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|--|--|---|
| <b>UNITED STATES BANKRUPTCY COURT</b> <u>Delaware</u> <b>DISTRICT OF</b> <u>Delaware</u>   |  | <b>PROOF OF CLAIM</b>   |
| Name of Debtor:<br><b>URBAN BRANDS, INC</b>  |  | Case Number:<br><b>10-13005-KJC</b>   |
| <i>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.</i>   |  |   |
| Name of Creditor (the person or other entity to whom the debtor owes money or property):<br><b>Panties Plus, Inc</b>   |  | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  |
| Name and address where notices should be sent:<br><b>320 Fifth Avenue, NY, NY 10001</b>  |  | Court Claim Number: _____<br><i>(If known)</i>  |
| Telephone number: <b>212 779 1999 EXT 116, Alan Prawer, ext 101, Abe Hanan</b>   |  | Filed on: _____   |
| Name and address where payment should be sent (if different from above):   |  | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.   |
| Telephone number:  |  | <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.  |
| 1. Amount of Claim as of Date Case Filed: <b>\$ 50,400.00</b>  |  | 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.<br><br>Specify the priority of the claim.           |
| If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.<br><br>If all or part of your claim is entitled to priority, complete item 5.<br><br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.   |  |   |
| 2. Basis for Claim: <u>good sold lady's lingerie</u><br><i>(See instruction #2 on reverse side.)</i>   |  | <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).   |
| 3. Last four digits of any number by which creditor identifies debtor: <u>HLEY</u>   |  | <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). |
| 3a. Debtor may have scheduled account as: _____<br><i>(See instruction #3a on reverse side.)</i>   |  | <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).   |
| 4. Secured Claim (See instruction #4 on reverse side.)<br>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.<br><br>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other<br>Describe:<br><br>Value of Property: \$ _____ Annual Interest Rate _____ %<br><br>Amount of arrearage and other charges as of time case filed included in secured claim,<br><br>if any: \$ _____ Basis for perfection: _____<br><br>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ |  | <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).   |
| 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  |  | <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).   |
| 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. <i>(See instruction 7 and definition of "redacted" on reverse side.)</i><br><br>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.<br><br>If the documents are not available, please explain:                            |  | <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).<br><br>Amount entitled to priority:<br>\$ _____  |
| Date: _____  |  | <b>FOR COURT USE ONLY</b><br><br>Urban Brands<br><br>00161   |
| Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.<br><br><i>Alan J. Prawer</i>   |  |   |

Invoice No. 324738  
 Invoice Date 06/25/10

**PANTIES PLUS INC.**

320 FIFTH AVENUE  
 2ND FLOOR  
 NEW YORK NY 10001

Phone: 2127791999 Fax: 2127798183  
 Duns#: 943035626

**INVOICE**

|  |
|--|
| Make Check Payable and Mail to:  |
| CIT GROUP<br>C/O PANTIES PLUS INC.<br>PO BOX 1036<br>CHARLOTTE, NC 28201-1036 US |

|  |
|--|
| <b>Bill To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

|  |
|--|
| <b>Ship To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

| Customer Order # | Store No.   | Dept No.   | Salesperson | Shipped Via    | Picked Slip #  | F. O. B.       |
|------------------|-------------|------------|-------------|----------------|----------------|----------------|
| 15153            |             |            | ISAAC COHEN | JAIRO TRUCKING | 264688         | EDISON, NJ     |
| Customer No.     | Terms       | As of Date | Factor No.  | Our Order #    | Cust Phone #   | Cust Fax #     |
| ASHLEY           | NET 45 DAYS |            | 101681279   | 263206         | (201) 319-9093 | (201) 319-9097 |

| Style / SKU              | Color/ DM/PK | Size & Quantity Per Size | Unit Qty | Unit Price | Total    |
|--------------------------|--------------|--------------------------|----------|------------|----------|
| BRAX1690--PLUS SIZE TUBE | BLK 3SX83    | PPK 1800                 | 1,800    | 3.00       | 5,400.00 |
|                          | BLACK        |                          |          |            |          |
| BRAX1690--PLUS SIZE TUBE | WHT 3SX83    | PPK 1200                 | 1,200    | 3.00       | 3,600.00 |
|                          | WHITE        |                          |          |            |          |
| BRAX1690--PLUS SIZE TUBE | COF 3SX83    | PPK 1200                 | 1,200    | 3.00       | 3,600.00 |
|                          | COFFEE       |                          |          |            |          |

