


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor: Urban Brands, Inc.		Case Number: 10-13005-KJC
NOTE: <i>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): ADORN FASHIONS, INC		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Name and address where notices should be sent: 25641042013368 ADORN FASHIONS, INC 1407 BROADWAY SUITE 1402 NEW YORK, NY 10018		
Name and address where payment should be sent (if different from above): <div style="text-align: right;">Telephone No. (212)-764-9595</div>		<input type="checkbox"/> 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. <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: <u>\$ 126,006.10</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> 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 charges		
2. Basis for Claim: <u>Goods sold</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commission (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier -- 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507(a)(5). <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). <input type="checkbox"/> Taxes or penalties owed to governmental units -- 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Section 503(b)(9) Claim -- check this box if your claim is for the value of goods received by the Debtor within 20 days before the commencement of the case -- 11 U.S.C. § 503(b)(9). <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____ * Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
3. Last four digits of any number by which creditor identifies debtor: <u>RO01</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for Perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____ (See instruction #6 on reverse side.)		
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. 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. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: <u>12/1/10</u>	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. <u>Ricky Zinn Vice President</u>	
		FOR COURT USE ONLY Urban Brands  00200

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim.

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §§ 507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9)

State the value of any goods received by the debtor within 20 days before the date of commencement in which the goods have been sold to the debtor in the ordinary course of the debtor's business.

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

8. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

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

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim form is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §§ 507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgement of Filing a Claim

To receive acknowledgement of your filing, please enclose a stamped self-addressed envelope and a copy of this proof of claim. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <http://www.bmcgroup.com/UrbanBrands>

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

PLEASE SEND COMPLETED PROOFS OF CLAIM TO:

Via Regular U.S. Mail Via Overnight Courier

BMC Group, Inc. Attn: Urban Brands Claims Processing P.O. Box 3020 Chanhassen, MN 55317	BMC Group, Inc. Attn: Urban Brands Claims Processing 18750 Lake Drive East Chanhassen, MN 55317
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Adorn Fashions
 1407 Broadway Suite 1402,
 New York, NY, United States, 10018
 Tel.: (212) 764-9595 Toll Free: DUNS# 092653229
 Fax: (212) 656-1891 Web Site: <http://www.adornfashions.com/>
 Email: billing@adornfashions.com

Invoice

SI-1064657



SPS-1083823

SO-1091744

Bill To

Attn: ATTN:Reggie/AP Dept. UR001
URBAN BRANDS, INC.
 100 METRO WAY
 Secaucus, NJ, United States
 07094 201-319-9093

Ship To

Customer PO: 13424

Attn: Attn:AP/Dept.,Rggie#0030 A001
ASHLEY STEWART, LTD
 100 METRO WAY
 Secaucus, NJ, United States
 07094 201-319-9093

Remit To

Factor: LSQ FUNDING 728486

LSQ Funding

P.O BOX 404322
 ATLANTA, GA,
 30384-4322 (407) 206-0022

Department	Class	Buyer
34		
Agent Group	Terms	Division
097	N/10EOM+30 DA.	Adorn Fashions
Invoice Date	Order Date	Cancel Date
6/29/2010	3/22/2010	7/7/2010

Ship Via ESSENTIAL FREIGHT

Product	Color	Dim	Units	Ship	Price	Amount				
WCS60007AS	Medium Blue	REG		1446	10.50	15,183.00				
	(1X-4X)									
Crop Levi Jacket With Curved Seams						0				
HTS:										
0X	1X	2X	3X	4X	5X	6X	7X	8X	9X	10X
0	1	2	2	1	0	0	0	0	0	0

Policy: This Account Is Owned By And Payable To LSQ Funding Group, L.C. PO Box 404322, Atlanta, GA 30384-4322
 Tel 407-206-0022. Payments other than to the above does not constitute payment. Notify LSQ Funding Group, L.C. of any invoice discrepancy or dispute within ten days of receipt.

Units:	1446	Subtotal:	15,183.00
			0.00
Weight:	1988	Freight:	0.00
Boxes:	61	Ins/Other:	0.00
Fed. Tax: 13-2943124		No Sales Tax	0.00%
		No Sales Tax	0.00%
		Total: USD	15,183.00

Credit Card: Holder Name:

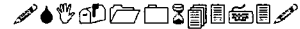
**Adorn Fashions**

ADORN FASHIONS 1407 Broadway Suite 1402,
New York, NY, United States, 10018

Tel.: (212) 764-9595 Toll Free: DUNS# 092653229
Fax: (212) 656-1891 Web Site: <http://www.adornfashions.com/>
Email: billing@adornfashions.com

Invoice

SI-1064373



SPS-1083869

SO-1094699

Bill To

Attn: ATTN:Reggie/AP Dept. UR001
URBAN BRANDS, INC.
100 METRO WAY
Secaucus, NJ, United States
07094 201-319-9093

