UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	PRO	OF OF CLAIM	YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID s850
n re: American of Martinsville, Inc.	Case Nur 10-11	620	Amount/Classification \$9,370.12 Unsecured
OTE: See Reverse for List of Debtors/Case Numbers/ important details. Other taims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim diministrative expenses arising after the commencement of the case. A "request ayment 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 to owes money or property 2483895200 SOURCE4 4721 STARKEY ROAD ROANOKE, VA 24014 24018	for " for 1). the debtor	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
Creditor Telephone Number (54) 989-6848		DECEMEND.	Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY
Name and address where payment should be sent (if different from	above).	RECEIVED	Check this box to indicate that this claim amends a previously filed claim.
ZIP CODE CORRECTION Payment Telephone Number ()		AUG 16 2010 BMC GROUP	Claim Number (if known): Filed on:
If all or part of your claim is secured, complete item 4 below; however, if all If all or part of your claim is entitled to priority, complete item 5.		is unsecured, do not complete it	
Check this box if claim includes interest or other charges in addition to the 2. BASIS FOR CLAIM:	principal amo (See inst #2 and #3 reverse s	ructions 3. LAST FOUR DIG	GITS OF ANY NUMBER BY WHICH CREDITOR
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	secured Clair		DO NOT include the priority portion of your claim here. The charges as of time case fine included in secured claim, Basis for Perfection:
Value of Property: \$ Annual Interest Rat 5. PRIORITY CLAIM			Include ONLY the priority portion of
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).	Priority Clair	Up to \$2,600* of deposits tow services for personal, family, of the services for personal, family, of the services for personal, family, of the services of th	your unsecured claim here. rard purchase, lease, or rental of property or or household use -11 U.S.C. § 507(a)(7). overnmental units - 11 U.S.C. § 507(a)(8). ragraph of 11 U.S.C. § 507(a) (). istment on 4/1/13 and every 3 years thereafter inced on or after the date of adjustment. CLAIM \$ s for the value of goods received by the debtor within 20 days imment of the case(11 U.S.C. § 503(b)(9)). Include the amount of Amount entitled to priority* above.
6. CREDITS: The amount of all payments on this claim has been or 7. SUPPORTING DOCUMENTS: <u>Attach redacted copies of supposed statements of running accounts, contracts, court judgments, mort evidence of perfection of a security interest. (See instruction 7 and DATE-STAMPED COPY To receive an acknowledgment of the enclose a stamped, self-addressed envelope and copy of this process.)</u>	porting docu gages, and d definition the filing of	<u>uments,</u> such as promissory security agreements. You n of "redacted" on reverse sid your claim, po	notes, purchase orders, invoices, itemized nay also attach a summary. Attach redacted copies
The original of this completed proof of claim form must be so	ent by mail	or hand delivered (FAXES	S NOT THIS SPACE FOR COURT USE ONLY
Non-Governmental Claimants OR on or before November 15, BY MAIL TO: BMC Group, Inc Attn: Barcalounger Corporation Claims Processing PO Box 3020 Chanhassen, MN 55317-3020	BY HAND BMC Gro Attn: Bar 18750 La Chanhas	o OR OVERNIGHT DELIVERY Toup, Inc realounger Corporation Clain ake Drive East ssen, MN 55317	ns Processing 00339
DIGNATURE. The person filing this claim m	nust sign it. Si one number i	ign and print name and title, if any	y, of the creditor or other person authorized to file this claim above. Attach copy of power of attorney, if any.

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment 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 original 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



REMIT TO:

4721 STARKEY ROAD ROANOKE, VA 24018 (540) 989-6848 FAX (540)989-3345

STATEMENT

THIS STATEMENT IS SENT AS A COURTESY AS ALL ITEMS ARE PAYABLE FROM OUR INVOICES. OUR TERMS ARE NET 30 DAYS FROM DATE OF INVOICE.