SPECIAL INSTRUCTIONS

| Crtns | WGT     | Total Unit | Merchandise Total | Discount | Shipping & Handling | Due Date | Invoice Amount |
|-------|---------|------------|-------------------|----------|---------------------|----------|----------------|
| 35    | 1050.00 | 4200       | 12,600.00         | 0.00     | 0.00                | 08/09/10 | 12,600.00      |

**PLEASE PAY THIS AMOUNT** 

Terms and Conditions: Claims for damaged or short merchandise must be received no later than 8 days following the receipt of the merchandise. Returns will be accepted only with prior authorization. Interest of 2% per month will be due on late payments.

Invoice No. **324739**  
 Invoice Date **06/25/10**

**PANTIES PLUS INC.**

320 FIFTH AVENUE  
 2ND FLOOR  
 NEW YORK NY 10001  
 Phone: 2127791999 Fax: 2127798183  
 Duns#: 943035626

**INVOICE**

|  |
|--|
| Make Check Payable and Mail to:  |
| CIT GROUP<br>C/O PANTIES PLUS INC.<br>PO BOX 1036<br>CHARLOTTE, NC 28201-1036 US |

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|--|
| <b>Bill To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

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| <b>Ship To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

| Customer Order # | Store No.   | Dept No.   | Salesperson | Shipped Via    | Picked Slip #  | F. O. B.       |
|------------------|-------------|------------|-------------|----------------|----------------|----------------|
| 15153            |             |            | ISAAC COHEN | JAIRO TRUCKING | 264689         | EDISON, NJ     |
| Customer No.     | Terms       | As of Date | Factor No.  | Our Order #    | Cust Phone #   | Cust Fax #     |
| ASHLEY           | NET 45 DAYS |            | 101681279   | 263205         | (201) 319-9093 | (201) 319-9097 |

| Style / SKU              | Color/ DM/PK        | Size & Quantity Per Size | Unit Qty | Unit Price | Total    |
|--------------------------|---------------------|--------------------------|----------|------------|----------|
| BRAX1690--PLUS SIZE TUBE | BLK 3SX83<br>BLACK  | PPK<br>1800              | 1,800    | 3.00       | 5,400.00 |
| BRAX1690--PLUS SIZE TUBE | WHT 3SX83<br>WHITE  | PPK<br>1200              | 1,200    | 3.00       | 3,600.00 |
| BRAX1690--PLUS SIZE TUBE | COF 3SX83<br>COFFEE | PPK<br>1200              | 1,200    | 3.00       | 3,600.00 |

SPECIAL INSTRUCTIONS

| Crtns | WGT     | Total Unit | Merchandise Total | Discount | Shipping & Handling | Due Date | Invoice Amount |
|-------|---------|------------|-------------------|----------|---------------------|----------|----------------|
| 35    | 1050.00 | 4200       | 12,600.00         | 0.00     | 0.00                | 08/09/10 | 12,600.00      |

**PLEASE PAY THIS AMOUNT** 

Terms and Conditions: Claims for damaged or short merchandise must be received no later than 8 days following the receipt of the merchandise. Returns will be accepted only with prior authorization. Interest of 2% per month will be due on late payments.

