




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor: <b>Urban Brands, Inc.</b>		Case Number: <b>10-13005-KJC</b>
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 (the person or other entity to whom the debtor owes money or property): <b>MARIO'S EXPRESS SERVICE</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:  25641042012811 MARIO'S EXPRESS SERVICE 45 FERNWOOD AVENUE EDISON, NJ 08837		<b>Court Claim Number:</b> _____ (if known)  <b>Filed on:</b> _____
 YOUR CLAIM IS SCHEDULED AS: SCHEDULE ID: s1319 AMOUNT/CLASSIFICATION: \$5,134.67 UNSECURED		
<b>RECEIVED</b> <b>DEC 30 2010</b> <b>BMC GROUP</b> Telephone No. <b>732-346-0066</b>		<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.
Name and address where payment should be sent (if different from above):		
1. Amount of Claim as of Date Case Filed: \$ <b>#6134.07</b> 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		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.  Specify the priority of the claim.
2. Basis for Claim: <b>Services Performed</b> (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)( ).
3. Last four digits of any number by which creditor identifies debtor: <b>HSEC</b> 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:		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.
Date: <b>12/22/2010</b>	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. <b>Paula Soares</b>	FOR COURT USE ONLY Urban Brands  00412

**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 federal judicial district where the bankruptcy case was filed (for example, District of Delaware), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

**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.	BMC Group, Inc.
Attn: Urban Brands	Attn: Urban Brands
Claims Processing	Claims Processing
P.O. Box 3020	18750 Lake Drive East
Chanhassen, MN 55317	Chanhassen, MN 55317



45 Fernwood Avenue - Edison - New Jersey - 08837  
T: (732) 346-6666 - Accounting F: (732) 225-2019  
W: www.mariosexpress.com

NUMBER WHEN REMITTING

PRO. NO. 3000780A

Shipper: MASTERCRAFT SPECIALTIES  
800 Maple Street  
Red Lion, PA 17356

Consignee: ASHLEY STEWART #350  
4012 Victory Boulevard Unit A  
Unit A  
Portsmouth, VA 23701

Bill To: URBAN BRANDS, INC.  
C/o Freight Department  
P.O. box 2518  
Secaucus, NJ 07096-2518

Please  
Remit To: MARIO'S EXPRESS SERVICE, INC.  
45 Fernwood Avenue  
Edison, NJ 08837

Terms are 30 Days From Date of  
Invoice. Thank You!

REFERENCE #	PROCESSOR	BILLING DATE	SHIP DATE	TRACTOR #	TRAILER #	SALESPERSON	COMMODITY
REF #: ASHLEY STEWART TABLE TOP CUT	URGENT	4/19/2010	3/26/2010	UNKNOWN	UNKNOWN	Dennis Schanstra 2	STORE FIXTURES / DISPLAYS
PO #: 3976-350							

DESCRIPTION	ACTUAL WEIGHT	BILLING QUANTITY	RATE	CHARGES
Ashley Stewart #350, Portsmouth, Va Store Fixtures / Displays		1. Piece(s)	276.10 Flat	\$276.10
Fuel Surcharge - % Of Revenue		276.1 US Dollars	0.21 %	\$57.98
Ashley Stewart #350, Driver Assist		1. Flat	45.00 Flat	\$45.00
Ashley Stewart #350, Additional Labor(s)		1. Flat	140.00 Flat	\$140.00
Ashley Stewart #350, Other Misc Charges Remove & Discard Crate		1. Flat	55.00 Flat	\$55.00
Total Due				\$574.08

AFTER MAY 19 PAY ADDED INTEREST CHARGE OF \$8.61

Total Due \$582.69

This shipment was transported pursuant to the rates, classifications, rules and practices set forth in a tariff maintained at our General Office, unless transported under contract carrier authority. If there is any dispute concerning the freight charges, you must send written notification to the above fax number within 72 hours of receipt of this freight bill. Otherwise these rates and charges will be final and binding.

A SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE IS 18.0%) WILL BE APPLIED ON ACCOUNTS CARRIED PAST 30 DAYS.

3000780 ①

<b>SHIP FROM</b>		<b>Bill of Lading Number: C30945-36</b>
Name:	AXG / ARTITALIA	
Address:	800 MAPLE STREET	
Address:	ATTN: JOEL/NATE	
City/State/Zip:	RED LION, PA 17356-1544	FOB: <input type="checkbox"/>
<b>SHIP TO</b>		<b>CARRIER NAME: MARIOS EXPRESS</b>
Name:	ASHLEY STEWART # 350	Trailer number: _____
Address:	4012 VICTORY BLVD UNIT A	Seal number(s): _____
Address:		Pro number: _____
City/State/Zip:	PORTSMOUTH, VA 23701	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>BAR CODE SPACE</b>
Name:	ASHLEY STEWART	
Address:	100 METRO WAY	
City/State/Zip:	SECAUCUS, NJ 07094	
<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>		
Prepaid _____ Collect _____ 3 <sup>rd</sup> Party <u>X</u>		

CUSTOMER ORDER INFORMATION			
PURCHASE ORDER #	STORE #	BREAKDOWN	ADDITIONAL SHIPPER INFO
3976-350			

HANDLING UNIT		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE			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 2(e) of NMFC Item 360	NMFC #	CLASS
	Set up / Assembled	225 #		STORE DISPLAY PARTS	57410	
	Cartons					
	Skids w/					
1	Crates					
	Packages					
	Loose					
	Bundles					
1	TOTAL PCS.					