Ship To

Customer PO: 13424FLOORSET

Attn: ATTN:Reggie/AP Dept. UR001
URBAN BRANDS, INC.
100 METRO WAY
Secaucus, NJ, United States
07094 201-319-9093

Remit To

Factor: LSQ FUNDING 728486

LSQ Funding
P.O BOX 404322
ATLANTA, GA,
30384-4322 (407) 206-0022

Department	Class	Buyer
531		
Agent Group	Terms	Division
097	N/10 EOM+30DA	Adorn Fashions
Invoice Date	Order Date	Cancel Date
6/25/2010	6/23/2010	6/25/2010

Ship Via U.P.S. Ground

Product	Color	Dim	Units	Ship	Price	Amount				
WCS60007AS	Medium Blue	REG		18	10.50	189.00				
	(1X-4X)									
Crop Levi Jacket With Curved Seams						0				
HTS:										
0X	1X	2X	3X	4X	5X	6X	7X	8X	9X	10X
0	1	2	2	1	0	0	0	0	0	0

Policy: This Account Is Owned By And Payable To LSQ Funding Group, L.C. PO Box 404322, Atlanta, GA 30384-4322
Tel 407-206-0022. Payments other than to the above does not constitute payment. Notify LSQ Funding Group, L.C. of any invoice discrepancy or dispute within ten days of receipt.

Units:	18	Subtotal:	189.00
			0.00
Weight:	1	Freight:	24.10
Boxes:	27	Ins/Other:	0.00
Fed. Tax: 13-2943124		No Sales Tax	0.00%
		No Sales Tax	0.00%
		Total: USD	213.10

Credit Card:

Holder Name:



Adorn Fashions

1407 Broadway Suite 1402,
New York, NY, United States, 10018
Tel.: (212) 764-9595 Toll Free: DUNS# 092653229
Fax: (212) 656-1891 Web Site: http://www.adornfashions.com/
Email: billing@adornfashions.com

Picking Slip vs. Order

SPS-1083869



SO-1094899

Bill To

Attn: ATTN:Reggie/AP Dept. UR001
URBAN BRANDS, INC.
100 METRO WAY
Secaucus, NJ, United States
07094 201-319-3093

Ship To

PC: 13424FLOORSET
Attn: ATTN:Reggie/AP Dept. UR001
URBAN BRANDS, INC.
100 METRO WAY
Secaucus, NJ, United States
07094 201-319-3093

Department	Class	Sales Type
531		Confirmed
Ship Via	Terms	Order Date
American Consol.Fgt	N/10 EOM+30DA	6/23/2010
Date	Ship Date	Cancel Date
6/23/2010	6/23/2010	6/25/2010

Warehouse: ULG WEST - ADORN C/O ULG WEST

Product	Description	Units	Qty																																																			
WCS60007AS	Crop Levi Jacket With Curved Seams	Ea																																																				
Medium Blue	<table border="1"> <tr> <td>REG</td> <td>0X</td> <td>1X</td> <td>2X</td> <td>3X</td> <td>4X</td> <td>5X</td> <td>6X</td> <td>7X</td> <td>8X</td> <td>9X</td> <td>10X</td> <td>Total</td> </tr> <tr> <td></td> <td>0</td> <td>3</td> <td>6</td> <td>6</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>18</td> </tr> <tr> <td>Pkd:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ord:</td> <td>0</td> <td>3</td> <td>6</td> <td>6</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>18</td> </tr> </table>	REG	0X	1X	2X	3X	4X	5X	6X	7X	8X	9X	10X	Total		0	3	6	6	3	0	0	0	0	0	0	18	Pkd:													Ord:	0	3	6	6	3	0	0	0	0	0	0	18	
REG	0X	1X	2X	3X	4X	5X	6X	7X	8X	9X	10X	Total																																										
	0	3	6	6	3	0	0	0	0	0	0	18																																										
Pkd:																																																						
Ord:	0	3	6	6	3	0	0	0	0	0	0	18																																										

3 (1X-4X)

Note:

AW1875 JUN 25, 2010 ACT WT 26.7 LBS #PK 1
SERVICE GNDCOM BILL WT 27.0 LBS
TRACKING# 12AW18750376577612 ALL CURRENCY USD
REF 1:PO# 13424FLOORSET ADR
REF 2:PT# 1083869 - DEPT# 531

HANDLING CHARGE 0.00 FRT: SHP
SHIPMENT PUB RATE CHARGES: SVC 24.10 USD
DV 0.00 COD 0.00 RS 0.00
DC 0.00 DGD 0.00
AH 0.00 PR 0.00 ROD 0.00
TOT PUB CHG 24.10 PUB+HANDLING 24.10

Note:

