shift prior to and immediately after the holiday.

Recognized Holidays

Notices giving definite dates will be posted on the bulletin boards as far in advance as possible. If you are required to work on a holiday, you will be paid time and one-half (1-1/2) for the hours worked that day.

Revised 12/05

Regular full-time eligible for vacation pay and vacation time off

1 year ______one week paid (July 4th)
2 years ______two weeks paid (July 4th and Christmas)
10 years ______three weeks

Amount of Vacation

On April 30, employees who have been continuously employed by Annerican of Martinsville for at least six full months will accrue one week of vacation, which must be taken during the Company's July 4th shutdown. For this week of vacation, employees will be paid 2th of their gross earnings during the prior period from Mey 1 through April 30, unless required withholdings. Employees who leave the company for any reason prior to April 30 will not accrue any portion of this week of vacation. On December 1, employees who have been continuously employed by American of Martinsville for at least two full years will accrue an additional week of vacation, which must be taken during the company's Christmas shutdown. Employees who leave the company for any reason prior to December 1 will not accrue any portion of this second week of vacation. On January 1, employees who have been continuously employed by American of Martinsville for at least ten full years will accrue at third week of vacation, which they may take at any time during the year with their supervisor's approval. Employees who leave the company for any reason prior to January 1 will not accrue any portion of this third week of vacation. Eligible employees who have not taken all of this third week of vacation by the Christmas shutdown will be paid for their unused vacation time at that time. Unused vacation does not carry over the following year. American of Martinsville, in its sole discretion may require that individual employees take vacation at some time other than the shutdown periods and may cancel or reschedule a shutdown period and included in calculating entitlement to overtime pay.

Other Paid Leave

If any of these paid leaves apply to you, please see the Human Resources Department

Funeral (Berazvensent) Leave

Any associate with a death in the immediate family (as defined below) will be granted a paid leave of absence of one to three days to attend the funeral and/or make other necessary arrangements related to the deceased. Time off must commence sometime between the date of death and the date of the funeral, inclusive of one or the other. The maximum payment under this policy is made only for normally scheduled hours. Under no circumstances is this policy to be interpreted as automatically allowing three (3) days off.

Note: Immediate family shall consist of spouse, children, mother, father, step-mother, step-father, brother, sister, grandchildren, mother-in-lew, father-in-law, grandfather, grandmother, son-in-law, or daughter-in-law.

Bereavement pay will not be counted in calculating overtime pay for the week

Pay for a funeral leave will be made for actual time lost from work. If the leave period occurs at a time when work is not scheduled, payment will not be made. If a holiday or part of your vacation occurs on any of the days of absence, you may not receive holiday or vacation pay in addition to paid funeral leave. The days provided for normal funeral leave will not be charged as vacation days.

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It is your civic duty as a citizen to report for jury duty whenever called. If you are called for jury duty, we with permit you to take the necessary time off and we wish to help you avoid any financial loss because of

Revised 12/05

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such service. American of Martinsville will pay your regular pay for time spent on jury duty. You must notify your manager within forty-eight (48) hours of receipt of the jury summons.

2

On any day or half-day you are not required to serve, you will be expected to return to work. In order to receive your regular pay for the time spent on jury duty, you must present a statement of jury service to your manager. The count issues this document.

Jury duty pay will not be counted in calculating overtime pay for the week

Disability (Including Pregnancy) Leave Of Absence

Whenever possible, you are required to give as much notice as possible of your pending need for a disability leave of absence. Pregnancy is treated the same as an illness or disability.

In the case of pregnancy, please inform your manager as soon as possible of the date you and your doctor anticipate that you will begin your leave.

Employees returning from FMLA leave will be returned to the same position or an equivalent position. For other employees returning from disability leave, we will make every effort to allow you to return to your former work, or similar work, if available, for which you may be qualified.

If you develop an illness or physical condition which requires medical treatment, restrictions and precautions as to your health, you will be required to submit a physician's statement. This statement must give approval that continued full-time employment in your present position will not jeopardize your health or the safety of others, in the event you continue to work. A similar statement is required upon return from a disability leave.

Note: See "Disability Insurance" under "Insurance Coverage" later on in this section for further information

UNPAID LEAVES OF ABSENCE

Personal Leave Of Absence

Leave without pay for at least 90 days. The request must be made to your manager. Paperwork must be completed and approved in conjunction with the Human Resources Department. Personal leave without pay may be granted only in cases of extreme emergency or extreme personal need, and limited to a maximum of three (3) months.

Please contact Human Resources as other instances of unpaid leaves of absences apply

- Family and Medical Leave (FMLA)
- Military Leave of Absence
- Military Reserves or National Guard Leave of Absence

Family and Medical Leave (FMLA)

Family and medical leave is available for associates who have been employed with the company for at least twelve (12) months and who have worked at least 1,250 hours during the twelve (12) months immediately prior to the desired leave. You may receive up to twelve (12) weeks of leave during any twelve (12) month period for the following purposes:

- care of newborn, foster child, or newty adopted child
- care of a child, parent, or spouse with a serious health condition
- your own serious health condition which renders you unable to perform the functions of your position

The twelve (12) morth period will be a rolling period for each associate will be measured backward from the date on which a proposed leave is to begin.

If you qualify for this leave you must first utilize all accrued paid leave time (such as vacation time) as the initial 12 week period.

Kevised 12/05

Accepting Other Employment Or Going Into Business White On Leave Of Absence

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If you accept any employment or go into business while on a leave of absence from American of Martinsville, you will be considered to have voluntarily resigned from employment with American of Martinsville as of the day on which you began your leave of absence.

Healthcare Premium Payment During Leaves Of Absence

American of Martinsville will continue to pay its share of healthcare promiums for associate coverage and dependent coverage for a maximum of six (8) months while you are on a disability leave of absence (including Family and Medical Leave). You must continue to pay your healthcare contribution to keep your coverage in effect. If your healthcare premiums are not paid within thirty days of when they are due, your healthcare coverage will be terminated.

INSURANCE COVERAGE

Healthcare/Group Life Insurance

American of Martinsville is interested in the health and well-being of both you and your family. A comprehensive health and life insurance program is available to you and your family. We provide life insurance underwritten by a national insurance carrier. After completion of ninety (90) days, you become elligible for coverage. In addition, you will pay a weekly contribution according to a schedule provided by the Human Resources Department.

The following benefits are provided, as defined and limited in the fiterature provided by the Human Resources Department:

- Group Term Life Insurance
- Accidental Death & Dismemberment Insurance (AD&D)
- Medical & Dental Health Insurance (Pharmacy Card)
- Dependents' Health Insurance
- Supplemental Life Insurance

If you choose benefits coverage, a copy of the booklets describing your benefits will be provided by the Human Resources Department when you join the program.

Termination of insurance

Your insurance will terminate when you fail to make a required contribution to a premium, when you cease to be eligible for coverage under the terms of our group insurance program, or when you cease to be employed as a regular associate eligible for the insurance.

Addito Plan

All eligible associates may participate in the 401(t) plan starting at the beginning of the next quarter after having completed 30 days of employment at the time of employment. You may invest up to 99% of your earnings in this plan except where limited by law. Your contribution will be deducted from your pay on a tax-deferred basis. La-Z-Boy will also match your contribution at the rate of 50% of the first 4% of your pay that you contribute.