RAMCO'S EXPRESS SERVICE, INC.

Shipper: \_\_\_\_\_

Date: 11

Arrived @: \_\_\_\_\_

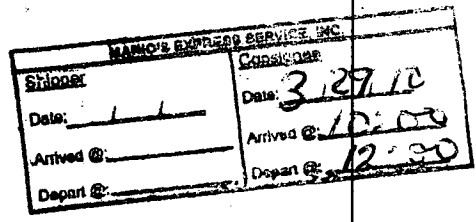
Depart @: \_\_\_\_\_

Consignor: \_\_\_\_\_

Date: 3/29/10

Arrived @: 10:00

Depart @: 12:30



**SPECIAL DELIVERY INSTRUCTIONS:**

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 _____"	<b>COD Amount: \$</b> _____ <b>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></b> <b>Customer check acceptable: <input type="checkbox"/></b>
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**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.

<b>SHIPPER SIGNATURE / DATE</b> <small>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 U.S. DOT.</small>	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>SIGNATURE</b> _____ <b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> Signature: _____ Date: <u>  /  /  </u> <b>Property described above is received in good order, except as noted.</b>
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*Danielle Green*  
Danielle Green

# MARIO'S

## EXPRESS SERVICE

45 Fernwood Avenue - Edison - New Jersey - 08837  
T: (732) 346-6666 - Accounting F: (732) 225-2019  
W: www.mariosexpress.com

NUMBER WHEN REMITTING

PRO. NO. 3000784A

**Shipper:** MASTERCRAFT SPECIALTIES  
800 Maple Street  
Red Lion, PA 17356

**Consignee:** ASHLEY STEWART #286  
7580 Crestwood Blvd  
Suite 148  
Birmingham, AL 35210

**Bill To:** URBAN BRANDS, INC.  
C/o Freight Department  
P.o.box 2518  
Secaucus, NJ 07096-2518

**Please Remit To:** MARIO'S EXPRESS SERVICE, INC.  
45 Fernwood Avenue  
Edison, NJ 08837

Terms are 30 Days From Date of Invoice. Thank You!

REFERENCE #	PROCESSOR	BILLING DATE	SHIP DATE	TRACTOR #	TRAILER #	SALESPERSON	COMMODITY
REF #: ASHLEY STEWART TABLE	FRONT	4/19/2010	3/26/2010	UNKNOWN	UNKNOWN	Dennis Schanstra 2	STORE FIXTURES / DISPLAYS
PO #: 3976-286							

DESCRIPTION	ACTUAL WEIGHT	BILLING QUANTITY	RATE	CHARGES
Ashley Stewart #286, Birmingham, Al Store Fixtures / Displays		1. Piece(s)	372.24 Flat	\$372.24
Fuel Surcharge - % Of Revenue		372.24 US Dollars	0.21 %	\$78.17
Ashley Stewart #286, Driver Assist		1. Flat	45.00 Flat	\$45.00
Ashley Stewart #286, Additional Labor(s)		1. Flat	140.00 Flat	\$140.00
Ashley Stewart #286, Other Misc Charges Remove & Discard Crate		1. Flat	55.00 Flat	\$55.00
<b>Total Due</b>				<b>\$690.41</b>

AFTER MAY 19 PAY ADDED INTEREST CHARGE OF \$10.36

**Total Due \$700.77**

This shipment was transported pursuant to the rates, classifications, rules and practices set forth in a tariff maintained at our General Office, unless transported under contract carrier authority. If there is any dispute concerning the freight charges, you must send written notification to the above fax number within 72 hours of receipt of this freight bill. Otherwise these rates and charges will be final and binding.

A SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE IS 18.0%) WILL BE APPLIED ON ACCOUNTS CARRIED PAST 30 DAYS.

