

|                                                                        |                                |
|------------------------------------------------------------------------|--------------------------------|
| <b>UNITED STATES BANKRUPTCY COURT<br/>FOR THE DISTRICT OF DELAWARE</b> | <b>PROOF OF CLAIM</b>          |
| In re<br><i>Fleming Companies, Inc</i>                                 | Case Number<br><i>03-10945</i> |



Bar Date Ref #

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

**Name of Creditor and Address**

0354653000000

Pharmavite Corp  
~~15451 San Fernando Mission Blvd~~  
PO Box 9606  
Mission Hills CA 91346 9606

☐ 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 box if you have never received any notices from the bankruptcy court in this case.

☒ Check box if this address differs from the address on the envelope sent to you by the court.

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

Creditor Telephone Number ( )

CREDITOR TAX ID #

*431951087*

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

*19253*

Check here ☐ replaces or ☐ amends if this claim

a previously filed claim dated

**1 BASIS FOR CLAIM**

- ☒ Goods sold ☐ Personal injury/wrongful death ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)  
☐ Services performed ☐ Taxes ☐ Wages, salaries, and compensation (Fill out below)  
☐ Money loaned ☐ Other (describe briefly)

Your social security number

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2 DATE DEBT WAS INCURRED**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE**

\$ *132,268.60* (unsecured) \$ (secured) \$ (unsecured priority) \$ *132,268.60* (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

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

**5 SECURED CLAIM**

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

- ☐ Real Estate  
☐ Motor Vehicle  
☐ Other \_\_\_\_\_

Value of collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ \_\_\_\_\_

**6 UNSECURED PRIORITY CLAIM**

☐ Check this box if you have an unsecured priority claim.

Specify the priority of the claim

- ☐ Wages, salaries, or commissions (up to \$4,650\*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)  
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)  
☐ Up to \$2,100\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6)  
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)  
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)  
☐ Other. Specify applicable paragraph of 11 U.S.C. § 507(a) \_\_\_\_\_

Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9 DATE-STAMPED COPY** To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.

THIS SPACE FOR COURT USE ONLY

**FILED**

SEP 15 2003

**BMC**

Fleming Companies Claim



12561

BY MAIL TO  
Bankruptcy Management Corporation  
P.O. BOX 900  
El Segundo CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO  
Bankruptcy Management Corporation  
1330 East Franklin Avenue  
El Segundo CA 90245

DATE SIGNED

*9/10/03*

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

*TAMARA CRANE, TAMARA CRANE, M/R: Credit Mgr.*

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

See Other Side For Instructions

**PHARMAVITE LLC  
PROOF OF CLAIM  
CASE NO 03-10945  
APRIL 1, 2003**

| CO | CUSTOMER NO | CUSTOMER NAME           | OBLIGATION ID | OBLIGATION DATE | AMOUNT W/O           | STATUS     |
|----|-------------|-------------------------|---------------|-----------------|----------------------|------------|
| 1  | 50104       | FLEMING COMPANIES INC   | 240490        | 02/04/03        | \$ 5 457 36          | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 240503        | 02/04/03        | 2 577 96             | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 240514        | 02/04/03        | 581 64               | INVOICE    |
| 1  | 50104       | FLEMING COMPANIES INC   | 240666        | 02/05/03        | 1 459 54             | INVOICE    |
| 1  | 51978       | FLEMING COMPANIES INC   | 240682        | 02/05/03        | 614 52               | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 240784        | 02/06/03        | 2 097 72             | INVOICE    |
| 1  | 50104       | FLEMING COMPANIES INC   | 241042        | 02/07/03        | 718 80               | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 241083        | 02/07/03        | 846 24               | INVOICE    |
| 1  | 06026       | FLEMING CO GMD-WEST INC | 241175        | 02/10/03        | 4 497 84             | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 241451        | 02/12/03        | 3 404 70             | INVOICE    |
| 1  | 50147       | FLEMING INC             | 241724        | 02/14/03        | 785 70               | INVOICE    |
| 1  | 50147       | FLEMING INC             | 241846        | 02/18/03        | 4,121 52             | INVOICE    |
| 1  | 50104       | FLEMING COMPANIES INC   | 242038        | 02/19/03        | 8 657 64             | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 242291        | 02/20/03        | 945 72               | INVOICE    |
| 1  | 50147       | FLEMING INC             | 242343        | 02/20/03        | 256 04               | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 242818        | 02/22/03        | 3 802 68             | INVOICE    |
| 1  | 51496       | FLEMING FOODS HAWAII    | 242846        | 02/24/03        | 1 071 48             | INVOICE    |
| 1  | 51496       | FLEMING FOODS HAWAII    | 242882        | 02/24/03        | 991 68               | INVOICE    |
| 1  | 50104       | FLEMING COMPANIES INC   | 243015        | 02/26/03        | 47 43                | INVOICE    |
| 1  | 50104       | FLEMING COMPANIES INC   | 243059        | 02/26/03        | 7 123 44             | INVOICE    |
| 1  | 51978       | FLEMING COMPANIES INC   | 243332        | 02/28/03        | 94 86                | INVOICE    |
| 1  | 06026       | FLEMING CO GMD-WEST INC | 243437        | 03/04/03        | 94 86                | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 243827        | 03/05/03        | 1,776 00             | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 243852        | 03/05/03        | 3 790 20             | INVOICE    |
| 1  | 50147       | FLEMING INC             | 244070        | 03/07/03        | 3 433 08             | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 244124        | 03/07/03        | 332 01               | INVOICE    |
| 1  | 51496       | FLEMING FOODS HAWAII    | 244288        | 03/10/03        | 1 020 84             | INVOICE    |
| 1  | 50147       | FLEMING INC             | 244466        | 03/11/03        | 94 86                | INVOICE    |
| 1  | 06026       | FLEMING CO GMD-WEST INC | 244470        | 03/11/03        | 1 861 32             | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 244621        | 03/12/03        | 1 992 60             | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 244770        | 03/13/03        | 722 76               | INVOICE    |
| 1  | 51496       | FLEMING FOODS HAWAII    | 245364        | 03/19/03        | 2 778 24             | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 245496        | 03/20/03        | 4,814 28             | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 246109        | 03/27/03        | 1 871 40             | INVOICE    |
| 1  | 51840       | FLEMING COMPANIES INC   | 20197PR       | 04/20/01        | 4 200 00             | CHARGEBACK |
| 1  | 50147       | FLEMING INC             | 20181SL       | 05/04/01        | 10 080 00            | CHARGEBACK |
| 1  | 06026       | FLEMING CO GMD-WEST INC | 107122RT      | 06/14/01        | 1,360 96             | CHARGEBACK |
| 1  | 51769       | FLEMING COMPANIES INC   | 105372PR      | 06/21/01        | 7 439 73             | CHARGEBACK |
| 1  | 50104       | FLEMING COMPANIES INC   | 70438RC       | 09/04/01        | 1 203 36             | CHARGEBACK |
| 1  | 50104       | FLEMING COMPANIES INC   | 14482AD       | 10/26/01        | 3 200 00             | CHARGEBACK |
| 1  | 50147       | FLEMING INC             | 600918NP      | 01/11/02        | 15 846 87            | CHARGEBACK |
| 1  | 50147       | FLEMING INC             | 130006PR      | 07/26/02        | 1 901 49             | CHARGEBACK |
| 1  | 51840       | FLEMING COMPANIES INC   | 20362SL       | 07/26/02        | 1 400 00             | CHARGEBACK |
| 1  | 51978       | FLEMING COMPANIES INC   | 101419FP      | 07/26/02        | 1 076 19             | CHARGEBACK |
| 1  | 50104       | FLEMING COMPANIES INC   | GMD83040PR    | 09/18/02        | 2 443 40             | CHARGEBACK |
| 1  | 06026       | FLEMING CO GMD-WEST INC | 206983MF      | 01/07/03        | 1 365 32             | CHARGEBACK |
| 1  | 50147       | FLEMING INC             | 205364MF      | 01/07/03        | 1 372 51             | CHARGEBACK |
| 1  | 51978       | FLEMING COMPANIES INC   | KGX805929PR   | 02/20/03        | 1 035 61             | CHARGEBACK |
| 1  | 51978       | FLEMING COMPANIES INC   | KGX805932PR   | 02/20/03        | 1 171 66             | CHARGEBACK |
| 1  | 51978       | FLEMING COMPANIES INC   | KGX805933PR   | 02/20/03        | 1 289 13             | CHARGEBACK |
| 1  | 50147       | FLEMING INC             | MGX844565UK   | 03/06/03        | 1 145 41             | CHARGEBACK |
|    |             | TOTAL                   |               |                 | <u>\$ 132 268 60</u> |            |



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 50104    | 240490      | 2/04/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

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FLEMING COMPANIES INC  
 CTP/TOPEKA GMD DIVISION  
 PO BOX 268862  
 OKLAHOMA CITY  
 USA

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 73124-

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FLEMING GMD  
 7215 SOUTH TOPEKA BLVD  
 TOPEKA  
 USA  
 KS  
 66619-1423

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 2

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|--------|
| P O # 582755-TG                   |              | 983576    | RDWY                                 | 2% 30, NET 31 | 065      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |        |
|                                   | PRODUCT LINE |           | - SAM-E                              |               |          |        |
| 2                                 | 1100         | 12        | SAM-E 400MG                          | 169 32        |          | 338 64 |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |        |
| 3                                 | 1025         | 30        | MEN'S 30 DAY PACK                    | 40 56         |          | 121 68 |
| 3                                 | 1160         | 100       | VITAMIN E 400IU DL-ALPHA             | 207 36        |          | 622 08 |
| 1                                 | 1235         | 30        | VITAMIN E 1000IU D-ALPHA             | 170 88        |          | 170 88 |
| 1                                 | 1277         | 100       | ZINC 30MG (GLUCONATE)                | 60 96         |          | 60 96  |
| 1                                 | 1368         | 30        | GINSENG 250MG EQUIVALENT             | 114 96        |          | 114 96 |
| 1                                 | 1475         | 60        | CALCIUM CITRATE W/VIT D              | 100 80        |          | 100 80 |
| 1                                 | 1484         | 100       | VITAMIN C 500MG CAPLET T/R           | 95 04         |          | 95 04  |
| 2                                 | 1616         | 30        | COENZYME Q-10 100MG                  | 347 76        |          | 695 52 |
| 1                                 | 1667         | 30        | SAW PALMETTO 160MG EXTRACT           | 143 76        |          | 143 76 |
| 2                                 | 1789         | 90        | ESSENTIAL MAN                        | 143 76        |          | 287 52 |
| 2                                 | 1790         | 90        | ESSENTIAL MAN 50+                    | 143 76        |          | 287 52 |
| 3                                 | 1791         | 90        | ESSENTIAL WOMAN                      | 143 76        |          | 431 28 |
| 3                                 | 1796         | 90        | ESSENTIAL WOMAN 50+                  | 143 76        |          | 431 28 |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |        |
| 2                                 | 14032        | 50        | MILK THISTLE STANDARDIZED EXT        | 63 00         |          | 126 00 |
| 3                                 | 14033        | 50        | SAW PALMETTO 80MG CAPSULE            | 54 00         |          | 162 00 |
| 1                                 | 14155        | 60        | GINKGO BILOBA 60MG EXTRACT           | 66 60         |          | 66 60  |
| 4                                 | 14156        | 60        | ST JOHN'S WORT 300MG EXTRACT         | 55 56         |          | 222 24 |
| 2                                 | 14160        | 30        | ECHINACEA 375MG EXTRACT TR           | 64 68         |          | 129 36 |
| 2                                 | 14162        | 30        | MILK THISTLE 280MG EXTRACT TR        | 64 68         |          | 129 36 |
| 1                                 | 14163        | 30        | VALERIAN 200MG EXTRACT T/R           | 64 68         |          | 64 68  |
| 1                                 | 14230        | 30        | SOY ISOFLAVONES 50MG                 | 46 68         |          | 46 68  |

FOB ORIGIN

*Thank you for your order.*

CUSTOMER COPY

INVOICE TOTAL

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

PLEASE CHECK YOUR ORDER IMMEDIATELY ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221-6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
CTP/TOPEKA GMD DIVISION  
PO BOX 268862  
OKLAHOMA CITY  
USA

FLEMING GMD

7215 SOUTH TOPEKA BLVD  
TOPEKA KS  
USA 66619-1423

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 2 OF 2

**FOB ORIGIN**

**CUSTOMER COPY**

**INVOICE TOTAL**

\$5,457.36

*Thank you for your order.*

★ INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE

**STRAIGHT BILL OF LADING - SHORT FORM** NOT NEGOTIABLE  
RECEIVED subject to the classifications and tariffs in effect on the date of issue of this original Bill of Lading


**PHARMAVITE LLC**

25045 AVENUE TIBBITTS, SANTA CLARITA, CA 91355

Pharmavite LLC  
25045 Avenue Tibbetts  
Santa Clarita, California 91355  
(818) 221 6200  
FAX (805) 294 3661

ON COLLECT FROM DELIVERY SHIPMENTS THE LETTERS C O D MUST APPEAR  
BEFORE CONSIGNEE'S NAME OR AS OTHERWISE PROVIDED IN ITEM 430 SEC 1

|                                                          |  |                                                       |                           |
|----------------------------------------------------------|--|-------------------------------------------------------|---------------------------|
| <b>CONSIGNEE AND DESTINATION</b>                         |  | <b>CARRIER/SCAC CODES</b>                             | <b>CARRIER PRO NUMBER</b> |
| FLMNG GND                                                |  | RDWY                                                  |                           |
| 7215 SOUTH TOPEKA BLVD                                   |  | <b>SHIPPER CONTROL NO.</b>                            | <b>ACCOUNT NUMBER</b>     |
| TOPEKA, KS 66619-1423                                    |  | 983576                                                | 50104                     |
| USA                                                      |  | <b>P.O. NO.</b>                                       | <b>DATE SHIPPED</b>       |
|                                                          |  | 582755-TG                                             | 2/04/03                   |
| <b>CARRIER INSTRUCTIONS:</b> Ship to arrive By 2/11/2003 |  | <b>STANDARD INSTRUCTIONS:</b>                         |                           |
|                                                          |  | NO UPS OVER 10 CS/APPT 72<br>HRS IN ADVANCE- USE RDWY |                           |

| H/M                                                                                                                                                                                                                                                                                                                                                            | CTN | DESCRIPTION          | PALLET SERIAL NUMBER (SSC) | NMFC      | FREIGHT CLASS | WEIGHT |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|----------------------------|-----------|---------------|--------|
|                                                                                                                                                                                                                                                                                                                                                                | 50  | DRUGS, RUNX 52 30 LB | 00100316040002177527       | 60000     | 70            | 714    |
| FOR SHIPMENT STATUS CALL 1-800-ROADWAY                                                                                                                                                                                                                                                                                                                         |     |                      |                            |           |               |        |
| 827  827-909770-5<br>Roadway's tariffs are incorporated herein (copies available upon request). Roadway's tariffs limit its liability. This shipment is subject to the terms and conditions of the Uniform Straight Bill of Lading as stated in the NMFC 100 series tariff. |     |                      |                            |           |               |        |
| FOR CARRIER BILLING USE                                                                                                                                                                                                                                                                                                                                        |     |                      |                            |           |               |        |
|                                                                                                                                                                                                                                                                                                                                                                |     |                      | TOTAL PALLETS              | Pallets 1 |               | 35     |
| 50                                                                                                                                                                                                                                                                                                                                                             |     |                      | <b>TOTALS</b>              |           |               | 249    |

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

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

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

The bills of lading used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all over requirements of Consolidated Freight Classification.

Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

|                                              |    |       |    |    |                                     |           |                      |                                                                       |
|----------------------------------------------|----|-------|----|----|-------------------------------------|-----------|----------------------|-----------------------------------------------------------------------|
| <b>SHIPPER REFERENCE NOT FOR CARRIER USE</b> |    |       |    |    | <b>C.O.D. CHARGE TO BE PAID BY:</b> |           | <b>C.O.D. AMT \$</b> | <b>IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE TO BE PREPAID</b> |
| PRODUCT CODE                                 | DV | PS    | PS | PS | SHIPPER                             | CONSIGNEE |                      |                                                                       |
| 010                                          |    | 5,525 |    |    |                                     |           |                      | <b>PREPAID</b>                                                        |

INCLUDE SHIPPER CONTROL NUMBER ON INVOICE and Forward IN DUPLICATE for payment

TO PHARMAVITE LLC  
TRAFFIC DEPT  
25045 AVENUE TIBBITTS  
SANTA CLARITA, CALIFORNIA 91355

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
PHARMAVITE LLC 25045 AVENUE TIBBITTS SANTA CLARITA, CALIFORNIA 91355

SHIPPER, PER  AGENT

PER 

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
MARK WITH X TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS

|                                                                                        |             |           |                |             |    |
|----------------------------------------------------------------------------------------|-------------|-----------|----------------|-------------|----|
| ROADWAY EXPRESS, INC.<br>P.O. BOX 471, AKRON, OH 44308-0471<br>(RDWY) (EIN 34-0492870) |             |           |                |             | GR |
| RDWY PU DATE                                                                           | DESTINATION | RATE CODE | ITEM/TENDER NO | PAGE        |    |
| 02-04-03                                                                               | 342-3       | /A2       | 607 478        | 01 OF 02    |    |
| PO NO./DEPT NO                                                                         |             |           |                | BEY CL CODE |    |
| 582755-TG                                                                              |             |           |                |             |    |
| SHIPPER<br>PHARMAVITE<br>25045 AVENUE TIBBETTS<br>SANTA CLARITA CA 91355               |             |           | SHIPR CODE     | 4117        |    |
| CONSIGNEE<br>FLEMING GMD<br>7215 S TOPEKA BLVD<br>TOPEKA KS 66619                      |             |           | BEY CL AMT     |             |    |
|                                                                                        |             |           | SERVICE        | EXCEP       |    |
|                                                                                        |             |           | CONS CODE      |             |    |
|                                                                                        |             |           | 7808           |             |    |
|                                                                                        |             |           | CANM           | BOO         |    |
| SEE FINAL PAGE                                                                         |             |           |                |             |    |

|                                                                                                                                                                    |        |              |          |        |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------|----------|--------|----|
| PRO NO                                                                                                                                                             |        | 827-909770-5 |          | ***    |    |
| ORG                                                                                                                                                                |        | 827          |          |        |    |
| ROADWAY'S TARIFFS LIMIT ITS LIABILITY<br>ALL FREIGHT RECEIVED IN GOOD ORDER AND<br>SHRINKWRAP/BANDING INTACT UNLESS NOTED<br>BELOW THANK YOU! ROADWAY EXPRESS, INC |        |              |          |        |    |
| PLEASE SIGN HERE                                                                                                                                                   |        | DATE         |          | TIME   |    |
| X <i>Amiee Carson</i>                                                                                                                                              |        | 2/13/03      |          |        |    |
| TYP2                                                                                                                                                               | CHKR # | HU           | LOCATION | CHKR # | HU |
| 221563                                                                                                                                                             |        |              |          |        |    |
|                                                                                                                                                                    |        | DOOR         | UNIT NO  |        |    |

|                  |     |          |                                                                                                                                                                                                                  |                |      |             |      |                |  |
|------------------|-----|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|-------------|------|----------------|--|
| BL OR GBL NO     |     | 00983576 |                                                                                                                                                                                                                  | SEE FINAL PAGE |      | 042         |      | SEE FINAL PAGE |  |
| PRO 827-909770-5 |     |          |                                                                                                                                                                                                                  |                |      |             |      |                |  |
| NO HU            | PKG | HM       | DESCRIPTION OF ARTICLES                                                                                                                                                                                          |                | CODE | WEIGHT (LB) | RATE | CHARGES        |  |
| 1                | PLT |          | ***** FOODSTUFFS *****<br>FOODSTUFFS-DO NOT LOAD WITH POISONS<br>DRUGS RVNX \$2 30 PER LB<br>NMFC=06000000 CLC70<br>STC 50 CAS<br>PERCENT DISCOUNT<br>NOTIFY BEFORE DELIVERY FEE<br>GENERAL SURCHARGE (FUEL/FRT) |                | C70  | 249         |      |                |  |
| 1                | TTL | ////     |                                                                                                                                                                                                                  |                | TTL  | 249         |      | PPD            |  |

DELIVERY RECEIPT

|                                                                                        |             |           |                |             |    |
|----------------------------------------------------------------------------------------|-------------|-----------|----------------|-------------|----|
| ROADWAY EXPRESS, INC.<br>P.O. BOX 471, AKRON, OH 44308-0471<br>(RDWY) (EIN 34-0492870) |             |           |                |             | GR |
| RDWY PU DATE                                                                           | DESTINATION | RATE CODE | ITEM/TENDER NO | PAGE        |    |
| 02-04-03                                                                               | 342-3       | /A2       | 607 478        | 02 OF 02    |    |
| PO NO./DEPT NO                                                                         |             |           |                | BEY CL CODE |    |
| 582755-TG                                                                              |             |           |                |             |    |
| SHIPPER<br>PHARMAVITE<br>25045 AVENUE TIBBETTS<br>SANTA CLARITA CA 91355               |             |           | SHIPR CODE     | 4117        |    |
| CONSIGNEE<br>FLEMING GMD<br>7215 S TOPEKA BLVD<br>TOPEKA KS 66619                      |             |           | BEY CL AMT     |             |    |
|                                                                                        |             |           | SERVICE        | EXCEP       |    |
|                                                                                        |             |           | CONS CODE      |             |    |
|                                                                                        |             |           | 7808           |             |    |
|                                                                                        |             |           | O 032          | CANM BOO    |    |
| DEL PROB 818-899-9581 HOT RUSH FRT<br>BW MUST BE INTACT @ DEL CALL 827 PR              |             |           |                |             |    |

|                                                                                                                                                                    |        |              |          |        |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------|----------|--------|----|
| PRO NO                                                                                                                                                             |        | 827-909770-5 |          |        |    |
| ORG                                                                                                                                                                |        | 827          |          |        |    |
| ROADWAY'S TARIFFS LIMIT ITS LIABILITY<br>ALL FREIGHT RECEIVED IN GOOD ORDER AND<br>SHRINKWRAP/BANDING INTACT UNLESS NOTED<br>BELOW THANK YOU! ROADWAY EXPRESS, INC |        |              |          |        |    |
| PLEASE SIGN HERE                                                                                                                                                   |        | DATE         |          | TIME   |    |
| X <i>Amiee Carson</i>                                                                                                                                              |        | 2/13/03      |          |        |    |
| TYP2                                                                                                                                                               | CHKR # | HU           | LOCATION | CHKR # | HU |
| 221563                                                                                                                                                             | 9591   |              | FLEMTPE  |        |    |
|                                                                                                                                                                    |        | DOOR         | UNIT NO  |        |    |

|                  |     |          |                                                                          |                                                                |      |                |      |         |  |
|------------------|-----|----------|--------------------------------------------------------------------------|----------------------------------------------------------------|------|----------------|------|---------|--|
| BL OR GBL NO     |     | 00983576 |                                                                          | SPOT TRAILER - M T TH FRI<br>B4 5AM BLDG 5 DOOR 1<br>WEST SIDE |      | SEE FINAL PAGE |      | 89      |  |
| PRO 827-909770-5 |     |          |                                                                          |                                                                |      |                |      |         |  |
| NO HU            | PKG | HM       | DESCRIPTION OF ARTICLES                                                  |                                                                | CODE | WEIGHT (LB)    | RATE | CHARGES |  |
|                  |     |          | SHIP TO ARRIVE BY 02-11-03<br>SLC STC<br>C. 000-000-0000<br>PO=582755-TG |                                                                |      |                |      |         |  |

DR RETURNED  
FEB 18 2003

DELIVERY RECEIPT



Pharmavite

\*\*\*\*\*  
\*\*\*\*\* EDI INVOICE \*\*\*\*\*  
\*\*\*\*\*

Pharmavite LLC  
8510 Balboa Blvd  
Northridge, CA 91325  
Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 51840    | 240503      | 2/04/03      |

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

OK  
73126-

SHIP TO

FLEMING LA CROSSE  
322 CAUSEWAY BLVD  
LA CROSSE  
USA

WI  
54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 2

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|--------|
| P O # 997033                      |              | 983612    | UPS                                  | 2% 30, NET 31 | 237      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |        |
| 1                                 | 1130         | 100       | SELENIUM 200MCG                      | 105 36        |          | 105 36 |
| 1                                 | 1264         | 60        | VITAMIN C 1000MG W/ROSE HIPS         | 95.52         |          | 95.52  |
| 1                                 | 1314         | 100       | BETA CAROTENE 25M IU                 | 113 28        |          | 113 28 |
| 1                                 | 1368         | 30        | GINSENG 250MG EQUIVALENT             | 114.96        |          | 114.96 |
| 1                                 | 1392         | 100       | GARLIC & PARSLEY                     | 63 84         |          | 63 84  |
| 2                                 | 1480         | 100       | VITAMIN C 250MG                      | 43.44         |          | 86.88  |
| 1                                 | 1623         | 30        | VITAMIN E W/COENZYME Q-10            | 194 40        |          | 194 40 |
| 1                                 | 1637         | 60        | BALANCED B-100 T/R                   | 170 88        |          | 170 88 |
| 1                                 | 1650         | 60        | VITAMIN C 1000MG W/RH TR             | 113 28        |          | 113 28 |
| 1                                 | 1668         | 18        | ZINC LOZENGE 10MG                    | 71.76         |          | 71.76  |
| 1                                 | 1796         | 90        | ESSENTIAL WOMAN 50+                  | 143 76        |          | 143 76 |
| 3                                 | 1882         | 300       | VITAMIN E 400IU DLA                  | 123.84        |          | 371.52 |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |        |
| 1                                 | 14019        | 100       | CASCARA SAGRADA BARK 425MG           | 38 04         |          | 38 04  |
| 2                                 | 14035        | 50        | EVENING PRIMROSE OIL W/VIT E         | 43 08         |          | 86 16  |
| 2                                 | 14223        | 60        | BILBERRY STANDARDIZED EXT 30MG       | 47 40         |          | 94 80  |
| 2                                 | 14224        | 90        | CRANBERRY 405MG                      | 48 60         |          | 97 20  |
|                                   |              |           |                                      |               |          |        |
|                                   |              |           |                                      |               |          |        |
|                                   |              |           |                                      |               |          |        |
|                                   |              |           |                                      |               |          |        |
|                                   |              |           |                                      |               |          |        |
|                                   |              |           |                                      |               |          |        |
|                                   |              |           |                                      |               |          |        |

FOB ORIGIN

*Thank you for your order.*

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

CUSTOMER COPY

INVOICE TOTAL

\* INDICATES PROMOTIONAL NET COST. MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE. NOT EVERY DAY COST.

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED, ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 OR 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221 6333

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

OK  
73126-

FLEMING LA CROSSE  
322 CAUSEWAY BVLD  
LA CROSSE  
USA

WI  
54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 2 OF 2

**FOB ORIGIN**

*Thank you for your order.*

**CUSTOMER COPY**

**INVOICE TOTAL**

\$2,577.96

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE



9/05/03 DISPLAY  
11 31 28  
Shipment # 983612

Pharmavite Corporation  
Tracking Numbers for this Shipment  
Ship Date 2/04/03

HALAD  
PJL4DFR  
PHARM

| Tracking Number    | Weight | Package # |
|--------------------|--------|-----------|
| 1Z9178080300379053 | 32 00  | 1 of 5    |
| 1Z9178080300379062 | 31 00  | 2 of 5    |
| 1Z9178080300379071 | 25 00  | 3 of 5    |
| 1Z9178080300379080 | 18 00  | 4 of 5    |
| 1Z9178080300379099 | 19 00  | 5 of 5    |

Bottom

CMD 1-Exit

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0037 909 9  
**Service Type** GROUND  
**Delivered on** Feb 10, 2003 10 35 A M  
**Delivered to** INOV8  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** VANLOON

A handwritten signature in black ink, which appears to read 'Matthew Van Loon', is written over the printed name 'VANLOON'.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 52 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                        |                                                       |
|------------------------|-------------------------------------------------------|
| <b>Tracking Number</b> | 1Z 917 808 03 0037 908 0                              |
| <b>Service Type</b>    | GROUND                                                |
| <b>Delivered on</b>    | Feb 10, 2003 10 35 A M                                |
| <b>Delivered to</b>    | INOV8<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>       | VANLOON                                               |

A handwritten signature in black ink, which appears to read 'Matthew Van Loon', is positioned below the delivery details.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 52 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0037 907 1  
**Service Type** GROUND  
**Delivered on** Feb 10, 2003 10 35 A M  
**Delivered to** INOV8  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** VANLOON

A handwritten signature in black ink that reads "Matthew Van Loon".

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 52 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0037 905 3  
**Service Type** GROUND  
**Delivered on** Feb 10, 2003 10 35 A M  
**Delivered to** INOV8  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** VANLOON

A handwritten signature in black ink, which appears to read 'Matthew Van Loon'. The signature is written in a cursive, flowing style.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 51 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0037 906 2  
**Service Type** GROUND  
**Delivered on** Feb 10, 2003 10 35 A M  
**Delivered to** INOV8  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** VANLOON

A handwritten signature in black ink that reads "Matthew Van Loon".

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 52 P M Eastern Time (USA)



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221 6333

PLEASE REMIT PAYMENT TO

PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

OK  
73126-

FLEMING LA CROSSE  
322 CAUSEWAY BVLD  
LA CROSSE  
USA

WI  
54603-

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

**CUSTOMER COPY**

**INVOICE TOTAL**

\$581.64

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

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9/05/03 DISPLAY  
11 31 18  
Shipment # 983787

Pharmavite Corporation  
Tracking Numbers for this Shipment  
Ship Date 2/04/03

HALAD  
PJL4DFR  
PHARM

| Tracking Number    | Weight | Package # |
|--------------------|--------|-----------|
| 1Z9178080300378698 | 27 00  | 1 of 2    |
| 1Z9178080300378705 | 13 00  | 2 of 2    |

Bottom

CMD 1-Exit



**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0037 869 8  
**Service Type** GROUND  
**Delivered on** Feb 10, 2003 10 35 A M  
**Delivered to** INOV8  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** VANLOON

A handwritten signature in black ink, reading 'Matthew Van Loon', is written over a horizontal line.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 50 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0037 870 5  
**Service Type** GROUND  
**Delivered on** Feb 10, 2003 10 35 A M  
**Delivered to** INOV8  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** VANLOON

A handwritten signature in black ink, reading 'Matthew Van Loon', is positioned below the delivery information.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 50 P M Eastern Time (USA)



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221 6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

THIS IS PAGE 1 OF 1

**FOB ORIGIN****INVOICE TOTAL**

\$1,459.54

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE

9/05/03 DISPLAY  
11 31 10  
Shipment # 983577

Pharmavite Corporation  
Tracking Numbers for this Shipment  
Ship Date 2/05/03

HALAD  
PJL4DFR  
PHARM

| Tracking Number    | Weight | Package # |
|--------------------|--------|-----------|
| 1Z9178081200023437 | 60 00  | 1 of 4    |
| 1Z9178081200023446 | 39 00  | 2 of 4    |
| 1Z9178081200023455 | 51 00  | 3 of 4    |
| 1Z9178081200023464 | 17 00  | 4 of 4    |

Bottom

CMD 1-Exit

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 12 0002 345 5  
**Service Type** 3 DAY SELECT  
**Delivered on** Feb 10, 2003 10 54 A M  
**Delivered to** FLEMING  
7215 SW TOPEKA BLVD  
TOPEKA, KS, US 66619  
**Signed by** LAMBRECHT

A handwritten signature in black ink that reads 'C. Lambrecht'.