Note: This is only a brief summary of the La-Z-Boy Sevings 401 (k) Ptan; the complete details of the Plan will be given to you when you enroll.

CINEM BENEFITS

Associate Purchases

After completing six months of employment with American of Martinsville, you are eligible to purchase furniture at certain formerly La-Z-Boy companies discount from the wholesale price, plus tax and freight if Revised 12/05

4

applicable; check with Human Resources for a discounted price. Under no circumstances should company products be removed from the premises unless accompanied by a receipt from American of Martinsville.

What you buy must be for your own personal use or that of your immediate family and not for resale or use by others. Associates are permitted to buy company products at a discount for personal use or to give as gifts, but buying items from American of Martinsville on behalf of people outside your immediate family is strictly forbidden. American of Martinsville considers such behavior a form of thefl and violators will be treated accordingly.

If you are tempted to give friends a "good deal," decide against it. If you are pressured, explain that you could lose your job over it.

If you become aware of a fellow associate about to give a friend (or customer) an unauthorized discount, please advise them that such action would be in violation of American of Martinsville policy. Furniture discounts are for associate use only.

Education/Training (Attending Seminars/Training Sessions)

From time to time, employees will be required to attend various training workshops conducted or offered by the company. These programs are designed to provide knowledge and skills to ensure better job performance.

Please contact Human Resources for information regarding other benefits that are available to you such

Tuition Reimbursement

Workers' Compensation

The Virginia Workers' Compensation Law is an insurance plan that is supervised by the state and one hundred percent (100%) paid for by American of Martinsville. This law was designed to provide you with benefits for injuries or occupational diseases as described below. If you think you are entitled to workers' compensation, you must file a claim with the Workers' Compensation Commission within two years from the date of the accident causing the injury or your right to benefits may be lost.

if you're unable to work because of a job injury, American of Martinsville and our Workers' Compensation insurance Administrator work together to take care of your medical expenses and pay you money to live on until you're able to come back to work. American of Martinsville and the Workers' Compensation insurance Administrator also work together to identify and implement rehabilitation programs to hasten your return to work.

Who is Covered? - Every American of Martinsville associate is protected by Workers' Compensation

What is Covered? - Employees are entitled to receive compensation for an "injury by accident" or an "occupational disease." To be covered, an "accident" must: (1) Occur at work or during a work-related function; (2) Be caused by a specific work activity; and (3) Happen suddently at a specific time. (Injuries incurred gradually or from repetitive trauma are not covered, although certain diseases caused by repetitive trauma are covered.) In order to be covered, a disease must. (2) Be caused by the work; and (2) Not be a disease of the back, neck, or spinal column. Other legal considerations may also apply. Minor injuries that meet these criteria are covered.

When Am I Covered? - Coverage begins immediately for accidents and injuries that occur when you are working. You do not have to work a certain length of time, and there's no need to earn any minimum amount of wages before you're protected.

Personal Use of Company Property is Forbidden

Revised 12/05

•		•			EMPLOYEE#	** 96 9565
Employee Name	WOFFORD 14	HARO	4 IK			
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WOFFORD HAND - 969869

LARRY HAMMOCK - 110583

MIKE GOARD - 154308

TOM LANE - 621059 RICK HESS - 924250 JOE SINK - 965744

INOCO A-PLUS

WELCOME

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Join APlus Remaided

BB++ CASH ADVANCE

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\$400.00 H

FROM

2186 CHECKING

BALANCE

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DC-METRO CENTER #2 WASHINGTON DC THANK YOU FOR BANKING WITH BB&T

VISIT: BET.COM

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****EMPLOYEE NUMBERS TO BE FILLED IN BY YOU: GARY HORTON - 480514 WOFFORD HAND - 969869

LARRY HAMMOCK - 110583 MIKE GOARD - 154308

GARY OWENS - 235320

TOM LANE - 621059 RICK HESS - 924250 JOE SINK - 965744

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KWIK LUBE * 6518 GR<u>#ENSBORD D</u> RIDGEWAY, VA 24148 PHONE #(276) 956-5400

Merchant ID: 11924353

Sale

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Kwik Lube Inc. 6518 Greensboro Rd. Ridgeway, VA 24148 276-956-5400

INVOICE

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American Of Martinsville

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****EMPLOYEE NUMBERS TO BE FILLED IN BY YOU: GARY HORTON - 480514

WOFFORD HAND - 969869 LARRY HAMMOCK - 110583 MIKE GOARD - 154308

TOM LANE - 621059 RICK HESS - 924250 JOE SINK - 965744

oice # 0008498 :e 01/03/10 ie 12:29AM

NDY

np Gallons Price 1 23.900 \$2.469

anduct Amount 1teaded \$59.01

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Supplies AMEY

THE HOME DEPOT 4628
4176 FRANKLIN ROAD
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PARKING

City Center Parking Lot 900 9th St. N.W. Washington, DC 20001

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Thank you for choosing

24511 ADVANCE 30+

B8&T

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VISIT: BBT.COM

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****EMPLOYEE NUMBERS TO B	E FILLED IN BY YOU	: GARY	HORTON - 480514	GA	ARY OWENS - 2353	20

WOFFORD HAND - 969869

LARRY HAMMOCK - 110583 MIKE GOARD - 154308

TOM LANE - 621059

RICK HESS - 924250 JOE SINK - 965744

IBAT TRANSACTION RECORD DATE TIME BERIAL 01/10/10 03:13FM 98768

CARD NUMBER XXXXXXXXX1925 TRANSACTION WITHDRAW FOSTING DATE 01/11/10

AMOUNT

\$240.00

FROM

2186 CHECKING

BALANCE

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DC-METRO CENTER #2 WASHINGTON DC THANK YOU FOR BANKING WITH BB&T

VISIT: BBT.COM

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Car Rental						00 66 4324
Taxi		+				00 66 4324
Telephone					241:00	00 66 4324
Parking & Tolls					6.42	00 66 4324
Tips						00 66 4324
Laundry					5.13	00 66 4324
Cash Advance Fees						00 00 4324
Cash Advance Amount	500.00					00 66 4222
Gas			52 co		<u></u>	00 66 4333
Repair Parts/Supplies						00 66 4435
Repair Parts/Supplies						00 66 4435
Tools						00 66 4305
Tools						00 66 4305
Vehicle Expense		T				00 66 4462
Movie Expense owed to AOM						00 66 4324
Misc.						
Misc.	F 00 00 -	<1014	5200 -	<2004>	*417.55	< 1110 >
Total	500.00 -	71014	1 / 2			
Carryover to next Job Amount Due Employee	(ADD CARRY OVI					243,34
Misc Expenses Explanation					PONC Total	4.69.55
					ADD AMEN & CA	
					FOR PONCINGTY	
						
EMPLOYEE SIGNATURE 1	Vaffard & Han	2/1				
MANAGERS APPROVAL		1				
WOFFO	ORD HAND - 969869	LARR	HORTON - 480514 Y HAMMOCK - 110 LANE - 621059	583 MI	ARY OWENS - 2353 IKE GOARD - 15430 SS - 924250 JOE	