3000784

(3)

Date: 3/25/10

# BILL OF LADING

Page 1

## SHIP FROM

Name: AXG / ARTITALIA  
Address: 800 MAPLE STREET  
Address: ATTN: JOEL/NATE  
City/State/Zip: RED LION, PA 17356-1544

FOB: ☐

Bill of Lading Number: C30945-27

## SHIP TO

Name: ASHLEY STEWART # 286  
Address: EAST VILLAGE S/C  
Address: 1632 MONTCLAIR RD-SUITE 100  
City/State/Zip: BIRMINGHAM, AL 35210

CARRIER NAME: MARIOS EXPRESS

Trailer number: \_\_\_\_\_

Seal number(s): \_\_\_\_\_

Pro number: \_\_\_\_\_

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: ASHLEY STEWART **ASH BIR**  
Address: 100 METRO WAY

City/State/Zip: SECAUCUS, NJ 07094 **205-595-4997**

BAR CODE SPACE

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3<sup>rd</sup> Party X

## CUSTOMER ORDER INFORMATION

PURCHASE ORDER #	STORE #	BREAKDOWN	ADDITIONAL SHIPPER INFO
3976-286			

## CARRIER INFORMATION

HANDLING UNIT		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 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE				NMFC #	CLASS
	Set up / Assembled	225 #		STORE DISPLAY PARTS	57410	
	Cartons					
	Skids w/					
1	Crates					
	Packages					
	Loose					
	Bundles					
1	TOTAL PCS.					

MARIOS EXPRESS SERVICE, INC. (973) 491-0800	
SHIPPER:	CONSIGNEE:
DATE: 1/1	DATE: 4/7/10
ARRIVED @:	ARRIVED @: 4:00 PM
DEPART @:	DEPART @: 4:35 PM

*[Handwritten signature]*

## SPECIAL DELIVERY INSTRUCTIONS:

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

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property described above is received in good order, except as noted.

## 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 U.S. DOT.

## Trailer Loaded:

- ☐ By Shipper  
☐ By Driver

## Freight Counted:

- ☐ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces



45 Fernwood Avenue - Edison - New Jersey - 08837  
T: (732) 346-6666 - Accounting F: (732) 225-2019  
W: www.mariosexpress.com

NUMBER WHEN REMITTING

PRO. NO. 3000785A

Shipper: MASTERCRAFT SPECIALTIES  
800 Maple Street  
Red Lion, PA 17356

Consignee: ASHLEY STEWART #347  
7001 Martin Luther King Jr Hwy  
King Shopping Center  
Landover, MD 20785

Bill To: URBAN BRANDS, INC.  
C/o Freight Department  
P.O. box 2518  
Secaucus, NJ 07096-2518

Please  
Remit To: MARIO'S EXPRESS SERVICE, INC.  
45 Fernwood Avenue  
Edison, NJ 08837

Terms are 30 Days From Date of  
Invoice. Thank You!

REFERENCE #	PROCESSOR	BILLING DATE	SHIP DATE	TRACTOR #	TRAILER #	SALESPERSON	COMMODITY
REF #: ASHLEY STEWART TABLES	URBAN BRANDS	4/19/2010	3/26/2010	UNKNOWN	UNKNOWN	Dennis Schanstra 2	STORE FIXTURES / DISPLAYS
PO #: 3976-347							

DESCRIPTION	ACTUAL WEIGHT	BILLING QUANTITY	RATE	CHARGES
Ashley Stewart #347, Landover, Md Store Fixtures / Displays		1. Piece(s)	276.10 Flat	\$276.10
Fuel Surcharge - % Of Revenue		276.1 US Dollars	0.21 %	\$57.98
Ashley Stewart #347, Driver Assist		1. Flat	45.00 Flat	\$45.00
Ashley Stewart #347, Additional Labor(s)		1. Flat	140.00 Flat	\$140.00
Ashley Stewart #347, Other Misc Charges Remove & Discard Crate		1. Flat	55.00 Flat	\$55.00
Total Due				\$574.08

AFTER MAY 19 PAY ADDED INTEREST CHARGE OF \$8.61

Total Due \$582.69

This shipment was transported pursuant to the rates, classifications, rules and practices set forth in a tariff maintained at our General Office, unless transported under contract carrier authority. If there is any dispute concerning the freight charges, you must send written notification to the above fax number within 72 hours of receipt of this freight bill. Otherwise these rates and charges will be final and binding.

A SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE IS 18.0%) WILL BE APPLIED ON ACCOUNTS CARRIED PAST 30 DAYS.

3000785 (2)

**SHIP FROM**  
Name: AXG / ARTITALIA  
Address: 800 MAPLE STREET  
Address: ATTN: JOEL/NATE  
City/State/Zip: RED LION, PA 17356-1544 FOB: ☐

Bill of Lading Number: C30945-28

**SHIP TO**  
Name: ASHLEY STEWART # 347 *ASHLAN*  
Address: KING S/C  
Address: 7001 MARTIN LUTHER KING HWY  
City/State/Zip: LANDOVER, MD 20785 *301-773-5002*

**CARRIER NAME:** MARIOS EXPRESS  
Trailer number: \_\_\_\_\_  
Seal number(s): \_\_\_\_\_  
Pro number: \_\_\_\_\_

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
Name: ASHLEY STEWART  
Address: 100 METRO WAY  
City/State/Zip: SECAUCUS, NJ 07094

**BAR CODE SPACE**  
  
**Freight Charge Terms:** (freight charges are prepaid unless marked otherwise)  
Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3<sup>rd</sup> Party X

CUSTOMER ORDER INFORMATION			
PURCHASE ORDER #	STORE #	BREAKDOWN	ADDITIONAL SHIPPER INFO
3976-347			

HANDLING UNIT		CARRIER INFORMATION			
QTY	TYPE	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 2(e) of NMFC Item 360</small>	LTL ONLY NMFC # CLASS
	Set up / Assembled	225 #		STORE DISPLAY PARTS <i>Kimberly Warren</i>	57410
	Cartons				
	Skids w/				
1	Crates				
	Packages				
	Loose				
	Bundles				
1	TOTAL PCS.				