**Location** MAIL ROOM

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 48 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 12 0002 346 4  
**Service Type** 3 DAY SELECT  
**Delivered on** Feb 10 2003 10 54 A M  
**Delivered to** FLEMING  
7215 SW TOPEKA BLVD  
TOPEKA, KS, US 66619  
**Signed by** LAMBRECHT

A handwritten signature in black ink that reads 'C. Lambrecht'.

**Location** MAIL ROOM

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 48 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 12 0002 343 7  
**Service Type** 3 DAY SELECT  
**Delivered on** Feb 10, 2003 10 54 A M  
**Delivered to** FLEMING  
7215 SW TOPEKA BLVD  
TOPEKA, KS, US 66619  
**Signed by** LAMBRECHT

A handwritten signature in black ink that reads 'C. Lambrecht'.

**Location** MAIL ROOM

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 47 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 12 0002 344 6**Service Type** 3 DAY SELECT**Delivered on** Feb 10, 2003 10 54 A M**Delivered to** FLEMING  
7215 SW TOPEKA BLVD  
TOPEKA, KS, US 66619**Signed by** LAMBRECHT

A handwritten signature in black ink that reads 'C. Lambrecht'.

**Location** MAIL ROOM

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 48 P M Eastern Time (USA)





**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221 6333

PLEASE REMIT PAYMENT TO

PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
KOP GENERAL MERCHANDISE DIV  
PO BOX 268863  
OKLAHOMA CITY O  
USA

OK  
73124-

FLEMING COMPANIES INC  
KOP GENERAL MERCHANDISE DIV  
201 CHURCH ROAD  
KING OF PRUSSIA P  
USA

PA  
19406-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

*Thank you for your order.*

**CUSTOMER COPY**

**INVOICE TOTAL**

\$614.52

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE

9/05/03 **DISPLAY**  
11 31 00  
**Shipment #** 983771

Pharmavite Corporation  
**Tracking Numbers for this Shipment**  
**Ship Date** 2/05/03

HALAD  
PJL4DFR  
PHARM

**Tracking Number**  
1Z9178080300380809

| <b>Weight</b> | <b>Package #</b> |
|---------------|------------------|
| 14 00         | 1 of 1           |

CMD 1-Exit

**Bottom**



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221-6333**

PLEASE REMIT PAYMENT TO

PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

OK  
73126-

FLEMING LA CROSSE  
322 CAUSEWAY BVLD  
LA CROSSE  
USA

WI  
54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 2

**FOB ORIGIN**

*Thank you for your order*

**CUSTOMER COPY**

**INVOICE TOTAL**

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

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**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221 6333**

PLEASE REMIT PAYMENT TO

PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

OK  
73126-

FLEMING LA CROSSE  
322 CAUSEWAY BVLD  
LA CROSSE  
USA

WI  
54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 2 OF 2

**FOB ORIGIN**

*Thank you for your order.*

**CUSTOMER COPY**

**INVOICE TOTAL**

\$2.097.72

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

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9/05/03 DISPLAY  
11 30 51  
Shipment # 983453

Pharmavite Corporation  
Tracking Numbers for this Shipment  
Ship Date 2/06/03

HALAD  
PJL4DFR  
PHARM

| Tracking Number    | Weight | Package # |
|--------------------|--------|-----------|
| 1Z9178080100040617 | 24 00  | 1 of 4    |
| 1Z9178080100040626 | 42 00  | 2 of 4    |
| 1Z9178080100040635 | 22 00  | 3 of 4    |
| 1Z9178080100040644 | 15 00  | 4 of 4    |

CMD 1-Exit

Bottom

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 01 0004 064 4  
**Service Type** NEXT DAY AIR  
**Delivered on** Feb 7, 2003 10 29 A M  
**Delivered to** GATEWAY FOODS  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** HOULIHAN

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5 2003 4 44 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 01 0004 063 5  
**Service Type** NEXT DAY AIR  
**Delivered on** Feb 7, 2003 10 29 A M  
**Delivered to** GATEWAY FOODS  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** HOULIHAN

A handwritten signature in black ink, appearing to read 'W. E.', is positioned above the 'Location' field.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5 2003 4 44 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 01 0004 061 7  
**Service Type** NEXT DAY AIR  
**Delivered on** Feb 7, 2003 10 29 A M  
**Delivered to** GATEWAY FOODS  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** HOULIHAN

A handwritten signature in black ink, appearing to be 'W. E.' followed by a horizontal line.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 44 P M Eastern Time (USA)



**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 01 0004 062 6  
**Service Type** NEXT DAY AIR  
**Delivered on** Feb 7, 2003 10 29 A M  
**Delivered to** GATEWAY FOODS  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** HOULIHAN

A handwritten signature in black ink, appearing to read 'W. E.', is written over the 'Signed by' field.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 44 P M Eastern Time (USA)



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221-6333

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

**SOLD TO**

FLEMING COMPANIES INC  
CTP/TOPEKA GMD DIVISION  
PO BOX 268862  
OKLAHOMA CITY  
USA

OK  
73124-

SHITO

FLEMING GMD

7215 SOUTH TOPEKA BLVD  
TOPEKA  
USA

KS  
66619-1423

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

*Thank you for your order.*

**CUSTOMER COPY**

**INVOICE TOTAL**

\$718.80

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

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9/05/03 DISPLAY  
11 30 41  
Shipment # 983786

Pharmavite Corporation  
Tracking Numbers for this Shipment  
Ship Date 2/07/03

HALAD  
PJL4DFR  
PHARM

| Tracking Number    | Weight | Package # |
|--------------------|--------|-----------|
| 1Z9178080300382512 | 27 00  | 1 of 2    |
| 1Z9178080300382521 | 22 00  | 2 of 2    |

Bottom

CMD 1-Exit

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 251 2  
**Service Type** GROUND  
**Delivered on** Feb 13, 2003 10 06 A M  
**Delivered to** FLEMING  
7215 SW TOPEKA BLVD  
5  
TOPEKA, KS, US 66601  
**Signed by** LAMBRECHT

A handwritten signature in black ink that reads "C Lambrecht". The signature is written in a cursive, slightly slanted style.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 42 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 252 1  
**Service Type** GROUND  
**Delivered on** Feb 13, 2003 10 06 A M  
**Delivered to** FLEMING  
7215 SW TOPEKA BLVD  
5  
TOPEKA, KS US 66601  
**Signed by** LAMBRECHT

A handwritten signature in black ink, appearing to read 'C Lambrecht', is written over the printed name 'LAMBRECHT'.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 42 P M Eastern Time (USA)



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221 6333

PLEASE REMIT PAYMENT TO

PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

OK  
73126-

FLEMING LA CROSSE  
322 CAUSEWAY BVLD  
LA CROSSE  
USA

WI  
54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

*Thank you for your order*

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

**CUSTOMER COPY**

**INVOICE TOTAL**

\$846 24

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9/05/03 DISPLAY  
11 30 33  
Shipment # 984193

Pharmavite Corporation  
Tracking Numbers for this Shipment  
Ship Date 2/07/03

HALAD  
PJL4DFR  
PHARM

| Tracking Number    | Weight | Package # |
|--------------------|--------|-----------|
| 1Z9178080300382576 | 25 00  | 1 of 2    |
| 1Z9178080300382585 | 17 00  | 2 of 2    |

Bottom

CMD 1-Exit

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 257 6  
**Service Type** GROUND  
**Delivered on** Feb 13, 2003 10 22 A M  
**Delivered to** GATEWAY FOODS  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** VANLOON

A handwritten signature in black ink, which appears to read 'Matthew VanLoon', is written over a light gray horizontal line.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 40 P M Eastern Time (USA)



**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 258 5  
**Service Type** GROUND  
**Delivered on** Feb 13, 2003 10 22 A M  
**Delivered to** GATEWAY FOODS  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** VANLOON

A handwritten signature in black ink, which appears to read 'Matthew Van Loon', is written over a faint, larger version of the same signature.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 40 P M Eastern Time (USA)



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 6026     | 241175      | 2/10/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING CO GMD-WEST INC

PO BOX 268864  
 OKLAHOMA CITY  
 USA

OK  
 73124-

SHIP TO

FLEMING CO GMD-WEST INC  
 DIV-FLEMING COMPANIES INC  
 8301 FRUITRIDGE RD  
 SACRAMENTO  
 USA

CA  
 95826-4806

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 3

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |          |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|----------|
| P O # 325737-GS                   |              | 984229    | UPS                                  | 2% 30, NET 31 | 023      |          |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT   |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |          |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |          |
| 5                                 | 1030         | 30        | MAXIMIN 30 DAY PACK                  | 55 80         |          | 279 00   |
| 2                                 | 1050         | 30        | STRESS PACK - 30 DAY                 | 40 56         |          | 81 12    |
| 1                                 | 1155         | 100       | VITAMIN E 200IU DL-ALPHA             | 81 60         |          | 81 60    |
| 1                                 | 1160         | 100       | VITAMIN E 400IU DL-ALPHA             | 207 36        |          | 207 36   |
| 2                                 | 1162         | 180       | VITAMIN E 400IU DLA                  | 174 96        |          | 349 92   |
| 1                                 | 1191         | 100       | VITAMIN E 400IU WATER SOLUBLE        | 137 04        |          | 137 04   |
| 1                                 | 1235         | 30        | VITAMIN E 1000IU D-ALPHA             | 170 88        |          | 170 88   |
| 2                                 | 1277         | 100       | ZINC 30MG (GLUCONATE)                | 60 96         |          | 121 92   |
| 1                                 | 1290         | 100       | VITAMIN B-12 500MCG                  | 97 68         |          | 97 68    |
| 1                                 | 1419         | 100       | ESSENTIAL DAILY                      | 107 28        |          | 107 28   |
| 1                                 | 1470         | 100       | CALCIUM MAGNESIUM & ZINC             | 68 16         |          | 68 16    |
| 1                                 | 1473         | 60        | CALCIUM 600MG W/D                    | 90 00         |          | 90 00    |
| 1                                 | 1496         | 60        | CHEWABLE VIT C 500MG                 | 86 16         |          | 86 16    |
| 7                                 | 1622         | 60        | CALCIUM PLUS SOY                     | 143 76        |          | 1,006 32 |
| 2                                 | 1623         | 30        | VITAMIN E W/COENZYME Q-10            | 194 40        |          | 388 80   |
| 1                                 | 1630         | 60        | VITAMIN B-12 1000MCG T/R             | 104 16        |          | 104 16   |
| 1                                 | 1637         | 60        | BALANCED B-100 T/R                   | 170 88        |          | 170 88   |
| 1                                 | 1671         | 60        | ANTIOXIDANT FORMULA PLUS MIN         | 143 76        |          | 143 76   |
| 1                                 | 1678         | 100       | CHROMIUM PICOLINATE                  | 94 80         |          | 94 80    |
|                                   | PRODUCT LINE |           | NATURE'S RESOURCE PREMIUM HE         |               |          |          |
| 3                                 | 14033        | 50        | SAW PALMETTO 80MG CAPSULE            | 54 00         |          | 162 00   |
| 1                                 | 14156        | 60        | ST JOHN'S WORT 300MG EXTRACT         | 55 56         |          | 55 56    |
| 1                                 | 14163        | 30        | VALERIAN 200MG EXTRACT T/R           | 64 68         |          | 64 68    |
| 1                                 | 14224        | 90        | CRANBERRY 405MG                      | 48 60         |          | 48 60    |
|                                   | PRODUCT LINE |           | - SUNNY MAID                         |               |          |          |
| 1                                 | 2456         | 100       | S M CHEWABLE VIT C 500MG             | 93 36         |          | 93 36    |

FOB ORIGIN

CUSTOMER COPY

INVOICE TOTAL

Thank you for your order.

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**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221 6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

**SOLD TO**

PO BOX 268864  
OKLAHOMA CITY  
USA

OK  
73124-

SHIP TO

FLEMING CO GMD-WEST INC  
DIV-FLEMING COMPANIES INC  
8301 FRUITRIDGE RD  
SACRAMENTO  
USA

CA  
95826-4806

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 3 OF 3

**FOB ORIGIN**

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**INVOICE TOTAL**

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## Clippership Sort by Carrier Detail Report

Date Printed 2/24/03

Actual Ship Date 2/10/03

| CARRIER     | PACKAGE ID | TRACKING NO        | PICKUP NO  | ZIP/ZN  | ACT WGT | ALT CHG | SHP CHG | TOT CHG |
|-------------|------------|--------------------|------------|---------|---------|---------|---------|---------|
| UPS 2nd Day | 98334900   | 1Z9178080200085598 | 4412892018 | 331/208 | 35 60   | 0 00    | 74 20   | 74 20   |
|             | 98334900   | 1Z9178080200085803 | 4412892018 | 331/208 | 28 90   | 0 00    | 61 80   | 61 60   |
|             | 98334900   | 1Z9178080200085612 | 4412892018 | 331/208 | 18 90   | 0 00    | 43 80   | 43 60   |
|             | 98424400   | 1Z9178080200085621 | 4412892018 | 481/206 | 3 55    | 0 00    | 14 00   | 14 00   |
| TOTAL       | 4 PACKAGES |                    |            |         | 86 95   | 0 00    | 193 40  | 193 40  |
| UPS 3 Day   |            | 1Z9178081200023893 | 4412892018 | 300/306 | 14 90   | 0 00    | 21 50   | 21 50   |
|             | 98462600   | 1Z9178081200023900 | 4412892018 | 070/307 | 10 10   | 0 00    | 18 90   | 18 90   |
| TOTAL       | 2 PACKAGES |                    |            |         | 25 00   | 0 00    | 40 40   | 40 40   |
| UPS Ground  | 8428700    | 1Z9178080300383486 | 4412892018 | 379/06  | 18 15   | 0 00    | 9 61    | 9 61    |
|             | 8428700    | 1Z9178080300383495 | 4412892018 | 379/06  | 17 65   | 0 00    | 9 19    | 9 19    |
|             | 98336301   | 1Z9178080300383879 | 4412892018 | 178/07  | 23 95   | 0 00    | 14 00   | 14 00   |
|             | 98336301   | 1Z9178080300383888 | 4412892018 | 178/07  | 18 70   | 0 00    | 11 57   | 11 57   |
|             | 98336301   | 1Z9178080300383897 | 4412892018 | 178/07  | 33 90   | 0 00    | 18 95   | 18 95   |
|             | 98346001   | 1Z9178080300383146 | 4412892018 | 951/05  | 6 15    | 0 00    | 5 31    | 5 31    |
|             | 98363600   | 1Z9178080300384181 | 4412892018 | 945/05  | 35 65   | 0 00    | 12 85   | 12 85   |
|             | 98363600   | 1Z9178080300384190 | 4412892018 | 945/05  | 29 90   | 0 00    | 10 99   | 10 99   |
|             | 98377000   | 1Z9178080300383173 | 4412892018 | 913/05  | 30 15   | 0 00    | 11 30   | 11 30   |
|             | 98377000   | 1Z9178080300383182 | 4412892018 | 913/05  | 29 00   | 0 00    | 10 68   | 10 68   |
|             | 98377000   | 1Z9178080300383191 | 4412892018 | 913/05  | 34 45   | 0 00    | 12 54   | 12 54   |
|             | 98377000   | 1Z9178080300383208 | 4412892018 | 913/05  | 38 10   | 0 00    | 13 78   | 13 78   |
|             | 98377000   | 1Z9178080300383217 | 4412892018 | 913/05  | 12 75   | 0 00    | 6 18    | 6 18    |
|             | 98382500   | 1Z9178080300383762 | 4412892018 | 379/06  | 15 80   | 0 00    | 8 35    | 8 35    |
|             | 98382500   | 1Z9178080300383771 | 4412892018 | 379/06  | 29 25   | 0 00    | 14 23   | 14 23   |
|             | 98382500   | 1Z9178080300383780 | 4412892018 | 379/06  | 30 90   | 0 00    | 14 64   | 14 64   |
|             | 98382500   | 1Z9178080300383799 | 4412892018 | 379/06  | 41 75   | 0 00    | 18 94   | 18 94   |
|             | 98382500   | 1Z9178080300383806 | 4412892018 | 379/06  | 24 55   | 0 00    | 12 13   | 12 13   |
|             | 98382500   | 1Z9178080300383815 | 4412892018 | 379/06  | 26 35   | 0 00    | 12 97   | 12 97   |
|             | 98382500   | 1Z9178080300383824 | 4412892018 | 379/06  | 28 75   | 0 00    | 13 81   | 13 81   |
|             | 98382801   | 1Z9178080300383244 | 4412892018 | 467/06  | 12 40   | 0 00    | 7 18    | 7 18    |
|             | 98382801   | 1Z9178080300383253 | 4412892018 | 467/06  | 12 35   | 0 00    | 7 18    | 7 18    |
|             | 98382801   | 1Z9178080300383262 | 4412892018 | 467/06  | 15 25   | 0 00    | 8 35    | 8 35    |
|             | 98382901   | 1Z9178080300383539 | 4412892018 | 373/06  | 23 60   | 0 00    | 11 71   | 11 71   |
|             | 98382901   | 1Z9178080300383548 | 4412892018 | 373/06  | 12 75   | 0 00    | 7 18    | 7 18    |
|             | 98382901   | 1Z9178080300383557 | 4412892018 | 373/06  | 12 65   | 0 00    | 7 18    | 7 18    |
|             | 98382901   | 1Z9178080300383566 | 4412892018 | 373/06  | 12 60   | 0 00    | 7 18    | 7 18    |
|             | 98382901   | 1Z9178080300383575 | 4412892018 | 373/06  | 24 05   | 0 00    | 12 13   | 12 13   |
|             | 98382901   | 1Z9178080300383584 | 4412892018 | 373/06  | 35 55   | 0 00    | 16 68   | 16 68   |
|             | 983883     | 1Z9178080300383388 | 4412892018 | 980/05  | 3 45    | 0 00    | 4 73    | 4 73    |
|             | 983884     | 1Z9178080300383397 | 4412892018 | 802/03  | 3 45    | 0 00    | 4 01    | 4 01    |
|             | 98392800   | 1Z9178080300383226 | 4412892018 | 481/06  | 50 35   | 0 00    | 21 69   | 21 69   |
|             | 98392800   | 1Z9178080300383235 | 4412892018 | 481/06  | 16 15   | 0 00    | 8 77    | 8 77    |
|             | 98394600   | 1Z9178080300383633 | 4412892018 | 900/05  | 47 70   | 0 00    | 16 50   | 16 50   |
|             | 98394600   | 1Z9178080300383642 | 4412892018 | 900/05  | 51 85   | 0 00    | 17 52   | 17 52   |
|             | 98394600   | 1Z9178080300383851 | 4412892018 | 900/05  | 56 20   | 0 00    | 18 62   | 18 62   |
|             | 98394600   | 1Z9178080300383860 | 4412892018 | 900/05  | 51 40   | 0 00    | 17 52   | 17 52   |
|             | 98396901   | 1Z9178080300383379 | 4412892018 | 970/05  | 11 90   | 0 00    | 6 05    | 6 05    |
|             | 98418000   | 1Z9178080300384154 | 4412892018 | 335/07  | 13 50   | 0 00    | 9 11    | 9 11    |
|             | 98418300   | 1Z9178080300384145 | 4412892018 | 282/07  | 13 35   | 0 00    | 9 11    | 9 11    |
|             | 98421300   | 1Z9178080300383968 | 4412892018 | 293/07  | 23 90   | 0 00    | 14 00   | 14 00   |
|             | 98421300   | 1Z9178080300383977 | 4412892018 | 293/07  | 35 20   | 0 00    | 19 97   | 19 97   |
|             | 98421300   | 1Z9178080300383986 | 4412892018 | 293/07  | 44 50   | 0 00    | 24 53   | 24 53   |
|             | 98421500   | 1Z9178080300383995 | 4412892018 | 648/05  | 20 55   | 0 00    | 8 30    | 8 30    |
|             | 98421500   | 1Z9178080300384001 | 4412892018 | 648/05  | 9 60    | 0 00    | 5 73    | 5 73    |
|             | 98421800   | 1Z9178080300384010 | 4412892018 | 481/06  | 19 35   | 0 00    | 10 03   | 10 03   |
|             | 98422900   | 1Z9178080300383299 | 4412892018 | 958/05  | 42 35   | 0 00    | 15 02   | 15 02   |
|             | 98422900   | 1Z9178080300383306 | 4412892018 | 958/05  | 41 35   | 0 00    | 14 71   | 14 71   |
|             | 98422900   | 1Z9178080300383315 | 4412892018 | 958/05  | 28 75   | 0 00    | 10 68   | 10 68   |
|             | 98422900   | 1Z9178080300383324 | 4412892018 | 958/05  | 39 10   | 0 00    | 14 09   | 14 09   |
|             | 98422900   | 1Z9178080300383333 | 4412892018 | 958/05  | 23 40   | 0 00    | 9 21    | 9 21    |
|             | 98422900   | 1Z9178080300383342 | 4412892018 | 958/05  | 32 45   | 0 00    | 11 92   | 11 92   |
|             | 98422900   | 1Z9178080300383351 | 4412892018 | 958/05  | 15 00   | 0 00    | 6 47    | 6 47    |
|             | 98423200   | 1Z9178080300383468 | 4412892018 | 945/05  | 19 65   | 0 00    | 7 96    | 7 96    |
|             | 98423300   | 1Z9178080300383459 | 4412892018 | 953/05  | 19 55   | 0 00    | 7 96    | 7 96    |
|             | 98425400   | 1Z9178080300383593 | 4412892018 | 070/07  | 7 50    | 0 00    | 6 26    | 6 26    |

Actual Ship Date 2/10/03

Sort By Carrier Detail

| CARRIER    | PACKAGE ID | TRACKING NO        | PICKUP NO  | ZIP/ZN | ACT WGT | ALT CHG | SHP CHG | TOT CHG |
|------------|------------|--------------------|------------|--------|---------|---------|---------|---------|
| UPS Ground | 98425400   | 1Z9178080300383600 | 4412892018 | 070/07 | 11 75   | 0 00    | 8 09    | 8 09    |
|            | 98425500   | 1Z9178080300383477 | 4412892018 | 939/05 | 39 70   | 0 00    | 14 09   | 14 09   |
|            | 98427900   | 1Z9178080300383744 | 4412892018 | 338/07 | 27 55   | 0 00    | 15 88   | 15 88   |
|            | 98427900   | 1Z9178080300383753 | 4412892018 | 338/07 | 16 80   | 0 00    | 10 59   | 10 59   |
|            | 98428000   | 1Z9178080300383619 | 4412892018 | 080/07 | 18 25   | 0 00    | 11 57   | 11 57   |
|            | 98428000   | 1Z9178080300383628 | 4412892018 | 080/07 | 15 25   | 0 00    | 10 10   | 10 10   |
|            | 98428100   | 1Z9178080300383637 | 4412892018 | 913/05 | 43 55   | 0 00    | 15 33   | 15 33   |
|            | 98428200   | 1Z9178080300384083 | 4412892018 | 770/06 | 30 25   | 0 00    | 14 64   | 14 64   |
|            | 98428300   | 1Z9178080300383502 | 4412892018 | 633/05 | 17 55   | 0 00    | 7 27    | 7 27    |
|            | 98428400   | 1Z9178080300383646 | 4412892018 | 605/05 | 25 15   | 0 00    | 9 78    | 9 78    |
|            | 98428400   | 1Z9178080300383655 | 4412892018 | 605/05 | 45 95   | 0 00    | 15 94   | 15 94   |
|            | 98428400   | 1Z9178080300383664 | 4412892018 | 605/05 | 39 00   | 0 00    | 13 78   | 13 78   |
|            | 98428500   | 1Z9178080300383271 | 4412892018 | 260/06 | 37 40   | 0 00    | 17 44   | 17 44   |
|            | 98428500   | 1Z9178080300383280 | 4412892018 | 260/06 | 21 10   | 0 00    | 10 87   | 10 87   |
|            | 98428600   | 1Z9178080300383431 | 4412892018 | 540/05 | 15 65   | 0 00    | 6 65    | 6 65    |
|            | 98428800   | 1Z9178080300383075 | 4412892018 | 762/05 | 23 75   | 0 00    | 9 21    | 9 21    |
|            | 98428800   | 1Z9178080300383084 | 4412892018 | 762/05 | 23 70   | 0 00    | 9 21    | 9 21    |
|            | 98428900   | 1Z9178080300383440 | 4412892018 | 132/07 | 37 75   | 0 00    | 20 99   | 20 99   |
|            | 98429000   | 1Z9178080300383093 | 4412892018 | 274/07 | 20 55   | 0 00    | 12 54   | 12 54   |
|            | 98429000   | 1Z9178080300383100 | 4412892018 | 274/07 | 10 80   | 0 00    | 7 58    | 7 58    |
|            | 98429000   | 1Z9178080300383119 | 4412892018 | 274/07 | 8 90    | 0 00    | 6 60    | 6 60    |
|            | 98429100   | 1Z9178080300383511 | 4412892018 | 641/05 | 31 45   | 0 00    | 11 61   | 11 61   |
|            | 98429100   | 1Z9178080300383520 | 4412892018 | 641/05 | 16 30   | 0 00    | 6 93    | 6 93    |
|            | 98429200   | 1Z9178080300383155 | 4412892018 | 802/03 | 28 45   | 0 00    | 8 22    | 8 22    |
|            | 98432800   | 1Z9178080300383673 | 4412892018 | 902/05 | 9 95    | 0 00    | 5 73    | 5 73    |
|            | 98435400   | 1Z9178080300383682 | 4412892018 | 442/06 | 22 10   | 0 00    | 11 29   | 11 29   |
|            | 98435400   | 1Z9178080300383691 | 4412892018 | 442/06 | 22 85   | 0 00    | 11 29   | 11 29   |
|            | 98435400   | 1Z9178080300383708 | 4412892018 | 442/06 | 22 85   | 0 00    | 11 29   | 11 29   |
|            | 98435400   | 1Z9178080300383717 | 4412892018 | 442/06 | 30 50   | 0 00    | 14 64   | 14 64   |
|            | 98435400   | 1Z9178080300383726 | 4412892018 | 442/06 | 32 00   | 0 00    | 15 05   | 15 05   |
|            | 98435400   | 1Z9178080300383735 | 4412892018 | 442/06 | 24 00   | 0 00    | 11 71   | 11 71   |
|            | 98436300   | 1Z9178080300383011 | 4412892018 | 687/04 | 28 80   | 0 00    | 8 98    | 8 98    |
|            | 98436300   | 1Z9178080300383020 | 4412892018 | 687/04 | 25 40   | 0 00    | 8 24    | 8 24    |
|            | 98436300   | 1Z9178080300383039 | 4412892018 | 687/04 | 24 00   | 0 00    | 7 76    | 7 76    |
|            | 98436300   | 1Z9178080300383048 | 4412892018 | 687/04 | 42 35   | 0 00    | 12 38   | 12 38   |
|            | 98436300   | 1Z9178080300383057 | 4412892018 | 687/04 | 23 05   | 0 00    | 7 76    | 7 76    |
|            | 98436300   | 1Z9178080300383066 | 4412892018 | 687/04 | 39 35   | 0 00    | 11 67   | 11 67   |
|            | 98436400   | 1Z9178080300383360 | 4412892018 | 923/05 | 39 70   | 0 00    | 14 09   | 14 09   |
|            | 98439400   | 1Z9178080300384163 | 4412892018 | 637/05 | 20 90   | 0 00    | 8 30    | 8 30    |
|            | 98439400   | 1Z9178080300384172 | 4412892018 | 637/05 | 16 20   | 0 00    | 6 93    | 6 93    |
|            | 98439800   | 1Z9178080300383904 | 4412892018 | 436/06 | 36 90   | 0 00    | 17 06   | 17 06   |
|            | 98439800   | 1Z9178080300383913 | 4412892018 | 436/06 | 34 65   | 0 00    | 16 28   | 16 28   |
|            | 98439800   | 1Z9178080300383922 | 4412892018 | 436/06 | 40 65   | 0 00    | 18 58   | 18 58   |
|            | 98439800   | 1Z9178080300383931 | 4412892018 | 436/06 | 31 20   | 0 00    | 15 05   | 15 05   |
|            | 98439800   | 1Z9178080300383940 | 4412892018 | 436/06 | 23 15   | 0 00    | 11 71   | 11 71   |
|            | 98439800   | 1Z9178080300383959 | 4412892018 | 436/06 | 32 30   | 0 00    | 15 46   | 15 46   |
|            | 98439900   | 1Z9178080300383164 | 4412892018 | 080/07 | 37 80   | 0 00    | 20 99   | 20 99   |
|            | 98441100   | 1Z9178080300384028 | 4412892018 | 458/06 | 44 75   | 0 00    | 19 98   | 19 98   |
|            | 98441100   | 1Z9178080300384038 | 4412892018 | 458/06 | 43 20   | 0 00    | 19 64   | 19 64   |
|            | 98441100   | 1Z9178080300384047 | 4412892018 | 458/06 | 19 00   | 0 00    | 9 61    | 9 61    |
|            | 98441100   | 1Z9178080300384056 | 4412892018 | 458/06 | 12 70   | 0 00    | 7 18    | 7 18    |
|            | 98442300   | 1Z9178080300384074 | 4412892018 | 464/06 | 0 60    | 0 00    | 4 02    | 4 02    |
|            | 98442900   | 1Z9178080300384065 | 4412892018 | 926/05 | 6 00    | 0 00    | 5 13    | 5 13    |
|            | 98448700   | 1Z9178080300383128 | 4412892018 | 716/05 | 52 70   | 0 00    | 17 75   | 17 75   |
|            | 98448700   | 1Z9178080300383137 | 4412892018 | 716/05 | 33 00   | 0 00    | 11 92   | 11 92   |
|            | 98459500   | 1Z9178080300384216 | 4412892018 | 018/07 | 23 85   | 0 00    | 14 00   | 14 00   |
|            | 98459500   | 1Z9178080300384225 | 4412892018 | 018/07 | 15 00   | 0 00    | 9 62    | 9 62    |
|            | 98459600   | 1Z9178080300384314 | 4412892018 | 142/06 | 19 45   | 0 00    | 10 03   | 10 03   |
|            | 98459600   | 1Z9178080300384323 | 4412892018 | 142/06 | 18 75   | 0 00    | 9 61    | 9 61    |
|            | 98459700   | 1Z9178080300384234 | 4412892018 | 760/05 | 20 65   | 0 00    | 8 30    | 8 30    |
|            | 98459900   | 1Z9178080300384207 | 4412892018 | 906/05 | 29 55   | 0 00    | 10 99   | 10 99   |
|            | 98460000   | 1Z9178080300384252 | 4412892018 | 300/06 | 22 95   | 0 00    | 11 29   | 11 29   |
|            | 98460000   | 1Z9178080300384261 | 4412892018 | 300/06 | 13 80   | 0 00    | 7 58    | 7 58    |
|            | 98460100   | 1Z9178080300384243 | 4412892018 | 381/06 | 28 30   | 0 00    | 13 81   | 13 81   |
|            | 98460200   | 1Z9178080300384109 | 4412892018 | 704/06 | 27 80   | 0 00    | 13 39   | 13 39   |
|            | 98460500   | 1Z9178080300384127 | 4412892018 | 080/07 | 21 60   | 0 00    | 13 02   | 13 02   |
|            | 98460500   | 1Z9178080300384136 | 4412892018 | 080/07 | 13 50   | 0 00    | 9 11    | 9 11    |
|            | 98460600   | 1Z9178080300384305 | 4412892018 | 841/04 | 25 10   | 0 00    | 8 24    | 8 24    |
|            | 98460800   | 1Z9178080300384270 | 4412892018 | 060/07 | 35 40   | 0 00    | 19 97   | 19 97   |
|            | 98460800   | 1Z9178080300384289 | 4412892018 | 060/07 | 10 65   | 0 00    | 7 58    | 7 58    |
|            | 98460900   | 1Z9178080300384298 | 4412892018 | 336/07 | 32 50   | 0 00    | 18 44   | 18 44   |