CASH ADVANCE.
BB+

CATERIAS ACTEUR BECERRAGES
FOR THE WITHOUT \$500.00
EACANCE 2186 CHECKING
BASHERD BENTER #2
WITH BBS FANKING
VISIT: BET.COM

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GA 5 AMEY

WELCOME

CASTSTOP FOOD MT 238 3 W RESERVOIR DDSTOCK VA 2266

ΓΕ 01/18/10 ΜΕ 2:28 PM ΓΗ# 562454

ÆX NDY∠WH

MP PRODUCT PPG 3 UNLD \$2.599

ALLONS TOTAL 552.00

THANK YOU HAVE A NICE DAY CASH

City Center Paking Lot 900 9th St N.W. Washington, JC 20001

Computer Number: ID " or "teo: saction Number: 01/03/10 17 red: 01/18/10 12 ed: Dispenser: tet #68502 are **:**: \$241 " al Fee: \$241 n:

Thonk wou for choosing

Cost Poreign

Employee Name	JW MARK	HALD	JAR 1 Dela vete	ND DC		
Job Location	JU WIAKK	1 677	WASHINGTO			
Job Number (Quarity Dept to thi un)						
Job Code (Quality Dept to (fit hi)			HALL			
Suite(s) Repaired	CASEGOODS/UPHOLSTER	YITEM#	7.800			
Dates Travelled	DATES AT PROPERTY & T	RAVELING	1-28-10		1-30	16
Duite Traveller	Carrier School S				CASH PD	CASH ADV
	BB&T	<u>l</u>	AMEX			CASITADV
Carryover from Prior Job					(CARRY OVER)	[243,3+)
Mileage Total Miles		_ X	0.505			
Cash Advance Received from BB&	<u>r</u>		(CASH ADVANC		•	500.00
Cash Advance Received from AME	<u>X</u>		(IF ANY ADVAN	ICES FROM	M AMEX)	
Cash Advance Given to :	TECH'S NAME			(\$\$\$ AM	OUNT GIVEN)	
Per Diem: Days	3	_ @	\$ 55		165 50	
	BB&T	T	AMEX		CASH PD	A/P USE
Tadaina	DD&1					00 66 4324
Lodging Lodging for Dual Occupancy						00 66 4324C
Compimentary rooms (\$50.00/day)						00 66 4324D
Plane Fare (incl. Service Fee)						00 66 4324
Car Rental				,		00 66 4324 00 66 4324
Taxi			<u> </u>			00 66 4324
Telephone			ļ			00 66 4324
Parking & Tolls					.6.42	00 66 4324
Tips			ļ		5.13	00 66 4324
Laundry		 			5.12	00 66 4324
Cash Advance Fees	F00.00	+				
Cash Advance Amount	500.00	-	119,58			00 66 4333
Gas	<u> </u>	 	111122			00 66 4435
Repair Parts/Supplies		 				00 66 4435
Repair Parts/Supplies		+				00 66 4305
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Vehicle Expense						00 66 4462
Movie Expense owed to AOM						00 66 4324
Misc.	All the control of th					
Misc.		T				1110
Total	500.00-	<1014>	119.58-	<2004>		< 1110 >
Carryover to next Job Amount Due Employee	(ADD CARRY OVE					80.11
Misc Expenses Explanation			•		PONC Total	1296 13
A COURSELL OF LOOPING A SEC.					ADD AMBRACA	
					TOR PORO TOTAL	
				_		
	·) in nitit	# 71	,			
EMPLOYEE SIGNATURE	Noffast d Han	ef th				
MANAGERS APPROVAL	DM		HODTON 400514	- -	ARY OWENS - 2353	20
WOFFO	RD HAND - 969869	LARR	HORTON - 480514 Y HAMMOCK - 110 JANE - 621059	583 MI	IKE GOARD - 15430	

CASH ADVANCE BBH+

BB&T MISACTION RECURD TE TIME SERIAL 7/10 02:47PM 01522

NUMBER XXXXXXXXX1925 ACTION WITHDRAW NG DATE 01/27/10

IT

\$500.00

HALL 2186 CHECKING

NCE

\$.00

ICK SPRINGS ICK SPRINVA ANK YOU FOR BANKING WITH BB&T

SIT: BBT.COM

 \checkmark

WELCOME :: ::

SALES RECEIPT 564 080015 ELL 3 OLD CROSS ROAD J MARKET VA 22844

TE 01:28:10 1:09PM VOICE# 1149:12 TH# 540:15-1 AMEX CCOUNT NUMBER XX XXXXXX X1007 NDY: WII ***PROVAL # 540434

MP_PRODUCT S.G 3 UNLD \$2.599

LLONS FUEL TOTAL 2.700 \$ 59.00

You could have rned 2.95 with the Shell MasterCard today!

It's simple to apply: Carl 1-877 MY SHELL today:

THANK YOU COME BACK SOON ::

::

Birch Market O Virgina Ave sett, VA .627.0713

nice # 0010795 01/23/10 10:37AM

(Acct # :*******1007 Date 07/12

IDY

Gallons Price 23.399 \$2.589

eaded

Amount \$60.58

l Sale \$60.58

Thank you! Come again!

Employee Name	WOFFORD	H HA	DUJE				
Job Location	J.W 112		tt WA	Shirs	to NDC		
Job Number (Quality Dept to fill in)							
· · · ·							
Job Code (Quality Dept to dit hi)			7 (C.X.)				
Suite(s) Repaired	CASEGOODS/UPHOLSTERY ITEM # Z - S & O						
Dates Travelled	DATES AT PROPERTY & TRAVELING 1-31-40 2-66-10					-/0	
	BB&T		AMEX		CASH PD	CASH ADV	
Carryover from Prior Job					(CARRY OVER)	80,11 -	
Mileage Total Miles		_ x 0).505		_		
Cash Advance Received from BB&	<u>r</u>	(CASH ADVANC	E TOTALS	5)		
Cash Advance Received from AMEX (IF AN			if any advan	NY ADVANCES FROM AMEX)			
Cash Advance Given to:	TECH'S NAME			(\$\$\$ AM	OUNT GIVEN)	-	
Per Diem: Days	<u> </u>	@ _	5500		385 ·		
	BB&T		AMEX		CASH PD	A/P USE	
Y - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DD&I		AMIDA			00 66 4324	
Lodging Lodging for Dual Occupancy	 					00 66 4324C	
Compinentary rooms (\$50.00/day)						00 66 4324D	
Plane Fare (incl. Service Fee)						00 66 4324	
Car Rental						00 66 4324	
Taxi						00 66 4324	
Telephone						00 66 4324	
Parking & Tolls						00 66 4324	
Tips					15 00	00 66 4324	
Laundry					12 00	00 66 4324	
Cash Advance Fees						00 00 4324	
Cash Advance Amount						00 66 4333	
Gas						00 66 4435	
Repair Parts/Supplies						00 66 4435	
Repair Parts/Supplies		_				00 66 4305	
Tools						00 66 4305	
Tools						00 66 4462	
Vehicle Expense		_				00 66 4324	
Movie Expense owed to AOM	the manufacture for any case property and the last the month property.						
Misc.							
Misc.		(1014)		<2004>	· 412 00	< 1110 >	
Total	**************************************	<1014>	र क्या कारत समाहर				
Carryover to next Job							
	(ADD CARRY OV	ER & CASI	H ADVANCE II	HEN SUDII	(ACI CAULID)	331,89 -	
Amount Due Employee				\neg			
Misc Expenses Explanation					PONC Total		
Marian Control of the Control Section (Control of the Control of t					ADD ANDN & CA	SELECT CE HS	
					TOR PONCITOTAL		
EMPLOYEE SIGNATURE	1211-10412	2.4/				_	
ENI COTE SIGNATOR	1	and the		-			
MANAGERS APPROVAL					DIVOLUENC 3252	-	
	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GARY H	ORTON - 480514		ARY OWENS - 2353 KE GOARD - 1543(
WOFFO	RD HAND - 969869	LARRY TOM LA	HAMMOCK - 110 NE - 621059		KE GUARD - 13430 SS - 924250 JOE	SINK - 965744	