American of Martinsville 128 East Church Street Martinsville, VA 24112

STATEMENT DATE	ACCOUNT NUMBER
06/30/10	526

TERMS - NET 10 DAYS

A FINANCE CHARGE of 2% (per month), 24% (ANNUAL PERCENTAGE RATE) or amount allowable by law will be added to invoice over 30 days.

10/14/09	INVOICE DATE	INVOICE NUMBER	YOUR REFERENCE NUMBER	CURRENT	31-60 DAYS	61-90 DAYS	90 DAYS & OVER
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Roanoke, VA 24018 SOURCE4 FAX (540) 989-3345 4721 Starkey Road (540) 989-6848

INVOICE

Please call our Accounts Receivable Department at (540) 989-6848 if you have any questions about this invoice.

10/14/09 721731 NUMBER

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

0 DLOS Martinsville, VA 24112 128 East Church Street American of Martinsville

> ATTN: TERRY REEVES, WAREHOUSE American of Martinsville Martinsville, VA 24112 11 Redd Level Plant Rd.

> > 10/14/09

721731

CUST No.

526

DATE

NUMBER

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TERMS: NET 10 DAYS. A FINANCE CHARGES OF 2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.			N	QUANTITY QTY, BACK ORDERED	1005044-1	YOUR ORDER NUMBER	Requisition # 1005044-1
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4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445

THIS AMOUNT PLEASE PAY



Roanoke, VA 24018 4721 Starkey Road SOURCE4 FAX(540)989-3345 (540) 989-6848

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

DATE INVOICE NUMBER

10/27/09	שומע
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Martinsville, VA 24112 128 East Church Street American of Martinsville \circ PHS

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ATTN: TERRY REEVES, WAREHOUSE American of Martinsville PURCHASE ORDER 1005356-1 Martinsville, VA 24112 11 Redd Level Plant Rd.

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ALL BALANCES OVER 30 DAYS OLD.

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have any questions about this invoice. Please call our Accounts Receivable Department at (540) 989-6848 if you

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THIS AMOUNT PLEASE PAY

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4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. 1.D.# 58-2351445 Source4



Roanoke, 4721 Starkey Road SOURCE4 FAX(540)989-3345 (540) 989-6848 VA 24018

10/30/09	DAIL
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SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

0-1 American of Martinsville ATTN: TERRY REEVES, WAREHOUSE Martinsville, VA 24112 11 Redd Level Plant Rd. PURCHASE ORDER 1004194-2

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Martinsville, VA 24112 128 East Church Street American of Martinsville

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4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445

PLEASE PAY

389.

Please call our Accounts Receivable Department at (540) 989-6848 if you

have any questions about this invoice. DATE INVOICE NUMBER

10/30/09

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CUST No.

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THIS AMOUNT



Roanoke, VA 24018 4721 Starkey Road SOURCE4 (540) 989-6848

INVOICE

10/30/09	DATE
724956	NUMBER

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB FAX(540)989-3345

0 PLHS Martinsville, VA 24112 11 Redd Level Plant Rd. ATTN: TERRY REEVES, WAREHOUSE American of Martinsville

OT DEOS

Martinsville, VA 24112

American of Martinsville 128 East Church Street

TERMS: NET 10 DAYS. A FINANCE CHARGES OF 2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.				62,700	QUANTITY QTY, BACK ORDERED	YOUR ORDER NUMBER 1005356-1
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have any questions about this invoice. Please call our Accounts Receivable Department at (540) 989-6848 if you

10/30/09	DATE	INVOICE
724956	NUMBER	ICE

CUST No. 526

THIS AMOUNT

PLEASE PAY

4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445

Source4



Roanoke, VA 24018 SOURCE4 4721 Starkey Road (540) 989-6848

11/18/09	DAIR
727461	VEGINON

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB FAX(540)989-3345

07 DLOS Martinsville, VA 24112 American of Martinsville 128 East Church Street

American of Martinsville ATTN:TERRY REEVES, WAREHOUSE PURCHASE ORDER 1005678-1 Martinsville, VA 24112 11 Redd Level Plant Rd.