Invoice No. **329738**  
 Invoice Date **07/19/10**

**PANTIES PLUS INC.**

320 FIFTH AVENUE  
 2ND FLOOR  
 NEW YORK NY 10001

Phone: 2127791999 Fax: 2127798183

Duns#: 943035626

**INVOICE**

|  |
|--|
| Make Check Payable and Mail to:  |
| CIT GROUP<br>C/O PANTIES PLUS INC.<br>PO BOX 1036<br>CHARLOTTE, NC 28201-1036 US |

|  |
|--|
| <b>Bill To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

|  |
|--|
| <b>Ship To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

| Customer Order # | Store No.   | Dept No.   | Salesperson | Shipped Via | Picked Slip #  | F. O. B.       |
|------------------|-------------|------------|-------------|-------------|----------------|----------------|
| 15207            |             |            | ISAAC COHEN | ONE WAY     | 270700         | EDISON, NJ     |
| Customer No.     | Terms       | As of Date | Factor No.  | Our Order # | Cust Phone #   | Cust Fax #     |
| ASHLEY           | NET 45 DAYS |            | 101941507   | 268079      | (201) 319-9093 | (201) 319-9097 |

| Style / SKU             | Color/ DM/PK       | Size & Quantity Per Size | Unit Qty | Unit Price | Total    |
|-------------------------|--------------------|--------------------------|----------|------------|----------|
| BRA1690--PLUS SIZE TUBE | BLK 3SX83<br>BLACK | PPK<br>1200              | 1,200    | 3.00       | 3,600.00 |

SPECIAL INSTRUCTIONS

| Crtns | WGT    | Total Unit | Merchandise Total | Discount | Shipping & Handling | Due Date | Invoice Amount |
|-------|--------|------------|-------------------|----------|---------------------|----------|----------------|
| 10    | 271.00 | 1200       | 3,600.00          | 0.00     | 0.00                | 09/02/10 | 3,600.00       |

**PLEASE PAY THIS AMOUNT** 

Terms and Conditions: Claims for damaged or short merchandise must be received no later than 8 days following the receipt of the merchandise. Returns will be accepted only with prior authorization. Interest of 2% per month will be due on late payments.

Invoice No. **329739**  
 Invoice Date **07/19/10**

**PANTIES PLUS INC.**

320 FIFTH AVENUE  
 2ND FLOOR  
 NEW YORK NY 10001  
 Phone: 2127791999 Fax: 2127798183  
 Duns#: 943035626

**INVOICE**

|   |
|---|
| Make Check Payable and Mail to:   |
| PANTIES PLUS INC.<br>320 FIFTH AVENUE<br>2ND FLOOR<br>NEW YORK, NY 10001 US<br>2127791999 |

|  |
|--|
| <b>Bill To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

|  |
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| <b>Ship To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

| Customer Order # | Store No.   | Dept No.   | Salesperson | Shipped Via | Picked Slip #  | F. O. B.       |
|------------------|-------------|------------|-------------|-------------|----------------|----------------|
| 15207            |             |            | ISAAC COHEN | ONE WAY     | 270701         | EDISON, NJ     |
| Customer No.     | Terms       | As of Date | Factor No.  | Our Order # | Cust Phone #   | Cust Fax #     |
| ASHLEY           | NET 45 DAYS |            |             | 268080      | (201) 319-9093 | (201) 319-9097 |

| Style / SKU              | Color/ DM/PK | Size & Quantity Per Size | Unit Qty | Unit Price | Total    |
|--------------------------|--------------|--------------------------|----------|------------|----------|
| BRAX1690--PLUS SIZE TUBE | .BLK 3SX83   | PPK                      | 1,200    | 3.00       | 3,600.00 |
|                          | BLACK        | 1200                     |          |            |          |

SPECIAL INSTRUCTIONS

| Crtns | WGT    | Total Unit | Merchandise Total | Discount | Shipping & Handling | Due Date | Invoice Amount |
|-------|--------|------------|-------------------|----------|---------------------|----------|----------------|
| 10    | 271.00 | 1200       | 3,600.00          | 0.00     | 0.00                | 09/02/10 | 3,600.00       |

**PLEASE PAY THIS AMOUNT** 

Terms and Conditions: Claims for damaged or short merchandise must be received no later than 8 days following the receipt of the merchandise. Returns will be accepted only with prior authorization. Interest of 2% per month will be due on late payments.