Actual Ship Date 2/10/03

Sort By Carrier Detail

| CARRIER      | PACKAGE ID   | TRACKING NO        | PICKUP NO  | ZIP/ZN  | ACT WGT | ALT CHG | SHP CHG | TOT CHG |
|--------------|--------------|--------------------|------------|---------|---------|---------|---------|---------|
| UPS Ground   | 98461100     | 1Z9178080300384118 | 4412892018 | 207/07  | 25 30   | 0 00    | 14 96   | 14 96   |
|              | 98461700     | 1Z9178080300383404 | 4412892018 | 980/05  | 19 30   | 0 00    | 7 96    | 7 96    |
|              | 98461800     | 1Z9178080300384092 | 4412892018 | 391/06  | 25 05   | 0 00    | 12 55   | 12 55   |
|              | 98462000     | 1Z9178080300383422 | 4412892018 | 260/06  | 27 85   | 0 00    | 13 39   | 13 39   |
|              | 98462100     | 1Z9178080300383413 | 4412892018 | 019/07  | 31 25   | 0 00    | 17 92   | 17 92   |
| TOTAL        | 132 PACKAGES |                    |            |         | 3395 10 | 0 00    | 1551 40 | 1551 40 |
| UPS Next Day | 98391500     | 1Z9178080100040760 | 4412892018 | 637/105 | 27 15   | 0 00    | 79 25   | 79 25   |
|              | 98391500     | 1Z9178080100040779 | 4412892018 | 637/105 | 28 00   | 0 00    | 79 25   | 79 25   |
|              | 98391500     | 1Z9178080100040788 | 4412892018 | 637/105 | 12 50   | 0 00    | 52 75   | 52 75   |
|              | 98391500     | 1Z9178080100040797 | 4412892018 | 637/105 | 26 25   | 0 00    | 77 50   | 77 50   |
|              | 983945800    | 1Z9178080100040804 | 4412892018 | 331/108 | 49 95   | 0 00    | 136 25  | 136 25  |
|              | 98423400     | 1Z9178080100040813 | 4412892018 | 076/107 | 11 90   | 0 00    | 57 25   | 57 25   |
| TOTAL        | 6 PACKAGES   |                    |            |         | 155 75  | 0 00    | 482 25  | 482 25  |
| GRAND TOTAL  | 144 PACKAGES |                    |            |         | 3682 80 | 0 00    | 2267 45 | 2267 45 |

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 335 1  
**Service Type** GROUND  
**Delivered on** Feb 12, 2003 9 10 A M  
**Delivered to** 8301 FRUITRIDGE RD  
SACRAMENTO, CA, US 95826  
**Signed by** AUSTIN

A handwritten signature in black ink, appearing to be 'Austin', written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 36 P M Eastern Time (USA)



**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 334 2  
**Service Type** GROUND  
**Delivered on** Feb 12, 2003 9 10 A M  
**Delivered to** 8301 FRUITRIDGE RD  
SACRAMENTO, CA, US 95826  
**Signed by** AUSTIN

A handwritten signature in black ink, appearing to read "Austin", is written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 36 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 332 4  
**Service Type** GROUND  
**Delivered on** Feb 12 2003 9 10 A M  
**Delivered to** 8301 FRUITRIDGE RD  
SACRAMENTO, CA, US 95826  
**Signed by** AUSTIN

A handwritten signature in black ink, appearing to be 'Austin', is written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 36 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 333 3  
**Service Type** GROUND  
**Delivered on** Feb 12, 2003 9 10 A M  
**Delivered to** 8301 FRUITRIDGE RD  
SACRAMENTO, CA, US 95826  
**Signed by** AUSTIN

A handwritten signature in black ink, appearing to be 'AUSTIN', written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5 2003 4 36 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 331 5  
**Service Type** GROUND  
**Delivered on** Feb 12, 2003 9 10 A M  
**Delivered to** 8301 FRUITRIDGE RD  
SACRAMENTO, CA, US 95826  
**Signed by** AUSTIN

A handwritten signature in black ink, appearing to be 'Austin', is written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 35 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 329 9  
**Service Type** GROUND  
**Delivered on** Feb 12, 2003 9 10 A M  
**Delivered to** 8301 FRUITRIDGE RD  
SACRAMENTO, CA US 95826  
**Signed by** AUSTIN

A handwritten signature in black ink, appearing to be 'Austin', written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 35 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 330 6  
**Service Type** GROUND  
**Delivered on** Feb 12 2003 9 10 A M  
**Delivered to** 8301 FRUITRIDGE RD  
SACRAMENTO, CA, US 95826  
**Signed by** AUSTIN

A handwritten signature in black ink, appearing to be 'Austin', is written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 35 P M Eastern Time (USA)



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221 6333

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

FLEMING LA CROSSE  
322 CAUSEWAY BVLD  
LA CROSSE  
USA

WI  
54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

*Thank you for your order.*

**CUSTOMER COPY**

**INVOICE TOTAL**

\$3,404.70

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE

**STRAIGHT BILL OF LADING - SHORT FORM** NOT NEGOTIABLE

RECEIVED subject to the classifications and tariffs in effect on the date of issue of this original Bill of Lading

**PHARMAVITE LLC**

25045 AVENUE TIBBITTS SANTA CLARITA CA 91355

Pharmavite LLC  
25045 Avenue Tibbetts  
Santa Clarita California 91355  
(818) 221-6200  
FAX (805) 294 3661ON COLLECT FROM DELIVERY SHIPMENTS THE LETTERS C O D MUST APPEAR  
BEFORE CONSIGNEE S NAME OR AS OTHERWISE PROVIDED IN ITEM 430 SEC 1

|                                                                                                                  |                                                                 |                                    |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|
| <b>CONSIGNEE AND DESTINATION</b><br><br>FLEMING LA CROSSE<br><br>322 CAUSEWAY BULD<br>LA CROSSE, WI 54603<br>USA | <b>CARRIER/SCAC CODES</b><br><br>YFSV                           | <b>CARRIER PRO NUMBER</b><br><br>  |
|                                                                                                                  | <b>SHIPPER CONTROL NO.</b><br><br>980546                        | <b>ACCOUNT NUMBER</b><br><br>51840 |
|                                                                                                                  | <b>P.O. NO.</b><br>988228                                       | <b>DATE SHIPPED</b><br>2/12/03     |
|                                                                                                                  | <b>STANDARD INSTRUCTIONS:</b><br>FOR CARR COMU 608-785-13<br>30 |                                    |
| <b>CARRIER INSTRUCTIONS:</b> Ship To Arrive By 2/24/2003                                                         |                                                                 |                                    |

| H/M                                                                                                                                                                                                                                                                                     | CTN           | DESCRIPTION          | PALLET SERIAL NUMBER (SSC) | NMFC             | WEIGHT     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|----------------------------|------------------|------------|
|                                                                                                                                                                                                                                                                                         | 15            | DRUGS, RUNX 52 30 LB | 00100316040002189551       | 60000            | 234        |
|                                                                                                                                                                                                                                                                                         | 11            | DRUGS, RUNX 52 30 LB | 00100316040002189773       | 60000            | 171        |
| <div><div>\$ 109.90</div><div><b>YELLOW</b><br/>202 SUV 111 670351 0<br/>THANK YOU FOR SHIPPING YELLOW<br/>1-800 610 6500<br/>SINGLE SHIPMENT<br/>This shipment is bound by the terms and conditions of the Uniform Straight Bill of Lading included in the NMFC 100 series</div></div> |               |                      |                            |                  |            |
|                                                                                                                                                                                                                                                                                         |               |                      |                            |                  |            |
| <b>FOR CARRIER BILLING USE</b>                                                                                                                                                                                                                                                          |               |                      |                            |                  |            |
|                                                                                                                                                                                                                                                                                         |               |                      | <b>TOTAL PALLETS</b>       | <b>Pallets 2</b> | <b>70</b>  |
| <b>26</b>                                                                                                                                                                                                                                                                               | <b>TOTALS</b> |                      |                            |                  | <b>475</b> |

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

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

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

The law also requires that this shipment conform to the specifications set forth in the box master's certificate thereon and all over requirements of Consolidated Freight Classification.

Shipper's intent in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

|                                              |       |    |    |    |                                     |           |                                           |                                                                                         |
|----------------------------------------------|-------|----|----|----|-------------------------------------|-----------|-------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>SHIPPER REFERENCE NOT FOR CARRIER USE</b> |       |    |    |    | <b>C.O.D. CHARGE TO BE PAID BY:</b> |           | <b>COD AMT \$</b><br>202 SUV 111 670351 0 | <b>IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE TO BE PREPAID</b><br><b>PREPAID</b> |
| PRODUCT CODE                                 | DV    | PS | PS | PS | SHIPPER                             | CONSIGNEE |                                           |                                                                                         |
| 010                                          | 3,783 |    |    |    |                                     |           |                                           |                                                                                         |

INCLUDE SHIPPER CONTROL NUMBER ON INVOICE and Forward IN DUPLICATE for payment

TO PHARMAVITE LLC  
TRAFFIC DEPT  
25045 AVENUE TIBBITTS  
SANTA CLARITA CALIFORNIA 91355PERMANENT POST OFFICE ADDRESS OF SHIPPER  
PHARMAVITE LLC 25045 AVENUE TIBBITTS SANTA CLARITA CALIFORNIA 91355SHIPPER, PER *A. Lopez*

AGENT

PER

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS

1



|                                                                                                         |  |                                                                                                                                           |  |                       |                                            |
|---------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--------------------------------------------|
| <b>YELLOW</b> YELLOW TRANSPORTATION (VPSY) FED ID #44-0594708                                           |  | DO NOT WRITE OR STAMP ON BAR CODE                                                                                                         |  | 02/18/03<br>19:05 050 | 09 T 01<br>CALL FOR APPT<br>779-3746 OPT 1 |
| FREIGHT BILL NUMBER<br>111-670331                                                                       |  | ORIGINAL DELIVERY RECEIPT                                                                                                                 |  | 1116057               |                                            |
| BILL DATE 02/12/03<br>DEST/ORG LCM/SUV                                                                  |  | CHECK DEBIT                                                                                                                               |  | CITY TRLR             |                                            |
| STIERING CO LACROSSE DIV<br>322 CAUSEWAY BLVD<br>LACROSSE WI 54603<br>*** CONSIGNEE PHN ***608-785-1330 |  | QUESTIONS? CONTACT CUSTOMER SERVICE 24 HOURS A DAY AT<br><b>1-800-610-6500</b>                                                            |  | DOCK LOC              |                                            |
| PHARMATEC CORP<br>15045 AVENUE IDBIBITS<br>VALENCIA CA 91355<br>*** SHIPPERS PHN ***818-221-6200        |  | YOU MAY REQUEST PICKUPS, TRACE SHIPMENTS OR LEARN MORE ABOUT OUR OTHER SERVICES AT <a href="http://www.myyellow.com">www.myyellow.com</a> |  | LDR PCS DATE          |                                            |
| SHIPPER # 980246                                                                                        |  | SPECIAL INSTRUCTIONS                                                                                                                      |  | DELIVERED BY          |                                            |
| DESCRIPTION                                                                                             |  | CLASS                                                                                                                                     |  | WEIGHT LBS            |                                            |
| SHRINKWRAP PAILLET(4) (SIL 26 C5)                                                                       |  |                                                                                                                                           |  | 70 40%                |                                            |
| DRUG ITEM 40000 2 15/18                                                                                 |  |                                                                                                                                           |  | 70 70                 |                                            |
| // FOODSTUFF                                                                                            |  |                                                                                                                                           |  | 70 500                |                                            |
| // PW PALLET WEIGHT                                                                                     |  |                                                                                                                                           |  |                       |                                            |
| FUEL SURCHARGE                                                                                          |  |                                                                                                                                           |  |                       |                                            |
| *PALLET NBR = 2 WGT = 104                                                                               |  |                                                                                                                                           |  |                       |                                            |
| ***** SHIPPER LOAD AND COUNT *****                                                                      |  |                                                                                                                                           |  |                       |                                            |
| 111 PCS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY                                                   |  | COD AMT                                                                                                                                   |  | TTL WEIGHT LBS        |                                            |
| PPD NEXT PAGE                                                                                           |  |                                                                                                                                           |  |                       |                                            |

|                                                                                                         |  |                                                                                                                                           |  |                       |                                                        |
|---------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--------------------------------------------------------|
| <b>YELLOW</b> YELLOW TRANSPORTATION (VPSY) FED ID #44-0594708                                           |  | DO NOT WRITE OR STAMP ON BAR CODE                                                                                                         |  | 02/18/03<br>19 05 050 | AUTOCODE<br>09 T 01<br>CALL FOR APPT<br>779-3746 OPT 1 |
| FREIGHT BILL NUMBER<br>111-670331                                                                       |  | ORIGINAL DELIVERY RECEIPT                                                                                                                 |  | 1116057               |                                                        |
| BILL DATE 02/12/03<br>DEST/ORG LCM/SUV                                                                  |  | CHECK DEBIT                                                                                                                               |  | CITY TRLR             |                                                        |
| STIERING CO LACROSSE DIV<br>322 CAUSEWAY BLVD<br>LACROSSE WI 54603<br>*** CONSIGNEE PHN ***608-785-1330 |  | QUESTIONS? CONTACT CUSTOMER SERVICE 24 HOURS A DAY AT<br><b>1-800-610-6500</b>                                                            |  | DOCK LOC              |                                                        |
| PHARMATEC CORP<br>15045 AVENUE IDBIBITS<br>VALENCIA CA 91355<br>*** SHIPPERS PHN ***818-221-6200        |  | YOU MAY REQUEST PICKUPS, TRACE SHIPMENTS OR LEARN MORE ABOUT OUR OTHER SERVICES AT <a href="http://www.myyellow.com">www.myyellow.com</a> |  | LDR PCS DATE          |                                                        |
| SHIPPER # 980246                                                                                        |  | SPECIAL INSTRUCTIONS                                                                                                                      |  | DELIVERED BY          |                                                        |
| DESCRIPTION                                                                                             |  | CLASS                                                                                                                                     |  | WEIGHT LBS            |                                                        |
| ***** DO NOT BREAK STRETCH WRAPPING *****                                                               |  |                                                                                                                                           |  |                       |                                                        |
| ***** INDIVIDUAL CARTONS NOT LABELED *****                                                              |  |                                                                                                                                           |  |                       |                                                        |
| *****                                                                                                   |  |                                                                                                                                           |  |                       |                                                        |
| 111 PCS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY                                                   |  | COD AMT                                                                                                                                   |  | TTL WEIGHT LBS        |                                                        |
| 21 X                                                                                                    |  |                                                                                                                                           |  | 475 PPD               |                                                        |
|                                                                                                         |  |                                                                                                                                           |  | TTL FREIGHT CHARGE    |                                                        |

NOTICE Yellow Transportation Inc authorizes you to use Yellow imaging systems solely to obtain information concerning shipments tendered by or for you to Yellow for delivery and for no other purpose. Any other use of Yellow imaging systems and information is strictly prohibited. While Yellow Transportation Inc allows access to these documents only to parties identified on our freight bill we cannot guarantee the confidentiality of documents provided over the Internet and Yellow Transportation Inc shall have no responsibility for any damages of any nature stemming from such lack of confidentiality.

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**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221-6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING INC  
CTP/MEMPHIS GMD  
PO BOX 268865  
OKLAHOMA CITY  
USA

OK  
73126-8865

FLEMING COMPANIES INC  
MEMPHIS GMD DIV  
4688 HUNGERFORD RD  
MEMPHIS  
USA

TN  
38118-7003

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

*Thank you for your order.*

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

**CUSTOMER COPY**

**INVOICE TOTAL**

\$785.70

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 OR 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

9/05/03 **DISPLAY**  
11 29 47  
**Shipment #** 982256

Pharmavite Corporation  
**Tracking Numbers for this Shipment**  
**Ship Date** 2/14/03

HALAD  
PJI4DFR  
PHARM

| <b>Tracking Number</b> | <b>Weight</b> | <b>Package #</b> |
|------------------------|---------------|------------------|
| 1Z9178080300387044     | 17 00         | 1 of 6           |
| 1Z9178080300387053     | 16 00         | 2 of 6           |
| 1Z9178080300387062     | 16 00         | 3 of 6           |
| 1Z9178080300387071     | 16 00         | 4 of 6           |
| 1Z9178080300387080     | 17 00         | 5 of 6           |
| 1Z9178080300387099     | 17 00         | 6 of 6           |

CMD 1-Exit

**Bottom**

**DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 709 9  
**Service Type** GROUND  
**Delivered on** Feb 21, 2003 10 34 A M  
**Delivered to** 4688 HUNGERFORD RD  
MEMPHIS, TN, US 38118  
**Signed by** JONES

A handwritten signature in black ink that reads 'John Jones'. The signature is written in a cursive, flowing style.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 26 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 708 0  
**Service Type** GROUND  
**Delivered on** Feb 21, 2003 10 34 A M  
**Delivered to** 4688 HUNGERFORD RD  
MEMPHIS TN, US 38118  
**Signed by** JONES

A handwritten signature in black ink that reads "John Jones".

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 26 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 707 1  
**Service Type** GROUND  
**Delivered on** Feb 21, 2003 10 34 A M  
**Delivered to** 4688 HUNGERFORD RD  
MEMPHIS, TN US 38118  
**Signed by** JONES

A handwritten signature in black ink that reads 'John Jones'. The signature is written in a cursive, flowing style.

**Location** DOCK

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Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 26 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 706 2  
**Service Type** GROUND  
**Delivered on** Feb 21 2003 10 34 A M  
**Delivered to** 4688 HUNGERFORD RD  
MEMPHIS, TN, US 38118  
**Signed by** JONES

A handwritten signature in black ink that reads "John Jones".

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5 2003 4 26 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

|                        |                                             |
|------------------------|---------------------------------------------|
| <b>Tracking Number</b> | 1Z 917 808 03 0038 704 4                    |
| <b>Service Type</b>    | GROUND                                      |
| <b>Delivered on</b>    | Feb 21, 2003 10 34 A M                      |
| <b>Delivered to</b>    | 4688 HUNGERFORD RD<br>MEMPHIS, TN, US 38118 |
| <b>Signed by</b>       | JONES                                       |

A handwritten signature in black ink that reads 'John Jones'. The signature is written in a cursive, flowing style.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 25 P M Eastern Time (USA)



**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 705 3  
**Service Type** GROUND  
**Delivered on** Feb 21, 2003 10 34 A M  
**Delivered to** 4688 HUNGERFORD RD  
MEMPHIS, TN US 38118  
**Signed by** JONES

A handwritten signature in black ink that reads 'John Jones'. The signature is written in a cursive, flowing style.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 26 P M Eastern Time (USA)



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 50147    | 241846      | 2/18/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING INC  
 CTP/MEMPHIS GMD  
 PO BOX 268865  
 OKLAHOMA CITY  
 USA

OK  
 73126-8865

SHIPP TO

FLEMING COMPANIES INC  
 MEMPHIS GMD DIV  
 4688 HUNGERFORD RD  
 MEMPHIS  
 USA

TN  
 38118-7003

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 2

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|--------|
| P O # 463865-MG                   |              | 984362    | RDWY                                 | 2% 30, NET 31 | 080      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |        |
| 1                                 | 1162         | 180       | VITAMIN E 400IU DLA                  | 174 96        |          | 174 96 |
| 1                                 | 1205         | 100       | LECITHIN 437MG CAPS                  | 91.92         |          | 91.92  |
| 2                                 | 1264         | 60        | VITAMIN C 1000MG W/ROSE HIPS         | 95 52         |          | 191 04 |
| 1                                 | 1277         | 100       | ZINC 30MG (GLUCONATE)                | 60.96         |          | 60.96  |
| 1                                 | 1284         | 100       | VITAMIN B-6 50MG                     | 65 04         |          | 65 04  |
| 1                                 | 1285         | 100       | VITAMIN B-6 100MG                    | 93.36         |          | 93.36  |
| 1                                 | 1290         | 100       | VITAMIN B-12 500MCG                  | 97 68         |          | 97 68  |
| 1                                 | 1368         | 30        | GINSENG 250MG EQUIVALENT             | 114.96        |          | 114.96 |
| 1                                 | 1419         | 100       | ESSENTIAL DAILY                      | 107 28        |          | 107 28 |
| 2                                 | 1426         | 100       | IRON 65MG                            | 61.44         |          | 122.88 |
| 7                                 | 1441         | 100       | ODORLESS GARLIC 1250MG EQUIV         | 129 36        |          | 905 52 |
| 1                                 | 1473         | 60        | CALCIUM 600MG W/D                    | 90.00         |          | 90.00  |
| 1                                 | 1484         | 100       | VITAMIN C 500MG CAPLET T/R           | 95 04         |          | 95 04  |
| 1                                 | 1486         | 250       | VITAMIN C 500MG                      | 125.52        |          | 125.52 |
| 2                                 | 1496         | 60        | CHEWABLE VIT C 500MG                 | 86 16         |          | 172 32 |
| 1                                 | 1635         | 60        | BALANCED B-50 T/R                    | 112 56        |          | 112 56 |
| 1                                 | 1645         | 60        | VITAMIN C 500MG W/RH TR              | 73 20         |          | 73 20  |
| 1                                 | 1669         | 60        | GLUCOSAMINE 500MG                    | 210 96        |          | 210 96 |
| 1                                 | 1678         | 100       | CHROMIUM PICOLINATE                  | 94 80         |          | 94 80  |
| 3                                 | 1681         | 100       | L-LYSINE 500MG                       | 97 44         |          | 292 32 |
| 1                                 | 1791         | 90        | ESSENTIAL WOMAN                      | 143 76        |          | 143 76 |
| 1                                 | 1796         | 90        | ESSENTIAL WOMAN 50+                  | 143 76        |          | 143 76 |
|                                   |              |           |                                      |               |          |        |
|                                   |              |           |                                      |               |          |        |
|                                   |              |           |                                      |               |          |        |
|                                   |              |           |                                      |               |          |        |
|                                   |              |           |                                      |               |          |        |

FOB ORIGIN

Thank you for your order.

CUSTOMER COPY

INVOICE TOTAL

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

PLEASE CHECK YOUR ORDER IMMEDIATELY ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 OR 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221 6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING INC  
CTP/MEMPHIS GMD  
PO BOX 268865  
OKLAHOMA CITY  
USA

FLEMING COMPANIES INC  
MEMPHIS GMD DIV  
4688 HUNGERFORD RD  
MEMPHIS  
USA

TN  
38118-7003

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 2 OF 2

**FOB ORIGIN**

*Thank you for your order.*

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**CUSTOMER COPY**

**INVOICE TOTAL**

\$4,121.52

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

**STRAIGHT BILL OF LADING - SHORT FORM** NOT NEGOTIABLE

RECEIVED subject to the classifications and tariffs in effect on the date of issue of this original Bill of Lading

**PHARMAVITE LLC**

25045 AVENUE TIBBITTS, SANTA CLARITA CA 91355

Pharmavite LLC  
25045 Avenue Tibbetts  
Santa Clarita California 91355  
(818) 221 6200  
FAX (805) 294 3661ON COLLECT FROM DELIVERY SHIPMENTS THE LETTERS C O D MUST APPEAR  
BEFORE CONSIGNEE'S NAME OR AS OTHERWISE PROVIDED IN ITEM 430 SEC 1**CONSIGNEE AND DESTINATION**FLEMING COMPANIES INC  
MEMPHIS GND DIV  
4688 HUNGERFORD RD  
MEMPHIS, TN 38118-7003  
USA**CARRIER/SCAC CODES**

RDWY

**SHIPPER CONTROL NO.**

984362

P.O.  
NO.

463865-#6


**CARRIER PRO NUMBER****ACCOUNT NUMBER**

50147

DATE  
SHIPPED

2/18/03

**CARRIER INSTRUCTIONS:** Ship to Arrive By 2/20/2003**STANDARD INSTRUCTIONS:**APPT(901)797-3916 16-11AM  
115 CASES OR LESS RPSI OK

| H/M                                                                                                                                                                                                                                                    | CTN | DESCRIPTION          | PALLET SERIAL NUMBER (SSC) | NMFC    | FREIGHT<br>CLASS | WEIGHT |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------|----------------------------|---------|------------------|--------|
|                                                                                                                                                                                                                                                        | 42  | DRUGS, RUNX 52 30 LB | 00100316040002197075       | 60000   | 70               | 248    |
| FOR SHIPMENT STATUS CALL 1-800-ROADWAY                                                                                                                                                                                                                 |     |                      |                            |         |                  |        |
| 827  827-907400-X                                                                                                                                                   |     |                      |                            |         |                  |        |
| Roadway's tariffs are incorporated herein (copies available upon request). Roadway's tariffs limit its liability. This shipment is subject to the terms and conditions of the Uniform Straight Bill of Lading as stated in the NMFC 100 series tariff. |     |                      |                            |         |                  |        |
| FOR CARRIER BILLING USE                                                                                                                                                                                                                                |     |                      |                            |         |                  |        |
|                                                                                                                                                                                                                                                        |     |                      | TOTAL PALLETS              | Pallets | 1                | 35     |
| 42                                                                                                                                                                                                                                                     |     |                      | <b>TOTALS</b>              |         |                  | 283    |

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

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

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

The form codes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all over requirements of Consolidated Freight Classification.

Shipper's Import in lieu of stamps, not a part of bill of lading approved by the Interstate Commerce Commission.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

| SHIPPER REFERENCE NOT FOR CARRIER USE |       |    |    |    |
|---------------------------------------|-------|----|----|----|
| PRODUCT CODE                          | DV    | PS | PS | PS |
| 010                                   | 4,181 |    |    |    |

**C.O.D. CHARGE TO BE PAID BY:**

SHIPPER

CONSIGNEE

C.O.D. AMT \$

IF CHARGES ARE TO BE  
PREPAID WRITE OR  
STAMP HERETO BE PREPAID  
**PREPAID**

INCLUDE SHIPPER CONTROL NUMBER ON INVOICE and Forward IN DUPLICATE for payment

TO PHARMAVITE LLC  
TRAFFIC DEPT  
25045 AVENUE TIBBITTS  
SANTA CLARITA CALIFORNIA 91355

275168 (1) SLL

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
PHARMAVITE LLC 25045 AVENUE TIBBITTS SANTA CLARITA, CALIFORNIA 91355

SHIPPER, PER

AGENT

PER

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
MARK WITH 'X' TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS

1

|                                                                                       |             |           |                 |             |
|---------------------------------------------------------------------------------------|-------------|-----------|-----------------|-------------|
| ROADWAY EXPRESS, INC.<br>P.O. BOX 471 AURORA, OH 44202-0471<br>(RDWY) (EN 84-0422570) |             | OR        | ITEM/TENDER NO. | PAGE        |
| ROWY PU DATE                                                                          | DESTINATION | RATE CODE |                 |             |
| 2-18-03                                                                               | 431-1       | 7A2       | 607 478         | 01 OF 02    |
| NO. DEPT NO.                                                                          |             |           |                 | BEY CL CODE |
| 463865-MG                                                                             |             | SHIP CODE | 4117            | BEY CL AMT  |
| PHARMAVITE                                                                            |             | SERVICE   | EXCEP           |             |
| 25045 AVENUE TIBBETTS                                                                 |             |           |                 |             |
| SANTA CLARITA CA 91355                                                                |             |           |                 |             |
| FLEMING COMPANIES INC                                                                 |             | CONS CODE |                 |             |
| MEMPHIS GMD DIV                                                                       |             | 5038      |                 |             |
| 4688 HUNGERFORD RD                                                                    |             | CAMG BOO  |                 |             |
| MEMPHIS TN 38118                                                                      |             |           |                 |             |
| SEE FINAL PAGE                                                                        |             |           |                 |             |

PRO  
NO

827-907400-X

\*\*\*\*



ORG  
827

ROADWAY'S TARIFFS LIMIT ITS LIABILITY  
ALL FREIGHT RECEIVED IN GOOD ORDER AND  
SHRINKWRAP/BANDING INTACT UNLESS NOTED  
BELOW THANK YOU! ROADWAY EXPRESS, INC

PLEASE SIGN HERE DATE TIME

|         |        |    |          |        |    |      |         |
|---------|--------|----|----------|--------|----|------|---------|
| UNIT NO | CHKR # | HU | LOCATION | CHKR # | HU | DOOR | UNIT NO |
| 273440  |        |    |          |        |    |      |         |

|                 |                |
|-----------------|----------------|
| OR GBL NO.      | SEE FINAL PAGE |
| 00984362        |                |
| RO 827-907400-X |                |

CH  
TR  
AS  
LES

SEE  
FINAL PAGE

| NO | HU  | PKG  | HM | DESCRIPTION OF ARTICLES                                                                                                                                                                                          | CODE | WEIGHT (LB) | RATE | CHARGES |
|----|-----|------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|------|---------|
| 1  | PLT |      |    | ***** FOODSTUFFS *****<br>FOODSTUFFS-DO NOT LOAD WITH POISONS<br>DRUGS RVNX \$2 30 PER LB<br>NMFC=06000000 CLC70<br>STC 42 CTN<br>PERCENT DISCOUNT<br>NOTIFY BEFORE DELIVERY FEE<br>GENERAL SURCHARGE (FUEL/FRT) | C70  | 283         |      |         |
| 1  | TTL | //// |    |                                                                                                                                                                                                                  | TTL  | 283         |      | PPD     |

DELIVERY RECEIPT

|                                                                                       |             |           |                 |             |
|---------------------------------------------------------------------------------------|-------------|-----------|-----------------|-------------|
| ROADWAY EXPRESS, INC.<br>P.O. BOX 471 AURORA, OH 44202-0471<br>(RDWY) (EN 84-0422570) |             | OR        | ITEM/TENDER NO. | PAGE        |
| ROWY PU DATE                                                                          | DESTINATION | RATE CODE |                 |             |
| 2-18-03                                                                               | 431-1       | 7A2       | 607 478         | 02 OF 02    |
| NO. DEPT NO.                                                                          |             |           |                 | BEY CL CODE |
| 463865-MG                                                                             |             | SHIP CODE | 4117            | BEY CL AMT  |
| PHARMAVITE                                                                            |             | SERVICE   | EXCEP           |             |
| 25045 AVENUE TIBBETTS                                                                 |             | MON 24    |                 |             |
| SANTA CLARITA CA 91355                                                                |             | CONS CODE |                 |             |
| FLEMING COMPANIES INC                                                                 |             | 5038      |                 |             |
| MEMPHIS GMD DIV                                                                       |             | 0 032     |                 |             |
| 4688 HUNGERFORD RD                                                                    |             | CAMG BOO  |                 |             |
| MEMPHIS TN 38118                                                                      |             |           |                 |             |
| DEL PROB 818-899-9581 HOT RUSH FRT<br>SW MUST BE INTACT @-DEL CALL 827 PR             |             |           |                 |             |

PRO  
NO

827-907400-X

ORG  
827

ROADWAY'S TARIFFS LIMIT ITS LIABILITY  
ALL FREIGHT RECEIVED IN GOOD ORDER AND  
SHRINKWRAP/BANDING INTACT UNLESS NOTED  
BELOW THANK YOU! ROADWAY EXPRESS, INC.