07

Requisition # 1005678-1

PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO						12	4	4	QUANTITY QTY, BACK ORDERED	1005678-1	YOUR ORDER NUMBER OF
OR THE AMOUN						C-SA110410	KNITTING TICKETS	LAW LABEL 11/2008	ED	DT402826	OUR ORDER NO.
TALLOWABLE BY I						C-SA110410 W137 RIBBON FOR SATO PTR	ICKETS	11/2008 NEW LAW LABEL	FORM NUMBER/DESCRIPTION		DATE SHIPPED
PERMS: NET 10 DAYS. A FINANCE CHARGES OF 2% FER MONTH, WITCH IS AN ARREST PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO	TATION OF STREET					R SATO PTR		LABEL	SCRIPTION	Sdn	SHIPPED VIA
PLEASE PAY	STATE SALES TAX	SHIPPING	NET SALES			32.00	84.00	363.22	UNIT PRICE	S TALIAFERRO	SLSM.
NY	TAX	ଦ	ES		 	 PL.	CT	CT	LIND	RRO	
2,359.86	108.65	78.33	2,172.88			384.00	336.00	1,452.88	AMOUNT	526	CUST NO.
				 200	 	 				.	

ALL BALANCES OVER 30 DAYS OLD.

THIS AMOUNT PLEASE PAY

2,359.86

	have any que	Please call ou Department a
INVOICE	have any questions about this invoice	Please call our Accounts Receivable Department at (540) 989-6848 if you

INVOICE	ICE
DATE	NUMBER
11/18/09	727461
	CUST No.
PLEASE REMIT TO SOURCE 4	PLEASE REMIT TO: Source4
4721 STAR	4721 STARKEY ROAD DANOKE VIRGINIA 24018
ROANOKE V	ROANOKE VIRGINIA 24018

402826

THIS AMOUNT PLEASE PAY 2,359.

FED. I.D.# 58-2351445



SOURCE4 Roanoke, VA 4721 Starkey Road FAX(540)989-3345 (540) 989-6848 24018

INVOICE

12/14/09	DATE
732078	NUMBER

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

P-HS \circ American of Martinsville Martinsville, VA 24112 ATTN: TERRY REEVES, WAREHOUSE PURCHASE ORDER 1005914-1 11 Redd Level Plant Rd.

OT DEOS

Martinsville, VA 24112 128 East Church Street American of Martinsville

Requisition # 1005914-1 406038

/							
VALUE DUTUTUE	TERMS: NET 10 DAYS. A FINANCE CH PERCENTAGE RATE 24%, OR THE AMO ALL BAL ANCES OVER 30 DAYS OF D				18	QUANTITY	YOUR ORDER NUMBER 1005914-1
SO O V LIX SO D.	RATE 24%, OR					QTY, BACK ORDERED	
TATO ODD.	VANCE CHAKO THE AMOUNT AVS OF D		-		C-SA110410		DT406038
	CALLOWABLE BY I	מין			C-SA110410 W137 RIBBON FOR SATO PTR	FORM NUMBER/DESCRIPTION	12/03/09
	TERMS: NET 10 DAYS. A FINANCE CHARGES OF 2% FEK MONTH, WHICH IS AN ANNOAL PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ATT BAT ANCES OVER 30 DAYS OFD	TTII WIIICII IS ANI ANTIII AI			OR SATO PTR	SCRIPTION	UPS
	PLEASE PAY THIS AMOUNT	STATE SALES TAX	SHIPPING	NET SALES	32.00	UNIT PRICE	S TALIAFERRO
	UNT	TAX	G	ES	RL	TINU	RRO
	614.45	28.80	9.65	576.00	576.00	AMOUNT	526

Please call our Accounts Receivable Department at (540) 989-6848 if you have any questions about this invoice.