**Mario's Express Service, Inc. @ 800-843-0037**

Shipper	Consignee
Date: _____	Date: <u>3, 29, 10</u>
Arrived @: _____	Arrived @: <u>1142</u>
Depart @: _____	Depart @: <u>1210</u>

**SPECIAL DELIVERY INSTRUCTIONS:**

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.

<b>SHIPPER SIGNATURE / DATE</b> <small>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 U.S. DOT.</small>	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>SIGNATURE</b> _____ <b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> Signature: _____ Date: ____/____/____ <i>Property described above is received in good order, except as noted.</i>
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45 Fernwood Avenue - Edison - New Jersey - 08837  
T: (732) 346-6666 - Accounting F: (732) 225-2019  
W: www.mariosexpress.com

NUMBER WHEN REMITTING

PRO. NO. 3000786A

Shipper: MASTERCRAFT SPECIALTIES  
800 Maple Street  
Red Lion, PA 17356

Consignee: ASHLEY STEWART #125  
1800 Vernier Road  
Eastland Center  
Harper Woods, MI 48825

Bill To: URBAN BRANDS, INC.  
C/o Freight Department  
P.O. box 2518  
Secaucus, NJ 07096-2518

Please  
Remit To: MARIO'S EXPRESS SERVICE, INC.  
45 Fernwood Avenue  
Edison, NJ 08837

Terms are 30 Days From Date of  
Invoice. Thank You!

REFERENCE #	PROCESSOR	BILLING DATE	SHIP DATE	TRACTOR #	TRAILER #	SALESPERSON	COMMODITY
REF #: ASHLEY STEWART TABLES	URBAN	4/19/2010	3/26/2010	UNKNOWN	UNKNOWN	Dennis Schanstra 2	STORE FIXTURES / DISPLAYS
PO #: 3976-125							

DESCRIPTION	ACTUAL WEIGHT	BILLING QUANTITY	RATE	CHARGES
Ashley Stewart #125, Harper Woods, Mi Store Fixtures / Displays				
		1. Piece(s)	294.80 Flat	\$294.80
Fuel Surcharge - % Of Revenue		294.8 US Dollars	0.21 %	\$61.91
Ashley Stewart #125, Driver Assist		1. Flat	45.00 Flat	\$45.00
Ashley Stewart #125, Additional Labor(s)		1. Flat	140.00 Flat	\$140.00
Ashley Stewart #125, Other Misc Charges Remove & Discard Crate		1. Flat	55.00 Flat	\$55.00
			<b>Total Due</b>	<b>\$596.71</b>

AFTER MAY 19 PAY ADDED INTEREST CHARGE OF \$8.95

**Total Due \$605.66**

This shipment was transported pursuant to the rates, classifications, rules and practices set forth in a tariff maintained at our General Office, unless transported under contract carrier authority. If there is any dispute concerning the freight charges, you must send written notification to the above fax number within 72 hours of receipt of this freight bill. Otherwise these rates and charges will be final and binding.

A SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE IS 18.0%) WILL BE APPLIED ON ACCOUNTS CARRIED PAST 30 DAYS.

Date: 3/25/10

## BILL OF LADING

Page 1

## SHIP FROM

Name: AXG / ARTITALIA  
 Address: 800 MAPLE STREET  
 Address: ATTN: JOEL/NATE  
 City/State/Zip: RED LION, PA 17356-1544

FOB: ☐

Bill of Lading Number: C30945-29

## SHIP TO

Name: ASHLEY STEWART # 125  
 Address: EASTLAND CENER  
 Address: 18000 VERNIER ROAD  
 City/State/Zip: HARPER WOODS, MI 48225

CARRIER NAME: MARIOS EXPRESS

Trailer number: \_\_\_\_\_

Seal number(s): \_\_\_\_\_

Pro number: \_\_\_\_\_

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: ASHLEY STEWART  
 Address: 100 METRO WAY  
 City/State/Zip: SECAUCUS, NJ 07094

BAR CODE SPACE

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3<sup>rd</sup> Party X

## CUSTOMER ORDER INFORMATION

PURCHASE ORDER #	STORE #	BREAKDOWN	ADDITIONAL SHIPPER INFO
3976-125			

## CARRIER INFORMATION

HANDLING UNIT		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 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE				NMFC #	CLASS
	Set up / Assembled	225 #		STORE DISPLAY PARTS <i>[Signature]</i>	57410	
	Cartons					
	Skids w/					
1	Crates					
	Packages					
	Loose					
	Bundles					
1	TOTAL PCS.					