Invoice **332424**  
 No. \_\_\_\_\_  
 Invoice Date **07/29/10**

**PANTIES PLUS INC.**

320 FIFTH AVENUE  
 2ND FLOOR  
 NEW YORK NY 10001

Phone: 2127791999 Fax: 2127798183

Duns#: 943035626

**INVOICE**

|  |
|--|
| Make Check Payable and Mail to:  |
| CIT GROUP<br>C/O PANTIES PLUS INC.<br>PO BOX 1036<br>CHARLOTTE, NC 28201-1036 US |

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|--|
| <b>Bill To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

|  |
|--|
| <b>Ship To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

| Customer Order # | Store No.   | Dept No.   | Salesperson | Shipped Via | Picked Slip #  | F. O. B.       |
|------------------|-------------|------------|-------------|-------------|----------------|----------------|
| 15529            |             |            | ISAAC COHEN | NEW DEAL    | 272036         | EDISON, NJ     |
| Customer No.     | Terms       | As of Date | Factor No.  | Our Order # | Cust Phone #   | Cust Fax #     |
| ASHLEY           | NET 45 DAYS |            | 101963981   | 271953      | (201) 319-9093 | (201) 319-9097 |

| Style / SKU              | Color/ DM/PK | Size & Quantity Per Size | Unit Qty | Unit Price | Total    |
|--------------------------|--------------|--------------------------|----------|------------|----------|
| BRAX1690--PLUS SIZE TUBE | BLK 3SX83    | PPK                      | 1,800    | 3.00       | 5,400.00 |
|                          | BLACK        | 1800                     |          |            |          |
| BRAX1690--PLUS SIZE TUBE | COF 3SX83    | PPK                      | 1,200    | 3.00       | 3,600.00 |
|                          | COFFEE       | 1200                     |          |            |          |

SPECIAL INSTRUCTIONS

| Crtns | WGT    | Total Unit | Merchandise Total | Discount | Shipping & Handling | Due Date | Invoice Amount |
|-------|--------|------------|-------------------|----------|---------------------|----------|----------------|
| 25    | 600.00 | 3000       | 9,000.00          | 0.00     | 0.00                | 09/12/10 | 9,000.00       |

**PLEASE PAY THIS AMOUNT** \_\_\_\_\_ ↗

Terms and Conditions: Claims for damaged or short merchandise must be received no later than 8 days following the receipt of the merchandise. Returns will be accepted only with prior authorization. Interest of 2% per month will be due on late payments.

Invoice No. **332425**  
 Invoice Date **07/29/10**

**PANTIES PLUS INC.**

320 FIFTH AVENUE  
 2ND FLOOR  
 NEW YORK NY 10001

Phone: 2127791999 Fax: 2127798183  
 Duns#: 943035626

**INVOICE**

|  |
|--|
| Make Check Payable and Mail to:  |
| CIT GROUP<br>C/O PANTIES PLUS INC.<br>PO BOX 1036<br>CHARLOTTE, NC 28201-1036 US |

|  |
|--|
| <b>Bill To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

|  |
|--|
| <b>Ship To:</b>  |
| ASHLEY STEWART<br>100 METRO WAY<br>Secaucus, NJ 07094 US |

| Customer Order # | Store No.   | Dept No.   | Salesperson | Shipped Via | Picked Slip #  | F. O. B.       |
|------------------|-------------|------------|-------------|-------------|----------------|----------------|
| 15529            |             |            | ISAAC COHEN | NEW DEAL    | 272037         | EDISON, NJ     |
| Customer No.     | Terms       | As of Date | Factor No.  | Our Order # | Cust Phone #   | Cust Fax #     |
| ASHLEY           | NET 45 DAYS |            | 101963981   | 271954      | (201) 319-9093 | (201) 319-9097 |

| Style / SKU              | Color/ DM/PK | Size & Quantity Per Size | Unit Qty | Unit Price | Total    |
|--------------------------|--------------|--------------------------|----------|------------|----------|
| BRAX1690--PLUS SIZE TUBE | BLK 3SX83    | PPK 1800                 | 1,800    | 3.00       | 5,400.00 |
|                          | BLACK        |                          |          |            |          |
| BRAX1690--PLUS SIZE TUBE | COF 3SX83    | PPK 1200                 | 1,200    | 3.00       | 3,600.00 |
|                          | COFFEE       |                          |          |            |          |