Émployee Name	WOFFERD H	1741	104 212			
Job Location	Ju MAKKIOHT WASHINGTON D.C					
Job Number (Quarity Dept to fitt to				,		
Job Code Quality Dept to the har						
	CASEGOODS/UPHOLSTERY	/ ITEM #	7 - 800			
Suite(s) Repaired						: 17 . 70
Dates Travelled	DATES AT PROPERTY & TI	RAVELING	2.07-10		⊸ لجن	13.10
	BB&T		AMEX		CASH PD	CASH ADV
Carryover from Prior Job					(CARRY OVER)	(331.89)
Mileage Total Miles		X	0.505	l	-	1
Cash Advance Received from BB&	T	-	(CASH ADVANCE	E TOTALS)	500 a
	Cash Advance Received from AMEX (IF ANY ADVANCES FROM AMEX) Cash Advance Given to TECH'S NAME (\$\$\$ AMOUNT GIVEN					
Cash Advance Given to:	TECH'S NAME			— (222 VM	OUNI GIVEN)	<u> </u>
Per Diem: Days	7	@	\$ 5500		38500	
	BB&T	I	AMEX		CASH PD	A/P USE
Lodging						00 66 4324
Lodging Lodging for Dual Occupancy Compimentary rooms (\$50.00/day)						00 66 4324C
Compimentary rooms (\$50.00/day)						00 66 4324D
Plane Fare (incl. Service Fee)						00 66 4324
Car Rental						00 66 4324
Taxi		ļ		<u> </u>		00 66 4324
Telephone		<u> </u>		 	307 60	00 66 4324
Parking & Tolls		<u> </u>		 	136 00	00 66 4324
Tips	<u> </u>	ļ			<u> </u>	00 66 4324
Laundry		 			12	00 66 4324
Cash Advance Fees	F 65	 		++		00 00 1021
Cash Advance Amount	500.00	 		+		00 66 4333
Gas		 		+		00 66 4435
Repair Parts/Supplies Repair Parts/Supplies				11		00 66 4435
Tools		 				00 66 4305
Tools		1				00 66 4305
Vehicle Expense	•					00 66 4462
Movie Expense owed to AOM						00 66 4324
Misc.	The second products, anything to a great day, through detection of the con-					
Misc.						
Total	500.00 -	<1014>		<2004>	* 538°°	< 1110 >
	emmenedCDVT BS0	OMI CAI	SE ED, DER DIMM	III DXI	EAGE	
Carryover to next Job						
Carry C vo. so sission a s	(ADD CARRY OVE	R & CA	SH ADVANCE THE	EN SUBTR	ACT CASH PD)	
Amount Due Employee	`			_		369,89
Misc Expenses Explanation		er Sharing to William		1.		1 3 7 6 3 6
					PONC Total	538.00
					AND AMBY & CAM	
				4	FOR PORC IGIAL	
				لـ	•	
EMPLOYEE SIGNATURE	1					_
MANAGERS APPROVAL						
						GARY HORTON - 480514 GARY OWENS - 235320
WOFFO	RD HAND - 969869		Y HAMMOCK - 11058		KE GOARD - 15430	8 SINK - 965744
		TOM L	ANE - 621059	RICK HES	S - 924250 JOE	DHAW - 202/44

TOM LANE - 621059

CASH ADVANCE 133+1

\$500.00 AMOUNT 2186 CHECKING \$.00

BALANCE

BASHANRY WITH SEATANKING

VISIT: BBT.COM

PAKKILG CASH

City Center Parking Lot 900 9th St. N.W. Washington, DC 20001

Computer Number:

der:

saction Number:

ID #:

red:

ed:

l Fee:

01/29/10 16:1

et #87753

02/05/10 09:21

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Dispenser #

Area \$126.0

\$126.0

Thank you for choosing

cash porkers

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Emp	oloyee
Iob	Locati

Employee Name Job Location	J.W. MARRIOTT WASHINGTON PC						
Job Number (Quality Dept to fill in)							
Job Code Quality Dept to fill he							
Suite(s) Repaired	CASEGOODS/UPHOLSTERY	Y ITEM#	2-800				
Dates Travelled	DATES AT PROPERTY & TRAVELING 2-14-10 2-20-70						
Dates Travelled							
	BB&T		AMEX	<u> </u>	CASH PD	CASH ADV	
Carryover from Prior Job					(CARRY OVER)	(369.89-)	
Mileage Total Miles		X ·	0.505		-		
Cash Advance Received from BB&T	<u>r</u>		(CASH ADVANCE	E TOTALS	5)	500 00	
Cash Advance Received from AME	<u>x</u>		(IF ANY ADVANC	CES FROM	M AMEX)		
Cash Advance Given to:	TECH'S NAME			_(\$\$\$ AM	MOUNT GIVEN)		
Per Diem: Days	7	_ @	\$ 5500		385 ·	<u> </u>	
	BB&T	T	AMEX		CASH PD	A/P USE	
Lodging						00 66 4324	
Lodging for Dual Occupancy						00 66 4324C 00 66 4324D	
Compimentary rooms (\$50.00/day)				_		00 66 4324	
Plane Fare (incl. Service Fee)				+		00 66 4324	
Car Rental	 					00 66 4324	
Taxi						00 66 4324	
Telephone Parking & Tolls		 				00 66 4324	
Tips					15.00	00 66 4324	
Laundry					1200	00 66 4324	
Cash Advance Fees						00 66 4324	
Cash Advance Amount	500.00	ļ		-		00 66 4333	
Gas				+		00 66 4435	
Repair Parts/Supplies		 		+	ļ	00 66 4435	
Repair Parts/Supplies		 				00 66 4305	
Tools Tools	 	 	· · · · · · · · · · · · · · · · · · ·			00 66 4305	
Vehicle Expense						00 66 4462	
Movie Expense owed to AOM		1				00 66 4324	
Misc.	the majoration of the supplementary and the second						
Misc.			2000 10 100 100 100		12	1110>	
Total	500.00-	<1014>			±417 30	< 1110 >	
Carryover to next Job (ADD CARRY OVER & CASH ADVANCE THEN SUBTRACT CASH PD)							
Amount Due Employee	(ADD CARLET C.			-		281.89 -	
Misc Expenses Explanation					PONC Total	417.00	
No obtato en ambratado Abbai					ADD AMEM & CA		
				1	FOR POWO TOTAL		
EMPLOYEE SIGNATURE	7			_		_	
MANAGERS APPROVAL GARY HOPTON - 480514 GARY OWENS - 235320							
WOFFORD HAND - 969869							