PLEASE SIGN HERE DATE TIME

|         |        |    |          |        |    |      |         |
|---------|--------|----|----------|--------|----|------|---------|
| UNIT NO | CHKR # | HU | LOCATION | CHKR # | HU | DOOR | UNIT NO |
| 273440  | 951    |    | MH-HUNG  | 951    |    | 53BY | 537278  |

|                 |                |
|-----------------|----------------|
| OR GBL NO.      | SEE FINAL PAGE |
| 00984362        |                |
| RO 827-907400-X |                |

CH  
TR  
AS  
LES

| NO | HU | PKG | HM | DESCRIPTION OF ARTICLES                                         | CODE | WEIGHT (LB) | RATE | CHARGES |
|----|----|-----|----|-----------------------------------------------------------------|------|-------------|------|---------|
|    |    |     |    | SLC<br>C- 901-797-3916<br>REF# 50147<br>PO=463865-MG U=42 W=283 |      |             |      |         |
|    |    |     |    |                                                                 | PODP |             |      |         |

DELIVERY RECEIPT

|        |            |                    |            |               |
|--------|------------|--------------------|------------|---------------|
| ADV CL | CL PU DATE | ADV CL FRT BILL NO | ADV CL AMT | DUE FM ADV CL |
|--------|------------|--------------------|------------|---------------|

|        |            |                    |            |               |
|--------|------------|--------------------|------------|---------------|
| ADV CL | CL PU DATE | ADV CL FRT BILL NO | ADV CL AMT | DUE FM ADV CL |
|--------|------------|--------------------|------------|---------------|



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 50104    | 242038      | 2/19/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
 CTP/TOPEKA GMD DIVISION  
 PO BOX 268862  
 OKLAHOMA CITY  
 USA

OK  
 73124-

SHIP TO

FLEMING GMD  
 7215 SOUTH TOPEKA BLVD  
 TOPEKA  
 USA

KS  
 66619-1423

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 3

| PURCHASE ORDER / REFERENCE NUMBER |          | ORDER NO. | SHIPPED VIA                                 | TERMS         | SALESMAN |          |
|-----------------------------------|----------|-----------|---------------------------------------------|---------------|----------|----------|
| P O # 624045-TG                   |          | 985005    | RDWY                                        | 2% 30, NET 31 | 065      |          |
| QUANTITY                          | ITEM NO. | SIZE      | DESCRIPTION                                 | NET PRICE     | *        | AMOUNT   |
|                                   |          |           | NATURE MADE FOOD WHOLESALE REG202740        |               |          |          |
|                                   |          |           | PRODUCT LINE - SAM-E                        |               |          |          |
| 4                                 | 1100     | 12        | SAM-E 400MG                                 | 169 32        |          | 677 28   |
|                                   |          |           | PRODUCT LINE - NATURE MADE                  |               |          |          |
| 5                                 | 1015     | 30        | WOMEN'S 30 DAY PACK                         | 40 56         |          | 202 80   |
| 16                                | 1020     | 30        | DIABETES HEALTH 30 DAY PACK                 | 55 80         |          | 892 80   |
| 8                                 | 1025     | 30        | MEN'S 30 DAY PACK                           | 40 56         |          | 324 48   |
| 4                                 | 1205     | 100       | LECITHIN 437MG CAPS                         | 91 92         |          | 367 68   |
| 1                                 | 1235     | 30        | VITAMIN E 1000IU D-ALPHA                    | 170 88        |          | 170 88   |
| 1                                 | 1264     | 60        | VITAMIN C 1000MG W/ROSE HIPS                | 95 52         |          | 95 52    |
| 1                                 | 1277     | 100       | ZINC 30MG (GLUCONATE)                       | 60 96         |          | 60 96    |
| 1                                 | 1368     | 30        | GINSENG 250MG EQUIVALENT                    | 114 96        |          | 114 96   |
| 3                                 | 1475     | 60        | CALCIUM CITRATE W/VIT D                     | 100 80        |          | 302 40   |
| 3                                 | 1616     | 30        | COENZYME Q-10 100MG                         | 347 76        |          | 1,043 28 |
| 1                                 | 1622     | 60        | CALCIUM PLUS SOY                            | 143 76        |          | 143 76   |
| 4                                 | 1683     | 60        | MELATONIN 3MG                               | 93 36         |          | 373 44   |
| 3                                 | 1789     | 90        | ESSENTIAL MAN                               | 143 76        |          | 431 28   |
| 2                                 | 1790     | 90        | ESSENTIAL MAN 50+                           | 143 76        |          | 287 52   |
| 1                                 | 1791     | 90        | ESSENTIAL WOMAN                             | 143 76        |          | 143 76   |
| 4                                 | 1796     | 90        | ESSENTIAL WOMAN 50+                         | 143 76        |          | 575 04   |
| 1                                 | 1886     | 300       | CALCIUM 500MG W/D                           | 98 04         |          | 98 04    |
|                                   |          |           | PRODUCT LINE - NATURE'S RESOURCE PREMIUM HE |               |          |          |
| 6                                 | 14018    | 100       | GARLIC 400MG                                | 34 68         |          | 208 08   |
| 3                                 | 14033    | 50        | SAW PALMETTO 80MG CAPSULE                   | 54 00         |          | 162 00   |
| 1                                 | 14100    | 100       | GARLIC 180MG ENTERIC COAT                   | 34 68         |          | 34 68    |
| 3                                 | 14155    | 60        | GINKGO BILOBA 60MG EXTRACT                  | 66 60         |          | 199 80   |
| 1                                 | 14160    | 30        | ECHINACEA 375MG EXTRACT TR                  | 64 68         |          | 64 68    |
| 2                                 | 14161    | 30        | GINSENG, KOREAN 500MG EXT TR                | 64 68         |          | 129 36   |

FOB ORIGIN

Thank you for your order.

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

CUSTOMER COPY

\* INDICATES PROMOTIONAL NET COST. MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE. NOT EVERY DAY COST.

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED, ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

INVOICE TOTAL



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 50104    | 242038      | 2/19/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
 CTP/TOPEKA GMD DIVISION  
 PO BOX 268862  
 OKLAHOMA CITY  
 USA

OK  
 73124-

SHIPP TO

FLEMING GMD  
 7215 SOUTH TOPEKA BLVD  
 TOPEKA  
 USA  
 KS  
 66619-1423

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 2 OF 3

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|--------|
| P O # 624045-TG                   |              | 985005    | RDWY                                 | 2% 30, NET 31 | 065      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |        |
| 1                                 | 14162        | 30        | MILK THISTLE 280MG EXTRACT TR        | 64 68         |          | 64 68  |
| 3                                 | 14163        | 30        | VALERIAN 200MG EXTRACT T/R           | 64.68         |          | 194.04 |
| 2                                 | 14222        | 90        | MACA 500MG                           | 50 28         |          | 100 56 |
| 7                                 | 14224        | 90        | CRANBERRY 405MG                      | 48.60         |          | 340.20 |
| 1                                 | 14230        | 30        | SOY ISOFLAVONES 50MG                 | 46 68         |          | 46 68  |
|                                   |              |           | NM 1ST QTR PROMO WHSL 210900         |               |          |        |
|                                   | PRODUCT LINE |           | - SAM-E                              |               |          |        |
| 1                                 | 1618         | 20        | SAM-E 200MG                          | 152 40 *      |          | 152 40 |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |        |
| 1                                 | 1619         | 60        | CONJUGATED LINOLEIC ACID 500MG       | 194 16 *      |          | 194 16 |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |        |
| 2                                 | 14000        | 100       | GINSENG ROOT, SIBERIAN 410MG         | 31 92 *       |          | 63 84  |
| 2                                 | 14004        | 100       | VALERIAN 400MG                       | 29 76 *       |          | 59 52  |
| 1                                 | 14226        | 75        | ECHINACEA GOLDENSEAL 305MG           | 46 44 *       |          | 46 44  |
| 2                                 | 14231        | 75        | ST JOHN'S WORT HERB EXT 150MG        | 37 44 *       |          | 74 88  |
|                                   | PRODUCT LINE |           | - TRIPLE FLEX                        |               |          |        |
| 1                                 | 1253         | 50        | TRIPLE FLEX                          | 215 76 *      |          | 215 76 |
| 103                               |              |           |                                      |               |          |        |

FOB ORIGIN

CUSTOMER COPY

INVOICE TOTAL

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**STRAIGHT BILL OF LADING - SHORT FORM** NOT NEGOTIABLE  
RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this original Bill of Lading

**PHARMAVITE LLC**  
25045 AVENUE TIBBITTS, SANTA CLARITA, CA 91355

Pharmavite LLC  
25045 Avenue Tibbetts  
Santa Clarita California 91355  
(818) 221 6200  
FAX (805) 294 3661

ON COLLECT FROM DELIVERY SHIPMENTS THE LETTERS C O D MUST APPEAR  
BEFORE CONSIGNEE'S NAME OR AS OTHERWISE PROVIDED IN ITEM 430, SEC 1

|                                                          |  |                                                                                        |  |                                                   |  |
|----------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|---------------------------------------------------|--|
| <b>CONSIGNEE AND DESTINATION</b>                         |  | <b>CARRIER/SCAC CODES</b>                                                              |  | <b>FOR SHIPMENT STATUS<br/>CALL 1-800-ROADWAY</b> |  |
| FLEMING GND                                              |  | RDWY                                                                                   |  | 827-882836-0 PER                                  |  |
| 7215 SOUTH TOPEKA BLVD<br>TOPEKA, KS 66619-1423<br>USA   |  | SHIPPER CONTROL NO.                                                                    |  | ACCOUNT NUMBER                                    |  |
|                                                          |  | 985005-00                                                                              |  | 50104                                             |  |
| <b>CARRIER INSTRUCTIONS:</b> Ship To Arrive By 2/25/2003 |  | P.O. NO. 624045-TG                                                                     |  | DATE SHIPPED 2/19/03                              |  |
|                                                          |  | <b>STANDARD INSTRUCTIONS:</b><br>NO UPS OVER 10 CS/APPT 72<br>HRS IN ADVANCE- USE RDWY |  |                                                   |  |

| H/M | CTN | DESCRIPTION           | PALLET SERIAL NUMBER (SSC) | NMFC  | FOR<br>CLASS | WEIGHT |
|-----|-----|-----------------------|----------------------------|-------|--------------|--------|
|     | 103 | DRUGS, RUMX \$2 30 LB | 00100316040002199284       | 60000 | 70           | 365    |
|     |     |                       | TOTAL PALLETS              |       | Pallets 1    | 35     |
| 103 |     |                       | TOTALS                     |       |              | 400    |

The property described below, in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined in indicated below which said carrier the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract agree to carry to the usual place of delivery at said destination, or on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official Southern, Western and Alaska Freight Classifications in effect on the date hereof; (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment; (3) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

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

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

The above vessel used for this shipment conforms to the specifications set forth in the box maker's certificate thereon, and all over requirements of Consolidated Freight Classification.

Shipper's Import in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

|                                              |    |       |    |    |                                     |           |                                                                                   |
|----------------------------------------------|----|-------|----|----|-------------------------------------|-----------|-----------------------------------------------------------------------------------|
| <b>SHIPPER REFERENCE NOT FOR CARRIER USE</b> |    |       |    |    | <b>C.O.D. CHARGE TO BE PAID BY:</b> |           | <b>IF CHARGES ARE TO BE<br/>PREPAID WRITE OR<br/>STAMP HERE<br/>TO BE PREPAID</b> |
| PRODUCT CODE                                 | DV | PS    | PS | PS | SHIPPER                             | CONSIGNEE |                                                                                   |
| 010                                          |    | 8,747 |    |    |                                     |           | COD AMT \$                                                                        |

INCLUDE SHIPPER CONTROL NUMBER ON INVOICE and Forward IN DUPLICATE for payment

TO PHARMAVITE LLC  
TRAFFIC DEPT  
25045 AVENUE TIBBITTS  
SANTA CLARITA, CALIFORNIA 91355

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
PHARMAVITE LLC 25045 AVENUE TIBBITTS SANTA CLARITA, CALIFORNIA 91355

SHIPPER, PER *[Signature]* AGENT

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS

PER *[Signature]*

1

|                                                                                           |             |           |                    |            |
|-------------------------------------------------------------------------------------------|-------------|-----------|--------------------|------------|
| ROADWAY EXPRESS, INC.<br>P.O. BOX 471, AKRON, OH 44308-0471 GR<br>(RDWY) (EIN 34-0482870) |             |           |                    |            |
| RDWY P/U DATE                                                                             | DESTINATION | RATE CODE | ITEM/TENDER NO.    | PAGE       |
| 02-19-03                                                                                  | 342-3       | /A2       | 607 478            | 01 OF 02   |
| PO NO/DEPT NO                                                                             |             |           | REV CL CODE        |            |
| 624045-TG                                                                                 |             |           |                    |            |
| SHIPPER<br>PHARMAVITE<br>P5045 AVENUE TIBBETTS<br>SANTA CLARITA CA 91355                  |             |           | SHIPR CODE<br>4117 | REV CL AMT |
| CONSIGNEE<br>FLEMING GMD<br>7215 S TOPEKA BLVD<br>TOPEKA KS 66619                         |             |           | SERVICE            | EXCEP      |
|                                                                                           |             |           | CONS CODE          |            |
|                                                                                           |             |           | 7808               |            |
|                                                                                           |             |           | CAMG               | BOO        |
| SEE FINAL PAGE                                                                            |             |           |                    |            |

827-882836-0

PRO NO ORG 827

ROADWAY'S TARIFFS LIMIT ITS LIABILITY  
ALL FREIGHT RECEIVED IN GOOD ORDER AND  
SHRINKWRAP/BANDING INTACT UNLESS NOTED  
BELOW THANK YOU! ROADWAY EXPRESS, INC

PLEASE SIGN HERE DATE TIME

X *Amiee Carmon 2/24*

|        |      |     |          |      |     |      |      |
|--------|------|-----|----------|------|-----|------|------|
| XTR#   | CHK# | HAU | LOCATION | CHK# | HAU | DOOR | UNIT |
| 221663 |      |     |          |      |     |      |      |

BL OR GBL NO 00985005

INVOICE

SEE FINAL PAGE

PRO 827-882836-0

| NO | HU  | PKG | HM | DESCRIPTION OF ARTICLES                                                                                                                                                                                   | CODE                | WEIGHT (LB)       | RATE | CHARGES |
|----|-----|-----|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|------|---------|
| 1  | PLT |     |    | ***** FOODSTUFFS *****<br>FOODSTUFFS-DO NOT LOAD WITH POISONOUS<br>DRUGS RVNX \$2 30 PER LB<br>NMFC#06000000 CLC70<br>STC 403 CTN<br>BILLED WEIGHT MINUS ACTUAL<br>LBS100<br>BILLED (AS) WEIGHT<br>LBS500 | 827882836000<br>C70 | 400<br>100<br>500 |      |         |

DELIVERY RECEIPT

|        |              |                    |            |               |
|--------|--------------|--------------------|------------|---------------|
| ADV CL | C/L P/U DATE | ADV CL FRT BILL NO | ADV CL AMT | DUE FM ADV CL |
|--------|--------------|--------------------|------------|---------------|

|                                                                                           |             |           |                    |            |
|-------------------------------------------------------------------------------------------|-------------|-----------|--------------------|------------|
| ROADWAY EXPRESS, INC.<br>P.O. BOX 471, AKRON, OH 44308-0471 GR<br>(RDWY) (EIN 34-0482870) |             |           |                    |            |
| RDWY P/U DATE                                                                             | DESTINATION | RATE CODE | ITEM/TENDER NO.    | PAGE       |
| 02-19-03                                                                                  | 342-3       | /A2       | 607 478            | 02 OF 02   |
| PO NO/DEPT NO                                                                             |             |           | REV CL CODE        |            |
| 624045-TG                                                                                 |             |           |                    |            |
| SHIPPER<br>PHARMAVITE<br>P5045 AVENUE TIBBETTS<br>SANTA CLARITA CA 91355                  |             |           | SHIPR CODE<br>4117 | REV CL AMT |
| CONSIGNEE<br>FLEMING GMD<br>7215 S TOPEKA BLVD<br>TOPEKA KS 66619                         |             |           | SERVICE            | EXCEP      |
|                                                                                           |             |           | CONS CODE          |            |
|                                                                                           |             |           | 7808               |            |
|                                                                                           |             |           | 0 032              |            |
|                                                                                           |             |           | CAMG               | BOO        |
| DEL PROB 818-899-9581 HOT RUSH FRT<br>W MUST BE INTACT @ DEL CALL 827 PR                  |             |           |                    |            |

827-882836-0

PRO NO ORG 827

ROADWAY'S TARIFFS LIMIT ITS LIABILITY  
ALL FREIGHT RECEIVED IN GOOD ORDER AND  
SHRINKWRAP/BANDING INTACT UNLESS NOTED  
BELOW THANK YOU! ROADWAY EXPRESS, INC

PLEASE SIGN HERE DATE TIME

X *Amiee Carmon 2/24*

|        |      |     |          |      |     |      |         |
|--------|------|-----|----------|------|-----|------|---------|
| XTR#   | CHK# | HAU | LOCATION | CHK# | HAU | DOOR | UNIT NO |
| 221663 |      |     | FLEMTPE  |      |     | SF   |         |

BL OR GBL NO 00985005

SPOT TRAILER - M T TH FRI  
B4 3AM BLDG 5 DOOR 1  
WEST SIDE

PRO 827-882836-0

| NO | HU  | PKG | HM | DESCRIPTION OF ARTICLES                                                                           | CODE        | WEIGHT (LB) | RATE | CHARGES                        |
|----|-----|-----|----|---------------------------------------------------------------------------------------------------|-------------|-------------|------|--------------------------------|
| 1  | TTL | /// |    | PERCENT DISCOUNT<br>GENERAL SURCHARGE (FUEL/FRT)<br>SLC<br>PO=624045-TG U=103 W=400<br>REF# 30104 | TTL<br>PODP | 400         |      | DR RETURNED PPD<br>MAR 06 2003 |

DELIVERY RECEIPT

|        |              |                    |            |               |
|--------|--------------|--------------------|------------|---------------|
| ADV CL | C/L P/U DATE | ADV CL FRT BILL NO | ADV CL AMT | DUE FM ADV CL |
|--------|--------------|--------------------|------------|---------------|



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221-6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 51840    | 242291      | 2/20/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
 LA CROSSE DIVISION  
 PO BOX 26680  
 OKLAHOMA CITY  
 USA

OK  
 73126-

SHIP TO

FLEMING LA CROSSE  
 322 CAUSEWAY BLVD  
 LA CROSSE  
 USA

WI  
 54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

| PURCHASE ORDER / REFERENCE NUMBER                  |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |          |
|----------------------------------------------------|--------------|-----------|--------------------------------------|---------------|----------|----------|
| P O # 701185                                       |              | 985203    | UPS                                  | 2% 30, NET 31 | 237      |          |
| QUANTITY                                           | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT   |
|                                                    |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |          |
|                                                    | PRODUCT LINE |           | - NATURE MADE                        |               |          |          |
| 1                                                  | 1281         | 100       | VITAMIN B-1 100MG                    | 66 48         |          | 66 48    |
| 3                                                  | 1290         | 100       | VITAMIN B-12 500MCG                  | 97.68         |          | 293.04   |
| 1                                                  | 1314         | 100       | BETA CAROTENE 25M IU                 | 113 28        |          | 113 28   |
| 1                                                  | 1419         | 100       | ESSENTIAL DAILY                      | 107.28        |          | 107.28   |
|                                                    | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |          |
| 3                                                  | 14234        | 28        | SOY BALANCE                          | 68 28         |          | 204 84   |
|                                                    |              |           | NM 1ST QTR PROMO WHSL 210900         |               |          |          |
|                                                    | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |          |
| 2                                                  | 14000        | 100       | GINSENG ROOT, SIBERIAN 410MG         | 31 92         | *        | 63 84    |
| 2                                                  | 14004        | 100       | VALERIAN 400MG                       | 29 76         | *        | 59 52    |
| 1                                                  | 14231        | 75        | ST JOHN'S WORT HERB EXT 150MG        | 37 44         | *        | 37 44    |
| 14                                                 |              |           |                                      |               |          |          |
| THIS INVOICE IS DUE AND PAYABLE ON 03/23/03        |              |           |                                      |               |          |          |
| IF PAYMENT IS RECEIVED BY 03/22/03, YOU MAY DEDUCT |              |           |                                      | \$18 91       |          |          |
| ***** THIS INVOICE HAS BEEN SENT BY EDI *****      |              |           |                                      |               |          |          |
| CUSTOMER COPY                                      |              |           |                                      | INVOICE TOTAL |          | \$945.72 |

FOB ORIGIN

Thank you for your order.

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

9/05/03 **DISPLAY**  
11 29 25  
**Shipment #** 985203

Pharmavite Corporation  
**Tracking Numbers for this Shipment**  
**Ship Date** 2/20/03

HALAD  
PJL4DFR  
PHARM

| <b>Tracking Number</b> | <b>Weight</b> | <b>Package #</b> |
|------------------------|---------------|------------------|
| 1Z9178080300389855     | 30 00         | 1 of 2           |
| 1Z9178080300389864     | 15 00         | 2 of 2           |

CMD 1-Exit

**Bottom**

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 985 5  
**Service Type** GROUND  
**Delivered on** Feb 26, 2003 10 53 A M  
**Delivered to** GATEWAY FOODS  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** HOULIHAN

A handwritten signature in black ink, appearing to read 'Houlahan', is written over a horizontal line.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 23 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0038 986 4  
**Service Type** GROUND  
**Delivered on** Feb 26, 2003 10 53 A M  
**Delivered to** GATEWAY FOODS  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** HOULIHAN

A handwritten signature in black ink, appearing to read 'Houlahan', written over a horizontal line.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 24 P M Eastern Time (USA)



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221 6333

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

TN  
38118-7003

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

**CUSTOMER COPY**

**INVOICE TOTAL**

\$25.604

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE

9/05/03 **DISPLAY**  
11 29 16  
**Shipment #** 985793

Pharmavite Corporation  
**Tracking Numbers for this Shipment**  
**Ship Date** 2/20/03

HALAD  
PJL4DFR  
PHARM

| <b>Tracking Number</b> | <b>Weight</b> | <b>Package #</b> |
|------------------------|---------------|------------------|
| 1Z9178080300390272     | 20 00         | 1 of 2           |
| 1Z9178080300390281     | 20 00         | 2 of 2           |

**Bottom**

CMD 1-Exit



**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0039 028 1  
**Service Type** GROUND  
**Delivered on** Feb 26, 2003 12 07 P M  
**Delivered to** 4688 HUNGERFORD RD  
MEMPHIS, TN, US 38118  
**Signed by** TAYLOR

A handwritten signature in black ink, appearing to read 'James Taylor'.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 22 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0039 027 2  
**Service Type** GROUND  
**Delivered on** Feb 26, 2003 12 07 P M  
**Delivered to** 4688 HUNGERFORD RD  
MEMPHIS, TN, US 38118  
**Signed by** TAYLOR

A handwritten signature in black ink, appearing to read 'Jane Taylor', is written over a horizontal line.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 22 P M Eastern Time (USA)



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 51840    | 242818      | 2/22/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
 LA CROSSE DIVISION  
 PO BOX 26680  
 OKLAHOMA CITY  
 USA

OK  
 73126-

SHIP TO

FLEMING LA CROSSE  
 322 CAUSEWAY BLVD  
 LA CROSSE  
 USA

WI  
 54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 2

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|--------|
| P O # 703988                      |              | 986080    | RDWY                                 | 2% 30, NET 31 | 237      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |        |
| 2                                 | 1015         | 30        | WOMEN'S 30 DAY PACK                  | 40 56         |          | 81 12  |
| 1                                 | 1130         | 100       | SELENIUM 200MCG                      | 105.36        |          | 105.36 |
| 2                                 | 1264         | 60        | VITAMIN C 1000MG W/ROSE HIPS         | 95 52         |          | 191 04 |
| 1                                 | 1277         | 100       | ZINC 30MG (GLUCONATE)                | 60.96         |          | 60.96  |
| 2                                 | 1314         | 100       | BETA CAROTENE 25M IU                 | 113 28        |          | 226 56 |
| 1                                 | 1392         | 100       | GARLIC & PARSLEY                     | 63.84         |          | 63.84  |
| 5                                 | 1480         | 100       | VITAMIN C 250MG                      | 43 44         |          | 217 20 |
| 1                                 | 1637         | 60        | BALANCED B-100 T/R                   | 170.88        |          | 170.88 |
| 1                                 | 1668         | 18        | ZINC LOZENGE 10MG                    | 71 76         |          | 71 76  |
| 2                                 | 1683         | 60        | MELATONIN 3MG                        | 93.36         |          | 186.72 |
| 1                                 | 1765         | 60        | ENERGY FORMULA                       | 143 76        |          | 143 76 |
| 1                                 | 1789         | 90        | ESSENTIAL MAN                        | 143.76        |          | 143.76 |
| 1                                 | 1791         | 90        | ESSENTIAL WOMAN                      | 143 76        |          | 143 76 |
| 1                                 | 1881         | 500       | VITAMIN C 500MG                      | 107.64        |          | 107 64 |
|                                   |              |           |                                      |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |        |
| 1                                 | 14007        | 100       | GINGER ROOT 550MG                    | 31 92         |          | 31 92  |
| 1                                 | 14019        | 100       | CASCARA SAGRADA BARK 425MG           | 38 04         |          | 38 04  |
| 1                                 | 14032        | 50        | MILK THISTLE STANDARDIZED EXT        | 63 00         |          | 63 00  |
| 1                                 | 14033        | 50        | SAW PALMETTO 80MG CAPSULE            | 54 00         |          | 54 00  |
| 1                                 | 14065        | 50        | GRAPE SEED EXTRACT 25MG              | 54 60         |          | 54 60  |
| 1                                 | 14222        | 90        | MACA 500MG                           | 50 28         |          | 50 28  |
| 2                                 | 14223        | 60        | BILBERRY STANDARDIZED EXT 30MG       | 47 40         |          | 94 80  |
| 4                                 | 14224        | 90        | CRANBERRY 405MG                      | 48 60         |          | 194 40 |
| 2                                 | 14232        | 150       | ST JOHN'S WORT 150MG EXTRACT         | 76 08         |          | 152 16 |
|                                   |              |           |                                      |               |          |        |
|                                   | PRODUCT LINE |           | - JOINT ACTION                       |               |          |        |
| 2                                 | 1113         | 20        | JOINT ACTION                         | 169.32        |          | 338 64 |

FOB ORIGIN

CUSTOMER COPY

INVOICE TOTAL

Thank you for your order.

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 OR 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221-6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 51840    | 242818      | 2/22/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
 LA CROSSE DIVISION  
 PO BOX 26680  
 OKLAHOMA CITY  
 USA

OK  
 73126-

SHIP TO

FLEMING LA CROSSE  
 322 CAUSEWAY BLVD  
 LA CROSSE  
 USA

WI  
 54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 2 OF 2

| PURCHASE ORDER / REFERENCE NUMBER                  |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN   |        |
|----------------------------------------------------|--------------|-----------|--------------------------------------|---------------|------------|--------|
| P O # 703988                                       |              | 986080    | RDWY                                 | 2% 30, NET 31 | 237        |        |
| QUANTITY                                           | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *          | AMOUNT |
|                                                    |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |            |        |
|                                                    | PRODUCT LINE |           | - JOINT ACTION                       |               |            |        |
|                                                    |              |           | NM 1ST OTR PROMO WHSL 210900         |               |            |        |
|                                                    | PRODUCT LINE |           | - SAM-E                              |               |            |        |
| 1                                                  | 1618         | 20        | SAM-E 200MG                          | 152.40        | *          | 152.40 |
|                                                    | PRODUCT LINE |           | - NATURE MADE                        |               |            |        |
| 1                                                  | 1654         | 60        | ECHINACEA/GOLDENSEAL                 | 129.36        | *          | 129.36 |
|                                                    | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |            |        |
| 3                                                  | 14000        | 100       | GINSENG ROOT, SIBERIAN 410MG         | 31.92         | *          | 95.76  |
| 2                                                  | 14004        | 100       | VALERIAN 400MG                       | 29.76         | *          | 59.52  |
| 3                                                  | 14228        | 100       | GINKGO BILOBA LEAF EXT 30MG          | 41.04         | *          | 123.12 |
| 2                                                  | 14229        | 40        | GOLDENSEAL ROOT 535MG                | 72.00         | *          | 144.00 |
| 3                                                  | 14231        | 75        | ST JOHN'S WORT HERB EXT 150MG        | 37.44         | *          | 112.32 |
| 53                                                 |              |           |                                      |               |            |        |
| THIS INVOICE IS DUE AND PAYABLE ON 03/25/03        |              |           |                                      |               |            |        |
| IF PAYMENT IS RECEIVED BY 03/24/03, YOU MAY DEDUCT |              |           |                                      | \$76.05       |            |        |
| ***** THIS INVOICE HAS BEEN SENT BY EDI *****      |              |           |                                      |               |            |        |
| CUSTOMER COPY                                      |              |           |                                      | INVOICE TOTAL | \$3,802.68 |        |

FOB ORIGIN

Thank you for your order.