	Total	Boxes
Qty Picked:	18	
Qty Ordered:	18	

Weight: _____

Appreciation Code: _____
(* - Price)

Packed By: _____

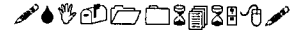
Verified By: _____ Page 1 / 1



Adorn Fashions
 1407 Broadway Suite 1402,
 New York, NY, United States, 10018
 Tel.: (212) 764-9595 Toll Free: DUNS# 092653229
 Fax: (212) 656-1891 Web Site: <http://www.adornfashions.com/>
 Email: billing@adornfashions.com

Invoice

SI-1064658



SPS-1083822

SO-1091449

Bill To

Attn: ATTN:Reggie/AP Dept. UR001
URBAN BRANDS, INC.
 100 METRO WAY
 Secaucus, NJ, United States
 07094 201-319-9093

Ship To

Customer PO: 13178
 Attn: Attn:AP/Dept.,Rggie#0030 A001
ASHLEY STEWART, LTD
 100 METRO WAY
 Secaucus, NJ, United States
 07094 201-319-9093

Remit To

Factor: LSQ FUNDING 728486
LSQ Funding
 P.O BOX 404322
 ATLANTA, GA,
 30384-4322 (407) 206-0022

Department	Class	Buyer
34		
Agent Group	Terms	Division
097	N/10EOM+30 DA.	Adorn Fashions
Invoice Date	Order Date	Cancel Date
6/29/2010	3/16/2010	7/7/2010

Ship Via ESSENTIAL FREIGHT

Product	Color	Dim	Units	Ship	Price	Amount					
WCS60007AS	Medium Blue	REG		48	10.50	504.00					
	(1X-4X)										
Crop Levi Jacket With Curved Seams		HTS:				0					
0X	1X	2X	3X	4X	5X	6X	7X	8X	9X	10X	
0	1	2	2	1	0	0	0	0	0	0	

ECOMM

Policy: This Account Is Owned By And Payable To LSQ Funding Group, L.C. PO Box 404322, Atlanta, GA 30384-4322
 Tel 407-206-0022. Payments other than to the above does not constitute payment. Notify LSQ Funding Group, L.C. of any invoice discrepancy or dispute within ten days of receipt.

Units:	48	Subtotal:	504.00
			0.00
Weight:	66	Freight:	0.00
Boxes:	2	Ins/Other:	0.00
Fed. Tax: 13-2943124		No Sales Tax 0.00%	0.00
		No Sales Tax 0.00%	0.00
Printed on 6/30/2010		Total: USD	504.00

Credit Card: Holder Name:

SHIP FROM
 Name: ADORN FASHION C/O ULG WEST
 Address: 1450 GLENN CURTISS STREET
 City/State/Zip: CARSON, CA 90746
 SID#: _____ FOB:

Bill of Lading Number: 07662130001083823

BAR CODE SPACE

P/U# 90454

SHIP TO
 Name: ASHLEY STEWART Location #: _____
 Address: 100 METRO WAY
 City/State/Zip: SECAUCUS NJ, 07094
 CID#: _____ FOB:

CARRIER NAME: ESSENTIAL FREIGHT

Trailer number: 111

Seal number(s): _____

SCAC: _____

Pro number: _____

Drivers signature on other than Essential Freight Systems normal Bill of Lading, acknowledges receipt of shipment only. Subject to all terms and conditions of Essential Freight Systems Contract of Carriage as if printed herein. Copy of Contract Available on Request. Or at www.essentialfreight.com

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: ADORN FASHIONS
 Address: 1407 BROADWAY SUITE 1402
 City/State/Zip: NEW YORK NY, 10018

Freight Charge Terms:

Prepaid Collect 3rd Party XX

Master Bill of Lading: with attached underlying Bills of Lading (check box)

IN HOUSE DATE 7/05/2010-7/07/2010
 "PACKING LIST ATTACHED TO BOL"
 "MUST MAKE DELIVERY APPOINTMENT (201) 319-9093"

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
PO# 13424	61	1988	Y (N)	DEPT#34 PT#1083823
PO# 13178	2	66	Y (N)	DEPT#34 PT#1083822
GRAND TOTAL:	63	2054		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <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. See Section 21 of NMFC Item 352</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
63	CTN	1494	PCS	2054		Wearing Apparel	49880	100
1	ENV							
63		1494		2054		GRAND TOTAL		

RECEIVING STAMP SPACE

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, classifications 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.

Signature _____ Shipper

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the 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 documents. Carrier carries emergency response information with each trailer and driver. Driver must carry emergency response guidebook or equivalent. Property described above is received in good order, except as noted.