MARIO'S EXPRESS SERVICE, INC.	
Shipper	Consignee
Date: _____	Date: 4.5.10
Arrived @: _____	Arrived @: 10:00
Depart @: _____	Depart @: 11:10

## SPECIAL DELIVERY INSTRUCTIONS:

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

## 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 U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property described above is received in good order, except as noted.



45 Fernwood Avenue - Edison - New Jersey - 08837  
T: (732) 346-6666 - Accounting F: (732) 225-2019  
W: www.mariosexpress.com

NUMBER WHEN REMITTING

PRO. NO. 3000787A

Shipper: MASTERCRAFT SPECIALTIES  
800 Maple Street  
Red Lion, PA 17356

Consignee: ASHLEY STEWART #353  
20 C Blvd  
Capital Center Space#101-b  
Largo, MD 20774

Bill To: URBAN BRANDS, INC.  
C/o Freight Department  
P.o.box 2518  
Secaucus, NJ 07096-2518

Please  
Remit To: MARIO'S EXPRESS SERVICE, INC.  
45 Fernwood Avenue  
Edison, NJ 08837

Terms are 30 Days From Date of  
Invoice. Thank You!

REFERENCE #	PROCESSOR	BILLING DATE	SHIP DATE	TRACTOR #	TRAILER #	SALESPERSON	COMMODITY
REF #: ASHLEY STEWART TABLES	FRONT	4/19/2010	3/26/2010	UNKNOWN	UNKNOWN	Dennis Schanstra 2	STORE FIXTURES / DISPLAYS
PO #: 3976-121							
PO #: 353							

DESCRIPTION	ACTUAL WEIGHT	BILLING QUANTITY	RATE	CHARGES
Ashley Stewart #353, Largo, Md Store Fixtures / Displays		1. Piece(s)	276.10 Flat	\$276.10
Fuel Surcharge - % Of Revenue		276.1 US Dollars	0.21 %	\$57.98
Ashley Stewart #353, Driver Assist		1. Flat	45.00 Flat	\$45.00
Ashley Stewart #353, Additional Labor(s)		1. Flat	140.00 Flat	\$140.00
Ashley Stewart #353, Other Misc Charges Remove & Discard Crate		1. Flat	55.00 Flat	\$55.00
			<b>Total Due</b>	<b>\$574.08</b>

AFTER MAY 19 PAY ADDED INTEREST CHARGE OF \$8.61

**Total Due \$582.69**

This shipment was transported pursuant to the rates, classifications, rules and practices set forth in a tariff maintained at our General Office, unless transported under contract carrier authority. If there is any dispute concerning the freight charges, you must send written notification to the above fax number within 72 hours of receipt of this freight bill. Otherwise these rates and charges will be final and binding.

A SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE IS 18.0%) WILL BE APPLIED ON ACCOUNTS CARRIED PAST 30 DAYS.

3000787

9

Date: 3/25/10

# BILL OF LADING

Page 1

## SHIP FROM

Name: AXG / ARTITALIA  
Address: 800 MAPLE STREET  
Address: ATTN: JOEL/nate  
City/State/Zip: RED LION, PA 17356-1544 FOB: ☐

Bill of Lading Number: C30945-15

## SHIP TO

Name: ASHLEY STEWART #353 *ASHLEY STEWART*  
Address: BOULEVARD @CAPITOL CENTRE-SP #101B  
Address: 820 CAPITOL CENTRE BLVD  
City/State/Zip: LARGO, MD 20774 *(291) 350-2035*

CARRIER NAME: MARIOS EXPRESS

Trailer number: \_\_\_\_\_

Seal number(s): \_\_\_\_\_

Pro number: \_\_\_\_\_

BAR CODE SPACE

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: ASHLEY STEWART  
Address: 100 METRO WAY  
City/State/Zip: SECAUCUS, NJ 07094

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3<sup>rd</sup> Party X

## CUSTOMER ORDER INFORMATION

PURCHASE ORDER #	STORE #	BREAKDOWN	ADDITIONAL SHIPPER INFO
3976-121			

## CARRIER INFORMATION

HANDLING UNIT		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 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE				NMFC #	CLASS
	Set up / Assembled	225 #	<i>X</i>	STORE DISPLAY PARTS	57410	
	Cartons					
	Skids w/					
1	Crates					
	Packages					
	Loose					
	Bundles					
1	TOTAL PCS:					

Mario's Express Service, Inc. @ 800-643-6037	
Shipper	Consignee
Date: ____/____/____	Date: 3, 29, 10
Arrived @	Arrived @ 1228
Depart @	Depart @ 1249

*Joel*

## SPECIAL DELIVERY INSTRUCTIONS:

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

Signature

## 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property described above is received in good order, except as noted.