3847 38448ACTION RECORDIAL 02794710 12188FM 888545

CARD NUMBER XXXXXXXX1925 TRANSACTION WITHDRAW POSTING DATE 02/16/10

AMOUNT

\$500,00

FROM

2186 CHECKING

BALANCE

\$.OC

DC-METRO CENTER #2 WASHINGTON DC THANK YOU FOR BANKING WITH BBS:

VISIT: BET.COM

Employee Name	WOFFERD H	HAN	シャンド					
Job Location	J.W. MARRI		WAShive	HON DC				
Job Number (Quarity Dept to findin)								
Job Code Quality Dept to the hit								
Suite(s) Repaired	CASEGOODS/UPHOLSTERY ITEM # 2-800							
Dates Travelled	DATES AT PROPERTY & TI	DATES AT PROPERTY & TRAVELING 22/10 2-27-10						
				CASH PD	CASH ADV			
	BB&T	<u> </u>	AMEX		= / = = > = =			
Carryover from Prior Job				(CARRY OVER)	[(9818d)]			
Mileage Total Miles		_ X	0.505	-				
Cash Advance Received from BB&	<u>1</u>		(CASH ADVANCE		300 ⁰⁰			
Cash Advance Received from AME	<u>X</u>		(IF ANY ADVANC					
Cash Advance Given to:	TECH'S NAME			(\$\$\$ AMOUNT GIVEN)	-			
Per Diem: Days	7	_ @	\$ 55	385 00	1			
	DE OF	T	AMEX	CASH PD	A/P USE			
	BB&T	 	AMEA	CABILIZ	00 66 4324			
Lodging Lodging for Dual Occupancy	-	 			00 66 4324C			
Compimentary rooms (\$50.00/day)					00 66 4324D			
Plane Fare (incl. Service Fee)					00 66 4324			
Car Rental					00 66 4324 00 66 4324			
Taxi			<u> </u>		00 66 4324			
Telephone				120 00	00 66 4324			
Parking & Tolls		-		15.00	00 66 4324			
Tips Laundry				12 00	00 66 4324			
Cash Advance Fees					00 66 4324			
Cash Advance Amount	500.00		60 00		00 66 4333			
Gas		-	1 273.54 -		00 66 4435			
Repair Parts/Supplies		 	+ a 13.57 -		00 66 4435			
Repair Parts/Supplies		+			00 66 4305			
Tools		1			00 66 4305			
Vehicle Expense					00 66 4462			
Movie Expense owed to AOM					00 66 4324			
Misc.								
Misc.		1014		<2004> * 53,2 OG	< 1110 >			
Total	500.00-	<1014	1.3333.54 :-					
C to mout Joh								
Carryover to next Job	(ADD CARRY OVI	ER & CA	SH ADVANCE THE	EN SUBTRACT CASH PD)				
Amount Due Employee	(313,89 -			
Misc Expenses Explanation				FOYO T-4-1	T Q 7 7 4 8			
THISO EXPONSES AND THE TAXABLE OF				PONC Total AUGUMEN & CA	97766			
				FOR PONO TOTAL				
				- 100.00000				
	1 18 1111	1.11						
EMPLOYEE SIGNATURE 1	Jaffay) H Hand				_			
MANAGERS APPROVAL		1			-			
The wave grants of the Control of th	1、在10度的 克斯 (多)的。	GARY	HORTON - 480514	GARY OWENS - 2353				
WOFFO	ORD HAND - 969869	LARR	V HAMMOCK - 1105	83 MIKE GOARD - 1543 RICK HESS - 924250 JOH	u8 E SINK - 965744			



More saving. B More doing.

4176 FRANKLIN ROAD ROANOKE, VA 24014 (540)772-3087

3 00002 21093 02/22/10 09:00 A HIER TERRY - TLD650

.798253124 G 7 0 9.98	EL CMT OT <a>	
340303829 SI	JPER GLUE <a>	69.86
200410826 MA	ASK TAPE CP <a>	17.8
192046159 NA		79.8
1407.46	- 7 71	104.4
	SUBTOTAL SALES TAX	272.1 13.1

SUBTOTAL 272.0 SALES TAX 13.7 TOTAL \$285.501 XXXXXXXXXX1007 AMEX 285.501 H CODE 545728/7023409 #285.60

4628 02 21093 02/22/2010

PARKING-CASH

City Center Parking Lot 900 9th St. N.W. Washington, DC 20001

mputer Number:	1
·	10 #1
r: .ction Number:	6
id:	02/12/10 13:04
1:	02/19/10 07:57
t #92919	Dispenser #4
. #32313	Area 1
Fee:	\$120.00
ree.	\$120.00

Thank you for choosing

cook porking

CASh ADVANCE BBJ+

BB&T
TRANSACTION HELDAD
MATE TIME CORD

O NUMBER (ARTHURN 1925 VSAUTION (UITH RAW) FING DATE (V22/22/10)

INT

\$500.00

2166. DRECKING

ANCE

\$.00

RICK SPRINGS RICK SPRINGA MANK YOU FOR BROKING WITH BB&T

SIT: BET.COM

PitStop

DLR# 4779849 TIMBER RIDGE P LEXINGTO VA

02/22/10 10:35AM

ACCT#
AMEX XXXXXX1007 10:
INU# NU\$3561
AUTH# 582255
PUMP# 03
Regular 22.7;
SELF
PRICE/GAL \$2.6;
FUEL TOTAL \$60.1

TOTAL \$60.0 Use your PitPass? Have a great day!

Return on tools Put BACKON AMEY



LOWE'S HOME CENTERS, INC. 4224 VALLEY AVENUE ROANOKE, UA 24018 (540) 725-1883

- RETURN 27601 -

SALES #:R S0664AL3 1443223 02-22-10

90286 KOBALT PLASTIC LAMINATE J 11.48-RIG. STORE: 664 DATE:020809 INU: 9733

SUBTOTAL:

11.48-

TAX:

0.58-

TOTAL RETURN:

12.06-

AMEX:

12.06-

AMEX XXXXXXXXXXXXXX1007

AMOUNT:

12.06-

RE: 0564 | TERMINAL: 27 | 02/22/10 09:13:29

STORE MGR: BARRY FIELDS

...UE A COMMENT OR FEEDBACK? LET US KNOW AT:

WWW.LOWES.COM/FEEDBACK STORE CODE: 06640-22210-27601

WE HAVE THE LOWEST PRICES, GUARANTEED!