Delia 6-29-10
63 ctns
LEW

ASHLEY STEWART
6/29/10
Clear TV

**Adorn Fashions**

ADORN FASHIONS 1407 Broadway Suite 1402,
New York, NY, United States, 10018

Tel.: (212) 764-9595 Toll Free: DUNS# 092653229
Fax: (212) 656-1891 Web Site: <http://www.adornfashions.com/>
Email: billing@adornfashions.com

Invoice

SI-1064992



SPS-1084203

SO-1091426

Bill To

Attn: ATTN:Reggie/AP Dept. UR001
URBAN BRANDS, INC.
100 METRO WAY
Secaucus, NJ, United States
07094 201-319-9093

Ship To

Customer PO: 13399

Attn: Attn:AP/Dept.,Rggie#0030 A001
ASHLEY STEWART, LTD
100 METRO WAY
Secaucus, NJ, United States
07094 201-319-9093

Remit To

Factor: LSQ FUNDING 728486

LSQ Funding
P.O BOX 404322
ATLANTA, GA,
30384-4322 (407) 206-0022

Department	Class	Buyer
34		
Agent Group	Terms	Division
097	N/10EOM+30 DA.	Adorn Fashions
Invoice Date	Order Date	Cancel Date
7/13/2010	3/12/2010	7/21/2010

Ship Via: ESSENTIAL FREIGHT

Product	Color	Dim	Units	Ship	Price	Amount				
WCS6980AS	Medium Blue	REG		1224	12.00	14,688.00				
	(1X-4X)									
Crop Length Ruffle Jacket		HTS:				0				
0X	1X	2X	3X	4X	5X	6X	7X	8X	9X	10X
0	1	2	2	1	0	0	0	0	0	0

Policy: This Account Is Owned By And Payable To LSQ Funding Group, L.C. PO Box 404322, Atlanta, GA 30384-4322
Tel 407-206-0022. Payments other than to the above does not constitute payment. Notify LSQ Funding Group, L.C. of any invoice discrepancy or dispute within ten days of receipt.

Units:	1224	Subtotal:	14,688.00
			0.00
Weight:	2142	Freight:	0.00
Boxes:	51	Ins/Other:	0.00
Fed. Tax: 13-2943124		No Sales Tax 0.00%	0.00
		No Sales Tax 0.00%	0.00
	Printed on 7/14/2010	Total: USD	14,688.00

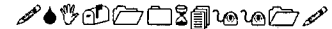
Credit Card: Holder Name:



Adorn Fashions
 1407 Broadway Suite 1402,
 New York, NY, United States, 10018
 Tel.: (212) 764-9595 Toll Free: DUNS# 092653229
 Fax: (212) 656-1891 Web Site: http://www.adornfashions.com/
 Email: billing@adornfashions.com

Invoice

SI-1064991



SPS-1084204

SO-1091741

Bill To	
Attn: ATTN:Reggie/AP Dept.	UR001
URBAN BRANDS, INC.	
100 METRO WAY	
Secaucus, NJ, United States	
07094	201-319-9093