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE. NOT EVERY DAY COST

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**STRAIGHT BILL OF LADING - SHORT FORM** NOT NEGOTIABLE  
RECEIVED subject to the classifications and tariffs in effect on the date of issue of this original Bill of Lading

**PHARMAVITE LLC**  
25045 AVENUE TIBBITTS, SANTA CLARITA CA 91355

Pharmavite LLC  
25045 Avenue Tibbetts  
Santa Clarita California 91355  
(818) 221 6200  
FAX (805) 294 3661

ON COLLECT FROM DELIVERY SHIPMENTS THE LETTERS C O D MUST APPEAR  
BEFORE CONSIGNEE'S NAME OR AS OTHERWISE PROVIDED IN ITEM 430 SEC 1

|                                  |  |                                |  |                           |  |
|----------------------------------|--|--------------------------------|--|---------------------------|--|
| <b>CONSIGNEE AND DESTINATION</b> |  | <b>CARRIER/SCAC CODES</b>      |  | <b>CARRIER PRO NUMBER</b> |  |
| FLEMING LA CROSSE                |  | RDWY                           |  |                           |  |
| 322 CAUSEWAY BULD                |  | <b>SHIPPER CONTROL NO.</b>     |  | <b>ACCOUNT NUMBER</b>     |  |
| LA CROSSE, WI 54603              |  | 986080-00                      |  | 51840                     |  |
| USA                              |  | <b>P.O. NO.</b>                |  | <b>DATE SHIPPED</b>       |  |
|                                  |  | 703988                         |  | 2/22/03                   |  |
| <b>CARRIER INSTRUCTIONS:</b>     |  | <b>STANDARD INSTRUCTIONS:</b>  |  |                           |  |
| Ship To Arrive By 3/04/2003      |  | FOR CARR CONV 608-785-13<br>30 |  |                           |  |

| H/M | CTN | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                | PALLET SERIAL NUMBER (SSC) | NMFC  | FREIGHT CLASS | WEIGHT |
|-----|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------|---------------|--------|
|     | 53  | DRUGS, RUNX \$2 30 LB                                                                                                                                                                                                                                                                                                                                                      | 00100316040007209129       | 60000 | 70            | 171    |
| 827 |     | <br>827-953970-3<br><small>Roadway's tariffs are incorporated herein (copies available upon request). Roadway's tariffs limit its liability. This shipment is subject to the terms and conditions of the Uniform Straight Bill of Lading as stated in the NMFC 100 series tariff.</small> |                            |       |               |        |
| CKR | PCS | O/R UNIT                                                                                                                                                                                                                                                                                                                                                                   | DEST                       |       |               |        |

*Handwritten:* 242-78

|                         |               |  |               |           |     |
|-------------------------|---------------|--|---------------|-----------|-----|
| FOR CARRIER BILLING USE |               |  | TOTAL PALLETS | Pallets 1 | 35  |
| 53                      | <b>TOTALS</b> |  |               |           | 206 |

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

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

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

The above boxes used for this shipment conform to the specifications set forth in the box master's certificate thereon, and all over requirements of Consolidated Freight Classification.

Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

|                                              |    |       |    |    |                                     |           |                   |                                                                                  |
|----------------------------------------------|----|-------|----|----|-------------------------------------|-----------|-------------------|----------------------------------------------------------------------------------|
| <b>SHIPPER REFERENCE NOT FOR CARRIER USE</b> |    |       |    |    | <b>C.O.D. CHARGE TO BE PAID BY:</b> |           | <b>COD AMT \$</b> | IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE TO BE PREPAID<br><b>PREPAID</b> |
| PRODUCT CODE                                 | DV | PS    | PS | PS | SHIPPER                             | CONSIGNEE |                   |                                                                                  |
| 010                                          |    | 3,893 |    |    |                                     |           |                   |                                                                                  |

INCLUDE SHIPPER CONTROL NUMBER ON INVOICE and Forward IN DUPLICATE for payment

TO PHARMAVITE LLC  
TRAFFIC DEPT  
25045 AVENUE TIBBITTS  
SANTA CLARITA CALIFORNIA 91355

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
PHARMAVITE LLC 25045 AVENUE TIBBITTS SANTA CLARITA, CALIFORNIA 91355

SHIPPER, PER *Consignee* AGENT

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS

*Handwritten:* STC  
*Signature*  
1

|                                                                                                        |               |               |                |  |          |
|--------------------------------------------------------------------------------------------------------|---------------|---------------|----------------|--|----------|
| ROADWAY EXPRESS, INC.<br>P.O. BOX 471 AKRON OH 443 3 0471<br>(216) 761-4444 (TOLL FREE 1-800-444-4444) |               | GR            | ITEM NUMBER NO |  | PAGE     |
| RDWY P.U. DATE                                                                                         | DEST. NAT. CN | RATE CODE     | ITEM NUMBER NO |  | PAGE     |
| 02-22-03                                                                                               | 396-1         | /A2           | 607 478        |  | 01 OF 02 |
| NO DEPT NO                                                                                             |               | BEV CL CODE   |                |  |          |
| 703988                                                                                                 |               |               |                |  |          |
| PHARMAVITE                                                                                             |               | SHIP CODE     | 4117           |  |          |
| 25045 AVENUE TIBBETTS                                                                                  |               | SERVICE EXCEP |                |  |          |
| SANTA CLARITA CA 91355                                                                                 |               | CO'S CODE     |                |  |          |
| FLEMING LA CROSSE                                                                                      |               | 0542          |                |  |          |
| 322 CAUSEWAY BLVD                                                                                      |               | CAKE BOO      |                |  |          |
| LA CROSSE WI 54603                                                                                     |               |               |                |  |          |

SEE FINAL PAGE

|          |              |
|----------|--------------|
| CRGBL NO | 98608000     |
| RO       | 827-953970-3 |

| NO | HJ  | PKG | H I | DESCRIPTION OF ARTICLES                                                                                                                                                                                  | CODE        | WEIGHT (LB) | RATE | CHARGES |
|----|-----|-----|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|------|---------|
| 1  | PLT |     |     | ***** FOODSTUFFS *****<br>FOODSTUFFS-DO NOT LOAD WITH POISONS<br>DRUGS RVNX \$2.30 PER LB<br>NMFC=06000000 CLCZ0<br>53 CTN<br>PALLET WEIGHT<br>LBS35<br>PERCENT DISCOUNT<br>GENERAL SURCHARGE (FUEL/FRT) | C70<br>PLTW | 171<br>35   |      |         |

DELIVERY RECEIPT


|                                                                                                        |             |               |                |  |          |
|--------------------------------------------------------------------------------------------------------|-------------|---------------|----------------|--|----------|
| ROADWAY EXPRESS, INC.<br>P.O. BOX 471 AKRON OH 44308-0471<br>(216) 761-4444 (TOLL FREE 1-800-444-4444) |             | GR            | ITEM NUMBER NO |  | PAGE     |
| RDWY P.U. DATE                                                                                         | DESTINATION | RATE CODE     | ITEM NUMBER NO |  | PAGE     |
| 02-22-03                                                                                               | 396-1       | /A2           | 607 478        |  | 02 OF 02 |
| NO DEPT NO                                                                                             |             | BEV CL CODE   |                |  |          |
| 703988                                                                                                 |             |               |                |  |          |
| PHARMAVITE                                                                                             |             | SHIP CODE     | 4117           |  |          |
| 25045 AVENUE TIBBETTS                                                                                  |             | SERVICE EXCEP |                |  |          |
| SANTA CLARITA CA 91355                                                                                 |             | 03            |                |  |          |
| FLEMING LA CROSSE                                                                                      |             | CO'S CODE     |                |  |          |
| 322 CAUSEWAY BLVD                                                                                      |             | 0542          |                |  |          |
| LA CROSSE WI 54603                                                                                     |             | 0 032         |                |  |          |
|                                                                                                        |             | CAKE BOO      |                |  |          |

DEL PROB 818-899-9581 HOT RUSH FRT  
SW MUST BE INTACT @ DEL CALL 827 PR

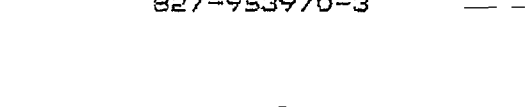
|          |              |
|----------|--------------|
| CRGBL NO | 98608000     |
| RO       | 827-953970-3 |

| NO | HJ  | PKG | TM | DESCRIPTION OF ARTICLES            | CODE        | WEIGHT (LB) | RATE | CHARGES |
|----|-----|-----|----|------------------------------------|-------------|-------------|------|---------|
| 1  | TTL | /// |    | STC<br>C 608-785-1330<br>PD=703988 | TTL<br>PODP | 206         |      | PPD     |

DELIVERY RECEIPT

|                                                                                                                                                                    |         |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|
| 827-953970-3                                                                                                                                                       |         | ***  |
|                                                                                  |         |      |
| ORG                                                                                                                                                                | 827     |      |
| ROADWAY'S TARIFFS LIMIT ITS LIABILITY<br>ALL FREIGHT RECEIVED IN GOOD ORDER AND<br>SHRINKWRAP/BANDING INTACT UNLESS NOTED<br>BELOW THANK YOU! ROADWAY EXPRESS, INC |         |      |
| PLEASE SIGN HERE                                                                                                                                                   | DATE    | TIME |
| X <i>Fleming La Crosse</i>                                                                                                                                         | 2-27-03 | 1:25 |
| UNIT NO                                                                                                                                                            | CHKR #  | HU   |
| 220540                                                                                                                                                             |         |      |
| LOCATION                                                                                                                                                           | CHKR #  | HU   |
|                                                                                                                                                                    |         |      |
| COOR                                                                                                                                                               | UNIT NO |      |
|                                                                                                                                                                    |         |      |

SEE  
FINAL PAGE

|                                                                                                                                                                    |             |                    |            |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|------------|---------------|
| ADV CL                                                                                                                                                             | CL PAU DATE | ADV CL FRT BILL NO | ADV CL AMT | DUE FM ADV CL |
|                                                                                                                                                                    |             |                    |            |               |
| 827-953970-3                                                                                                                                                       |             |                    |            |               |
|                                                                                |             |                    |            |               |
| ORG 827                                                                                                                                                            |             |                    |            |               |
| ROADWAY'S TARIFFS LIMIT ITS LIABILITY<br>ALL FREIGHT RECEIVED IN GOOD ORDER AND<br>SHRINKWRAP/BANDING INTACT UNLESS NOTED<br>BELOW THANK YOU! ROADWAY EXPRESS, INC |             |                    |            |               |
| PLEASE SIGN HERE                                                                                                                                                   |             |                    |            |               |
| DATE                                                                                                                                                               |             |                    |            |               |
| TIME                                                                                                                                                               |             |                    |            |               |
| X                                                                                                                                                                  |             |                    |            |               |
| UNIT NO                                                                                                                                                            | CHKR #      | HU                 | COOR       | UNIT NO       |
| 220540                                                                                                                                                             |             |                    |            |               |
| LOCATION                                                                                                                                                           | CHKR #      | HU                 |            |               |
|                                                                                                                                                                    |             |                    |            |               |
| GTYC                                                                                                                                                               |             |                    |            |               |

|        |             |                    |            |               |
|--------|-------------|--------------------|------------|---------------|
| ADV CL | CL PAU DATE | ADV CL FRT BILL NO | ADV CL AMT | DUE FM ADV CL |
|        |             |                    |            |               |



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221-6333

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

91-315 HANUA STREET  
KAPOLEI  
USA

HI  
96707-

91-315 HANUA STREET  
KAPOLEI  
USA

HI  
96707-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

*Thank you for your order.*

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

**CUSTOMER COPY**

**INVOICE TOTAL**

\$1,071.48

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE

9/05/03 **DISPLAY**  
11 29 07  
**Shipment #** 985629

Pharmavite Corporation  
**Tracking Numbers for this Shipment**  
**Ship Date** 2/24/03

HALAD  
PJL4DFR  
PHARM

| <b>Tracking Number</b> | <b>Weight</b> | <b>Package #</b> |
|------------------------|---------------|------------------|
| 1Z9178080200088011     | 36 00         | 1 of 2           |
| 1Z9178080200088020     | 30 00         | 2 of 2           |

CMD 1-Exit

**Bottom**



**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 02 0008 802 0**Service Type** 2ND DAY AIR**Delivered on** Feb 25, 2003 3 34 P M**Delivered to** FLEMING  
91315 HANUA ST  
KAPOLEI, HI, US 96707**Signed by** D TAYLOR

A handwritten signature in black ink, appearing to read 'D Taylor'.

**Location** RECEPTION

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 20 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 02 0008 801 1  
**Service Type** 2ND DAY AIR  
**Delivered on** Feb 26, 2003 4 02 P M  
**Delivered to** 91315 HANUA ST  
KAPOLEI, HI, US 96707  
**Signed by** E BARTOLOME

A handwritten signature in black ink, appearing to read 'E Bartolome', is written over a light gray horizontal line.

**Location** RECEPTION

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 20 P M Eastern Time (USA)



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221-6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

THIS IS PAGE 1 OF 1

**FOB ORIGIN****INVOICE TOTAL**

\$991 68

★ INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

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9/05/03 **DISPLAY**  
11 28 59  
**Shipment #** 986107

Pharmavite Corporation  
**Tracking Numbers for this Shipment**  
**Ship Date** 2/24/03

HALAD  
PJL4DFR  
PHARM

| <b>Tracking Number</b> | <b>Weight</b> | <b>Package #</b> |
|------------------------|---------------|------------------|
| 1Z9178080200088039     | 23 00         | 1 of 3           |
| 1Z9178080200088048     | 28 00         | 2 of 3           |
| 1Z9178080200088057     | 23 00         | 3 of 3           |

**Bottom**

CMD 1-Exit

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                        |                                         |
|------------------------|-----------------------------------------|
| <b>Tracking Number</b> | 1Z 917 808 02 0008 805 7                |
| <b>Service Type</b>    | 2ND DAY AIR                             |
| <b>Delivered on</b>    | Feb 27, 2003 11 50 A M                  |
| <b>Delivered to</b>    | 91315 HANUA ST<br>KAPOLEI, HI, US 96707 |
| <b>Signed by</b>       | T LUAVASA                               |

A handwritten signature in black ink, appearing to read 'T. Luavasa', is written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 19 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 02 0008 803 9  
**Service Type** 2ND DAY AIR  
**Delivered on** Feb 27, 2003 11 50 A M  
**Delivered to** 91315 HANUA ST  
KAPOLEI, HI, US 96707  
**Signed by** T LUAVASA

A handwritten signature in black ink, appearing to read 'T. Luavasa', is written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 19 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 02 0008 804 8  
**Service Type** 2ND DAY AIR  
**Delivered on** Feb 27, 2003 11 50 A M  
**Delivered to** 91315 HANUA ST  
KAPOLEI, HI, US 96707  
**Signed by** T LUAVASA

A handwritten signature in black ink, appearing to read 'T. Luavasa', is written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 19 P M Eastern Time (USA)



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221 6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
CTP/TOPEKA GMD DIVISION  
PO BOX 268862  
OKLAHOMA CITY  
USA

OK  
73124-

FLEMING GMD  
7215 SOUTH TOPEKA BLVD  
TOPEKA  
USA

KS  
66619-1423

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

*Thank you for your order.*

**CUSTOMER COPY**

**INVOICE TOTAL**

\$47 43

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

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9/05/03 **DISPLAY**  
11 28 50  
**Shipment #** 986104

Pharmavite Corporation  
**Tracking Numbers for this Shipment**  
**Ship Date** 2/26/03

HALAD  
PJL4DFR  
PHARM

**Tracking Number**  
1Z9178080300396712

**Weight**                      **Package #**  
5 00                      1 of                      1

**Bottom**

CMD 1-Exit

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                        |                                                        |
|------------------------|--------------------------------------------------------|
| <b>Tracking Number</b> | 1Z 917 808 03 0039 671 2                               |
| <b>Service Type</b>    | GROUND                                                 |
| <b>Delivered on</b>    | Mar 4, 2003 11 22 A M                                  |
| <b>Delivered to</b>    | FLEMING<br>7215 SW TOPEKA BLVD<br>TOPEKA, KS, US 66619 |
| <b>Signed by</b>       | CARRION                                                |

A handwritten signature in black ink, appearing to read 'A Carrion', is written over the printed name 'CARRION'.

**Location** MAIL ROOM

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 16 P M Eastern Time (USA)



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*  
 Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 50104    | 243059      | 2/26/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
 CTP/TOPEKA GMD DIVISION  
 PO BOX 268862  
 OKLAHOMA CITY  
 USA

OK  
 73124-

SHIP TO

FLEMING GMD  
 7215 SOUTH TOPEKA BLVD  
 TOPEKA  
 USA  
 KS  
 66619-1423

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 3

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|--------|
| P O # 664741-TG                   |              | 986425    | RDWY                                 | 2% 30, NET 31 | 065      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |        |
| 3                                 | 1020         | 30        | DIABETES HEALTH 30 DAY PACK          | 55 80         |          | 167 40 |
| 12                                | 1025         | 30        | MEN'S 30 DAY PACK                    | 40.56         |          | 486.72 |
| 1                                 | 1205         | 100       | LECITHIN 437MG CAPS                  | 91 92         |          | 91 92  |
| 1                                 | 1235         | 30        | VITAMIN E 1000IU D-ALPHA             | 170.88        |          | 170.88 |
| 2                                 | 1264         | 60        | VITAMIN C 1000MG W/ROSE HIPS         | 95 52         |          | 191 04 |
| 7                                 | 1277         | 100       | ZINC 30MG (GLUCONATE)                | 60.96         |          | 426.72 |
| 1                                 | 1281         | 100       | VITAMIN B-1 100MG                    | 66 48         |          | 66 48  |
| 1                                 | 1368         | 30        | GINSENG 250MG EQUIVALENT             | 114.96        |          | 114.96 |
| 3                                 | 1475         | 60        | CALCIUM CITRATE W/VIT D              | 100 80        |          | 302 40 |
| 2                                 | 1484         | 100       | VITAMIN C 500MG CAPLET T/R           | 95.04         |          | 190.08 |
| 1                                 | 1616         | 30        | COENZYME Q-10 100MG                  | 347 76        |          | 347 76 |
| 1                                 | 1622         | 60        | CALCIUM PLUS SOY                     | 143.76        |          | 143.76 |
| 1                                 | 1667         | 30        | SAW PALMETTO 160MG EXTRACT           | 143 76        |          | 143 76 |
| 3                                 | 1683         | 60        | MELATONIN 3MG                        | 93.36         |          | 280.08 |
| 2                                 | 1789         | 90        | ESSENTIAL MAN                        | 143 76        |          | 287 52 |
| 3                                 | 1790         | 90        | ESSENTIAL MAN 50+                    | 143 76        |          | 431 28 |
| 1                                 | 1791         | 90        | ESSENTIAL WOMAN                      | 143 76        |          | 143 76 |
| 2                                 | 1796         | 90        | ESSENTIAL WOMAN 50+                  | 143 76        |          | 287 52 |
| 1                                 | 1886         | 300       | CALCIUM 500MG W/D                    | 98 04         |          | 98 04  |
|                                   | PRODUCT LINE |           | NATURE'S RESOURCE PREMIUM HE         |               |          |        |
| 1                                 | 14010        | 50        | GINSENG ROOT, KOREAN WHT 560MG       | 59 52         |          | 59 52  |
| 2                                 | 14032        | 50        | MILK THISTLE STANDARDIZED EXT        | 63 00         |          | 126 00 |
| 3                                 | 14033        | 50        | SAW PALMETTO 80MG CAPSULE            | 54 00         |          | 162 00 |
| 1                                 | 14035        | 50        | EVENING PRIMROSE OIL W/VIT E         | 43 08         |          | 43 08  |
| 8                                 | 14100        | 100       | GARLIC 180MG ENTERIC COAT            | 34 68         |          | 277 44 |
| 1                                 | 14155        | 60        | GINKGO BILOBA 60MG EXTRACT           | 66 60         |          | 66 60  |
| 1                                 | 14156        | 60        | ST JOHN'S WORT 300MG EXTRACT         | 55 56         |          | 55 56  |
| 1                                 | 14158        | 30        | GINKGO BILOBA 120MG EXTRACT TR       | 64 68         |          | 64 68  |
| 2                                 | 14160        | 30        | ECHINACEA 375MG EXTRACT TR           | 64.68         |          | 129.36 |

FOB ORIGIN

CUSTOMER COPY

INVOICE TOTAL

*Thank you for your order.*

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Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 50104    | 243059      | 2/26/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
 CTP/TOPEKA GMD DIVISION  
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SHIP TO

FLEMING GMD  
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 TOPEKA  
 USA  
 KS  
 66619-1423

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 2 OF 3

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|--------|
| P O # 664741-TG                   |              | 986425    | RDWY                                 | 2% 30, NET 31 | 065      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |        |
| 2                                 | 14161        | 30        | GINSENG, KOREAN 500MG EXT TR         | 64 68         |          | 129 36 |
| 1                                 | 14162        | 30        | MILK THISTLE 280MG EXTRACT TR        | 64 68         |          | 64 68  |
| 3                                 | 14163        | 30        | VALERIAN 200MG EXTRACT T/R           | 64 68         |          | 194 04 |
| 1                                 | 14222        | 90        | MACA 500MG                           | 50 28         |          | 50 28  |
| 2                                 | 14224        | 90        | CRANBERRY 405MG                      | 48 60         |          | 97 20  |
| 3                                 | 14230        | 30        | SOY ISOFLAVONES 50MG                 | 46 68         |          | 140 04 |
| 1                                 | 14234        | 28        | SOY BALANCE                          | 68 28         |          | 68 28  |
|                                   |              |           | NM 1ST QTR PROMO WHSL 210900         |               |          |        |
|                                   | PRODUCT LINE |           | - SAM-E                              |               |          |        |
| 2                                 | 1618         | 20        | SAM-E 200MG                          | 152 40        | *        | 304 80 |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |        |
| 1                                 | 1489         | 100       | VITAMIN C 1000MG                     | 104 64        | *        | 104 64 |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |        |
| 4                                 | 14000        | 100       | GINSENG ROOT, SIBERIAN 410MG         | 31 92         | *        | 127 68 |
| 2                                 | 14004        | 100       | VALERIAN 400MG                       | 29 76         | *        | 59 52  |
| 5                                 | 14226        | 75        | ECHINACEA GOLDENSEAL 305MG           | 46 44         | *        | 232 20 |
| 2                                 | 14228        | 100       | GINKGO BILOBA LEAF EXT 30MG          | 41 04         | *        | 82 08  |
| 3                                 | 14231        | 75        | ST JOHN'S WORT HERB EXT 150MG        | 37 44         | *        | 112 32 |
| 100                               |              |           |                                      |               |          |        |

FOB ORIGIN

Thank you for your order.

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CUSTOMER COPY

INVOICE TOTAL

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**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221 6333**

PLEASE REMIT PAYMENT TO

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P O BOX 95404  
CHICAGO, IL 60694-5404

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OK  
73124-

FLEMING GMD

7215 SOUTH TOPEKA BLVD  
TOPEKA  
USA

KS  
66619-1423

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 3 OF 3

**FOB ORIGIN**

*Thank you for your order.*

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

**CUSTOMER COPY**

**INVOICE TOTAL**

\$7.123 44

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 OR 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

**STRAIGHT BILL OF LADING - SHORT FORM** NOT NEGOTIABLE  
RECEIVED subject to the classifications and tariffs in effect on the date of issue of this original Bill of Lading

**PHARMAVITE LLC**  
25045 AVENUE TIBBITTS SANTA CLARITA, CA 91355

Pharmavite LLC  
25045 Avenue Tibbetts  
Santa Clarita California 91355  
(818) 221 6200  
FAX (805) 294 3661

ON COLLECT FROM DELIVERY SHIPMENTS THE LETTERS C O D MUST APPEAR  
BEFORE CONSIGNEE'S NAME OR AS OTHERWISE PROVIDED IN ITEM 430 SEC 1

| CONSIGNEE AND DESTINATION |
|---------------------------|
| FLEMING GMD               |
| 7215 SOUTH TOPEKA BLVD    |
| TOPEKA, KS 66619-1423     |
| USA                       |

| CARRIER INSTRUCTIONS        |
|-----------------------------|
| Ship To Arrive By 3/07/2003 |
| SHIP WITH ORDER #936104     |

| CARRIER/SCAC CODES |
|--------------------|
| RDNY               |

| SHIPPER CONTROL NO. |
|---------------------|
| 986425 - 00         |

| CARRIER PRO NUMBER |
|--------------------|
|                    |

| ACCOUNT NUMBER |
|----------------|
| 50104          |

| P.O. NO.  |
|-----------|
| 664741-16 |

| DATE SHIPPED |
|--------------|
| 2/26/03      |

| STANDARD INSTRUCTIONS     |
|---------------------------|
| NO UPS OVER 10 CS/APPT 72 |
| HRS IN ADVANCE- USE RDNY  |

| H/M                                                                                                                                                                                                                                                                                                                                                                          | CTN    | DESCRIPTION           | PALLET SERIAL NUMBER (SSC) | NMFC      | WEIGHT |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------|----------------------------|-----------|--------|
|                                                                                                                                                                                                                                                                                                                                                                              | 100    | DRUGS, RUNX \$2 30 LB | 00100316040002212877       | 60000     | 335    |
| <div>FOR SHIPMENT STATUS CALL 1-800-ROADWAY</div> <div>827</div> <div>827-892003-7</div> <div>Roadway's tariffs are incorporated herein (copies available upon request). Roadway's tariffs limit its liability. This shipment is subject to the terms and conditions of the Uniform Straight Bill of Lading as stated in the NMFC 100 series tariff.</div> <div>#46107</div> |        |                       |                            |           |        |
| FOR CARRIER BILLING USE                                                                                                                                                                                                                                                                                                                                                      |        |                       |                            |           |        |
|                                                                                                                                                                                                                                                                                                                                                                              |        |                       | TOTAL PALLETS              | Pallets 1 | 35     |
| 100                                                                                                                                                                                                                                                                                                                                                                          | TOTALS |                       |                            |           | 370    |

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

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

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

The bills of lading used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all over requirements of Consolidated Freight Classification.