_			
	12/14/09	DATE	INVOICE
CUST No.	732078	NUMBER	ICE

526

4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445 Source4

614.4

THIS AMOUNT PLEASE PAY



Roanoke, VA 24018 SOURCE4 4721 Starkey Road FAX(540)989-3345 (540) 989-6848

12/18/09	DATE
732743	NUMBER

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

0-Martinsville, VA 24112 American of Martinsville ATTN: EDDIE STEWART 128 East Church Street PURCHASE ORDER 1005699

01

DLOS

Martinsville, VA 24112 128 East Church Street American of Martinsville

PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.				ω	QUANTITY QTY. BACK ORDERED	YOUR ORDER NUMBER 1005699
NANCE CHAKOE R THE AMOUNT VAYS OLD.	NAMES CITABOL			95913E 1099MISC		OUR ORDER NO. 258135Y
ALLOWABLE BY I	SCOR 200 MON			MISC LSR ABC+100DWMR	FORM NUMBER/DESCRIPTION	DATE SHIPPED 12/07/09
LAW WILL BE ADDED TO	ALI MAICA IS AN ANNITAI			OODWMR	SCRIPTION	SHIPPED VIA UPS
PLEASE PAY THIS AMOUNT	STATE SALES TAX	SHIPPING	NET SALES	32.00	UNIT PRICE	SLSM. S TALIAFERRO
UNT	TAX	ଦ	ES	PK	TINU	RRO
114.68	4.80	13.88	96.00	96.00	ANIOUNT	CUST NO. 526

Source4
4721 STARKEY ROAD ROANOKE VIRGINIA 240

FED. I.D.# 58-2351445

PLEASE PAY

114.

THIS AMOUNT

Please call our Accounts Receivable Department at (540) 989-6848 if you have any questions about this invoice.

732743 NUMBER

12/18/09

CUST No.

526



Roanoke, VA 24018 4721 Starkey Road SOURCE4 (540) 989-6848

INVOICE

12/31/09	DATE
737997	NUMBE

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB FAX(540)989-3345

Martinsville, VA 24112 American of Martinsville 128 East Church Street OT PIHS

OH DEOS

128 East Church Street American of Martinsville Martinsville, VA 24112

TERMS: NET 10 DAYS. A FINANCE CH PERCENTAGE RATE 24%, OR THE AMO ALL BALANCES OVER 30 DAYS OLD.				+		OTY BYCK ODDEDED	YOUR ORDER NUMBER
TERMS: NET 10 DAYS. A FINANCE CHARGES OF 2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.						FORM WINIRER/DESCRIPTION	OUR ORDER NO. DATE SHIPPED 07090IY6
Y LAW WILL BE ADDED TO						DESCRIPTION	SHIPPED VIA
PLEASE PAY THIS AMOUNT	STATE SALES TAX	SHIPPING	NET SALES		913.10	UNIT PRICE UNIT	SLSM. S TALIAFERRO
14,913.11			14,913.11		Ļ	TNUOUNT	CUST NO. 526

DATE	INVOICE		have any questions about this invoice.	Department at (540) 989-6848 if you	Please call our Accounts Receivable
NUMBER	ICE		bout this invoice.	989-6848 if you	ints Receivable

PLEASE REMIT TO: Source4	PLEASE REMIT TO SOURCE 4
CUST No. 526	
737997	12/31/09
NUMBER	DATE

4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445

THIS AMOUNT PLEASE PAY

14,913.1



Roanoke, VA 4721 Starkey Road SOURCE4 FAX (540) 989-3345 (540) 989-6848 24018

INVOICE

01/29/10	DATE
740125	NUMBER

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

OT DLOS Martinsville, VA 24112 128 East Church Street American of Martinsville 01 PHS Martinsville, VA 24112 ATTN: TERRY REEVES, WAREHOUSE American of Martinsville 11 Redd Level Plant Rd.

Requisition # 1006340-1 413205

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391.36	Y VT	PLEASE PAY THIS AMOUNT	PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.	T ALLOWABLE BY I	OR THE AMOUN' DAYS OLD.	I EKMS: NET TO DAYS. A FINANCE CE PERCENTAGE RATE 24%, OR THE AMO ALL BALANCES OVER 30 DAYS OLD.	PERCE ALL B
16.80	AX	STATE SALES TAX		SES OF 20% BEB MON			
38.56		SHIPPING					
336.00	S	NET SALES					
336.00	CT	84.00		ICKETS	KNITTING TICKETS	4	
TNUOINA	A	UNIT PRICE U	SCRIPTION	FORM NUMBER/DESCRIPTION	Q3S	TITY QTY, BACK ORDERED	QUANTITY
526	RO	S TALIAFERRO	SHIPPED VIA UPS/TODAY	01/22/10	OUR ORDER NO. DT413205	YOUR ORDER NUMBER 1006340-1	YOU

Please call our Accounts Receivable Department at (540) 989-6848 if you have any questions about this invoice.