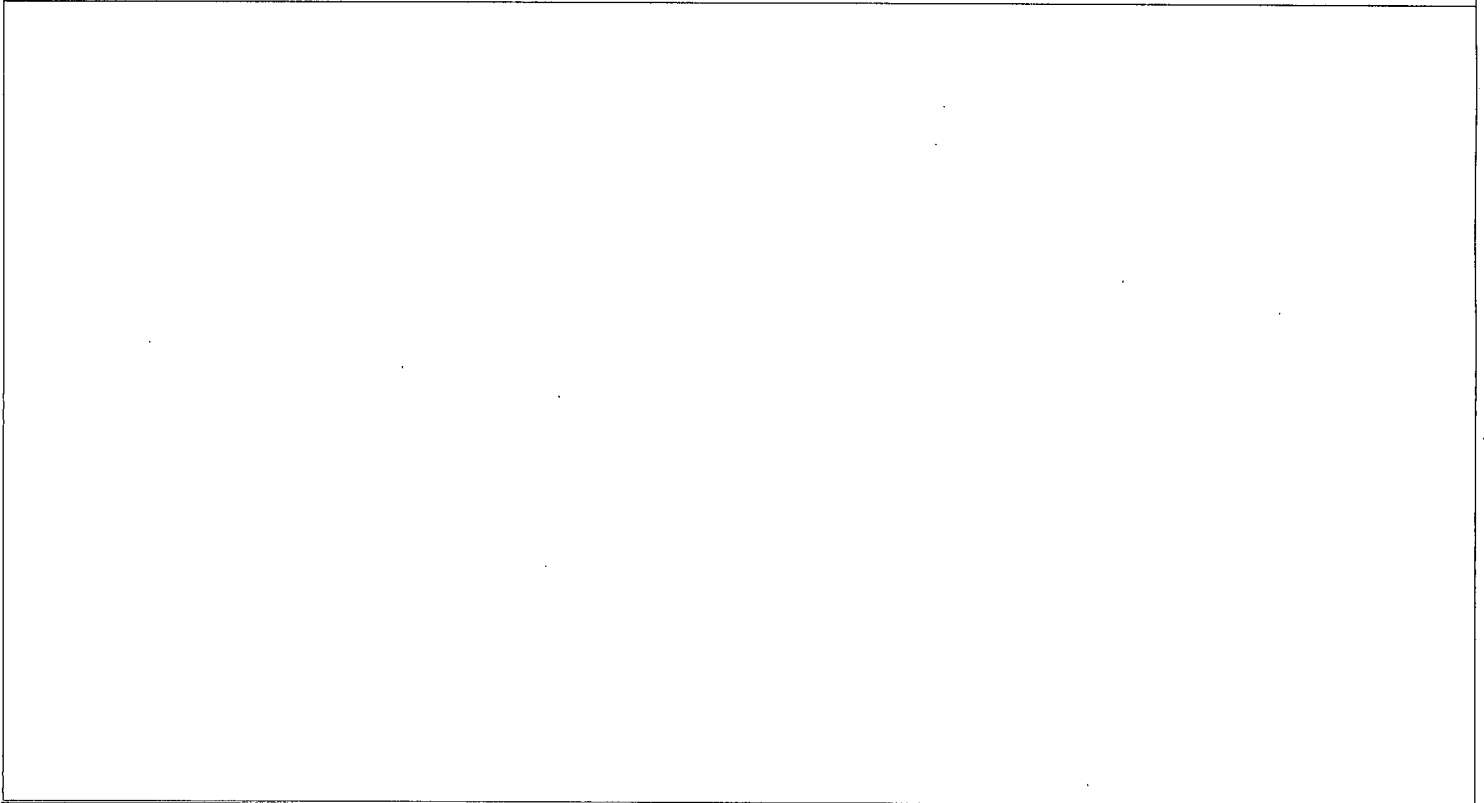
Ship To		Customer PO: 13179
Attn: Attn:AP/Dept.,Rggie#0030	A001	
ASHLEY STEWART, LTD		
100 METRO WAY		
Secaucus, NJ, United States		
07094	201-319-9093	

Department	Class	Buyer
34		
Agent Group	Terms	Division
097	N/10EOM+30 DA.	Adorn Fashions
Invoice Date	Order Date	Cancel Date
7/13/2010	3/22/2010	7/21/2010

Remit To	Factor: LSQ FUNDING 728486
LSQ Funding	
P.O BOX 404322	
ATLANTA, GA,	
30384-4322	(407) 206-0022

Ship Via	ESSENTIAL FREIGHT
-----------------	-------------------

Product	Color	Dim	Units	Ship	Price	Amount					
WCS6980AS	Medium Blue	REG		48	12.00	576.00					
	(1X-4X)										
	Crop Length Ruffle Jacket	HTS:				0					
0X	1X	2X	3X	4X	5X	6X	7X	8X	9X	10X	
0	1	2	2	1	0	0	0	0	0	0	



Policy: This Account Is Owned By And Payable To LSQ Funding Group, L.C. PO Box 404322, Atlanta, GA 30384-4322
 Tel 407-206-0022. Payments other than to the above does not constitute payment. Notify LSQ Funding Group, L.C. of any invoice discrepancy or dispute within ten days of receipt.

Units:	48	Subtotal:	576.00
			0.00
Weight:	84	Freight:	0.00
Boxes:	2	Ins/Other:	0.00
Fed. Tax: 13-2943124		No Sales Tax	0.00%
			0.00
		No Sales Tax	0.00%
			0.00
	Printed on 7/14/2010	Total: USD	576.00

Credit Card:	Holder Name:
---------------------	---------------------

DATE: 07/13/2010

BILL OF LADING

Page 1

SHIP FROM
 Name: ADORN FASHION C/O ULG WEST
 Address: 1450 GLENN CURTISS STREET
 City/State/Zip: CARSON, CA 90746
 SID#: _____ FOB:

Bill of Lading Number: 07662130001084204

SHIP TO
 Name: ASHLEY STEWART Location #: _____
 Address: 100 METRO WAY
 City/State/Zip: SECAUCUS NJ, 07094
 CID#: _____ FOB:

P/U#
CARRIER NAME: ESSENTIAL FREIGHT
 Trailer number: 112
 Seal number(s): _____

SCAC: ESFS
Pro number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: ADORN FASHIONS
 Address: 1407 BROADWAY SUITE 1402
 City/State/Zip: NEW YORK NY, 10018

Freight Charge Terms:
 Prepaid Collect 3rd Party XX

IN HOUSE DATE 7/19/2010-7/21/2010
 "PACKING LIST ATTACHED TO BOL"
 "MUST MAKE DELIVERY APPOINTMENT (201) 319-9093"

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
PO# 13179	2	84	Y <input checked="" type="radio"/> N	DEPT#34 PT#1084204
PO# 13399	51	2142	Y <input checked="" type="radio"/> N	DEPT#34 PT#1084203
GRAND TOTAL:	53	2226		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
53	CTN	1272	PCS	2226		Wearing Apparel	49880	100
1	ENV							
53		1272		2226		GRAND TOTAL		

Where the rate is dependant 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, classifications 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.