Shipper's intent in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

| SHIPPER REFERENCE NOT FOR CARRIER USE |       |    |    |    |
|---------------------------------------|-------|----|----|----|
| PRODUCT CODE                          | DV    | PS | PS | PS |
| 010                                   | 7,237 |    |    |    |

| C.O.D. CHARGE TO BE PAID BY: |           |
|------------------------------|-----------|
| SHIPPER                      | CONSIGNEE |

| C.O.D. AMT \$ |
|---------------|
|               |

IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID" **PREPAID**

INCLUDE SHIPPER CONTROL NUMBER ON INVOICE and Forward IN DUPLICATE for payment

TO PHARMAVITE LLC  
TRAFFIC DEPT  
25045 AVENUE TIBBITTS  
SANTA CLARITA CALIFORNIA 91355

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
PHARMAVITE LLC 25045 AVENUE TIBBITTS SANTA CLARITA, CALIFORNIA 91355

SHIPPER, PER

AGENT

PER

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS

1

|                                                                                         |             |           |                |          |                                           |  |     |  |
|-----------------------------------------------------------------------------------------|-------------|-----------|----------------|----------|-------------------------------------------|--|-----|--|
| ROADWAY EXPRESS, INC<br>P.O. BOX 471 AKRON, OH 44309-0471<br>(RDWY) (EIN 34-0482870) GR |             |           |                |          | 827-892003-7                              |  | *** |  |
| RDWY PU DATE                                                                            | DESTINATION | RATE CODE | ITEM/TENDER NO | PAGE     | PRONO                                     |  |     |  |
| 02-26-03                                                                                | 342-3       | /A2       | 607 478        | 01 OF 02 | ORG 827                                   |  |     |  |
| PO NO./DEPT NO<br>664741-TG                                                             |             |           |                |          | BEY CL CODE                               |  |     |  |
| SHIPPER<br>PHARMAVITE<br>25045 AVENUE TIBBETTS<br>SANTA CLARITA CA 91355                |             |           |                |          | BEY CL AMT                                |  |     |  |
| SHIP CODE 4117                                                                          |             |           |                |          | SERVICE EXCEP                             |  |     |  |
| CONSIGNEE<br>FLEMING GMD<br>7215 S TOPEKA BLVD<br>TOPEKA KS 66619                       |             |           |                |          | CONS CODE 7808                            |  |     |  |
|                                                                                         |             |           |                |          | CANN BOC                                  |  |     |  |
| SEE FINAL PAGE.                                                                         |             |           |                |          | PLEASE SIGN HERE DATE TIME                |  |     |  |
|                                                                                         |             |           |                |          | X <i>Genevieve Carver</i> 3/10/03         |  |     |  |
|                                                                                         |             |           |                |          | REDZ 234009                               |  |     |  |
|                                                                                         |             |           |                |          | CHKR # HU LOCATION CHKR # HU DOOR UNIT NO |  |     |  |
|                                                                                         |             |           |                |          | 1031 314                                  |  |     |  |

|                          |     |     |                                                                                                                 |  |  |     |      |             |                |         |  |
|--------------------------|-----|-----|-----------------------------------------------------------------------------------------------------------------|--|--|-----|------|-------------|----------------|---------|--|
| BL OR GBL NO<br>00986425 |     |     | SEE FINAL PAGE                                                                                                  |  |  | 063 |      |             | SEE FINAL PAGE |         |  |
| PRO 827-892003-7         |     |     |                                                                                                                 |  |  |     |      |             |                |         |  |
| NO HU                    | PKG | HM  | DESCRIPTION OF ARTICLES                                                                                         |  |  |     | CODE | WEIGHT (LB) | RATE           | CHARGES |  |
| 1                        | PLT |     | ***** FOODSTUFFS *****<br>FOODSTUFFS-DO NOT LOAD WITH POISONS<br>DRUGS RVNX #2 30 PER LB<br>NMFC=06000000 CLC70 |  |  |     | C70  | 370         |                |         |  |
|                          |     |     | STC 100 CAS<br>PERCENT DISCOUNT<br>GENERAL SURCHARGE (FUEL/FRT)                                                 |  |  |     |      |             |                |         |  |
| 1                        | TTL | /// |                                                                                                                 |  |  |     | TTL  | 370         |                | PPD     |  |

|                  |  |  |  |  |        |             |                    |            |               |
|------------------|--|--|--|--|--------|-------------|--------------------|------------|---------------|
| DELIVERY RECEIPT |  |  |  |  | ADV CL | CL PAI DATE | ADV CL FRT BILL NO | ADV CL AMT | DUE FM ADV CL |
|------------------|--|--|--|--|--------|-------------|--------------------|------------|---------------|

|                                                                                         |             |           |                |          |                                                                                                                                                                    |  |       |  |
|-----------------------------------------------------------------------------------------|-------------|-----------|----------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|
| ROADWAY EXPRESS, INC<br>P.O. BOX 471 AKRON, OH 44309-0471<br>(RDWY) (EIN 34-0482870) GR |             |           |                |          | 827-892003-7                                                                                                                                                       |  | PRONO |  |
| RDWY PU DATE                                                                            | DESTINATION | RATE CODE | ITEM/TENDER NO | PAGE     | ORG 827                                                                                                                                                            |  |       |  |
| 02-26-03                                                                                | 342-3       | /A2       | 607 478        | 02 OF 02 | ROADWAY'S TARIFFS LIMIT ITS LIABILITY<br>ALL FREIGHT RECEIVED IN GOOD ORDER AND<br>SHRINKWRAP/BANDING INTACT UNLESS NOTED<br>BELOW THANK YOU! ROADWAY EXPRESS, INC |  |       |  |
| PO NO./DEPT NO<br>664741-TG                                                             |             |           |                |          | BEY CL CODE                                                                                                                                                        |  |       |  |
| SHIPPER<br>PHARMAVITE<br>25045 AVENUE TIBBETTS<br>SANTA CLARITA CA 91355                |             |           |                |          | BEY CL AMT                                                                                                                                                         |  |       |  |
| SHIP CODE 4117                                                                          |             |           |                |          | FRT EXCEP                                                                                                                                                          |  |       |  |
| CONSIGNEE<br>FLEMING GMD<br>7215 S TOPEKA BLVD<br>TOPEKA KS 66619                       |             |           |                |          | CONS CODE 7808                                                                                                                                                     |  |       |  |
|                                                                                         |             |           |                |          | O 032 CANN BOC                                                                                                                                                     |  |       |  |
| DEL PROB 818-899-9581 HOT RUSH FRT<br>SW MUST BE INTACT @ DEL CALL 827 PR               |             |           |                |          | PLEASE SIGN HERE DATE TIME                                                                                                                                         |  |       |  |
|                                                                                         |             |           |                |          | X <i>Genevieve Carver</i> 3/10/03                                                                                                                                  |  |       |  |
|                                                                                         |             |           |                |          | REDZ 234009                                                                                                                                                        |  |       |  |
|                                                                                         |             |           |                |          | CHKR # HU LOCATION CHKR # HU DOOR UNIT NO                                                                                                                          |  |       |  |
|                                                                                         |             |           |                |          | FLENTPE 289                                                                                                                                                        |  |       |  |

|                            |     |    |                                                       |  |        |                                                                |                    |             |               |         |  |
|----------------------------|-----|----|-------------------------------------------------------|--|--------|----------------------------------------------------------------|--------------------|-------------|---------------|---------|--|
| BL OR GBL NO<br>00986425   |     |    | INVOICE                                               |  |        | SPOT TRAILER - M T TH FRI<br>B4 5AM BLDG 5 DOOR 1<br>WEST SIDE |                    |             | C TH OR AGLES |         |  |
| PRO 827-892003-7           |     |    |                                                       |  |        |                                                                |                    |             |               |         |  |
| NO HU                      | PKG | HM | DESCRIPTION OF ARTICLES                               |  |        |                                                                | CODE               | WEIGHT (LB) | RATE          | CHARGES |  |
|                            |     |    | SHIP TO ARRIVE BY 03-07-03<br>SLC STC<br>PO=664741-TG |  |        |                                                                | PODP               |             |               |         |  |
| DR RETURNED<br>MAR 13 2003 |     |    |                                                       |  |        |                                                                |                    |             |               |         |  |
| DELIVERY RECEIPT           |     |    |                                                       |  | ADV CL | CL PAI DATE                                                    | ADV CL FRT BILL NO | ADV CL AMT  | DUE FM ADV CL |         |  |



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221-6333**

PLEASE REMIT PAYMENT TO

PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
KOP GENERAL MERCHANDISE DIV  
PO BOX 268863  
OKLAHOMA CITY O  
USA

OK  
73124-

FLEMING COMPANIES INC  
KOP GENERAL MERCHANDISE DIV  
201 CHURCH ROAD  
KING OF PRUSSIA P  
USA

PA  
19406-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

**CUSTOMER COPY**

**INVOICE TOTAL**

\$94.86

*Thank you for your order.*

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

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9/05/03 DISPLAY  
11 28 43  
Shipment # 986682

Pharmavite Corporation  
Tracking Numbers for this Shipment  
Ship Date 2/28/03

HALAD  
PJL4DFR  
PHARM

Tracking Number  
1Z9178080300399255

| Weight | Package # |
|--------|-----------|
| 9 00   | 1 of 1    |

Bottom

CMD 1-Exit

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0039 925 5  
**Service Type** GROUND  
**Delivered on** Mar 6, 2003 9 08 A M  
**Delivered to** FLEMING FOODS  
201 W CHURCH RD  
KING OF PRUSSIA, PA, US 19406  
**Signed by** MOORE

A handwritten signature in black ink, appearing to read 'Jeff Moore', is positioned above the 'Location' field.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 15 P M Eastern Time (USA)



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221-6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

CA  
95826-4806

THIS IS PAGE 1 OF 1

**FOB ORIGIN****INVOICE TOTAL**

\$94.86

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9/05/03 **DISPLAY**  
11 28 34  
**Shipment #** 985602

Pharmavite Corporation  
**Tracking Numbers for this Shipment**  
**Ship Date** 3/04/03

HALAD  
**PJL4DFR**  
PHARM

| <b>Tracking Number</b> | <b>Weight</b> | <b>Package #</b> |   |
|------------------------|---------------|------------------|---|
| 1Z9178080300400822     | 9 00          | 1 of             | 1 |
| 1Z9178080300400831     | 22 00         | 2 of             | 1 |

**Bottom**

CMD 1-Exit

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                 |
|-----------------------------|-------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 083 1                        |
| <b>Reference Number(s)</b>  | 98560200, 06026                                 |
| <b>Service Type</b>         | GROUND                                          |
| <b>Package Weight</b>       | 21 60 Lbs                                       |
| <b>Shipped or Billed on</b> | Mar 4, 2003                                     |
| <b>Delivered on</b>         | Mar 12, 2003 1 35 P M                           |
| <b>Delivered to</b>         | 25045 AVENUE TIBBITTS<br>VALENCIA, CA, US 91355 |
| <b>Signed by</b>            | JESSE                                           |

A handwritten signature in black ink, appearing to read 'Jesse'.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 14 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                |
|-----------------------------|------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 082 2                       |
| <b>Reference Number(s)</b>  | 98560200, 06026                                |
| <b>Service Type</b>         | GROUND                                         |
| <b>Package Weight</b>       | 8 40 Lbs                                       |
| <b>Shipped or Billed on</b> | Mar 4, 2003                                    |
| <b>Delivered on</b>         | Mar 7, 2003 9 17 A M                           |
| <b>Delivered to</b>         | 8301 FRUITRIDGE RD<br>SACRAMENTO, CA, US 95826 |
| <b>Signed by</b>            | TRISLER                                        |

A handwritten signature in black ink that reads 'TRISLER'. The signature is written in a stylized, cursive-like font.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 14 P M Eastern Time (USA)



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221-6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 51840    | 243827      | 3/05/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

S  
O  
L  
D  
T  
O

FLEMING COMPANIES INC  
 LA CROSSE DIVISION  
 PO BOX 26680  
 OKLAHOMA CITY  
 USA

OK  
 73126-

S  
H  
I  
P  
T  
O

FLEMING LA CROSSE  
 322 CAUSEWAY BLVD  
 LA CROSSE  
 USA

WI  
 54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 2

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                             | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|-----------------------------------------|---------------|----------|--------|
| P O # 706136                      |              | 986858    | UPS                                     | 2% 30, NET 31 | 237      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                             | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740    |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                           |               |          |        |
| 1                                 | 1281         | 100       | VITAMIN B-1 100MG                       | 66 48         |          | 66 48  |
| 1                                 | 1439         | 100       | CALCIUM 600MG                           | 106.08        |          | 106.08 |
| 1                                 | 1623         | 30        | VITAMIN E W/COENZYME Q-10               | 194 40        |          | 194 40 |
| 1                                 | 1671         | 60        | ANTIOXIDANT FORMULA PLUS MIN            | 143.76        |          | 143.76 |
| 1                                 | 1678         | 100       | CHROMIUM PICOLINATE                     | 94 80         |          | 94 80  |
| 1                                 | 1694         | 60        | ST JOHN'S WORT 300MG EXTRACT            | 143.76        |          | 143.76 |
| 1                                 | 1791         | 90        | ESSENTIAL WOMAN                         | 143 76        |          | 143 76 |
| 1                                 | 1796         | 90        | ESSENTIAL WOMAN 50+                     | 143 76        |          | 143.76 |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE          |               |          |        |
| 1                                 | 14230        | 30        | SOY ISOFLAVONES 50MG                    | 46 68         |          | 46 68  |
| 5                                 | 14234        | 28        | SOY BALANCE                             | 68.28         |          | 341 40 |
|                                   |              |           | <del>NM 1ST QTR PROMO WHSL</del> 210900 |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                           |               |          |        |
| 1                                 | 1619         | 60        | CONJUGATED LINOLEIC ACID 500MG          | 194 16        |          | 194 16 |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE          |               |          |        |
| 2                                 | 14228        | 100       | GINKGO BILOBA LEAF EXT 30MG             | 41 04         | *        | 82 08  |
| 2                                 | 14231        | 75        | ST JOHN'S WORT HERB EXT 150MG           | 37 44         | *        | 74 88  |
| 19                                |              |           |                                         |               |          |        |

FOB ORIGIN

*Thank you for your order.*

CUSTOMER COPY

INVOICE TOTAL

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**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221-6333

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

OK  
73126-

FLEMING LA CROSSE  
322 CAUSEWAY BVLD  
LA CROSSE  
USA

WI  
54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 2 OF 2

**FOB ORIGIN**

*Thank you for your order.*

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

**CUSTOMER COPY**

**INVOICE TOTAL**

\$1,776.00

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9/05/03 **DISPLAY**  
11 28 25  
**Shipment #** 986858

Pharmavite Corporation  
**Tracking Numbers for this Shipment**  
**Ship Date** 3/05/03

HALAD  
PJL4DFR  
PHARM

| <b>Tracking Number</b> | <b>Weight</b> | <b>Package #</b> |   |
|------------------------|---------------|------------------|---|
| 1Z9178080300401116     | 49 00         | 1 of             | 3 |
| 1Z9178080300401125     | 21 00         | 2 of             | 3 |
| 1Z9178080300401134     | 8 00          | 3 of             | 3 |

CMD 1-Exit

**Bottom**

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 113 4                                      |
| <b>Reference Number(s)</b>  | 98685800, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 7 60 Lbs                                                      |
| <b>Shipped or Billed on</b> | Mar 5, 2003                                                   |
| <b>Delivered on</b>         | Mar 11, 2003 10 49 A M                                        |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOULIAHEN                                                     |

A handwritten signature in black ink, appearing to read 'Houliahen'.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 12 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 112 5                                      |
| <b>Reference Number(s)</b>  | 98685800, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 20 60 Lbs                                                     |
| <b>Shipped or Billed on</b> | Mar 5, 2003                                                   |
| <b>Delivered on</b>         | Mar 11, 2003 10 49 A M                                        |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOULIAHEN                                                     |

A handwritten signature in black ink, appearing to read 'Houliahen', is written over a horizontal line.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 12 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 111 6                                      |
| <b>Reference Number(s)</b>  | 98685800, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 48 90 Lbs                                                     |
| <b>Shipped or Billed on</b> | Mar 5, 2003                                                   |
| <b>Delivered on</b>         | Mar 11, 2003 10 49 A M                                        |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOULIAHEN                                                     |

A handwritten signature in black ink, appearing to read 'Houliahen', is written over a horizontal line.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 12 P M Eastern Time (USA)



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 51840    | 243852      | 3/05/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
 LA CROSSE DIVISION  
 PO BOX 26680  
 OKLAHOMA CITY  
 USA

OK  
 73126-

SHIP TO

FLEMING LA CROSSE  
 322 CAUSEWAY BLVD  
 LA CROSSE  
 USA

WI  
 54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 2

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|--------|
| P O # 706648                      |              | 986944    | UPS                                  | 2% 30, NET 31 | 237      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |        |
| 2                                 | 1130         | 100       | SELENIUM 200MCG                      | 105 36        |          | 210 72 |
| 1                                 | 1263         | 60        | VITAMIN C 1500MG W/ROSE HIPS         | 137.52        |          | 137.52 |
| 1                                 | 1289         | 100       | VITAMIN B-12 250MCG                  | 65 04         |          | 65 04  |
| 1                                 | 1310         | 100       | VITAMIN A 10M IU                     | 56.88         |          | 56.88  |
| 1                                 | 1368         | 30        | GINSENG 250MG EQUIVALENT             | 114 96        |          | 114 96 |
| 1                                 | 1392         | 100       | GARLIC & PARSLEY                     | 63.84         |          | 63.84  |
| 2                                 | 1480         | 100       | VITAMIN C 250MG                      | 43 44         |          | 86 88  |
| 1                                 | 1622         | 60        | CALCIUM PLUS SOY                     | 143.76        |          | 143.76 |
| 1                                 | 1637         | 60        | BALANCED B-100 T/R                   | 170 88        |          | 170 88 |
| 1                                 | 1668         | 18        | ZINC LOZENGE 10MG                    | 71.76         |          | 71.76  |
| 1                                 | 1671         | 60        | ANTIOXIDANT FORMULA PLUS MIN         | 143 76        |          | 143 76 |
| 2                                 | 1683         | 60        | MELATONIN 3MG                        | 93.36         |          | 186.72 |
| 1                                 | 1765         | 60        | ENERGY FORMULA                       | 143 76        |          | 143 76 |
| 1                                 | 1789         | 90        | ESSENTIAL MAN                        | 143.76        |          | 143.76 |
| 1                                 | 1791         | 90        | ESSENTIAL WOMAN                      | 143 76        |          | 143 76 |
| 1                                 | 1881         | 500       | VITAMIN C 500MG                      | 107 64        |          | 107 64 |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |        |
| 2                                 | 14032        | 50        | MILK THISTLE STANDARDIZED EXT        | 63 00         |          | 126 00 |
| 4                                 | 14033        | 50        | SAW PALMETTO 80MG CAPSULE            | 54 00         |          | 216 00 |
| 1                                 | 14222        | 90        | MACA 500MG                           | 50 28         |          | 50 28  |
| 3                                 | 14223        | 60        | BILBERRY STANDARDIZED EXT 30MG       | 47 40         |          | 142 20 |
| 2                                 | 14224        | 90        | CRANBERRY 405MG                      | 48 60         |          | 97 20  |
| 1                                 | 14232        | 150       | ST JOHN'S WORT 150MG EXTRACT         | 76 08         |          | 76 08  |
|                                   | PRODUCT LINE |           | - JOINT ACTION                       |               |          |        |
| 2                                 | 1113         | 20        | JOINT ACTION                         | 169 32        |          | 338 64 |

FOB ORIGIN

Thank you for your order.

CUSTOMER COPY

INVOICE TOTAL

PLEASE CHECK YOUR ORDER IMMEDIATELY ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221 6333

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

FLEMING LA CROSSE  
322 CAUSEWAY BVLD  
LA CROSSE  
USA

WI  
54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 2 OF 2

**FOB ORIGIN**

*Thank you for your order.*

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

**CUSTOMER COPY**

**INVOICE TOTAL**

\$3,790.20

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

9/05/03 DISPLAY  
11 28 16  
Shipment # 986944

Pharmavite Corporation  
Tracking Numbers for this Shipment  
Ship Date 3/05/03

HALAD  
PJL4DFR  
PHARM

| Tracking Number    | Weight | Package # |
|--------------------|--------|-----------|
| 1Z9178080300401465 | 8 00   | 1 of 6    |
| 1Z9178080300401474 | 26 00  | 2 of 6    |
| 1Z9178080300401483 | 31 00  | 3 of 6    |
| 1Z9178080300401492 | 33 00  | 4 of 6    |
| 1Z9178080300401509 | 44 00  | 5 of 6    |
| 1Z9178080300401518 | 29 00  | 6 of 6    |

Bottom

CMD 1-Exit

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 150 9                                      |
| <b>Reference Number(s)</b>  | 98694400, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 43 70 Lbs                                                     |
| <b>Shipped or Billed on</b> | Mar 5, 2003                                                   |
| <b>Delivered on</b>         | Mar 11, 2003 10 49 A M                                        |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOULIAHEN                                                     |

A handwritten signature in black ink, appearing to read 'Houliahen'.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 10 P M Eastern Time (USA)



**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                              |
|-----------------------------|--------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 151 8                                     |
| <b>Reference Number(s)</b>  | 98694400, 51840                                              |
| <b>Service Type</b>         | GROUND                                                       |
| <b>Package Weight</b>       | 28 30 Lbs                                                    |
| <b>Shipped or Billed on</b> | Mar 5, 2003                                                  |
| <b>Delivered on</b>         | Mar 11, 2003 10 49 A M                                       |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI US 54603 |
| <b>Signed by</b>            | HOULIAHEN                                                    |

A handwritten signature in black ink, appearing to read 'Houliahen'.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 09 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 149 2                                      |
| <b>Reference Number(s)</b>  | 98694400, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 32 70 Lbs                                                     |
| <b>Shipped or Billed on</b> | Mar 5 2003                                                    |
| <b>Delivered on</b>         | Mar 11 2003 10 49 A M                                         |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOULIAHEN                                                     |

A handwritten signature in black ink, appearing to read 'Houliahen', is written over a horizontal line.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 09 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 148 3                                      |
| <b>Reference Number(s)</b>  | 98694400, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 30 10 Lbs                                                     |
| <b>Shipped or Billed on</b> | Mar 5, 2003                                                   |
| <b>Delivered on</b>         | Mar 11, 2003 10 49 A M                                        |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOULIAHEN                                                     |

A handwritten signature in black ink, appearing to read 'Houliahen', written over a light gray background.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 09 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 146 5                                      |
| <b>Reference Number(s)</b>  | 98694400, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 7 40 Lbs                                                      |
| <b>Shipped or Billed on</b> | Mar 5, 2003                                                   |
| <b>Delivered on</b>         | Mar 11, 2003 10 49 A M                                        |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOULIAHEN                                                     |

A handwritten signature in black ink, appearing to read 'Houliahen'.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 09 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 147 4                                      |
| <b>Reference Number(s)</b>  | 98694400, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 25 40 Lbs                                                     |
| <b>Shipped or Billed on</b> | Mar 5, 2003                                                   |
| <b>Delivered on</b>         | Mar 11, 2003 10 49 A M                                        |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOULIAHEN                                                     |

A handwritten signature in black ink, appearing to read 'Houliahen', written over a horizontal line.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5 2003 4 09 P M Eastern Time (USA)



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*  
**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 50147    | 244070      | 3/07/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING INC  
 CTP/MEMPHIS GMD  
 PO BOX 268865  
 OKLAHOMA CITY  
 USA

OK  
 73126-8865

SHIP TO

FLEMING COMPANIES INC  
 MEMPHIS GMD DIV  
 4688 HUNGERFORD RD  
 MEMPHIS  
 USA

TN  
 38118-7003

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 2

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|--------|
| P O # 547773-MG                   |              | 986700    | UPS 3DAY                             | 2% 30, NET 31 | 080      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |        |
| 1                                 | 1130         | 100       | SELENIUM 200MCG                      | 105 36        |          | 105 36 |
| 2                                 | 1162         | 180       | VITAMIN E 400IU DLA                  | 174.96        |          | 349.92 |
| 1                                 | 1264         | 60        | VITAMIN C 1000MG W/ROSE HIPS         | 95 52         |          | 95 52  |
| 1                                 | 1277         | 100       | ZINC 30MG (GLUCONATE)                | 60.96         |          | 60.96  |
| 1                                 | 1280         | 100       | ZINC 60MG (GLUCONATE)                | 87 36         |          | 87 36  |
| 1                                 | 1281         | 100       | VITAMIN B-1 100MG                    | 66.48         |          | 66.48  |
| 1                                 | 1284         | 100       | VITAMIN B-6 50MG                     | 65 04         |          | 65 04  |
| 2                                 | 1285         | 100       | VITAMIN B-6 100MG                    | 93 36         |          | 186.72 |
| 1                                 | 1290         | 100       | VITAMIN B-12 500MCG                  | 97 68         |          | 97 68  |
| 2                                 | 1314         | 100       | BETA CAROTENE 25M IU                 | 113.28        |          | 226.56 |
| 2                                 | 1341         | 100       | SUPER B COMPLEX W/VIT C              | 134 64        |          | 269.28 |
| 2                                 | 1368         | 30        | GINSENG 250MG EQUIVALENT             | 114.96        |          | 229.92 |
| 1                                 | 1419         | 100       | ESSENTIAL DAILY                      | 107 28        |          | 107 28 |
| 1                                 | 1426         | 100       | IRON 65MG                            | 61.44         |          | 61.44  |
| 1                                 | 1473         | 60        | CALCIUM 600MG W/D                    | 90 00         |          | 90 00  |
| 1                                 | 1484         | 100       | VITAMIN C 500MG CAPLET T/R           | 95 04         |          | 95 04  |
| 1                                 | 1486         | 250       | VITAMIN C 500MG                      | 125 52        |          | 125 52 |
| 1                                 | 1635         | 60        | BALANCED B-50 T/R                    | 112 56        |          | 112 56 |
| 1                                 | 1671         | 60        | ANTIOXIDANT FORMULA PLUS MIN         | 143 76        |          | 143 76 |
| 2                                 | 1681         | 100       | L-LYSINE 500MG                       | 97 44         |          | 194.80 |
| 1                                 | 1789         | 90        | ESSENTIAL MAN                        | 143 76        |          | 143 76 |
|                                   | PRODUCT LINE |           | NATURE'S RESOURCE PREMIUM HE         |               |          |        |
| 1                                 | 14033        | 50        | SAW PALMETTO 80MG CAPSULE            | 54 00         |          | 54 00  |
| 1                                 | 14035        | 50        | EVENING PRIMROSE OIL W/VIT E         | 43 08         |          | 43 08  |
| 1                                 | 14155        | 60        | GINKGO BILOBA 60MG EXTRACT           | 66 60         |          | 66 60  |
| 1                                 | 14224        | 90        | CRANBERRY 405MG                      | 48 60         |          | 48 60  |

FOB ORIGIN

Thank you for your order.

CUSTOMER COPY

INVOICE TOTAL

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

PLEASE CHECK YOUR ORDER IMMEDIATELY ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 OR 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221 6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING INC  
CTP/MEMPHIS GMD  
PO BOX 268865  
OKLAHOMA CITY  
USA

FLEMING COMPANIES INC  
MEMPHIS GMD DIV  
4688 HUNGERFORD RD  
MEMPHIS  
USA

TN  
38118-7003

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 2 OF 2

**F O B. ORIGIN**

*Thank you for your order.*

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

**CUSTOMER COPY**

**INVOICE TOTAL**

\$3,433.08

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED, ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE

9/05/03 **DISPLAY**  
11 28 04  
**Shipment #** 986700

Pharmavite Corporation  
**Tracking Numbers for this Shipment**  
**Ship Date** 3/07/03

HALAD  
PJL4DFR  
PHARM

| <b>Tracking Number</b> | <b>Weight</b> | <b>Package #</b> |   |
|------------------------|---------------|------------------|---|
| 1Z9178081200026489     | 24 00         | 1 of             | 7 |
| 1Z9178081200026498     | 17 00         | 2 of             | 7 |
| 1Z9178081200026505     | 40 00         | 3 of             | 7 |
| 1Z9178081200026514     | 25 00         | 4 of             | 7 |
| 1Z9178081200026523     | 29 00         | 5 of             | 7 |
| 1Z9178081200026532     | 29 00         | 6 of             | 7 |
| 1Z9178081200026541     | 15 00         | 7 of             | 7 |

**Bottom**

CMD 1-Exit



**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                             |
|-----------------------------|---------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 12 0002 654 1                    |
| <b>Reference Number(s)</b>  | 98670000, 50147                             |
| <b>Service Type</b>         | 3 DAY SELECT                                |
| <b>Package Weight</b>       | 14 40 Lbs                                   |
| <b>Shipped or Billed on</b> | Mar 7, 2003                                 |
| <b>Delivered on</b>         | Mar 12, 2003 10 40 A M                      |
| <b>Delivered to</b>         | 4688 HUNGERFORD RD<br>MEMPHIS, TN, US 38118 |
| <b>Signed by</b>            | GREER                                       |

A handwritten signature in black ink, appearing to be 'Greer'.

**Location** OFFICE

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 05 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                             |
|-----------------------------|---------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 12 0002 653 2                    |
| <b>Reference Number(s)</b>  | 98670000 50147                              |
| <b>Service Type</b>         | 3 DAY SELECT                                |
| <b>Package Weight</b>       | 28 10 Lbs                                   |
| <b>Shipped or Billed on</b> | Mar 7, 2003                                 |
| <b>Delivered on</b>         | Mar 12, 2003 10 40 A M                      |
| <b>Delivered to</b>         | 4688 HUNGERFORD RD<br>MEMPHIS, TN, US 38118 |
| <b>Signed by</b>            | GREER                                       |

A handwritten signature in black ink, appearing to be 'Greer'.

**Location** OFFICE

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 05 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                             |
|-----------------------------|---------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 12 0002 652 3                    |
| <b>Reference Number(s)</b>  | 98670000, 50147                             |
| <b>Service Type</b>         | 3 DAY SELECT                                |
| <b>Package Weight</b>       | 28 10 Lbs                                   |
| <b>Shipped or Billed on</b> | Mar 7, 2003                                 |
| <b>Delivered on</b>         | Mar 11, 2003 10 31 A M                      |
| <b>Delivered to</b>         | 4688 HUNGERFORD RD<br>MEMPHIS, TN, US 38118 |
| <b>Signed by</b>            | GREER                                       |

A handwritten signature in black ink, appearing to be 'Greer', is written over the printed name 'GREER'.

**Location** OFFICE

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 05 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                             |
|-----------------------------|---------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 12 0002 651 4                    |
| <b>Reference Number(s)</b>  | 98670000, 50147                             |
| <b>Service Type</b>         | 3 DAY SELECT                                |
| <b>Package Weight</b>       | 24 40 Lbs                                   |
| <b>Shipped or Billed on</b> | Mar 7, 2003                                 |
| <b>Delivered on</b>         | Mar 11, 2003 10 31 A M                      |
| <b>Delivered to</b>         | 4688 HUNGERFORD RD<br>MEMPHIS, TN, US 38118 |
| <b>Signed by</b>            | GREER                                       |

A handwritten signature in black ink, appearing to be 'Greer', is written over the printed name 'GREER'.

**Location** OFFICE

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 04 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                             |
|-----------------------------|---------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 12 0002 650 5                    |
| <b>Reference Number(s)</b>  | 98670000, 50147                             |
| <b>Service Type</b>         | 3 DAY SELECT                                |
| <b>Package Weight</b>       | 39 80 Lbs                                   |
| <b>Shipped or Billed on</b> | Mar 7, 2003                                 |
| <b>Delivered on</b>         | Mar 12, 2003 10 40 A M                      |
| <b>Delivered to</b>         | 4688 HUNGERFORD RD<br>MEMPHIS, TN, US 38118 |
| <b>Signed by</b>            | GREER                                       |

A handwritten signature in black ink, appearing to be 'Greer'.

**Location** OFFICE

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 04 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                             |
|-----------------------------|---------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 12 0002 648 9                    |
| <b>Reference Number(s)</b>  | 98670000, 50147                             |
| <b>Service Type</b>         | 3 DAY SELECT                                |
| <b>Package Weight</b>       | 23 30 Lbs                                   |
| <b>Shipped or Billed on</b> | Mar 7, 2003                                 |
| <b>Delivered on</b>         | Mar 12, 2003 10 40 A M                      |
| <b>Delivered to</b>         | 4688 HUNGERFORD RD<br>MEMPHIS, TN, US 38118 |
| <b>Signed by</b>            | GREER                                       |

A handwritten signature in black ink, appearing to be 'Greer', is written over a horizontal line.

**Location** OFFICE

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 4 04 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                             |
|-----------------------------|---------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 12 0002 649 8                    |
| <b>Reference Number(s)</b>  | 98670000, 50147                             |
| <b>Service Type</b>         | 3 DAY SELECT                                |
| <b>Package Weight</b>       | 16 20 Lbs                                   |
| <b>Shipped or Billed on</b> | Mar 7, 2003                                 |
| <b>Delivered on</b>         | Mar 12, 2003 10 40 A M                      |
| <b>Delivered to</b>         | 4688 HUNGERFORD RD<br>MEMPHIS, TN, US 38118 |
| <b>Signed by</b>            | GREER                                       |

A handwritten signature in black ink, appearing to be 'Greer', is written over a horizontal line.

**Location** OFFICE

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5 2003 4 04 P M Eastern Time (USA)



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221-6333

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

OK  
73126-

FLEMING LA CROSSE  
322 CAUSEWAY BVLD  
LA CROSSE  
USA

WI  
54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

*Thank you for your order.*

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

**CUSTOMER COPY**

**INVOICE TOTAL**

\$332 01

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.



9/C5/03 DISPLAY  
11 27 53  
Shipment # 987490

Pharmavite Corporation  
Tracking Numbers for this Shipment  
Ship Date 3/07/03

HALAD  
PJL4DFR  
PHARM

| Tracking Number    | Weight | Package # |
|--------------------|--------|-----------|
| 1Z9178080300402651 | 13 00  | 1 of 2    |
| 1Z9178080300402660 | 17 00  | 2 of 2    |

CMD 1-Exit

Bottom

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

**Tracking Number** 1Z 917 808 03 0040 265 1  
**Reference Number(s)** 98749000, 51840  
**Service Type** GROUND  
**Package Weight** 12 30 Lbs  
**Shipped or Billed on** Mar 7, 2003  
**Delivered on** Mar 13, 2003 11 07 A M  
**Delivered to** GATEWAY FOODS  
322 CAUSEWAY BLVD  
LA CROSSE, WI, US 54603  
**Signed by** HOULIHAN

A handwritten signature in black ink, appearing to read 'J. Houlihan'.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 2 42 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 266 0                                      |
| <b>Reference Number(s)</b>  | 98749000, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 16 40 Lbs                                                     |
| <b>Shipped or Billed on</b> | Mar 7, 2003                                                   |
| <b>Delivered on</b>         | Mar 13, 2003 11 07 A M                                        |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOULIHAN                                                      |

A handwritten signature in black ink, appearing to read 'J. Houlihan'.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 2 42 P M Eastern Time (USA)



PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

9/05/03 DISPLAY  
11 27 43  
Shipment # 987618

Pharmavite Corporation  
Tracking Numbers for this Shipment  
Ship Date 3/10/03

HALAD  
PJL4DFR  
PHARM

| Tracking Number    | Weight | Package # |
|--------------------|--------|-----------|
| 1Z9178080200088566 | 24 00  | 1 of 3    |
| 1Z9178080200088575 | 41 00  | 2 of 3    |
| 1Z9178080200088584 | 28 00  | 3 of 3    |

Bottom

CMD 1-Exit

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                         |
|-----------------------------|-----------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 02 0008 856 6                |
| <b>Reference Number(s)</b>  | 98761800, 51496                         |
| <b>Service Type</b>         | 2ND DAY AIR                             |
| <b>Package Weight</b>       | 24 00 Lbs                               |
| <b>Shipped or Billed on</b> | Mar 10, 2003                            |
| <b>Delivered on</b>         | Mar 12, 2003 1 09 P M                   |
| <b>Delivered to</b>         | 91315 HANUA ST<br>KAPOLEI, HI, US 96707 |
| <b>Signed by</b>            | D TAYLOR                                |

A handwritten signature in black ink, appearing to read 'D Taylor', with a long, sweeping horizontal stroke extending to the right.