PLEASE R		01/29/10	DATE	INVO ICE
PLEASE REMIT TO:	CUST No. 526	740125	NUMBER	ICE

THIS AMOUNT PLEASE PAY

4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445



Roanoke, VA 24018 SOURCE4 4721 Starkey Road (540) 989-6848

> DATE INVOICE

02/19/10 743189 NUMBER

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB FAX (540) 989-3345

OT DEOS Martinsville, VA 24112 128 East Church Street American of Martinsville

> ATTN: TERRY REEVES, WAREHOUSE Martinsville, VA 24112 American of Martinsville 11 Redd Level Plant Rd.

01

Requisition # 1006340-1 416239

PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.	TERMS: NET 10 DAYS A SINANCE CHARGES OF 2% DER MONTH WHICH IS AN ANNIJAL			4	OUANTITY QTY. BACK ORDERED	1006340-1 DT4
AMOUNT OLD.	E CHARGE			/ LABEL 1		DT416239
ALLOWABLE BY L	S OF 2% PER MON			LAW LABEL 11/2008 NEW LAW LABEL	FORM NUNIBER/DESCRIPTION	02/08/10
AW WILL BE ADDED TO	TH WHICH IS AN ANNITAL			LABEL	SCRIPTION	FDX
PLEASE PAY THIS AMOUNT	STATE SALES TAX	SHIPPING	NET SALES	226.50	UNIT PRICE	S TALIAFERRO
PAY UNT	S TAX	G	ES	CT	TINU	ERRO
981.10	45.30	29.80	906.00	906.00	AMOUNT	526

have any questions about this invoice. Please call our Accounts Receivable Department at (540) 989-6848 if you

 TNIVO TO F	TC F
DATE	NUMBER
02/19/10	743189

CUST No. 526

Source4

4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445

981.1

THIS AMOUNT PLEASE PAY



FAX(540)989-3345 Roanoke, VA 24018 4721 Starkey Road SOURCE4 (540) 989-6848

INVOICE

02/22/10	DATE
743271	NUMBER

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

OT DEOS Martinsville, VA 24112 128 East Church Street American of Martinsville

ATTN: TERRY REEVES, WAREHOUSE American of Martinsville 11 Redd Level Plant Rd.

PHES

Martinsville, VA 24112

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	475.07	JNT	PLEASE PAY THIS AMOUNT	PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.	ALLOWABLE BY I	AYS OLD.	RATE 24%, OR S OVER 30 D.	PERCENTAGE RATE 24%, OR THE AMO ALL BALANCES OVER 30 DAYS OLD.
	17.14	TAX	STATE SALES TAX	TERMS: NET 10 DAYS, A FINANCE CHARGES OF 2% PER MONTH, WHICH IS AN ANNUAL	ES OF 2% PER MON	JANCE CHARG	O DAYS. A FIN	TERMS: NET 1
	115.17	ଦ	SHIPPING					
	342.76	ES	NET SALES					
PLEASE PAY THIS AMOUNT	342.76	Z	4.10	4BEL	FANFOLD THERMAL LABEL	670656 FAN		83,600
4721 STAR ROANOKE \ FED. I.D.#	ANIOUNT	TIND	UNIT PRICE	SCRIPTION	FORM NUMBER/DESCRIPTION		QTY: BACK ORDERED	QUANTITY
Sou PLEASE	CUST NO. 526	I. RRO	SLSM. S TALIAFERRO	SHIPPED VIA UPS	DATE SHIPPED 02/08/10	OUR ORDER NO. 261847Y	NUMBER	YOUR ORDER NUMBER 1006340-1

have any questions about this invoice. Please call our Accounts Receivable Department at (540) 989-6848 if you

	02/22/10	DATE	INVOICE
CUST No. 526	743271	NUMBER	ICE

4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445 Source4



Roanoke, VA 24018 4721 Starkey Road SOURCE4 (540) 989-6848

INVOICE

Please call our Accounts Receivable Department at (540) 989-6848 if you have any questions about this invoice.