## 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 U.S. DOT.

## Trailer Loaded:

☐ By Shipper  
☐ By Driver

## Freight Counted:

☐ By Shipper  
☐ By Driver/pallets said to contain  
☐ By Driver/Pieces

# MARIO'S

## EXPRESS SERVICE

45 Fernwood Avenue - Edison - New Jersey - 08837  
 T: (732) 346-6666 - Accounting F: (732) 225-2019  
 W: www.mariosexpress.com

NUMBER WHEN REMITTING

PRO. NO. 3000788A

**Shipper:** MASTERCRAFT SPECIALTIES  
 800 Maple Street  
 Red Lion, PA 17356

**Consignee:** ASHLEY STEWART #362  
 4101 North 56th Street  
 Midtown Center  
 Milwaukee, WI 53220

**Bill To:** URBAN BRANDS, INC.  
 C/o Freight Department  
 P.o.box 2518  
 Secaucus, NJ 07096-2518

**Please Remit To:** MARIO'S EXPRESS SERVICE, INC.  
 45 Fernwood Avenue  
 Edison, NJ 08837

Terms are 30 Days From Date of Invoice. Thank You!

REFERENCE #	PROCESSOR BILLING DATE	SHIP DATE	TRACTOR #	TRAILER #	SALESPERSON	COMMODITY
REF #: ASHLEY STEWART TABLE FRON	4/19/2010	3/26/2010	UNKNOWN	UNKNOWN	Dennis Schanstra 2	STORE FIXTURES / DISPLAYS
PO #: 3976-362						

DESCRIPTION	ACTUAL WEIGHT	BILLING QUANTITY	RATE	CHARGES
Ashley Stewart #362, Milwaukee, Wi Store Fixtures / Displays		1. Piece(s)	338.40 Flat	\$338.40
Fuel Surcharge - % Of Revenue		338.4 US Dollars	0.21 %	\$71.06
Ashley Stewart #362, Driver Assist		1. Flat	45.00 Flat	\$45.00
Ashley Stewart #362, Additional Labor(s)		1. Flat	140.00 Flat	\$140.00
Ashley Stewart #362, Other Misc Charges Remove & Discard Crate		1. Flat	55.00 Flat	\$55.00
<b>Total Due</b>				<b>\$649.46</b>

AFTER MAY 19 PAY ADDED INTEREST CHARGE OF \$9.74

**Total Due \$659.20**

This shipment was transported pursuant to the rates, classifications, rules and practices set forth in a tariff maintained at our General Office, unless transported under contract carrier authority. If there is any dispute concerning the freight charges, you must send written notification to the above fax number within 72 hours of receipt of this freight bill. Otherwise these rates and charges will be final and binding.

A SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE IS 18.0%) WILL BE APPLIED ON ACCOUNTS CARRIED PAST 30 DAYS.

3000188 (8)

SHIP FROM		Bill of Lading Number: C30945-20
Name:	AXG / ARTITALIA	
Address:	800 MAPLE STREET	
Address:	ATTN: JOEL/nate	
City/State/Zip:	RED LION, PA 17356-1544	FOB: <input type="checkbox"/>
SHIP TO		CARRIER NAME: <b>MARIOS EXPRESS</b>
Name:	ASHLEY STEWART #362 <i>ASHMIL</i>	Trailer number: _____
Address:	MID TOWN CENTER	Seal number(s): _____
Address:	4101 56 <sup>TH</sup> STREET SPACE 19A	Pro number: _____
City/State/Zip:	MILWAUKEE, WI 53223 <i>414-447-6066</i>	
THIRD PARTY FREIGHT CHARGES BILL TO:		BAR CODE SPACE
Name:	ASHLEY STEWART	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Address:	100 METRO WAY	
City/State/Zip:	SECAUCUS, NJ 07094	
		Prepaid _____ Collect _____ 3 <sup>rd</sup> Party <u>X</u>

CUSTOMER ORDER INFORMATION			
PURCHASE ORDER #	STORE #	BREAKDOWN	ADDITIONAL SHIPPER INFO
3976-362			

HANDLING UNIT		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 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE				NMFC #	CLASS
	Set up / Assembled	225#		STORE DISPLAY PARTS <i>Condoe Hayden</i>	57410	
	Cartons					
	Skids w/10 pcs ea					
1	Crates					
	Packages					
	Loose					
	Bundles					
1	TOTAL PCS.					