SPECIAL INSTRUCTIONS

| Crtns | WGT    | Total Unit | Merchandise Total | Discount | Shipping & Handling | Due Date | Invoice Amount |
|-------|--------|------------|-------------------|----------|---------------------|----------|----------------|
| 25    | 600.00 | 3000       | 9,000.00          | 0.00     | 0.00                | 09/12/10 | 9,000.00       |

**PLEASE PAY THIS AMOUNT** 

Terms and Conditions: Claims for damaged or short merchandise must be received no later than 8 days following the receipt of the merchandise. Returns will be accepted only with prior authorization. Interest of 2% per month will be due on late payments.

Date 6/24/10

# STRAIGHT BILL OF LADING

FROM  
**PANTIES PLUS INC.**  
 245 CARTER DRIVE  
 EDISON NJ 08817

Bill of Lading Number: 06577840000117495



(402) 06577840000117495

CONSIGNEE TO  
**ASHLEY STEWART**  
 100 METRO WAY  
 Secaucus NJ 07094

CARRIER NAME: **Jairo Trucking**

Trailer number:  
Seal number(s):

SCAC:

Pro number:

**SHIPPED JUN 25 2010**



SPECIAL INSTRUCTIONS:  
*Delivery for Fri 6/25/10 @ 10:00am*

Freight Charge Terms:

Prepaid  Collect  3rd Party

Master Bill of Lading: with attached underlying Bills of Lading

*App # 0625101*

| CUSTOMER ORDER NUMBER | DEPT. # | # PKGS | WEIGHT | PALLET/P |   | ADDITIONAL SHIPPER INFO |
|-----------------------|---------|--------|--------|----------|---|-------------------------|
| 15153                 |         | 70     | 2,100  | Y        | N | 01                      |
| <b>GRAND TOTAL</b>    |         | 70     | 2,100  |          |   |                         |

*P T# 264688  
264689*

| HANDLING UNIT |      | PACKAGE |      | W/Pallet | H.M. | COMMODITY DESCRIPTION       | LTL ONLY |       |
|---------------|------|---------|------|----------|------|-----------------------------|----------|-------|
| QTY           | TYPE | QTY     | TYPE | WEIGHT   | (X)  |                             | NMFC #   | CLASS |
| 4             | P175 | 70      | BX   | 2,500    |      | <i>Ladies Undergarments</i> | 49880    | 100   |
| 4             |      | 70      |      | 2,500    |      | <b>GRAND TOTAL</b>          |          |       |

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

CGD Amount: \$ \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c) (1) (A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classification and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations

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

*4500 70 Pkg 6/25/10*  
Shipper Signature

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT

Trailer Loaded:  By Shipper  By Driver  
 Freight Counted:  By Shipper  By Driver / pallets said to contain  By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle



Date 7/16/10


# STRAIGHT BILL OF LADING

FROM  
**PANTIES PLUS INC.**  
 245 CARTER DRIVE  
  
 EDISON NJ 08817

Bill of Lading Number: 06577840000120822  
  
 (402) 06577840000120822

CONSIGNEE TO  
**ASHLEY STEWART**  
 100 METRO WAY  
  
 Secaucus NJ 07094

CARRIER NAME: *One way*  
 Trailer number:  
 Seal number(s):

SCAC: **SHIPPED JUL 16 2010**  
 Pro number:  


SPECIAL INSTRUCTIONS:  
*Delivery Appt for Tues. - 7/20 @ 1:00pm - Appt # 0720100*