02/22/10	DATE
743503	NOMBER

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB FAX (540) 989-3345

Martinsville, VA 24112 128 East Church Street American of Martinsville \circ PIHS

OT DLOS

ATTN: TERRY REEVES, WAREHOUSE American of Martinsville Martinsville, VA 24112 11 Redd Level Plant Rd.

OUANTITY QTY, BACK ORDERED	1007031-1	YOUR ORDER NUMBER	Requisition # 1007031-1
	DT418368	OUR ORDER NO.	-1
FORM NUMBER/DESCRIPTION	02/18/10		
CRIPTION	UPS	SHIPPED VIA	
UNIT PRICE UNIT AMOUNT	S TALIAFERRO	SLSM.	
 TIN	Č		418
NOINA		CU	418368
LN	526	CUST NO.	

TERMS: NET 10 DAYS. A FINANCE CHARGES OF 2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.					4	QUANTITY QTY, BACK ORDERED	1007031-1	YOUR ORDER NUMBER OF
NANCE CHARGI R THE AMOUNT DAYS OLD.				,	LAW LABEL 11/2008		DT418368	OUR ORDER NO.
ES OF 2% PER MON ALLOWABLE BY L					.1/2008 NEW LAW LABEL	FORM NUMBER/DESCRIPTION	02/18/10	DATE SHIPPED
AW WILL BE ADDED TO					LABEL	SCRIPTION	SAN	SHIPPED VIA
PLEASE PAY THIS AMOUNT	STATE SALES TAX	SHIPPING	NET SALES		.226.50	UNIT PRICE	S TALIAFERRO	SLSM.
INT	TAX	(,)	ES		Ç	TINU	RRO	
986.22	45 30	34.92	906.00		906.00	TNUOINA	526	CUST NO.

02/22/10 DATE CUST No. 743503 NUMBER 526

Source4

4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445

THIS AMOUNT PLEASE PAY



SOURCE4 4721 Starkey Road Roanoke, VA 24018 (540) 989-6848 FAX(540)989-3345

INVOICE NUM

02/26/10	DATE
744973	NUMBER

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

American of Martinsville

128 East Church Street

Martinsville, VA 24112

Martinsville, VA 24112

T Martinsvill

OT DEOS

American of Martinsville ATTN:TERRY REEVES, WAREHOUSE 11 Redd Level Plant Rd. Martinsville, VA 24112

TERMS: NET 10 DAYS. A FINANCE CHARGES OF 2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.				83,600	QUANTITY QTY. BACK ORDERED	YOUR ORDER NUMBER 1007031-1
NANCE CHARG THE AMOUNT AYS OLD.				670656 FANE		263046Y
ES OF 2% PER MON ALLOWABLE BY L				670656 FANFOLD THERMAL LABEL	FORM NUMBER/DESCRIPTION	02/19/10
AW WILL BE ADDED TO				BEL	SCRIPTION	UPS
PLEASE PAY THIS AMOUNT	STATE SALES TAX	SHIPPING	NET SALES	4.10	UNIT PRICE	S TALIAFERRO
AY	TAX	4,1	ES	⊠	_ TINU	RRO
399.01	17.14	39.11	342.76	342.76	TNUOMA	526

DATE	INVO ICE	Department at (540) 989-6848 if you have any questions about this invoice	Please call our Accounts Receivable
NUMBER	ICE	989-6848 if you bout this invoice	unts Receivable

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PLEASE REMIT T SOURCE4 4721 STARKEY RG ROANOKE VIRGINI, FED. I.D.# 58-2351		02/26/10	DATE 1
PLEASE REMIT TO: Source4 4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445	CUST No. 526	744973	NUMBER

PLEASE PAY THIS AMOUNT



Roanoke, 4721 Starkey Road SOURCE4 (540) 989-6848 VA 24018

INVOICE

03/18/10 DATE 747757 NUMBER

FAX (540) 989-3345

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

 P DLOS Martinsville, VA 24112 128 East Church Street American of Martinsville

> Martinsville, VA 24112 ATTN: TERRY REEVES, WAREHOUSE American of Martinsville 11 Redd Level Plant Rd.