Signature _____ Shipper

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 Dolca 7-13-10

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.
 54 6/13/10
 Cheartape

53ctns
 (aw)

**Adorn Fashions**

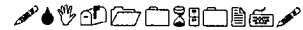
ADORN FASHIONS 1407 Broadway Suite 1402,

New York, NY, United States, 10018

Tel.: (212) 764-9595 Toll Free: DUNS# 092653229

Fax: (212) 656-1891 Web Site: <http://www.adornfashions.com/>Email: billing@adornfashions.com**Invoice**

SI-1065027



SPS-1084527

SO-1091425

Bill To

Attn: ATTN:Reggie/AP Dept.

UR001

URBAN BRANDS, INC.

100 METRO WAY

Secaucus, NJ, United States

07094

201-319-9093

Ship To

Customer PO: 13606

Attn: Attn:AP/Dept.,Rggie#0030

A001

ASHLEY STEWART, LTD

100 METRO WAY

Secaucus, NJ, United States

07094

201-319-9093

Remit To

Factor: LSQ FUNDING 728486

LSQ Funding

P.O BOX 404322

ATLANTA, GA,

30384-4322

(407) 206-0022

Ship Via ESSENTIAL FREIGHT

Department	Class	Buyer
34		
Agent Group	Terms	Division
097	N/10EOM+30 DA.	Adorn Fashions
Invoice Date	Order Date	Cancel Date
7/20/2010	3/12/2010	7/28/2010

Product	Color	Dim	Units	Ship	Price	Amount									
WCS3752AS	Medium Blue	REG		2712	12.50	33,900.00									
	(12-26)														
	Second Fabric Pieced Studded A Line Skt	HTS:				0									
0	2	4	6	8	10	12	14	16	18	20	22	24	26	28	
0	0	0	0	0	0	1	2	2	2	2	1	1	1	0	

Policy: This Account Is Owned By And Payable To LSQ Funding Group, L.C. PO Box 404322, Atlanta, GA 30384-4322

Tel 407-206-0022. Payments other than to the above does not constitute payment. Notify LSQ Funding Group, L.C. of any invoice discrepancy or dispute within ten days of receipt.

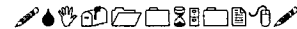
Units:	2712	Subtotal:	33,900.00
Weight:	4972	Freight:	0.00
Boxes:	113	Ins/Other:	0.00
Fed. Tax: 13-2943124		No Sales Tax 0.00%	0.00
Credit Card:	Holder Name:	No Sales Tax 0.00%	0.00
Page 1 / 1		Printed on 7/21/2010	Total: USD 33,900.00



Adorn Fashions
 1407 Broadway Suite 1402,
 New York, NY, United States, 10018
 Tel.: (212) 764-9595 Toll Free: DUNS# 092653229
 Fax: (212) 656-1891 Web Site: http://www.adornfashions.com/
 Email: billing@adornfashions.com

Invoice

SI-1065028



SPS-1084528

SO-1091758

Bill To	
Attn: ATTN:Reggie/AP Dept. URBAN BRANDS, INC. 100 METRO WAY Secaucus, NJ, United States 07094	UR001 201-319-9093

Ship To	
Attn: AP/Dept., Rggie#0030 ASHLEY STEWART, LTD 100 METRO WAY Secaucus, NJ, United States 07094	Customer PO: 13177 A001 201-319-9093

Department	Class	Buyer
34		
Agent Group	Terms	Division
097	N/10EOM+30 DA.	Adorn Fashions
Invoice Date	Order Date	Cancel Date
7/20/2010	3/23/2010	7/28/2010

Remit To	Factor: LSQ FUNDING 728486
LSQ Funding P.O BOX 404322 ATLANTA, GA, 30384-4322	(407) 206-0022
Ship Via	ESSENTIAL FREIGHT

Product	Color	Dim	Units	Ship	Price	Amount
WCS3752AS	Medium Blue	REG		60	12.50	750.00
	(12-26)					
Second Fabric Pieced Studded A Line Skt		HTS:				0
0 2 4 6 8 10 12 14 16 18 20 22 24 26 28						
0 0 0 0 0 0 1 2 2 2 2 1 1 1 0						

e-commerce

Policy: This Account Is Owned By And Payable To LSQ Funding Group, L.C. PO Box 404322, Atlanta, GA 30384-4322
 Tel 407-206-0022. Payments other than to the above does not constitute payment. Notify LSQ Funding Group, L.C. of any invoice discrepancy or dispute within ten days of receipt.