9869

Employee Name	WOFFORD H	HAND	/	1 > 1				
Job Location	J.W. MARRI	+t2	WAShingto.	NUC				
Job Number (Quarky Dept to diff the						-		
Job Code Quality Dept to Millin!								
	CASEGOODS/UPHOLSTERY	TEM#	7.800					
Suite(s) Repaired	CASEGOODS/UPHOLSTERY ITEM # $Z S 0 0$ DATES AT PROPERTY & TRAVELING $2 25 - 10$ $3 - 06 10$							
Dates Travelled	DATES AT PROPERTY & TR	LAVELING	2 25-10		J UG 10	· · · · · · · · · · · · · · · · · · ·		
	BB&T		AMEX		CASH PD	CASH ADV		
Carryover from Prior Job				1	(CARRY OVER)	-(313.89)		
Mileage Total Miles		. X	0.505	i	-	<u> </u>		
Cash Advance Received from BB&	Ī		(CASH ADVANC	E TOTALS	5)	500 00		
Cash Advance Received from AME	<u>X</u>		(IF ANY ADVAN	ICES FROM	AMEX)			
Cash Advance Given to:	TECH'S NAME			(\$\$\$ AM	OUNT GIVEN)	•		
Per Diem: Days	7	_ @	\$ 55		385 °C			
	BB&T		AMEX	1	CASH PD	A/P USE		
Lodging						00 66 4324		
Lodging for Dual Occupancy						00 66 4324C		
Compimentary rooms (\$50.00/day)						00 66 4324D 00 66 4324		
Plane Fare (incl. Service Fee)		ļ				00 66 4324		
Car Rental						00 66 4324		
Taxi		 				00 66 4324		
Telephone		 				00 66 4324		
Parking & Tolls		 			1500	00 66 4324		
Tips	<u> </u>	 			1200	00 66 4324		
Laundry Cash Advance Fees		 				00 66 4324		
Cash Advance Amount	500.00	 						
Gas	1 300	1	111.36			00 66 4333		
Repair Parts/Supplies						00 66 4435 00 66 4435		
Repair Parts/Supplies						00 66 4305		
Tools		<u> </u>				00 66 4305		
Tools		 _				00 66 4462		
Vehicle Expense						00 66 4324		
Movie Expense owed to AOM		 						
Misc.		 						
Misc.	~ ~ ~ ~ ~	<1014	> 111.36 -	<2004>	× 4117 00	< 1110>		
Total	500.00-	1/1014	SECON PER DITON					
Carryover to next Job	(ADD CARRY OVE	R & CA	SH ADVANCE TH	HEN SUBT	RACT CASH PD)			
	(ADD CILLUI O . 2					225.89 -		
Amount Due Employee Misc Expenses Explanation				7				
MISC Expenses Explanation	en mentelija				PONC Total	523.3C		
A contract to the second secon					ADD AMERICA			
					FOR POND FOTA			
	1 0	ور خصوص		لـــا				
EMPLOYEE SIGNATURE 7	Vaffail H Ham	4/				_		
MANAGERS APPROVAL	La W	1_						
ewww.gathinitala.com.gathinital.com.a	・ 6. オースか オカ と関係し	GARY	HORTON - 480514		ARY OWENS - 2353			
WOFFC	ORD HAND - 969869	LAKK	Y HAMMOCK - 110 LANE - 621059		IKE GOARD - 1543 SS - 924250 JOE	08 E SINK - 965744		

TOM LANE - 621059

3 511 2200. LL B S LEE HWY ROL URAL BRID 24578

"E02/26/10 10:1)ICE# 878710 I# 580290 IEX ;OUNT NUMBER { XXXXXX X100;

PRODUCT \$ 16.

ONS FUEL T

THAMP HALL

\$62.5°

WELCOME

051422883-001 ASTSTOP FOOD MT 238 43 % RESERVOIR OODSTOCK VA 2266

ATE 02/27:10 IME 12:53 PM UTH# 584457

MEX IANDY/WH

PUMP PRODUCT PPG 01 UNLD \$2.599

GALLONS TOTAL \$49.01

THANK YOU HAVE A NICE DAY

BB&T RANSACTION RECORD DATE TIME SERIAL GS/10 07:49PM 74458

) NUMBER XXXXXXXX1925 VSACTION WITHDRAW FING DATE 03/01/10

JNT

\$500.00

2186 CHECKING

NCE

\$.00

FINSVILLE-STANLEY
VLEYTOWN VA
HANK YOU FOR BANKING
WITH BB&T

ISIT: BBT.COM

<i>P</i> →	Liela		Apende Map		484 CT 81 #	-9869
Employee Name	WOFFORD					
Job Location	J.W. MARR	Iott	WAShingto	on DC	the fact of the second	
Job Number (Quality Dept to fill the						
Job Code Quality Dept to fill in:						
Suite(s) Repaired	CASEGOODS/UPHOLSTER	Y ITEM #	Z-800			
Dates Travelled	DATES AT PROPERTY & T		3-67-10		.3 -	-13-10
Dates Havened		TOT VELLET				
·	BB&T		AMEX		CASH PD	CASH ADV
Carryover from Prior Job					(CARRY OVER)	(225.89)
Mileage Total Miles		_ X	0.505]
Cash Advance Received from BB&	<u>r</u>		(CASH ADVANC	E TOTALS	5)	26000
Cash Advance Received from AME	<u>X</u>		(IF ANY ADVAN	CES FROM	AMEX)	
Cash Advance Given to:	TECH'S NAME			_(\$\$\$ AM	OUNT GIVEN)	-
Per Diem: Days	7	_ @	\$ 5500		385 -	
	BB&T	T 1	AMEX	T	CASH PD	A/P USE
Lodging					·	00 66 4324
Lodging for Dual Occupancy						00 66 4324C 00 66 4324D
Compimentary rooms (\$50.00/day)						00 66 4324
Plane Fare (incl. Service Fee) Car Rental		-		1		00 66 4324
Taxi						00 66 4324
Telephone						00 66 4324
Parking & Tolls					1500	00 66 4324
Tips					1300	00 66 4324 00 66 4324
Laundry					12	00 66 4324
Cash Advance Fees	10/000					100 00 1021
Cash Advance Amount	260.00	-				00 66 4333
Gas Repair Parts/Supplies		+				00 66 4435
Repair Parts/Supplies						00 66 4435
Tools						00 66 4305 00 66 4305
Tools						00 66 4462
Vehicle Expense					<u> </u>	00 66 4324
Movie Expense owed to AOM	and the same and t					00 00 1021
Misc.						
Misc.	260,00-	<1014>	-	<2004>	* 412.00	< 1110 >
Total	TOTAL FE	POM CAS	a en ene ding			
Community mout Joh	5.0 1111111	EC				
Carryover to next Job	(ADD CARRY OV	ER & CAS	H ADVANCE TH	EN SUBT	RACT CASH PD)	
Amount Due Employee	(122 0122					_377.89
Misc Expenses Explanation				7		1/1/2 00
the current and also better a size a				_	PONC Total	1/2
				_	ADD AMBRIA CA FOR PONCIDES	
				-1	_Charone	
	1 // //	10				
EMPLOYEE SIGNATURE 1	Vaffand & Han	4//				
MANAGERS APPROVAL	1	1				
4		CARY	IORTON - 480514		ARY OWENS - 2353	
www.qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq	RD HAND - 969869	LARRY	HAMMOCK - 1105		KE GOARD - 1543 SS - 924250 JOE	08 E SINK - 965744