**Location** RECEPTION

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 2 40 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                         |
|-----------------------------|-----------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 02 0008 857 5                |
| <b>Reference Number(s)</b>  | 98761800, 51496                         |
| <b>Service Type</b>         | 2ND DAY AIR                             |
| <b>Package Weight</b>       | 41 00 Lbs                               |
| <b>Shipped or Billed on</b> | Mar 10, 2003                            |
| <b>Delivered on</b>         | Mar 11, 2003 4 10 P M                   |
| <b>Delivered to</b>         | 91315 HANUA ST<br>KAPOLEI, HI, US 96707 |
| <b>Signed by</b>            | E BARTOLOME                             |

A handwritten signature in black ink, appearing to read 'E Bartolome'.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 2 40 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                         |
|-----------------------------|-----------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 02 0008 858 4                |
| <b>Reference Number(s)</b>  | 98761800, 51496                         |
| <b>Service Type</b>         | 2ND DAY AIR                             |
| <b>Package Weight</b>       | 27 30 Lbs                               |
| <b>Shipped or Billed on</b> | Mar 10, 2003                            |
| <b>Delivered on</b>         | Mar 11, 2003 4 10 P M                   |
| <b>Delivered to</b>         | 91315 HANUA ST<br>KAPOLEI, HI, US 96707 |
| <b>Signed by</b>            | E BARTOLOME                             |

A handwritten signature in black ink, appearing to read 'E. Bartolome'.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 2 40 P M Eastern Time (USA)





**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221-6200 Fax No (818) 221-6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING INC  
CTP/MEMPHIS GMD  
PO BOX 268865  
OKLAHOMA CITY  
USA

FLEMING COMPANIES INC  
MEMPHIS GMD DIV  
4688 HUNGERFORD RD  
MEMPHIS  
USA

TN  
38118-7003

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

**CUSTOMER COPY**

**INVOICE TOTAL**

\$94.86

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

UPS Package Tracking

Page 1 of 1



United Parcel Service

**DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                              |
|-----------------------------|----------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 555 0                     |
| <b>Reference Number(s)</b>  | 98558800, 50147                              |
| <b>Service Type</b>         | GROUND                                       |
| <b>Package Weight</b>       | 8.30 Lbs                                     |
| <b>Shipped or Billed on</b> | Mar 11, 2003                                 |
| <b>Delivered on</b>         | Mar 18, 2003 10 36 A M                       |
| <b>Delivered to</b>         | 4688 HUNGERFORD RD<br>MEMPHIS, TN, US, 38118 |
| <b>Signed by</b>            | GREER                                        |

A handwritten signature in black ink, appearing to be "Greer".

**Location** OFFICE

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Apr 3, 2003 12 23 P M Eastern Time (USA)

985588

① page



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
 Phone No (818) 221 6200 Fax No (818) 221 6333

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

9/05/03 DISPLAY  
11 27 32  
Shipment # 986698

Pharmavite Corporation  
Tracking Numbers for this Shipment  
Ship Date 3/11/03

HALAD  
PJL4DFR  
PHARM

| Tracking Number    | Weight | Package # |
|--------------------|--------|-----------|
| 1Z9178080300405041 | 27 00  | 1 of 4    |
| 1Z9178080300405050 | 20 00  | 2 of 4    |
| 1Z9178080300405069 | 28 00  | 3 of 4    |
| 1Z9178080300405078 | 27 00  | 4 of 4    |

CMD 1-Exit

Bottom

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                |
|-----------------------------|------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 504 1                       |
| <b>Reference Number(s)</b>  | 98669800, 06026                                |
| <b>Service Type</b>         | GROUND                                         |
| <b>Package Weight</b>       | 26 80 Lbs                                      |
| <b>Shipped or Billed on</b> | Mar 11, 2003                                   |
| <b>Delivered on</b>         | Mar 14, 2003 9 05 A M                          |
| <b>Delivered to</b>         | 8301 FRUITRIDGE RD<br>SACRAMENTO, CA, US 95826 |
| <b>Signed by</b>            | NISSEN                                         |

A handwritten signature in black ink, appearing to read 'K. Nissen', is written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 2 37 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                |
|-----------------------------|------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 505 0                       |
| <b>Reference Number(s)</b>  | 98669800, 06026                                |
| <b>Service Type</b>         | GROUND                                         |
| <b>Package Weight</b>       | 20 00 Lbs                                      |
| <b>Shipped or Billed on</b> | Mar 11, 2003                                   |
| <b>Delivered on</b>         | Mar 14, 2003 9 05 A M                          |
| <b>Delivered to</b>         | 8301 FRUITRIDGE RD<br>SACRAMENTO, CA, US 95826 |
| <b>Signed by</b>            | NISSEN                                         |

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 2 37 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                               |
|-----------------------------|-----------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 506 9                      |
| <b>Reference Number(s)</b>  | 98669800, 06026                               |
| <b>Service Type</b>         | GROUND                                        |
| <b>Package Weight</b>       | 27 20 Lbs                                     |
| <b>Shipped or Billed on</b> | Mar 11, 2003                                  |
| <b>Delivered on</b>         | Mar 14, 2003 9 05 A M                         |
| <b>Delivered to</b>         | 8301 FRUITRIDGE RD<br>SACRAMENTO, CA US 95826 |
| <b>Signed by</b>            | NISSEN                                        |

A handwritten signature in black ink, appearing to read 'K. H. Nissen', is written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 2 38 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                |
|-----------------------------|------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 507 8                       |
| <b>Reference Number(s)</b>  | 98669800, 06026                                |
| <b>Service Type</b>         | GROUND                                         |
| <b>Package Weight</b>       | 26 10 Lbs                                      |
| <b>Shipped or Billed on</b> | Mar 11, 2003                                   |
| <b>Delivered on</b>         | Mar 14, 2003 9 05 A M                          |
| <b>Delivered to</b>         | 8301 FRUITRIDGE RD<br>SACRAMENTO, CA, US 95826 |
| <b>Signed by</b>            | NISSEN                                         |

A handwritten signature in black ink, appearing to read 'Kait Nissen', is written over a horizontal line.

**Location** RECEIVER

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 2 38 P M Eastern Time (USA)





Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*  
 Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221 6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 51840    | 244621      | 3/12/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
 LA CROSSE DIVISION  
 PO BOX 26680  
 OKLAHOMA CITY  
 USA

OK  
 73126-

SHIP TO

FLEMING LA CROSSE  
 322 CAUSEWAY BLVD  
 LA CROSSE  
 USA

WI  
 54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

| PURCHASE ORDER / REFERENCE NUMBER                  |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALES/MAN |            |
|----------------------------------------------------|--------------|-----------|--------------------------------------|---------------|-----------|------------|
| P O # 707610                                       |              | 987664    | UPSN                                 | 2% 30, NET 31 | 237       |            |
| QUANTITY                                           | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *         | AMOUNT     |
|                                                    |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |           |            |
|                                                    | PRODUCT LINE |           | - NATURE MADE                        |               |           |            |
| 2                                                  | 1015         | 30        | WOMEN'S 30 DAY PACK                  | 40 56         |           | 81 12      |
| 2                                                  | 1160         | 100       | VITAMIN E 400IU DL-ALPHA             | 207.36        |           | 414.72     |
| 1                                                  | 1314         | 100       | BETA CAROTENE 25M IU                 | 113 28        |           | 113 28     |
| 3                                                  | 1480         | 100       | VITAMIN C 250MG                      | 43.44         |           | 130.32     |
| 1                                                  | 1668         | 18        | ZINC LOZENGE 10MG                    | 71 76         |           | 71 76      |
| 1                                                  | 1678         | 100       | CHROMIUM PICOLINATE                  | 94.80         |           | 94.80      |
| 1                                                  | 1881         | 500       | VITAMIN C 500MG                      | 107 64        |           | 107 64     |
| 2                                                  | 1882         | 300       | VITAMIN E 400IU DLA                  | 123.84        |           | 247.68     |
|                                                    |              |           | NM 1ST QTR PROMO WHSL                | 210900        |           |            |
|                                                    | PRODUCT LINE |           | - NATURE MADE                        |               |           |            |
| 5                                                  | 1489         | 100       | VITAMIN C 1000MG                     | 104.64        | *         | 523.20     |
|                                                    | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |           |            |
| 3                                                  | 14000        | 100       | GINSENG ROOT, SIBERIAN 410MG         | 31 92         | *         | 95 76      |
| 3                                                  | 14231        | 75        | ST JOHN'S WORT HERB EXT 150MG        | 37 44         | *         | 112 32     |
| 24                                                 |              |           |                                      |               |           |            |
| THIS INVOICE IS DUE AND PAYABLE ON 04/12/03        |              |           |                                      |               |           |            |
| IF PAYMENT IS RECEIVED BY 04/11/03, YOU MAY DEDUCT |              |           |                                      | \$39 85       |           |            |
| ***** THIS INVOICE HAS BEEN SENT BY EDI *****      |              |           |                                      |               |           | *****      |
| FOB ORIGIN                                         |              |           |                                      | INVOICE TOTAL |           | \$1,992.60 |

FOB ORIGIN

CUSTOMER COPY

INVOICE TOTAL

\$1,992.60

Thank you for your order.

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

UPS Package Tracking

Page 1 of 1



United Parcel Service

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                                |
|-----------------------------|----------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 639 9                                       |
| <b>Reference Number(s)</b>  | 98766400, 51840                                                |
| <b>Service Type</b>         | GROUND                                                         |
| <b>Package Weight</b>       | 33 00 Lbs                                                      |
| <b>Shipped or Billed on</b> | Mar 12, 2003                                                   |
| <b>Delivered on</b>         | Mar 18, 2003 10 17 A M                                         |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US, 54603 |
| <b>Signed by</b>            | HOULIHAN                                                       |

A handwritten signature in black ink, appearing to read 'H. Houlahan'.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Apr 3, 2003 12 12 P M Eastern Time (USA)

987664

12/4

UPS Package Tracking

Page 1 of 1



United Parcel Service

DELIVERY NOTIFICATION

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                      |                                                                |
|----------------------|----------------------------------------------------------------|
| Tracking Number      | 1Z 917 808 03 0040 640 6                                       |
| Reference Number(s)  | 98766400, 51840                                                |
| Service Type         | GROUND                                                         |
| Package Weight.      | 24 50 Lbs                                                      |
| Shipped or Billed on | Mar 12, 2003                                                   |
| Delivered on         | Mar 18, 2003 10 17 A M                                         |
| Delivered to         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US, 54603 |
| Signed by            | HOULIHAN                                                       |

A handwritten signature in black ink, appearing to read 'Houlahan'.

Location DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Apr 3, 2003 12 13 P M Eastern Time (USA)

987664

2 of 4

UPS Package Tracking

Page 1 of 1



United Parcel Service

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                                |
|-----------------------------|----------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 641 5                                       |
| <b>Reference Number(s)</b>  | 98766400, 51840                                                |
| <b>Service Type</b>         | GROUND                                                         |
| <b>Package Weight</b>       | 44 70 Lbs                                                      |
| <b>Shipped or Billed on</b> | Mar 12, 2003                                                   |
| <b>Delivered on</b>         | Mar 18, 2003 10 17 A.M                                         |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US, 54603 |
| <b>Signed by</b>            | HOULIHAN                                                       |

A handwritten signature in black ink, appearing to read 'J. Houlahan', written over a horizontal line.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Apr 3, 2003 12 19 P M Eastern Time (USA)

987664

314

UPS Package Tracking

Page 1 of 1



United Parcel Service

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                                |
|-----------------------------|----------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 642 4                                       |
| <b>Reference Number(s)</b>  | 98766400, 51840                                                |
| <b>Service Type</b>         | GROUND                                                         |
| <b>Package Weight</b>       | 22 10 Lbs                                                      |
| <b>Shipped or Billed on</b> | Mar 12, 2003                                                   |
| <b>Delivered on</b>         | Mar 18, 2003 10 17 A M                                         |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US, 54603 |
| <b>Signed by</b>            | HOULIHAN                                                       |

A handwritten signature in black ink, appearing to read 'H. Houlahan'.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Apr 3, 2003 12 15 P M Eastern Time (USA)

987664

4 of 4



Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221-6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 51840    | 244770      | 3/13/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
 LA CROSSE DIVISION  
 PO BOX 26680  
 OKLAHOMA CITY  
 USA

OK  
 73126-

SHIP TO

FLEMING LA CROSSE  
 322 CAUSEWAY BLVD  
 LA CROSSE  
 USA

WI  
 54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|--------|
| P O # 708910                      |              | 988171    | UPSN                                 | 2% 30, NET 31 | 237      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |        |
| 2                                 | 1015         | 30        | WOMEN'S 30 DAY PACK                  | 40 56         |          | 81 12  |
| 1                                 | 1765         | 60        | ENERGY FORMULA                       | 143.76        |          | 143.76 |
| 2                                 | 1881         | 500       | VITAMIN C 500MG                      | 107 64        |          | 215 28 |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |        |
| 2                                 | 14007        | 100       | GINGER ROOT 550MG                    | 31 92         |          | 63 84  |
| 1                                 | 14065        | 50        | GRAPE SEED EXTRACT 25MG              | 54 60         |          | 54 60  |
|                                   |              |           | NM 1ST QTR PROMO WHSL 210900         |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |        |
| 4                                 | 14228        | 100       | GINKGO BILOBA LEAF EXT 30MG          | 41 04         | *        | 164 16 |
| 12                                |              |           |                                      |               |          |        |
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FOB ORIGIN

CUSTOMER COPY

INVOICE TOTAL

\$722 76

Thank you for your order.

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

\* INDICATES PROMOTIONAL NET COST. MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE. NOT EVERY DAY COST.

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED, ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT. TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 OR 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

UPS Package Tracking

Page 1 of 1



United Parcel Service

DELIVERY NOTIFICATION

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                      |                                                                |
|----------------------|----------------------------------------------------------------|
| Tracking Number      | 1Z 917 808 03 0040 777 2                                       |
| Reference Number(s)  | 98817100, 51840                                                |
| Service Type         | GROUND                                                         |
| Package Weight       | 22.10 Lbs                                                      |
| Shipped or Billed on | Mar 13, 2003                                                   |
| Delivered on         | Mar 19, 2003 10 32 A M                                         |
| Delivered to         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US, 54603 |
| Signed by            | HOULIHAN                                                       |

A handwritten signature in black ink, appearing to read 'Houlahan'.

Location FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Apr 3, 2003 12 25 P M Eastern Time (USA)

988171

1 of 2

UPS Package Tracking

Page 1 of 1



United Parcel Service

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                                |
|-----------------------------|----------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0040 776 1                                       |
| <b>Reference Number(s)</b>  | 98817100, 51840                                                |
| <b>Service Type</b>         | GROUND                                                         |
| <b>Package Weight</b>       | 25 30 Lbs                                                      |
| <b>Shipped or Billed on</b> | Mar 13, 2003                                                   |
| <b>Delivered on</b>         | Mar 19, 2003 10 32 A M                                         |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US, 54603 |
| <b>Signed by</b>            | HOULIHAN                                                       |

A handwritten signature in black ink, appearing to read 'Houlahan'.

**Location** FRONT DESK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Apr 3, 2003 12 25 P M Eastern Time (USA)

988171

2 of 2





Pharmavite

\*\*\*\*\*  
 \*\*\*\*\* EDI INVOICE \*\*\*\*\*  
 \*\*\*\*\*

Pharmavite LLC  
 8510 Balboa Blvd  
 Northridge, CA 91325  
 Phone No (818) 221 6200 Fax No (818) 221-6333

| CUST NO. | INVOICE NO. | INVOICE DATE |
|----------|-------------|--------------|
| 51496    | 245364      | 3/19/03      |

PLEASE REMIT PAYMENT TO  
 PHARMAVITE LLC  
 P O BOX 95404  
 CHICAGO, IL 60694-5404

SOLD TO

FLEMING FOODS HAWAII

91-315 HANUA STREET  
 KAPOLEI  
 USA

HI  
 96707-

SHIP TO

FLEMING FOODS HAWAII

91-315 HANUA STREET  
 KAPOLEI  
 USA

HI  
 96707-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 2

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN  |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|-----------|--------|
| P O # 100737-HW                   |              | 988598    | CPPV                                 | 2% 30, NET 31 | 197       |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          |               | NET PRICE | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |           |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |           |        |
| 2                                 | 1025         | 30        | MEN'S 30 DAY PACK                    |               | 40 56     | 81 12  |
| 2                                 | 1030         | 30        | MAXIMIN 30 DAY PACK                  |               | 55.80     | 111.60 |
| 1                                 | 1155         | 100       | VITAMIN E 200IU DL-ALPHA             |               | 81 60     | 81 60  |
| 1                                 | 1379         | 130       | CALCIUM 500MG W/D S/P                |               | 67.80     | 67.80  |
| 1                                 | 1439         | 100       | CALCIUM 600MG                        |               | 106 08    | 106 08 |
| 1                                 | 1475         | 60        | CALCIUM CITRATE W/VIT D              |               | 100.80    | 100.80 |
| 1                                 | 1496         | 60        | CHEWABLE VIT C 500MG                 |               | 86 16     | 86 16  |
| 1                                 | 1650         | 60        | VITAMIN C 1000MG W/RH TR             |               | 113 28    | 113 28 |
| 1                                 | 1668         | 18        | ZINC LOZENGE 10MG                    |               | 71 76     | 71 76  |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |           |        |
| 1                                 | 14007        | 100       | GINGER ROOT 550MG                    |               | 31.92     | 31.92  |
| 1                                 | 14223        | 60        | BILBERRY STANDARDIZED EXT 30MG       |               | 47 40     | 47 40  |
|                                   |              |           | NM 1ST QTR PROMO WHSL 210900         |               |           |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |           |        |
| 2                                 | 1224         | 100       | VITAMIN E 400IU D-ALPHA              |               | 166 08    | 332 16 |
| 8                                 | 1777         | 130       | ESSENTIAL BALANCE                    |               | 64 68     | 517 44 |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |           |        |
| 15                                | 14002        | 100       | ECHINACEA HERB 350MG                 |               | 38 40     | 576 00 |
| 4                                 | 14101        | 18        | ZINC W/ECHINACEA LOZENGE             |               | 31 20     | 124 80 |
| 8                                 | 14228        | 100       | GINKGO BILOBA LEAF EXT 30MG          |               | 41 04     | 328 32 |
| 50                                |              |           |                                      |               |           |        |

FOB ORIGIN

*Thank you for your order.*

PLEASE CHECK YOUR ORDER IMMEDIATELY ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

CUSTOMER COPY

INVOICE TOTAL

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 OR 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE



**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221 6333**

PLEASE REMIT PAYMENT TO

PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

FLEMING FOODS HAWAII

91-315 HANUA STREET  
KAPOLEI  
USA

HI  
96707-

FLEMING FOODS HAWAII

91-315 HANUA STREET  
KAPOLEI  
USA

HI  
96707-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 2 OF 2

**FOB ORIGIN**

*Thank you for your order.*

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

**CUSTOMER COPY**

**INVOICE TOTAL**

\$2,778.24

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

**STRAIGHT BILL OF LADING - SHORT FORM** NOT NEGOTIABLE  
RECEIVED subject to the classifications and tariffs in effect on the date of issue of this original Bill of Lading


**PHARMAVITE LLC**

25045 AVENUE TIBBITTS SANTA CLARITA CA 91355

Pharmavite LLC  
25045 Avenue Tibbetts  
Santa Clarita California 91355  
(818) 221-6200  
FAX (805) 294 3661

ON COLLECT FROM DELIVERY SHIPMENTS THE LETTERS C O D MUST APPEAR  
BEFORE CONSIGNEE'S NAME OR AS OTHERWISE PROVIDED IN ITEM 430 SEC 1

|                                                                                                                     |                                                                |                                    |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------|
| <b>CONSIGNEE AND DESTINATION</b><br><br>FLEMING FOODS HAWAII<br><br>91-315 HANUA STREET<br>KAPOLEI, HI 96707<br>USA | <b>CARRIER/SCAC CODES</b><br><br>CPFU                          | <b>CARRIER PRO NUMBER</b><br><br>  |
|                                                                                                                     | <b>SHIPPER CONTROL NO.</b><br><br>988598 00                    | <b>ACCOUNT NUMBER</b><br><br>51496 |
|                                                                                                                     | <b>P.O. NO.</b><br>100737-HW                                   | <b>DATE SHIPPED</b><br>3/19/03     |
|                                                                                                                     | <b>STANDARD INSTRUCTIONS</b><br>NEED 2 SEPERATE BILL OF LADING |                                    |
| <b>CARRIER INSTRUCTIONS</b> Ship To Arrive By 3/31/2003                                                             |                                                                |                                    |

| H/M                                                                                                                                                                                                                         | CTN | DESCRIPTION           | PALLET SERIAL NUMBER (SSC) | NMFC  | WEIGHT |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|----------------------------|-------|--------|
|                                                                                                                                                                                                                             | 50  | DRUGS, RUMX \$2 30 LB | 00100316040002247503       | 60000 | 70 201 |
| <div><br/>Shipment received under terms and conditions on file at Caltop Logistics. Carrier acknowledges document as receipt only.</div> |     |                       |                            |       |        |
| <b>TOTAL PALLETS</b>                                                                                                                                                                                                        |     |                       | Pallets 1                  |       | 35     |
| <b>TOTALS</b>                                                                                                                                                                                                               |     |                       |                            |       | 236    |

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

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

If the shipment moves between two ports by a carrier by water the law requires that the bill of lading shall state whether it is a carrier's or shipper's weight.  
The above boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all over requirements of Consolidated Freight Classification.  
Shipper's imprint in blue stamp not a part of bill of lading approved by the Interstate Commerce Commission.

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

|                                              |             |    |    |    |                                     |                             |                                                                                         |
|----------------------------------------------|-------------|----|----|----|-------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------|
| <b>SHIPPER REFERENCE NOT FOR CARRIER USE</b> |             |    |    |    | <b>C.O.D. CHARGE TO BE PAID BY:</b> |                             | <b>IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE TO BE PREPAID</b><br><b>PREPAID</b> |
| PRODUCT CODE<br>010                          | DV<br>2,986 | PS | PS | PS | SHIPPER                             | CONSIGNEE<br>C.O.D. AMT. \$ |                                                                                         |

INCLUDE SHIPPER CONTROL NUMBER ON INVOICE and Forward IN DUPLICATE for payment

TO PHARMAVITE LLC  
TRAFFIC DEPT  
25045 AVENUE TIBBITTS  
SANTA CLARITA, CALIFORNIA 91355

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
PHARMAVITE LLC 25045 AVENUE TIBBITTS SANTA CLARITA, CALIFORNIA 91355

SHIPPER, PER

AGENT OB1-48

PER 3-19-03

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS

APR 24 2003 3 01PM

10:03 PM 02, 2003

TEL NO: 310-537-1400

NO 0936

PAGE 2


**DIX**

Ocean / Air Freight

REMIT TO: FILE 56504 - LOS ANGELES, CA 90074-8604

 PHOENIX RANCHO DOMINGUEZ (714) 890-0000 • HAWAII (808) 961-7311 • MAUI (808) 977-0000  
 OAKLAND (510) 490-0000 • PORTLAND (503) 520-2001  
 SEATTLE (206) 240-0000 • GUAM (671) 540-0000

 CALTOP CD-OP\*  
 1115 S TAYLOR AVE  
 P.O. BOX 1006  
 MONTEBELLO, CA 90640

FREIGHT CHARGES TO BE PAID BY

 CALTOP CD-OP\*  
 1115 S TAYLOR AVE  
 P.O. BOX 1006  
 MONTEBELLO, CA 90640

 Caltop  
 #529760

FREIGHT BILL NUMBER

3125367

METHOD OF PAYMENT

PREPAID

INVOICE DATE

03/23/03

SHIPPER'S REF. NO.

33359806

CUST. ACCT. NO.

7840

CITY

LA

 FLEMING COMPANIES INC ---  
 HAWAII DIVISION  
 91-315 MANUA ST  
 KAPOLEI, HI 96707  
 808-682-3350 RT NO: 4

Purchase Order No.

10073711

| QTY./ | NO. OF | DESCRIPTION                          | WEIGHT/CUBE | RATE | CHARGES |
|-------|--------|--------------------------------------|-------------|------|---------|
| 1     | 7840   | SK DRUGS                             | 236         |      |         |
|       |        | OCEAN CHARGE                         | 29          |      | *****   |
|       |        | TERMINAL HANDLING CHARGE             | 29          |      | *****   |
|       |        | NOTE: >>>HAVE FORKLIFT               |             |      |         |
|       |        | >>>TAKE TO SATELLITE WHSE            |             |      |         |
|       |        | OCEAN FUEL SURCHARGE                 |             |      | *****   |
|       |        | AGENT TO DELIVER                     |             |      |         |
|       |        | EXIT:PHARMAVITE LLC,SANTA CLARITA,CA |             |      |         |

MAIN

MATSON FUEL SURCHARGE INCREASE TO 7.5% TO BE ANNOUNCED SHORTLY. SEE WWW.MATSON.COM

| VESSEL & VOYAGE | CONTAINER | DELIVERING AGENT - PHONE  | DUE IN PORT | TOTAL CHARGES |
|-----------------|-----------|---------------------------|-------------|---------------|
| CHFGD0133       | 952676A   | DHX/(808)8417311 AO/KF/AO | 03/26/03    |               |

|          |                                                                  |                               |              |
|----------|------------------------------------------------------------------|-------------------------------|--------------|
| RECYCLED | GOVERNING TARIFFS REQUIRE PAYMENT OF FREIGHT BILLS WITHIN 7 DAYS | RECEIVED BY IN GOOD CONDITION | DATE         |
| VER      | TIME IN 08 33                                                    | TIME OUT 12:00                | DATE 4/1/03  |
|          | DHX DELIVERY RECEIPT                                             |                               | PRINT NAME X |

988598



Pharmavite LLC  
8510 Balboa Blvd  
Northridge, CA 91325  
Phone No (818) 221 6200 Fax No (818) 221-6333

\*\*\*\*\*  
\*\*\*\*\* EDI INVOICE \*\*\*\*\*  
\*\*\*\*\*

| CUST NO | INVOICE NO. | INVOICE DATE |
|---------|-------------|--------------|
| 51840   | 245496      | 3/20/03      |

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

SOLD TO

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

OK  
73126-

SHIP TO

FLEMING LA CROSSE  
322 CAUSEWAY BVLD  
LA CROSSE  
USA

WI  
54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 2

| PURCHASE ORDER / REFERENCE NUMBER |              | ORDER NO. | SHIPPED VIA                          | TERMS         | SALESMAN |        |
|-----------------------------------|--------------|-----------|--------------------------------------|---------------|----------|--------|
| P O # 711340                      |              | 988769    | YFSY                                 | 2% 30, NET 31 | 237      |        |
| QUANTITY                          | ITEM NO.     | SIZE      | DESCRIPTION                          | NET PRICE     | *        | AMOUNT |
|                                   |              |           | NATURE MADE FOOD WHOLESALE REG202740 |               |          |        |
|                                   | PRODUCT LINE |           | - NATURE MADE                        |               |          |        |
| 4                                 | 1015         | 30        | WOMEN'S 30 DAY PACK                  | 40 56         |          | 162 24 |
| 3                                 | 1160         | 100       | VITAMIN E 400IU DL-ALPHA             | 207.36        |          | 622.08 |
| 2                                 | 1191         | 100       | VITAMIN E 400IU WATER SOLUBLE        | 137 04        |          | 274 08 |
| 1                                 | 1314         | 100       | BETA CAROTENE 25M IU                 | 113.28        |          | 113.28 |
| 1                                 | 1392         | 100       | GARLIC & PARSLEY                     | 63 84         |          | 63 84  |
| 2                                 | 1439         | 100       | CALCIUM 600MG                        | 106.08        |          | 212 16 |
| 3                                 | 1473         | 60        | CALCIUM 600MG W/D                    | 90 00         |          | 270 00 |
| 2                                 | 1486         | 250       | VITAMIN C 500MG                      | 125 52        |          | 251 04 |
| 1                                 | 1622         | 60        | CALCIUM PLUS SOY                     | 143 76        |          | 143 76 |
| 2                                 | 1635         | 60        | BALANCED B-50 T/R                    | 112 56        |          | 225 12 |
| 1                                 | 1637         | 60        | BALANCED B-100 T/R                   | 170 88        |          | 170 88 |
| 1                                 | 1671         | 60        | ANTIOXIDANT FORMULA PLUS MIN         | 143.76        |          | 143.76 |
| 1                                 | 1678         | 100       | CHROMIUM PICOLINATE                  | 94 80         |          | 94 80  |
| 1                                 | 1683         | 60        | MELATONIN 3MG                        | 93.36         |          | 93 36  |
| 1                                 | 1694         | 60        | ST JOHN'S WORT 300MG EXTRACT         | 143 76        |          | 143 76 |
| 1                                 | 1789         | 90        | ESSENTIAL MAN                        | 143 76        |          | 143 76 |
| 1                                 | 1791         | 90        | ESSENTIAL WOMAN                      | 143 76        |          | 143 76 |
| 1                                 | 1796         | 90        | ESSENTIAL WOMAN 50+                  | 143 76        |          | 143 76 |
|                                   | PRODUCT LINE |           | - NATURE'S RESOURCE PREMIUM HE       |               |          |        |
| 3                                 | 14223        | 60        | BILBERRY STANDARDIZED EXT 30MG       | 47 40         |          | 142 20 |
| 2                                 | 14230        | 30        | SOY ISOFLAVONES 50MG                 | 46 68         |          | 93 36  |
| 4                                 | 14234        | 28        | SOY BALANCE                          | 68 28         |          | 273 12 |

FOB ORIGIN

Thank you for your order.