Credit Card: Holder Name:

Units:	60	Subtotal:	750.00
			0.00
Weight:	110	Freight:	0.00
Boxes:	3	Ins/Other:	0.00
Fed. Tax: 13-2943124		No Sales Tax 0.00%	0.00
		No Sales Tax 0.00%	0.00
Printed on 7/21/2010		Total: USD	750.00

BILL OF LADING

SHIP FROM
 Name: ADORN FASHION C/O ULG WEST
 Address: 1450 GLENN CURTISS STREET
 City/State/Zip: CARSON, CA 90746
 SID#: _____ FOB:

Bill of Lading Number: 07662130001084527
 P/U# 91026

SHIP TO
 Name: ASHLEY STEWART Location #: _____
 Address: 100 METRO WAY
 City/State/Zip: SECAUCUS NJ, 07094
 CID#: _____ FOB:

CARRIER NAME: ESSENTIAL FREIGHT
 Trailer number: 114
 Seal number(s): _____
 SCAC: ESFS
 Pro number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: ADORN FASHIONS
 Address: 1407 BROADWAY SUITE 1402
 City/State/Zip: NEW YORK NY, 10018

Freight Charge Terms:
 Prepaid Collect 3rd Party XX
 Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

IN HOUSE DATE 7/26/2010-7/28/2010
 "PACKING LIST ATTACHED TO BOL"
 "MUST MAKE DELIVERY APPOINTMENT (201) 319-9093"

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
PO# 13606	113	4972	Y (N)	DEPT#34 PT#1084527
PO# 13177	3	110	Y (N)	DEPT#34 PT#1084528
GRAND TOTAL:	116	5082		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
116	CTN	2772	PCS	5082		Wearing Apparel	49880	100
1	ENV							
116		2772		5082		GRAND TOTAL		

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, classifications 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.
 Signature _____ Shipper

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 Dalia 7-20-10

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.
 Signature: *[Signature]* 7/20/10
 10Atoncrush #16GATWZ

116 ctns
 1 ea

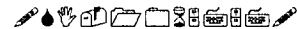
**Adorn Fashions**

ADORN FASHIONS 1407 Broadway Suite 1402,
New York, NY, United States, 10018
Tel.: (212) 764-9595
Fax: (212) 656-1891

Toll Free: DUNS# 092653229
Web Site: <http://www.adornfashions.com/>
Email: billing@adornfashions.com

Invoice

SI-1065757



SPS-1085327

SO-1093985

Bill To

Attn: ATTN:Reggie/AP Dept. UR001
URBAN BRANDS, INC.
100 METRO WAY
Secaucus, NJ, United States
07094 201-319-9093

Ship To

Customer PO: 14454

Attn: Attn:AP/Dept.,Rggie#0030 A001
ASHLEY STEWART, LTD
100 METRO WAY
Secaucus, NJ, United States
07094 201-319-9093

Remit To

Factor: LSQ FUNDING 728486

LSQ Funding
P.O BOX 404322
ATLANTA, GA,
30384-4322 (407) 206-0022

Department	Class	Buyer
34		
Agent Group	Terms	Division
097	N/10EOM+30 DA.	Adorn Fashions
Invoice Date	Order Date	Cancel Date
8/19/2010	4/30/2010	8/25/2010

Ship Via ESSENTIAL FREIGHT

Product	Color	Dim	Units	Ship	Price	Amount
WOS50314AS	Black	REG		2628	11.00	28,908.00
	(12-24)					
Basic Stretch Sateen Legging		HTS:				2628
0 2 4 6 8 10 12 14 16 18 20 22 24 26 28						
0 0 0 0 0 0 1 2 3 2 2 1 1 0 0						
WOS50314AS	Grey	REG		2628	11.00	28,908.00
	(12-24)					
Basic Stretch Sateen Legging		HTS:				2628
0 2 4 6 8 10 12 14 16 18 20 22 24 26 28						
0 0 0 0 0 0 1 2 3 2 2 1 1 0 0						
WOS50314AS	Black	REG		120	11.00	1,320.00
	(12-24)					
Basic Stretch Sateen Legging		HTS:				120
0 2 4 6 8 10 12 14 16 18 20 22 24 26 28						
0 0 0 0 0 0 1 2 3 2 2 1 1 0 0						

Policy: This Account Is Owned By And Payable To LSQ Funding Group, L.C. PO Box 404322, Atlanta, GA 30384-4322
Tel 407-206-0022. Payments other than to the above does not constitute payment. Notify LSQ Funding Group, L.C. of any invoice discrepancy or dispute within ten days of receipt.