TOM LANE - 621059

CASH ADVANCE BBJ+

GBAT TRANSACTION RECORD TAME SERVAL 03/08/10 03.12FM 01/84

CARD NUMBER XXXXXXXXX1925 TRANSACTION WITHDRAW POSTING DATE 00/08/10

AMOUNT

\$260.00

TRIM

2104 CHECKING

BALANCE

\$,00

OC-METRO CENTER #2
WASHINGTON DC
THANK YOU FOR BANKING
WITH BEST

VISIT: BET.COM

Employee Name	WOFFORD	HH	AUDY		2 7		
Job Location	J.W. MARRIOTT WAShington D.C						
Job Number (Quarity Dept to fill in)							
Job Code Quality Dept to (fit h.)							
Suite(s) Repaired	CASEGOODS/UPHOLSTERY	Y ITEM#	2-800				
Dates Travelled	DATES AT PROPERTY & TR	RAVELING	3-14-10		3.7	0.10	
	BB&T		AMEX		CASH PD	CASH ADV	
Carryover from Prior Job			·		(CARRY OVER)	(377.89)	
Mileage Total Miles		X	0.505			1	
Cash Advance Received from BB&	Γ		(CASH ADVANC	E TOTALS	S)	500.00	
Cash Advance Received from AME	X		(IF ANY ADVAN	CES FROM	M AMEX)		
Cash Advance Given to:	TECH'S NAME				OUNT GIVEN)	-	
Per Diem: Days	7	_ @	\$ 5500		385 -	<u></u>	
	BB&T		AMEX		CASH PD	A/P USE	
Lodging	DDGI	-				00 66 4324	
Lodging for Dual Occupancy		 				00 66 4324C	
Compimentary rooms (\$50.00/day)						00 66 4324D	
Plane Fare (incl. Service Fee)						00 66 4324	
Car Rental						00 66 4324	
Taxi						00 66 4324	
Telephone						00 66 4324	
Parking & Tolls					176 00	00 66 4324	
Tips					15.00	00 66 4324	
Laundry					12.00	00 66 4324	
Cash Advance Fees						00 66 4324	
Cash Advance Amount	500.00					00.66.4000	
Gas			6100			00 66 4333	
Repair Parts/Supplies			1465			00 66 4435 00 66 4435	
Repair Parts/Supplies	<u> </u>	 				00 66 4305	
Tools	<u> </u>	 				00 66 4305	
Tools		<u> </u>				00 66 4462	
Vehicle Expense		 		_		00 66 4324	
Movie Expense owed to AOM	The management of the art trades, and the property of the commence of the comm		·			00 00 1021	
Misc.	·						
Misc.		1210145	7616-	<2004>	* 588 00	< 1110>	
Total	500.00-	<1014>	7565-				
Carryover to next Job	(ADD CARRY OVE						
Amount Due Employee	(_465,89_	
Misc Expenses Explanation					PONC T-4-1	1//2/:-	
				_	PONC Total	46365	
				_			
				-	TOP PONC TOTAL	. '	
EMPLOYEE SIGNATURE 1/2	Tolland H Hank	1/4				_	
MANAGERS APPROVAL	3/1/1	.,,	:			_	
		CADV	HORTON - 480514	GA	RY OWENS - 23532	20	
woffoi	RD HAND - 969869	LARRY	HAMMOCK - 1105		KE GOARD - 15430		



More savin^a More doin<u>c</u>

4176 FRANKLIN ROAD ROANOKE, VA 24014 (540)772-3087

8 00002 57071 03/12/10 11:04 HIER LISSA - LLC5929

812211132 FOLDING RZR <A> 7.5 103214553 FILE BRUSH <A> 5.5

SUBTOTAL 13.59 SALES TAX 0.70 TOTAL \$14.6 (XXXXXXXXXX1007 AMEX 14.6 TH. CODE 506257/9025336

4628 02 57071 03/12/2010

W1465

GA3 AMEX

WELCOME TO FASMART

000101816-01 15 FATRYSTONE PA.

FASMART 12 BASSETT V

DUPLICATE OUTDOOR RECEIPT

ERICAN EXPRSS NDY/WH TH# 00 DOC# 80029 TE 03/09/10 21:46

ODUCT: REG PROVAL # 502645 LLONS: 23.472 ICE/G: \$ 2.599

ICE/G: \$ 2.599 EL SALE \$ 61.00

THANKS, COME AGAIN

City Center Parking Lot 900 9th St. N.W. Washington, DC 20001

--- o-mputer Number:

10

r: ction Number:

02/27/10 14: 03/09/10 09:

d: 1:

Dispenser

#4057

Area \$176.1

Fee:

\$176.0

-11 you for choosing

11 0

EEST TRANSACTION RECORD DATE TIME BERIAL 03/14/10 02/11PM 02/14/

CARD NUMBER XXXXXXXX1025 TRANSACTION WITHDRAW POSTING DATE 03/15/16

AMOUNT

\$500.00

FROM

2154 CHECKING

BALANCE

\$. GO

DC-METRO CENTER 45 WASHINGTON DC THANK YOU FOR BANKING WITH BB&T

VISIT: BET. COM

Employee Name	WOFFORD H	HANG	9			
Job Location	JW MARR	Iott	4.45K	112970	NDC	
Job Number (Quality Dept to dil tu)						
Job Code Quality Dept to (iii in)						
Suite(s) Repaired	CASEGOODS/UPHOLSTER	YITEM#	7-800			
Dates Travelled	DATES AT PROPERTY & T	RAVELING	3-21-10		<u> </u>	27.10
	BB&T		AMEX		CASH PD	CASH ADV
Carryover from Prior Job	·				(CARRY OVER)	(465.89)
Mileage Total Miles		_ X	0.505			1
Cash Advance Received from BB&3	<u>r</u>		(CASH ADVANC	E TOTALS	5)	480.50
Cash Advance Received from AME	<u>x</u>		(IF ANY ADVAN	ICES FROM	M AMEX)	
Cash Advance Given to:	TECH'S NAME			(\$\$\$ AM	OUNT GIVEN)	-
Per Diem: Days		_ @	\$ 55 00		38500-	
•	BB&T	T	AMEX		CASH PD	A/P USE
Lodeine	DDCI					00 66 4324
Lodging Lodging for Dual Occupancy		1				00 66 4324C
Compimentary rooms (\$50.00/day)						00 66 4324D
Plane Fare (incl. Service Fee)						00 66 4324
Car Rental						00 66 4324
Taxi						00 66 4324 00 66 4324
Telephone				· ·	77 66	00 66 4324
Parking & Tolls					15 06	00 66 4324
Tips					13.	00 66 4324
Laundry	ļ				16.	00 66 4324
Cash Advance Fees	1100					
Cash Advance Amount	480.00					00 66 4333
Gas		+				00 66 4435
Repair Parts/Supplies		+	22.89			00 66 4435
Repair Parts/Supplies			52.07	-		00 66 4305
Tools						00 66 4305
Tools Vehicle Expense						00 66 4462
Movie Expense owed to AOM	<u> </u>					00 66 4324
Misc.		***				
Misc.						
Total	480.00 -	<1014>	22 89 -		× 484 00	< 1110 >
Total	********TOTAL FR	OM CAS	e pd, per diea	FAND MIL	IRAGE	
Carryover to next Job						
Carryovor to indicate	(ADD CARRY OVI	ER & CAS	SH ADVANCE TH	HEN SUBT	RACT CASH PD)	111000
Amount Due Employee						L469,89 <u>-</u>
Misc Expenses Explanation				1	TONGE (1)	506 88
				_	PONC Total	
					TORPORO IGIA	
	1 1			1		
EMPLOYEE SIGNATURE 1	Nofford & Have	4//_				
MANAGERS APPROVAL	An					
ewww.componies.com.com.com	. 6 35 K \$1 3 GB	GARY	HORTON - 480514		ARY OWENS - 2353	
WOFFO	RD HAND - 969869	LAKKY	HAMMOCK - 110 ANE - 621059		KE GOARD - 1543 SS - 924250 JOE	30 SINK - 965744