PLHS

01

RORDERNO. DATE SHIPPED SHIPPED VIA SLSM. FORM NUMBER/DESCRIPTION FORM NUMBER/DESCRIPTION STALIAFERRO UNIT PRICE UNIT P					
RORDERNO. DATE SHIPPED VIA SHIPPED VIA 123320 03/16/10 UPS FORM NUMBER/DESCRIPTION TALIAFERO UNIT PRICE UNIT AM AM LABEL 11/2008 NEW LABEL 226.50 CT	4	QUANTITY QTY, BACK ORDERED	1007126-2	YOUR ORDER NUMBER	Requisition # 1007126-2
SHIPPED VIA UPS UNIT PRICE UNIT AM 226.50 CT	LAW LABEL 1		DT423320	OUR ORDER NO.	5-2
SHIPPED VIA UPS UNIT PRICE UNIT AN 226.50 CT	1/2008 NEW LAV	FORM NUMBER/DE	03/16/10	DATE SHIPPED	
TALIAFERRO TALIAF	/ LABEL	SCRIPTION	Sdn	SHIPPED VIA	
I. CUST NO. 226 UNIT AMOUNT CT 906.00		UNIT PRICE	S TALIAFE	SLSW	
CUST NO. 526 AMOUNT 906.00	CT	CNIT	RRO		4
	906.00	AMOUNT	526	CUST NO.	423320

PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO TERMS: NET 10 DAYS. A FINANCE CHARGES OF 2% PER MONTH, WHICH IS AN ANNUAL

STATE SALES TAX

45.30

SHIPPING

NET SALES

906.00

35.08

THIS AMOUNT PLEASE PAY

986.38

ALL BALANCES OVER 30 DAYS OLD.

THIS AMOUNT PLEASE PAY 986.3

Source4

4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445

Department at (540) 989-6848 if you Please call our Accounts Receivable

03/18/10	DATE	INVO ICE	nave any questions about this invoice
747757	NUMBER	ICE	bout this invoice

CUST No.

526



SOURCE4
4721 Starkey Road
Roanoke, VA 24018
(540) 989-6848

INVOICE NUM

)3/18/10	DATE
747758	NUMBER

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

S American of Martinsville
H 128 East Church Street
P Martinsville, VA 24112
T O

SOIG TO

Martinsville, VA 24112

American of Martinsville 128 East Church Street

Requisition # LETTER ON FILE ALILINVOO YOUR ORDER NUMBER LETTER ON FILE 72 QTY: BACK ORDERED OUR ORDER NO. DT423379 DP911560 TEAR TICKET/LAW LABELS FORM NUMBER/DESCRIPTION 03/16/10 DATE SHIPPED NOT SHIPPED SHIPPED VIA STATE SALES TAX **NET SALES** S TALIAFERRO UNIT PRICE UNIT SHIPPING 125.08 SLSM. CI423379 9,005.76 9,005.76 TNUOINA 450.29 CUST NO. 526

PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO TERMS: NET 10 DAYS. A FINANCE CHARGES OF 2% PER MONTH, WHICH IS AN ANNUAL

THIS AMOUNT

9,456.05

PLEASE PAY

ALL BALANCES OVER 30 DAYS OLD.