MARIO'S EXPRESS SERVICE, INC.	
Shipped _____	Consigned _____
Date: _____	Date: <i>4.16.10</i>
Arrived @: _____	Arrived @: <i>1830</i>
Depart @: _____	Depart @: <i>1910</i>

**SPECIAL DELIVERY INSTRUCTIONS:**

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>

**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.

SHIPPER SIGNATURE / DATE <small>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 U.S. DOT.</small>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small>
	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

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

Shipper Signature \_\_\_\_\_



45 Fernwood Avenue - Edison - New Jersey - 08837  
T: (732) 346-6666 - Accounting F: (732) 225-2019  
W: www.mariosexpress.com

NUMBER WHEN REMITTING

PRO. NO. 3000783A

Shipper: MASTERCRAFT SPECIALTIES  
800 Maple Street  
Red Lion, PA 17356

Consignee: ASHLEY STEWART #386  
256 Fox Hills Mall  
Westfield Shoppingtown Fox Hil  
Culver City, CA 90230

Bill To: URBAN BRANDS, INC.  
C/o Freight Department  
P.O. box 2518  
Secaucus, NJ 07096-2518

Please  
Remit To: MARIO'S EXPRESS SERVICE, INC.  
45 Fernwood Avenue  
Edison, NJ 08837

Terms are 30 Days From Date of  
Invoice. Thank You!

REFERENCE #	PROCESSOR	BILLING DATE	SHIP DATE	TRACTOR #	TRAILER #	SALESPERSON	COMMODITY
REF #: ASHLEY STEWART TABLE	FRONT	4/19/2010	3/26/2010	UNKNOWN	UNKNOWN	Dennis Schanstra 2	STORE FIXTURES / DISPLAYS
PO #: 3976-386							

DESCRIPTION	ACTUAL WEIGHT	BILLING QUANTITY	RATE	CHARGES
Ashley Stewart #386, Culver City, Ca Store Fixtures / Displays				
		1. Piece(s)	498.30 Flat	\$498.30
Fuel Surcharge - % Of Revenue		498.3 US Dollars	0.21 %	\$104.64
Ashley Stewart #386, Driver Assist		1. Flat	45.00 Flat	\$45.00
Ashley Stewart #386, Additional Labor(s)		1. Flat	140.00 Flat	\$140.00
Ashley Stewart #386, Other Misc Charges Remove & Discard Crate		1. Flat	55.00 Flat	\$55.00
			<b>Total Due</b>	<b>\$842.94</b>

AFTER MAY 19 PAY ADDED INTEREST CHARGE OF \$12.64

**Total Due \$855.58**

This shipment was transported pursuant to the rates, classifications, rules and practices set forth in a tariff maintained at our General Office, unless transported under contract carrier authority. If there is any dispute concerning the freight charges, you must send written notification to the above fax number within 72 hours of receipt of this freight bill. Otherwise these rates and charges will be final and binding.

A SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE IS 18.0%) WILL BE APPLIED ON ACCOUNTS CARRIED PAST 30 DAYS.

3000783

Date: 3/25/10

# BILL OF LADING

Page 1

## SHIP FROM

Name: AXG / ARTITALIA  
Address: 800 MAPLE STREET  
Address: ATTN: JOEL/NATE  
City/State/Zip: RED LION, PA 17356-1544

FOB: ☐

Bill of Lading Number: C30945-38

## SHIP TO

Name: ASHLEY STEWART # 386  
Address: WESTFIELD SHOPPING TOWN SPACE 2E  
Address: 256 FOX HILLS MALL  
City/State/Zip: CULVER CITY, CA 90230

CARRIER NAME: MARIOS EXPRESS

Trailer number: \_\_\_\_\_

Seal number(s): \_\_\_\_\_

Pro number: \_\_\_\_\_

BAR CODE SPACE

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: ASHLEY STEWART  
Address: 100 METRO WAY  
City/State/Zip: SECAUCUS, NJ 07094

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3<sup>rd</sup> Party X

## CUSTOMER ORDER INFORMATION

PURCHASE ORDER #	STORE #	BREAKDOWN	ADDITIONAL SHIPPER INFO
3976-386			

## CARRIER INFORMATION

HANDLING UNIT		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 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE				NMFC #	CLASS
	Set up / Assembled	225 #		STORE DISPLAY PARTS	57410	
	Cartons					
	Skids w/					
1	Crates					
	Packages					
	Loose					
	Bundles					
1	TOTAL PCS					

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED. Subject to the Towne Air Freight Rules Tariff including limited liability for damages or loss. SEE REVERSE FOR SHIPMENT TERMS INCORPORATED HEREIN.

SIGNATURE: *Christine Horvath* PRINTED NAME: Christine Horvath

DELIVERY DATE: 4/5 DRIVER'S NAME: \_\_\_\_\_

NO. PIECES: 1000 IN TIME: 10:00 OUT TIME: 10:50

## SPECIAL DELIVERY INSTRUCTIONS:

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

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property described above is received in good order, except as noted.