Supplies AMEX

THANK YOU FOR SHOPPING AT FIFTH STREET ACE HARDWARE 1055 5TH ST NW WASHINGTON, DC 20001 (202) 682-4570

ree personal shopping/delivery Sign up for Ace Rewards

10/10 4:01PM BANDY

21.592EA

JN DUAL TEMP ACE

ir Price:

TAL:

21.59 TAX: TOTAL:

22.

BC AMT:

\$22.

\$32.89

av 5호KD#: XXXXXXXXXXXX1007

000011582517

543280

AMT:

reference #:591912 Bat#367

error DEG

PARKING CASH

City Center Parking Lot 900 9th St. N.W. Washington, DC 20001

omputer Number:

er:
action Number:
ed:
03/12/10 15:4
d:
03/16/10 08:1
t #13100
Dispenser #
Area
Fee:
\$72.00

Thank you for choosing

cost position

CASh ADVANCE BB++

TRANSACTION RECORD DATE TIME SERIAL 03/21/10 02:24FM 02574

CARD NUMBER XXXXXXXY1825 TRANSACTION WITHDRAW POSTING DATE

AMOUNT

\$460.00

FROM 2186 CHECKING

BALANCE

, **\$**.00

DO-METRO CENTER #2 WASHINGTON DC THANK YOU FOR BANKING WITH BB&T

VISIT: BBT.COM

Employee Name Job Location	WOFFORD I	4 HA	WASHING!	eNPC	
Job Number (Quality Dept to think) Job Code , Quality Dept to think)					
Suite(s) Repaired	CASEGOODS/UPHOLSTERY	ITEM#	7.800		
				4-3	-10
Dates Travelled	DATES AT PROPERTY & TR	AVELING	2810		
	BB&T		AMEX	CASH PD	CASH ADV
Carryover from Prior Job				(CARRY OVER)	469,89
Mileage Total Miles		X	0.505	-	<u></u>
Cash Advance Received from BB&T	• •		(CASH ADVANCE	TOTALS)	500.00
Cash Advance Received from AME	<u> </u>		(IF ANY ADVANC	CES FROM AMEX)	
Cash Advance Given to:	TECH'S NAME			_(\$\$\$ AMOUNT GIVEN)	-
Per Diem: Days	7	@	\$ 5500	385 20	
·	BB&T		AMEX	CASH PD	A/P USE
Lodging	DDW1				00 66 4324
Lodging for Dual Occupancy					00 66 4324C
Compimentary rooms (\$50.00/day)					00 66 4324D 00 66 4324
Plane Fare (incl. Service Fee)					00 66 4324
Car Rental	_				00 66 4324
Talanhara	 				00 66 4324
Telephone Parking & Tolls				25600	00 66 4324
Tips				15.00	00 66 4324
Laundry				12.00	00 66 4324
Cash Advance Fees	3,00		<u> </u>		00 66 4324
Cash Advance Amount	_500. <u>00</u>		(do:33		00 66 4333
Gas	·	ļ	W/M		00 66 4435
Repair Parts/Supplies Repair Parts/Supplies			+ 14.61-		00 66 4435
Tools					00 66 4305
Tools		<u> </u>			00 66 4305
Vehicle Expense					00 66 4462
Movie Expense owed to AOM					00 66 4324
Misc.					
Misc.		11014	+ 01.00	<2004> * 668 * 60	< 1110 >
Total	503. 00-	<1014>	NEW WALL WALL COLLEGE	A NOTE RESTRICTE	
	amanana TOTAT 3360	MAL CAR		The Control of the Control of the Control	
Carryover to next Job	(ADD CADDV OVE	R & CA	SH ADVANCE THE	EN SUBTRACT CASH PD)	
Amount Due Employee	(ADD CARRY OVE	i w on		_	637.89_
Misc Expenses Explanation	The same of the sa				7 7 7 3 3
The control of the co				PONC Total	751,30
				ADD AMENIA CA	
				TOB. PORC IGIA	, qual
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1)		
EMPLOYEE SIGNATURE 1	Voffan H. Ha	ndg/L	, 		_
MANAGERS APPROVAL	VI A	1			_
		CARV	HORTON - 480514	GARY OWENS - 2353	20
www.gango.go.go.go.go.go.go.go.go.go.go.go.go.g	RD HAND - 969869	LARRY	V HAMMOCK - 1105		08

TOM LANE - 621059 RICK HESS - 924250 JOE SINK - 965744

GAS AMEX

130 Arcadia Rd Buchanan VA 24066

, 57522881 ARCADIA ROAD ANAN , VA 5

B/2819 11:14:18 AM 122

XXXXXX X1007 AMEX 10E 506048 588596

#3
ILAR 23.
IE/GAL \$2
. TOTAL \$6

Total = \$6

ND Credit \$6

Thank You Come Again!

*66.33

PARKING CASh

DATE 5/35/3010	No.	\$256.00
FROM-		DOLLARS
OFOR RENT PAT KING OFOR OFOR OFOR OFOR OFOR OFOR OFOR OFO		
PAID 35600 OCHE	CK	87. actuma 1152

Jen ponking

CASh ADVANCE

CHEVY CHASE BANK

A division of Capital One, N.A.

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More some of More downs

4176 FRANKLIN ROAD POANOKE, VA 24014 (540)772:3087

8 00003 77127 02/27/10 10:15 \times HIER JONATHAN - JJR3448

.:025076476	15.5 49.9
SUBTOTAL.	63.9
SALES TAX	3.2
TOTAL	\$67.1
(XXXXXXXX1007 AMEX	6/1
H CODE 587457/2036929	. !





More saving. B More doing.

4176 FRANKLIN ROAD ROANOKE, VA 24014 (540)772-3087

28 00008 40249 03/31/10 10:46 AM SHIER EDGAR - EWM606 DRIG REC: 4628 003 77127 02/27/10 TA *

3287135141 TRIMMER

-49.97

SALES TAX -2.50 TOTAL -\$52.47

XXXXXXXXXX1007 AMEX VOICE 0082726

-52.47 TA

EFUND-CUSTOMER COPY

E THE FIRST TO CHECK OUT OUR LOCAL AD

67.14 _52.47 _14.67