DATE	INVO ICE	have any questions about this invoice.	Department at (540) 989-6848 if you	11 A 22
NUMBER	ICE	bout this invoice.	989-6848 if you	Danimble

DATE 1	NUMBER
03/18/10	747758
	CUST No. 526
PLEASE REMIT TO:	еміт то: ССС4
PLEASER SOUI 4721 STAR BOANOKEV	PLEASE REMIT TO: Source4 4721 STARKEY ROAD ANOKE VIRGINIA 24018
 4721 STAR ROANOKE V	4721 STARKEY ROAD ROANOKE VIRGINIA 24018

PLEASE PAY
THIS AMOUNT

9,456.0

FED. I.D.# 58-2351445



Roanoke, VA 24018 4721 Starkey Road SOURCE4 FAX(540)989-3345 (540) 989-6848

INVOICE

03/24/10	DATE
748819	NUMBER

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

OT DEOS Martinsville, VA 24112 128 East Church Street American of Martinsville

0-1 PHS Martinsville, VA 24112 11 Redd Level Plant Rd. ATTN: TERRY REEVES, WAREHOUSE American of Martinsville

YOUR ORDER NUMBER 1007126-2 OUANTITY OTV. BACK ORDERED	OUR ORDER NO. 264480Y	DATE SHIPPED 03/15/10 FORM NUMBER/DESCRIPTION	SHIPPED VIA UPS SCRIPTION	S TALIAFERRO UNIT PRICE UNIT	RRO	CUST NO. 526 AMOUNT
		FORM NORIDEN OF	SCMITION			
83,600	670656 FAN	FANFOLD THERMAL LABEL	BEL	4.10		342.76
			•			
				NET SALES	ES	342.76
			-	SHIPPING	47	39.28
TEDMS: NET 10 DAYS AE	- CHARGE CHARGE	ES OE 200 DED MON		STATE SALES TAX	TAX	17.14
PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.	DAYS OLD.	ALLOWABLE BY L	PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.	PLEASE PAY THIS AMOUNT	AY INT	399.18

Please call our Accounts Receivable Department at (540) 989-6848 if you have any questions about this invoice.

	03/24/10	DATE	INVO ICE
CUST No.	748819	NUMBER	ICE

Source4

4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445

THIS AMOUNT PLEASE PAY



Roanoke, VA 24018 4721 Starkey Road SOURCE4 FAX(540)989-3345 (540) 989-6848

> DATE INVOICE

04/30/10 757396 NUMBER

Martinsville, VA 24112 American of Martinsville 128 East Church Street

O1 DLOS

DO NOT SHIP/FOR BILLING ONLY American of Martinsville

PIHS

SEND U.S. DOLLAR PAYMENT TO ADDRESS ON REMITTANCE STUB

01

TERMS: NET 10 DAYS: A FINANCE CHARGES OF 2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE 24%, OR THE AMOUNT ALLOWABLE BY LAW WILL BE ADDED TO ALL BALANCES OVER 30 DAYS OLD.				24	QUANTITY QTY. BACK ORDERED		YOUR ORDER NUMBER	
NANCE CHARGE R THE AMOUNT A AYS OLD.				LAW LABEL 11		DT432494	OUR ORDER NO.	
S OF 2% PER MON				LAW LABEL 11/2008 NEW LAW LABEL	FORM NUMBER/DESCRIPTION	05/04/10	DATE SHIPPED	
TH, WHICH IS AN ANNUAL AW WILL BE ADDED TO				LABEL	CRIPTION	DO NOT SHIP	SHIPPED VIA	
PLEASE PAY THIS AMOUNT	STATE SALES TAX	SHIPPING	NET SALES	226.50	UNIT PRICE U	S TALIAFERRO	SLSM.	
	×			CT	TIND	RO		432494
5,707.80	271 80		5,436.00	5,436.00	AMOUNT	526	CUST NO.	494

have any questions about this invoice. Department at (540) 989-6848 if you Please call our Accounts Receivable

04/30/10	DATE	INVOICE
757396	NUMBER	ICE

526

CUST No.

PLEASE REMIT TO: Source4

4721 STARKEY ROAD ROANOKE VIRGINIA 24018 FED. I.D.# 58-2351445

THIS AMOUNT PLEASE PAY

5,707.8