## 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 U.S. DOT.

## Trailer Loaded:

☐ By Shipper

☐ By Driver

## Freight Counted:

☐ By Shipper

☐ By Driver/pallets  
said to contain

☐ By Driver/Pieces





45 Fernwood Avenue - Edison - New Jersey - 08837  
T: (732) 346-6666 - Accounting F: (732) 225-2019  
W: www.mariosexpress.com

NUMBER WHEN REMITTING

PRO. NO. 3000781A

Shipper: MASTERCRAFT SPECIALTIES  
800 Maple Street  
Red Lion, PA 17356

Consignee: ASHLEY STEWART #331  
5132 Park Avenue  
Memphis, TN 38117

Bill To: URBAN BRANDS, INC.  
C/o Freight Department  
P.o. box 2518  
Secaucus, NJ 07096-2518

Please  
Remit To: MARIO'S EXPRESS SERVICE, INC.  
45 Fernwood Avenue  
Edison, NJ 08837

Terms are 30 Days From Date of  
Invoice. Thank You!

REFERENCE #	PROCESSOR	BILLING DATE	SHIP DATE	TRACTOR #	TRAILER #	SALESPERSON	COMMODITY
REF #: ASHLEY STEWART TABLE	FRONT	4/19/2010	3/26/2010	UNKNOWN	UNKNOWN	Dennis Schanstra 2	STORE FIXTURES / DISPLAYS
PO #: 3976-331							

DESCRIPTION	ACTUAL WEIGHT	BILLING QUANTITY	RATE	CHARGES
Ashley Stewart #331, Memphis, Tn Store Fixtures / Displays		1. Piece(s)	324.72 Flat	\$324.72
Fuel Surcharge - % Of Revenue		324.72 US Dollars	0.21 %	\$68.19
Ashley Stewart #331, Driver Assist		1. Flat	45.00 Flat	\$45.00
Ashley Stewart #331, Additional Labor(s)		1. Flat	140.00 Flat	\$140.00
Ashley Stewart #331, Other Misc Charges Remove & Discard Crate		1. Flat	55.00 Flat	\$55.00
Total Due				\$632.91

AFTER MAY 19 PAY ADDED INTEREST CHARGE OF \$9.49

Total Due \$642.40

This shipment was transported pursuant to the rates, classifications, rules and practices set forth in a tariff maintained at our General Office, unless transported under contract carrier authority. If there is any dispute concerning the freight charges, you must send written notification to the above fax number within 72 hours of receipt of this freight bill. Otherwise these rates and charges will be final and binding.

A SERVICE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE IS 18.0%) WILL BE APPLIED ON ACCOUNTS CARRIED PAST 30 DAYS.

Dispatch

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Trip Folder [ Movement #: 43295 ]

Movement #	43295	GPS:		Log Date	12/22 12/23 12/24	More	Order:	3000781
Current Segment (50242)		Team:	UNKNOWN	Today(hrs):	7 day miles:		Out of date!	
Tractor:	UNKNOWN	Driver 1:	UNKNOWN	Trailer 1:	UNKNOWN	Status:	Completed	Seg Mls:
Carrier:	TOWSDU	L P1 Driver 2:	UNKNOWN	Trailer 2:	UNKNOWN	Trip Type	UNKNOWN	LghTy
Move:	43295	Orders:	3000781	Fin ETA:	04/05/10 12:15	Trailer Type	UNKNOWN	Tot Mls:
Tot Chgs:	\$0.00	Tot LHM:	\$0.00	Tot AC:	\$0.00	Tot Wgt:	0.00	Tot REVM:
Remarks:				Rev/Mi:	\$0.00	Rev/TOT Mi:	\$0.00	2REVM:
								87.941%
								Cod Amt:
								0

Freight Detail

	Ord#	Event	Company Name	Miles	Weight	Commodity	De	Earliest	Latest	Qty	Ord	Ref	Type	Ord	Ref #	Commodity Code	Bill to Name
	P	30007	XDL	TOWNE AIR FR		.00	STORE FIXTUR	04/02/10 10:00	04/05/10 10:00	1.00	Ref	Reference #	ASHLEY STEW	FIXTURES			ASHLEY STEWART C/A
	D	30007	LUL	ASHLEY STEW	948	.00	STORE FIXTUR	03/29/10 08:00	04/12/10 16:00	1.00	Ref	Reference #	ASHLEY STEW	FIXTURES			ASHLEY STEWART C/A

Lee 10/280/09

Number	Event	Company	Company Name	City/County	Arrival	Est	Departure	Dep.	Driver 1	Tractor	Trailer	Sp	MP	POD Name	Earliest
P	3000781	XDL	TOWELI	TOWNE AIR FRE	ELIZABETH,NJ/	04/02/10 20:00	A	04/02/10 20:00	A	UNKNOWN	UNKNO	UNKNO			04/02/10 10
D	3000781	LUL	ASHMEM03	ASHLEY STEWAF	MEMPHIS,TN/	04/05/10 12:15	A	04/05/10 12:15	A	UNKNOWN	UNKNO	UNKNO	1078	Elane Parker	03/29/10 08

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