CUSTOMER COPY

INVOICE TOTAL

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\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

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**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221-6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

WI  
54603-

THIS IS PAGE 2 OF 2

**FOB ORIGIN**

**CUSTOMER COPY**

**INVOICE TOTAL**

\$4,814.28

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

**STRAIGHT BILL OF LADING - SHORT FORM** NOT NEGOTIABLE  
RECEIVED subject to the classifications and tariffs in effect on the date of issue of this original Bill of Lading

**PHARMAVITE LLC**  
25045 AVENUE TIBBITTS, SANTA CLARITA, CA 91355

Pharmavite LLC  
25045 Avenue Tibbetts  
Santa Clarita California 91355  
(818) 221 6200  
FAX (805) 294 3661

ON COLLECT FROM DELIVERY SHIPMENTS THE LETTERS "C O D" MUST APPEAR  
BEFORE CONSIGNEE'S NAME OR AS OTHERWISE PROVIDED IN ITEM 430 SEC 1

|                                                          |  |                                |  |                             |  |
|----------------------------------------------------------|--|--------------------------------|--|-----------------------------|--|
| <b>CONSIGNEE AND DESTINATION</b>                         |  | <b>CARRIER/SCAC CODES</b>      |  | <b>CARRIER PRO NUMBER</b>   |  |
| FLEMING LA CROSSE                                        |  | YFSY                           |  |                             |  |
| 322 CAUSEWAY BULD<br>LA CROSSE, WI 54603<br>USA          |  | <b>SHIPPER CONTROL NO.</b>     |  | <b>ACCOUNT NUMBER</b>       |  |
|                                                          |  | 988769 00                      |  | 51840                       |  |
| <b>CARRIER INSTRUCTIONS:</b> Ship to arrive by 4/01/2003 |  | <b>P.O. NO.</b> 711340         |  | <b>DATE SHIPPED</b> 3/20/03 |  |
|                                                          |  | <b>STANDARD INSTRUCTIONS:</b>  |  |                             |  |
|                                                          |  | FOR CARR CONC 608-785-13<br>30 |  |                             |  |

| H / M                   | CTN | DESCRIPTION                                                                                                                                                                                                                                                                                                                | PALLET SERIAL NUMBER (SSC) | NMFC      | WEIGHT CLASS | WEIGHT |
|-------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|--------------|--------|
|                         | 46  | DRUGS, RUNX \$2 30 LB                                                                                                                                                                                                                                                                                                      | 00100316040002251418       | 60000     | 70           | 244    |
|                         |     | <div> <p>989212<br/>989158<br/>989502<br/>388775</p> <p><b>YELLOW</b></p> <p>SHIPPERS COPY<br/>212 SUV 111 001252 2</p> <p>THANK YOU FOR SHIPPING YELLOW</p> <p>1 800-610 6500</p> <p>This shipment is bound by the terms and conditions of the Uniform Straight Bill of Lading included in the NMFC 100 series</p> </div> | 990086                     |           |              |        |
| FOR CARRIER BILLING USE |     |                                                                                                                                                                                                                                                                                                                            | TOTAL PALLETS              | Pallets 1 |              | 35     |
| 46                      |     | <b>TOTALS</b>                                                                                                                                                                                                                                                                                                              |                            |           |              | 279    |

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

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

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

|                                                |       |    |    |    |                                     |           |                                                                                 |
|------------------------------------------------|-------|----|----|----|-------------------------------------|-----------|---------------------------------------------------------------------------------|
| <b>SHIPPER REFERENCE - NOT FOR CARRIER USE</b> |       |    |    |    | <b>C.O.D. CHARGE TO BE PAID BY:</b> |           | <b>IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID" PREPAID</b> |
| PRODUCT CODE                                   | DV    | PS | PS | PS | SHIPPER                             | CONSIGNEE |                                                                                 |
| 010                                            | 4,917 |    |    |    |                                     |           | C.O.D. AMT \$                                                                   |

INCLUDE SHIPPER CONTROL NUMBER ON INVOICE and Forward IN DUPLICATE for payment

TO PHARMAVITE LLC  
TRAFFIC DEPT  
25045 AVENUE TIBBITTS  
SANTA CLARITA CALIFORNIA 91355

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
PHARMAVITE LLC 25045 AVENUE TIBBITTS SANTA CLARITA, CALIFORNIA 91355

SHIPPER, PER APR 15 AGENT PER

PERMANENT POST OFFICE ADDRESS OF SHIPPER  
MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS

1

|                                                                                                               |  |                                                                                                                                                                                                                             |  |                                            |  |
|---------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|
| <b>YELLOW</b> YELLOW TRANSPORTATION (YPSY) <input type="checkbox"/> ORIGINAL DELIVERY RECEIPT                 |  | 03/26/03 19:55 087                                                                                                                                                                                                          |  | 09 T 01<br>CALL FOR APP1<br>779-3746 OPT 1 |  |
| FREIGHT BILL NUMBER<br>111-001252                                                                             |  | BILL DATE<br>03/20/03                                                                                                                                                                                                       |  | DEST/ORG<br>LCW/SUV                        |  |
| SHIPPER: FLEMING CO LACROSE DIV<br>122 CAUSEWAY BLVD<br>LACROSE WI 54603<br>*** CONSIGNEE PHN ***608-785-1330 |  | QUESTIONS? CONTACT CUSTOMER SERVICE 24 HOURS A DAY AT<br><b>1-800-610-6500</b><br>YOU MAY REQUEST PICKUPS, TRACE SHIPMENTS OR LEARN MORE ABOUT OUR OTHER SERVICES AT <a href="http://www.myyellow.com">www.myyellow.com</a> |  | TTL TRAILER 0119703                        |  |
| PHARMAVITE CORP<br>25045 AVENUE TIBBITTIS<br>VALENCIA CA 91355<br>*** SHIPPERS PHN ***818-221-6200            |  | SPECIAL INSTRUCTIONS<br>WED 0600                                                                                                                                                                                            |  | DOCK LOC                                   |  |
| PO # 711340<br>SHIPPER # 988/6900                                                                             |  |                                                                                                                                                                                                                             |  | DELIVERED BY                               |  |
| PIECES 1                                                                                                      |  | DESCRIPTION                                                                                                                                                                                                                 |  | CLASS WEIGHT LBS RATE EXTENSION            |  |
| 1                                                                                                             |  | SHRINKWRAP PALLET(S) (STL 46 CS)<br>DRUG ITEM 60000 2 15/18<br>///FOODSTUFF<br>// PW PALLET WEIGHT<br>FUEL SURCHARGE<br>*PALLET NBR = 1 WGT = 35*<br>***** SHIPPER LOAD AND COUNT *****                                     |  | 70 244<br>70 35                            |  |
| TTL PCS                                                                                                       |  | RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY                                                                                                                                                                               |  | COMPANY NAME                               |  |
| X                                                                                                             |  | COD AMT                                                                                                                                                                                                                     |  | TTL WEIGHT LBS PPD/COLL TTL FREIGHT CHARGE |  |
|                                                                                                               |  |                                                                                                                                                                                                                             |  | PPD NEXT PAGE                              |  |

|                                                                                                               |  |                                                                                                                                                                                                                             |  |                                 |  |                                                      |  |
|---------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|------------------------------------------------------|--|
| <b>YELLOW</b> YELLOW TRANSPORTATION (YPSY) <input type="checkbox"/> ORIGINAL DELIVERY RECEIPT                 |  | DO NOT WRITE OR STAMP ON BAR CODE                                                                                                                                                                                           |  | 03/26/03 19:55 087              |  | AUTODIGIT 09 T 01<br>CALL FOR APP1<br>779-3746 OPT 1 |  |
| FREIGHT BILL NUMBER<br>111-001252                                                                             |  | BILL DATE<br>03/20/03                                                                                                                                                                                                       |  | DEST/ORG<br>LCW/SUV             |  | TTL TRAILER 0119703                                  |  |
| SHIPPER: FLEMING CO LACROSE DIV<br>122 CAUSEWAY BLVD<br>LACROSE WI 54603<br>*** CONSIGNEE PHN ***608-785-1330 |  | QUESTIONS? CONTACT CUSTOMER SERVICE 24 HOURS A DAY AT<br><b>1-800-610-6500</b><br>YOU MAY REQUEST PICKUPS, TRACE SHIPMENTS OR LEARN MORE ABOUT OUR OTHER SERVICES AT <a href="http://www.myyellow.com">www.myyellow.com</a> |  | TTL TRAILER                     |  | DOCK LOC                                             |  |
| PHARMAVITE CORP<br>25045 AVENUE TIBBITTIS<br>VALENCIA CA 91355<br>*** SHIPPERS PHN ***818-221-6200            |  | SPECIAL INSTRUCTIONS                                                                                                                                                                                                        |  | LDR                             |  | DATE                                                 |  |
| PO # 711340<br>SHIPPER # 988/6900                                                                             |  |                                                                                                                                                                                                                             |  | DELIVERED BY                    |  | DATE                                                 |  |
| PIECES 1                                                                                                      |  | DESCRIPTION                                                                                                                                                                                                                 |  | CLASS WEIGHT LBS RATE EXTENSION |  |                                                      |  |
| 1                                                                                                             |  | ***** DO NOT BREAK STRETCH WRAPPING *****<br>***** INDIVIDUAL CARTONS NOT LABELED *****<br>*****                                                                                                                            |  |                                 |  |                                                      |  |
| TTL PCS                                                                                                       |  | RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY                                                                                                                                                                               |  | COMPANY NAME                    |  | COD AMT                                              |  |
| X                                                                                                             |  |                                                                                                                                                                                                                             |  |                                 |  | TTL WEIGHT LBS PPD/COLL TTL FREIGHT CHARGE           |  |
|                                                                                                               |  |                                                                                                                                                                                                                             |  |                                 |  | 279 PPD                                              |  |

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**Pharmavite LLC**  
**8510 Balboa Blvd**  
**Northridge, CA 91325**  
**Phone No (818) 221 6200 Fax No (818) 221 6333**

PLEASE REMIT PAYMENT TO  
PHARMAVITE LLC  
P O BOX 95404  
CHICAGO, IL 60694-5404

**SOLD TO**

FLEMING COMPANIES INC  
LA CROSSE DIVISION  
PO BOX 26680  
OKLAHOMA CITY  
USA

OK  
73126-

SHIP TO

FLEMING LA CROSSE  
322 CAUSEWAY BVLD  
LA CROSSE  
USA

WI  
54603-

ATTN ACCOUNTS PAYABLE

THIS IS PAGE 1 OF 1

**FOB ORIGIN**

*Thank you for your order.*

**CUSTOMER COPY**

**INVOICE TOTAL**

\$1,871.40

PLEASE CHECK YOUR ORDER IMMEDIATELY. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF GOODS. NO DEDUCTION IS VALID WITHOUT PRIOR NOTIFICATION. RETURNS ARE NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION. CREDIT MEMOS ARE NON TRANSFERABLE AND MUST BE USED WITHIN ONE YEAR OF THE ISSUANCE DATE OR THEY WILL BE PRESUMED WAIVED BY THE BUYER.

\* INDICATES PROMOTIONAL NET COST MINIMUM PURCHASE WAS REQUIRED TO QUALIFY FOR ALLOWANCE NOT EVERY DAY COST

WE HEREBY GUARANTEE THAT NO ARTICLE LISTED HEREIN IS, WHEN SHIPPED BY THE UNDERSIGNED ADULTERATED OR MISBRANDED WITHIN THE MEANING OF THE FEDERAL FOOD DRUG, AND COSMETIC ACT TO THE EXTENT SAID ACT IS THEN EFFECTIVE AND APPLICABLE, OR AN ARTICLE WHICH MAY NOT UNDER THE PROVISIONS OF SECTION 404 or 405 OF SAID ACT BE THEN INTRODUCED INTO INTERSTATE COMMERCE.

4/02/03 **DISPLAY**  
8 47 37  
**Shipment #** 989312

Pharmavite Corporation  
**Tracking Numbers for this Shipment**  
**Ship Date** 3/27/03

HALAD  
**PJL4DFR**  
PHARM

| <b>Tracking Number</b> | <b>Weight</b> | <b>Package #</b> |   |
|------------------------|---------------|------------------|---|
| 1Z9178080300416619     | 4 00          | 1 of             | 7 |
| 1Z9178080300416628     | 17 00         | 2 of             | 7 |
| 1Z9178080300416637     | 12 00         | 3 of             | 7 |
| 1Z9178080300416646     | 9 00          | 4 of             | 7 |
| 1Z9178080300416655     | 18 00         | 5 of             | 7 |
| 1Z9178080300416664     | 9 00          | 6 of             | 7 |
| 1Z9178080300416673     | 22 00         | 7 of             | 7 |

**Bottom**

CMD 1-Exit

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0041 661 9                                      |
| <b>Reference Number(s)</b>  | 98931200, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 3 10 Lbs                                                      |
| <b>Shipped or Billed on</b> | Mar 27, 2003                                                  |
| <b>Delivered on</b>         | Apr 2, 2003 10 51 A M                                         |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOUIHAN                                                       |

A handwritten signature in black ink, appearing to read 'Houihan'.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 1 35 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                              |
|-----------------------------|--------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0041 662 8                                     |
| <b>Reference Number(s)</b>  | 98931200, 51840                                              |
| <b>Service Type</b>         | GROUND                                                       |
| <b>Package Weight</b>       | 16 30 Lbs                                                    |
| <b>Shipped or Billed on</b> | Mar 27, 2003                                                 |
| <b>Delivered on</b>         | Apr 2, 2003 10 51 A M                                        |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI US 54603 |
| <b>Signed by</b>            | HOUIHAN                                                      |

A handwritten signature in black ink, appearing to read "HOUIHAN", is written over the printed name.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5 2003 1 35 P M Eastern Time (USA)

**DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                              |
|-----------------------------|--------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0041 663 7                                     |
| <b>Reference Number(s)</b>  | 98931200, 51840                                              |
| <b>Service Type</b>         | GROUND                                                       |
| <b>Package Weight</b>       | 11 80 Lbs                                                    |
| <b>Shipped or Billed on</b> | Mar 27, 2003                                                 |
| <b>Delivered on</b>         | Apr 2, 2003 10 51 A M                                        |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI US 54603 |
| <b>Signed by</b>            | HOUIHAN                                                      |

A handwritten signature in black ink, appearing to read 'Houihan', is written over a horizontal line.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 1 35 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                              |
|-----------------------------|--------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0041 664 6                                     |
| <b>Reference Number(s)</b>  | 98931200 51840                                               |
| <b>Service Type</b>         | GROUND                                                       |
| <b>Package Weight</b>       | 8 80 Lbs                                                     |
| <b>Shipped or Billed on</b> | Mar 27, 2003                                                 |
| <b>Delivered on</b>         | Apr 2 2003 10 51 A M                                         |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE WI, US 54603 |
| <b>Signed by</b>            | HOUIHAN                                                      |

A handwritten signature in black ink, appearing to read 'Houihan'.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 1 36 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0041 667 3                                      |
| <b>Reference Number(s)</b>  | 98931200, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 22 00 Lbs                                                     |
| <b>Shipped or Billed on</b> | Mar 27, 2003                                                  |
| <b>Delivered on</b>         | Apr 2, 2003 10 51 A M                                         |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOUIHAN                                                       |

A handwritten signature in black ink, appearing to read 'Houihan'.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 1 36 P M Eastern Time (USA)

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                              |
|-----------------------------|--------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0041 666 4                                     |
| <b>Reference Number(s)</b>  | 98931200, 51840                                              |
| <b>Service Type</b>         | GROUND                                                       |
| <b>Package Weight</b>       | 8 50 Lbs                                                     |
| <b>Shipped or Billed on</b> | Mar 27, 2003                                                 |
| <b>Delivered on</b>         | Apr 2, 2003 10 51 A M                                        |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE WI, US 54603 |
| <b>Signed by</b>            | HOUIHAN                                                      |

A handwritten signature in black ink, appearing to read 'Houihan'.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 1 36 P M Eastern Time (USA)



**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

|                             |                                                               |
|-----------------------------|---------------------------------------------------------------|
| <b>Tracking Number</b>      | 1Z 917 808 03 0041 665 5                                      |
| <b>Reference Number(s)</b>  | 98931200, 51840                                               |
| <b>Service Type</b>         | GROUND                                                        |
| <b>Package Weight</b>       | 17 90 Lbs                                                     |
| <b>Shipped or Billed on</b> | Mar 27, 2003                                                  |
| <b>Delivered on</b>         | Apr 2, 2003 10 51 A M                                         |
| <b>Delivered to</b>         | GATEWAY FOODS<br>322 CAUSEWAY BLVD<br>LA CROSSE, WI, US 54603 |
| <b>Signed by</b>            | HOUIHAN                                                       |

A handwritten signature in black ink, appearing to read 'HOUIHAN', is written over the printed name.

**Location** DOCK

Thank you for giving us this opportunity to serve you

Sincerely,  
United Parcel Service

Tracking results provided by UPS Sep 5, 2003 1 36 P M Eastern Time (USA)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |         |           |
|---------|---------|-----------|
| 1-51840 | 20197SL | 4/20/2001 |
|---------|---------|-----------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26680**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |            |          |          |  |  |  |
|----------|------------|----------|----------|--|--|--|
| 23333143 | 230,392 92 | 4/5/2001 | HBC20197 |  |  |  |
|----------|------------|----------|----------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Slotting Allowance Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

Should you have any questions, please contact

Pharmavite Corporation

8510 Balboa Boulevard

Northridge, CA 91325

Attn Lori Opoczynski, ext 2310

Fax 818-221-6633

Your prompt attention to this matter will be appreciated

Regards,

Credit Department

AMOUNT DUE UPON RECEIPT \$ 4,200 00

(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |         |          |
|---------|---------|----------|
| 1-50147 | 20181SL | 5/4/2001 |
|---------|---------|----------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26682**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |           |           |          |  |  |  |
|----------|-----------|-----------|----------|--|--|--|
| 23317977 | 35,080 00 | 2/15/2001 | HBC20181 |  |  |  |
|----------|-----------|-----------|----------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Slotting Allowance Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

Should you have any questions, please contact

Pharmavite Corporation

8510 Balboa Boulevard

Northridge, CA 91325

Attn Lori Opoczynski, ext 2310

Fax 818-221-6633

Your prompt attention to this matter will be appreciated

Regards

Credit Department

AMOUNT DUE UPON RECEIPT \$ 10,080 00

(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |          |           |
|---------|----------|-----------|
| 1-06026 | 107122RT | 6/14/2001 |
|---------|----------|-----------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26683**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |           |           |        |  |  |  |
|----------|-----------|-----------|--------|--|--|--|
| 25503106 | 31,058 55 | 6/14/2001 | 107122 |  |  |  |
|----------|-----------|-----------|--------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Return Claim. Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account.

If response to this notice is not received within 10 days your account will be charged accordingly. Your immediate payment will be necessary to keep your account in good standing.

Should you have any questions, please contact

Pharmavite Corporation

8510 Balboa Boulevard

Northridge, CA 91325

Attn: Lori Opoczynski, ext 2310

Fax 818-221-6633

Your prompt attention to this matter will be appreciated.

Regards

Credit Department

AMOUNT DUE UPON RECEIPT \$ 1,360.96

(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |          |           |
|---------|----------|-----------|
| 1-51/69 | 1053/2PR | 6/21/2001 |
|---------|----------|-----------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26684**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |           |           |        |  |  |  |
|----------|-----------|-----------|--------|--|--|--|
| 25507339 | 21,902 52 | 6/21/2001 | 105372 |  |  |  |
|----------|-----------|-----------|--------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Promotion Allowance Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

Should you have any questions, please contact

Pharmavite Corporation

8510 Balboa Boulevard

Northridge, CA 91325

Attn Lori Opoczynski, ext 2310

Fax 818-221-6633

Your prompt attention to this matter will be appreciated

Regards,

Credit Department

AMOUNT DUE UPON RECEIPT \$ 7,439 73

(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |         |          |
|---------|---------|----------|
| 1-50104 | 70438RC | 9/4/2001 |
|---------|---------|----------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26686**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |           |           |       |  |  |  |
|----------|-----------|-----------|-------|--|--|--|
| 23381116 | 74,721 95 | 8/30/2001 | 70438 |  |  |  |
|----------|-----------|-----------|-------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Reclamation Claim. Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account.

If response to this notice is not received within 10 days your account will be charged accordingly. Your immediate payment will be necessary to keep your account in good standing.

Should you have any questions, please contact

Pharmavite Corporation

8510 Balboa Boulevard

Northridge, CA 91325

Attn: Lori Opoczynski, ext 2310

Fax 818-221-6633

Your prompt attention to this matter will be appreciated.

Regards,

Credit Department

AMOUNT DUE UPON RECEIPT \$ 1,203.36

(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |         |            |
|---------|---------|------------|
| 1-50104 | 14482AD | 10/26/2001 |
|---------|---------|------------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26685**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |          |            |       |  |  |  |
|----------|----------|------------|-------|--|--|--|
| 23396854 | 9,149 69 | 10/25/2001 | 14482 |  |  |  |
|----------|----------|------------|-------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for an Advertising Allowance Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

Should you have any questions, please contact

Pharmavite Corporation

8510 Balboa Boulevard

Northridge, CA 91325

Attn Lori Opoczynski, ext 2310

Fax 818-221-6633

Your prompt attention to this matter will be appreciated

Regards,

Credit Department

AMOUNT DUE UPON RECEIPT \$ 3,200 00

(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |          |           |
|---------|----------|-----------|
| 1-50147 | 600918NP | 1/11/2002 |
|---------|----------|-----------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26687**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |           |           |        |  |  |  |
|----------|-----------|-----------|--------|--|--|--|
| 23423725 | 17,251 87 | 1/10/2002 | 600918 |  |  |  |
|----------|-----------|-----------|--------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Non Pharmavite Product Exchange Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

Should you have any questions, please contact

Pharmavite Corporation

8510 Balboa Boulevard

Northridge, CA 91325

Attn Lori Opoczynski, ext 2310

Fax 818-221-6633

Your prompt attention to this matter will be appreciated

Regards,

Credit Department

AMOUNT DUE UPON RECEIPT \$ 15,846 87

(IF DEDUCTION IS NOT VALID)





PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |          |           |
|---------|----------|-----------|
| 1-50147 | 130006PR | 7/26/2002 |
|---------|----------|-----------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26688**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |          |           |        |  |  |  |
|----------|----------|-----------|--------|--|--|--|
| 23484522 | 1,225 15 | 7/26/2002 | 130006 |  |  |  |
|----------|----------|-----------|--------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Promotion Allowance Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

Should you have any questions, please contact

Pharmavite Corporation

8510 Balboa Boulevard

Northridge, CA 91325

Attn Lori Opoczynski, ext 2310

Fax 818-221-6633

Your prompt attention to this matter will be appreciated

Regards,

Credit Department

AMOUNT DUE UPON RECEIPT \$ 1,901 49

(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |         |           |
|---------|---------|-----------|
| 1-51840 | 20362SL | 7/26/2002 |
|---------|---------|-----------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26681**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |          |           |       |  |  |  |
|----------|----------|-----------|-------|--|--|--|
| 23484522 | 1,225 15 | 7/25/2002 | 20362 |  |  |  |
|----------|----------|-----------|-------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Slotting Allowance Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

Should you have any questions, please contact

Pharmavite Corporation

8510 Balboa Boulevard

Northridge, CA 91325

Attn Lori Opoczynski, ext 2310

Fax 818-221-6633

Your prompt attention to this matter will be appreciated

Regards,

Credit Department

AMOUNT DUE UPON RECEIPT \$ 1,400 00

(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |          |           |
|---------|----------|-----------|
| 1-51978 | 101419FP | 7/26/2002 |
|---------|----------|-----------|

PLEASE REMIT TO

B  
I  
L  
L  
T  
O

FLEMING COMPANIES INC  
PO BOX 26689  
OKLAHOMA CITY, OK 73126  
ATTN

PHARMAVITE CORPORATION  
P O Box 95404  
CHICAGO, IL 60694-5404

|          |          |           |        |  |  |  |
|----------|----------|-----------|--------|--|--|--|
| 23484522 | 1,225 15 | 7/26/2002 | 101419 |  |  |  |
|----------|----------|-----------|--------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Promotion Allowance Please forward a copy of your debit memo/invoice with the supporting documentation so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

Should you have any questions, please contact

Pharmavite Corporation  
8510 Balboa Boulevard  
Northridge, CA 91325  
Attn Lori Opoczynski, ext 2310  
Fax 818-221-6633

Your prompt attention to this matter will be appreciated

Regards

Credit Department

AMOUNT DUE UPON RECEIPT \$ 1,076 19  
(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |            |           |
|---------|------------|-----------|
| 1-50104 | GMD83040PR | 9/18/2002 |
|---------|------------|-----------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26690**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |          |           |          |  |  |  |
|----------|----------|-----------|----------|--|--|--|
| 25717579 | 4,494 46 | 9/16/2002 | GMD83040 |  |  |  |
|----------|----------|-----------|----------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Promotion Allowance Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

Should you have any questions, please contact

Pharmavite Corporation

8510 Balboa Boulevard

Northridge, CA 91325

Attn Lori Opoczynski, ext 2310

Fax 818-221-6633

Your prompt attention to this matter will be appreciated

Regards

Credit Department

AMOUNT DUE UPON RECEIPT \$ 2,443 40

(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |          |          |
|---------|----------|----------|
| 1-06026 | 206983MF | 1/7/2003 |
|---------|----------|----------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26691**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |          |          |        |  |  |  |
|----------|----------|----------|--------|--|--|--|
| 23536550 | 6,782 31 | 1/2/2003 | 206983 |  |  |  |
|----------|----------|----------|--------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Merchandise Destroyed in the Field Claim. Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account.

If response to this notice is not received within 10 days your account will be charged accordingly. Your immediate payment will be necessary to keep your account in good standing.

Should you have any questions, please contact

Pharmavite Corporation

8510 Balboa Boulevard

Northridge, CA 91325

Attn: Lori Opoczynski, ext 2310

Fax 818-221-6633

Your prompt attention to this matter will be appreciated.

Regards

Credit Department

AMOUNT DUE UPON RECEIPT \$ 1,365 32

(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |          |          |
|---------|----------|----------|
| 1-50147 | 205364MF | 1/7/2003 |
|---------|----------|----------|

PLEASE REMIT TO

**FLEMING COMPANIES INC**

**PO BOX 26692**

**OKLAHOMA CITY, OK 73126**

**ATTN**

**PHARMAVITE CORPORATION**

**P O Box 95404**

**CHICAGO, IL 60694-5404**

|          |          |          |        |  |  |  |
|----------|----------|----------|--------|--|--|--|
| 23536550 | 6 782 31 | 1/2/2003 | 205364 |  |  |  |
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### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Merchandise Destroyed in the Field Claim. Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account.

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Fax 818-221-6633

Your prompt attention to this matter will be appreciated.

Regards,

Credit Department

AMOUNT DUE UPON RECEIPT \$ 1,372.51

(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

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| 1-51978 | KGX805929PR | 2/20/2003 |
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PLEASE REMIT TO

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FLEMING COMPANIES INC  
PO BOX 26693  
OKLAHOMA CITY, OK 73126  
ATTN

PHARMAVITE CORPORATION  
P O Box 95404  
CHICAGO, IL 60694-5404

|          |           |           |           |  |  |  |
|----------|-----------|-----------|-----------|--|--|--|
| 23549028 | 18,231 37 | 2/19/2003 | KGX805929 |  |  |  |
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### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Promotion Allowance Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

Should you have any questions, please contact

Pharmavite Corporation  
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Northridge, CA 91325  
Attn Lori Opoczynski, ext 2310  
Fax 818-221-6633

Your prompt attention to this matter will be appreciated

Regards

Credit Department

AMOUNT DUE UPON RECEIPT \$ 1,035 61  
(IF DEDUCTION IS NOT VALID)



PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

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| 1-51978 | KGX805932HR | 2/20/2003 |
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PLEASE REMIT TO

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FLEMING COMPANIES INC  
PO BOX 26694  
OKLAHOMA CITY, OK 73126  
ATTN

PHARMAVITE CORPORATION  
P O Box 95404  
CHICAGO, IL 60694-5404

|          |           |           |           |  |  |  |
|----------|-----------|-----------|-----------|--|--|--|
| 23549028 | 18,231 37 | 2/19/2003 | KGX805932 |  |  |  |
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### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Promotion Allowance Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

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Northridge CA 91325  
Attn Lori Opoczynski, ext 2310  
Fax 818-221-6633

Your prompt attention to this matter will be appreciated

Regards,

Credit Department

AMOUNT DUE UPON RECEIPT \$ 1,171 66  
(IF DEDUCTION IS NOT VALID)





PHARMAVITE

Pharmavite Corporation  
P O Box 9606  
Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

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| 1-51978 | KGX805933PR | 2/20/2003 |
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PLEASE REMIT TO

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FLEMING COMPANIES INC  
PO BOX 26695  
OKLAHOMA CITY, OK 73126  
ATTN

PHARMAVITE CORPORATION  
P O Box 95404  
CHICAGO, IL 60694-5404

|          |           |           |           |  |  |  |
|----------|-----------|-----------|-----------|--|--|--|
| 23549028 | 18 231 37 | 2/19/2003 | KGX805933 |  |  |  |
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### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for a Promotion Allowance Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

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Regards,

Credit Department

AMOUNT DUE UPON RECEIPT \$ 1,289 13  
(IF DEDUCTION IS NOT VALID)



PHARMAVITE

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Mission Hills, California 91346-9606  
Phone No (818) 221 6200 FAX No (818) 221 6633

## CHARGEBACK NOTICE

|         |             |          |
|---------|-------------|----------|
| 1-50147 | MGX844565UK | 3/6/2003 |
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PLEASE REMIT TO

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FLEMING COMPANIES INC  
PO BOX 26696  
OKLAHOMA CITY, OK 73126  
ATTN

PHARMAVITE CORPORATION  
P O Box 95404  
CHICAGO, IL 60694-5404

|          |           |          |           |  |  |  |
|----------|-----------|----------|-----------|--|--|--|
| 25791944 | 45,239 06 | 3/4/2003 | MGX844565 |  |  |  |
|----------|-----------|----------|-----------|--|--|--|

### WE HAVE CHARGED YOUR ACCOUNT FOR THE FOLLOWING REASON(S)

On the above referenced remittance, you took a deduction for an Unknown Reason Please forward a copy of your debit memo/invoice with the supporting documentation, so we may clear your account

If response to this notice is not received within 10 days your account will be charged accordingly Your immediate payment will be necessary to keep your account in good standing

Should you have any questions, please contact

Pharmavite Corporation  
8510 Balboa Boulevard  
Northridge, CA 91325  
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Fax 818-221-6633

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Regards,

Credit Department

AMOUNT DUE UPON RECEIPT \$ 1,145 41  
(IF DEDUCTION IS NOT VALID)