Freight Charge Terms:  
 Prepaid  Collect  3rd Party   
 Master Bill of Lading: with attached underlying Bills of Lading

| CUSTOMER ORDER NUMBER | DEPT. # | # PKGS    | WEIGHT     | PALLET/P | ADDITIONAL SHIPPER INFO |
|-----------------------|---------|-----------|------------|----------|-------------------------|
| 15207                 |         | 20        | 542        | Y N      | 01                      |
| <b>GRAND TOTAL</b>    |         | <b>20</b> | <b>542</b> |          |                         |

*PT# 270*

| HANDLING UNIT |        | PACKAGE   |      | w pallet H.M. |     | COMMODITY DESCRIPTION       |  | LTL ONLY |       |
|---------------|--------|-----------|------|---------------|-----|-----------------------------|--|----------|-------|
| QTY           | TYPE   | QTY       | TYPE | WEIGHT        | (X) |                             |  | NMFC #   | CLASS |
| 2             | P.H.S. | 20        | P.L. | 642           |     | <i>Ladies Undergarments</i> |  | 49880    | 100   |
| <b>2</b>      |        | <b>20</b> |      | <b>642</b>    |     | <b>GRAND TOTAL</b>          |  |          |       |

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

COD Amount: \$ \_\_\_\_\_  
 Fee Terms: Collect  Prepaid   
 Customer check acceptable:

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c) (1) (A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classification and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations

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

SHIPPER SIGNATURE / DATE  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT

Trailer Loaded:  By Shipper  By Driver  
 Freight Counted:  By Shipper  By Driver  By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE  
*R. Noey*  
 Carrier acknowledges receipt of packages and equipment, and certifies emergency response information was made available and carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle

Date 7/29/10

# STRAIGHT BILL OF LADING

FROM  
**PANTIES PLUS INC.**  
 245 CARTER DRIVE  
 EDISON NJ 08817

Bill of Lading Number: 06577840000122543



(402) 06577840000122543

CARRIER NAME: *R & A Transport*

Trailer number:

Seal number(s):

SCAC:

Pro number:



CONSIGNEE TO  
**ASHLEY STEWART**  
 100 METRO WAY

Secaucus NJ 07094

SPECIAL INSTRUCTIONS:

*Delivery Appt for Thurs - 7/29/10  
 @ 1:00 pm - Appt # 0729109*

Freight Charge Terms:

Prepaid  Collect  3rd Party

Master Bill of Lading: with attached underlying Bills of Lading

| CUSTOMER ORDER NUMBER | DEPT. # | # PKGS    | WEIGHT       | PALLET/P |   | ADDITIONAL SHIPPER INFO |
|-----------------------|---------|-----------|--------------|----------|---|-------------------------|
| 15529                 |         | 50        | 1,200        | Y        | N | 01                      |
| <b>GRAND TOTAL</b>    |         | <b>50</b> | <b>1,200</b> |          |   |                         |

*p 7#272037  
 272036*

| HANDLING UNIT |             | PACKAGE |            | w/pallet H.M. |     | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> | LTL ONLY |       |
|---------------|-------------|---------|------------|---------------|-----|--|----------|-------|
| QTY           | TYPE        | QTY     | TYPE       | WEIGHT        | (X) |  | NMFC #   | CLASS |
| 4             | <i>PKS.</i> | 50      | <i>BOX</i> | 1,400         |     | <i>Ladies Undergarments</i>  | 49830    | 100   |
| 4             |             | 50      |            | 1,400         |     | <b>GRAND TOTAL</b>   |          |       |

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

COD Amount: \$ \_\_\_\_\_  
 Fee Terms: Collect:  Prepaid:   
 Customer check acceptable:

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c) (1) (A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classification and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT

Trailer Loaded:  By Shipper  By Driver  
 Freight Counted:  By Shipper  By Driver / pallets said to contain  By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  
*ANTONIO PEREZ*  
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