Units:	5376	Subtotal:	59,136.00
			0.00
Weight:	5954	Freight:	0.00
Boxes:	229	Ins/Other:	0.00
Fed. Tax: 13-2943124		No Sales Tax 0.00%	0.00
		No Sales Tax 0.00%	0.00
Printed on 8/20/2010		Total: USD	59,136.00

Credit Card: Holder Name:

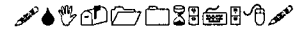
**Adorn Fashions**

ADORN FASHIONS 1407 Broadway Suite 1402,
 New York, NY, United States, 10018
 Tel.: (212) 764-9595
 Fax: (212) 656-1891

Toll Free: DUNS# 092653229
 Web Site: <http://www.adornfashions.com/>
 Email: billing@adornfashions.com

Invoice

SI-1065758



SPS-1085328

SO-1094095

Bill To

Attn: ATTN:Reggie/AP Dept. UR001
URBAN BRANDS, INC.
 100 METRO WAY
 Secaucus, NJ, United States
 07094 201-319-9093

Ship To

Customer PO: 14398

Attn: Attn:AP/Dept.,Rggie#0030 A001
ASHLEY STEWART, LTD
 100 METRO WAY
 Secaucus, NJ, United States
 07094 201-319-9093

Remit To

Factor: LSQ FUNDING 728486

LSQ Funding
 P.O BOX 404322
 ATLANTA, GA,
 30384-4322 (407) 206-0022

Department	Class	Buyer
34		
Agent Group	Terms	Division
097	N/10EOM+30 DA.	Adorn Fashions
Invoice Date	Order Date	Cancel Date
8/19/2010	5/18/2010	8/25/2010

Ship Via ESSENTIAL FREIGHT

Product	Color	Dim	Units	Ship	Price	Amount
WOS50314AS	Black	REG		48	11.00	528.00
	(12-24)					
	Basic Stretch Sateen Legging	HTS:				48
0	2 4 6 8 10 12 14 16 18 20 22 24 26 28					
0	0 0 0 0 0 1 2 3 2 2 1 1 0 0					
e-commerce						
WOS50314AS	Grey	REG		48	11.00	528.00
	(12-24)					
	Basic Stretch Sateen Legging	HTS:				48
0	2 4 6 8 10 12 14 16 18 20 22 24 26 28					
0	0 0 0 0 0 1 2 3 2 2 1 1 0 0					
E-commerce						

Policy: This Account Is Owned By And Payable To LSQ Funding Group, L.C. PO Box 404322, Atlanta, GA 30384-4322
 Tel 407-206-0022. Payments other than to the above does not constitute payment. Notify LSQ Funding Group, L.C. of any invoice discrepancy or dispute within ten days of receipt.

Units:	96	Subtotal:	1,056.00
			0.00
Weight:	104	Freight:	0.00
Boxes:	2	Ins/Other:	0.00
Fed. Tax: 13-2943124		No Sales Tax 0.00%	0.00
		No Sales Tax 0.00%	0.00
Printed on 8/20/2010		Total: USD	1,056.00

Credit Card: Holder Name:

BILL OF LADING

SHIP FROM
 Name: ADORN FASHION C/O ULG WEST
 Address: 1450 GLENN CURTISS STREET
 City/State/Zip: CARSON, CA 90746
 SID#: _____ FOB:

Bill of Lading Number: 0766213000185327

P/U# 92072

SHIP TO
 Name: ASHLEY STEWART Location #: _____
 Address: 100 METRO WAY
 City/State/Zip: SECAUCUS NJ, 07094
 CID#: _____ FOB:

CARRIER NAME: ESSENTIAL FREIGHT
 Trailer number: 115
 Seal number(s): _____

SCAC: ESFS
 Pro number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: ADORN FASHIONS
 Address: 1407 BROADWAY SUITE 1402
 City/State/Zip: NEW YORK NY, 10018

Freight Charge Terms:

Prepaid Collect 3rd Party XX

IN HOUSE DATE 8/23/2010-8/25/2010
 "PACKING LIST ATTACHED TO BOL"
 "MUST MAKE DELIVERY APPOINTMENT (201) 319-9093"

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
PO# 14454	229	5954	Y	(N)	DEPT#34 PT#1085327
PO# 14398	2	104	Y	(N)	DEPT#34 PT#1085328
GRAND TOTAL:	231	6058			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <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. See Section 210 of NMFC Item 100</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
231	CTN	5472	PCS	6058		Wearing Apparel	49880	100
1	ENV							
231		5472		6058		GRAND TOTAL		

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, classifications 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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 Delia 8-19-10
 231ctns
 cw

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

CARRIER SIGNATURE / PICKUP DATE
Carrier's emergency response information was made available and/or displayed in the vehicle in accordance with 49 CFR 393.203 or equivalent.
 This bill of lading is subject to the terms and conditions of the order, except as noted.
 8-19-10 3-2-5
 + 1 envelope