

VERATEX, INC.  
3rd Floor  
254 5th Avenue  
New York, NY 10001-6406  
Phone: 1-212-683-9300  
Fax: 1-212-889-5573

**I N V O I C E**

|        |             |           |       |
|--------|-------------|-----------|-------|
| DATE:  | 03/21/2014  | INVOICE:  | 30647 |
| CUST#: | 0           |           |       |
| TERMS: | 1.5%NET CBD | SALESMAN: | HSE   |
|        | FOB MILL NC |           |       |

*\* Corrected Invoice*

SOLD TO

ACCESSORIES LUXLINE INC.  
11919 BELLEVOIS  
MONTREAL NORD, QUEBEC  
H1H 3G2, CANADA

SHIPPED TO

SAME

9 CASES

| QUANTITY       | DESCRIPTION                                                                                                              | PRICE     | AMOUNT   |
|----------------|--------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| 2,422.000 LIN  | V239P WHITE 60" POLYESTER TRICOT<br>OUR ORDER: 17013/1 LOT#: 19306/18627000<br>CUSTOMER ORDER: 224894                    | 0.610 LIN | 1,477.42 |
| CASES: 4577266 | 4577277 4577271 4577272 4577267 4577268                                                                                  |           |          |
| 800.000 LIN    | V239P WHITE 60" POLYESTER TRICOT<br>OUR ORDER: 17013/1 LOT#: 19316/18682600<br>CUSTOMER ORDER: 224894<br>4583426 4583429 | 0.610 LIN | 488.00   |
| 400.000 LIN    | V239P BLACK 60" POLYESTER TRICOT<br>OUR ORDER: 17013/2 LOT#: 19296/18395100<br>CUSTOMER ORDER: 224894<br>4558705         | 0.640 LIN | 256.00   |

2,221.42

This invoice is payable to VERATEX, INC. ONLY

P.O. Box 682  
New York, NY 10108

All knitted goods are subject to imperfections. Examination must be made before goods have been processed or cut as no claims will be recognized at any time after goods have been processed or cut.

Continuing guaranty under The Textile Fiber Products Identification Act filed with the Federal Trade Commission.

## UNIFORM STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE - Short Form

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading.

Carrier: CCPU2

Date: 04/04/2014

Shipper No. 0000025220

CUSTOMER PICKUP

At:

From:

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

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

Consigned To: (Destination)

ACCESSOIRES LUXLINE ACCESS, INC.

11919 BELLEVOIS

MONTREAL NORD, QUEBEC, H1H 3 CA

Bill Freight To:

ACCESSOIRES LUXLINE ACCRSS, INC.

11919 BELLEVOIS

MONTREAL NORD, QUEBEC, H1H 3 CA

Freight Charges

Collect

Subject to Section 7 of the agreement between Shipper and Carrier, if the shipment is to be delivered to the consignee without recourse of the consignee, the consignor shall sign the following statement.

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

Sold To:

VERATEX

(Signature of Shipper)

C.O.D. SHIPMENT

C.O.D. Amt.

Collection Fee

Total Charges

C.O.D. CHARGE  
TO BE PAID BY

| Qty | Unit Type | Gross Lbs | Gross Kgs | NWFC Desc of Materials | Yards    | Meters  |
|-----|-----------|-----------|-----------|------------------------|----------|---------|
| 9   | ROLL      | 494.0     | 224.1     | ITM 49265 SUB9 CLASS70 | 3,622.00 | 3,312.0 |
| 9   |           | 494.0     | 224.1     |                        | 3,622.00 | 3,312.0 |

## Special Instructions:

CUSTOMER ORDER # 224894

DETAILS ON ATTACHED PACKING LIST

0002046197 (18398)

MUST RIDE FLAT DO NOT STAND ON END

PACKING SLIPS MUST ACCOMPANY SHIPMENT

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

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

The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certification thereon, and all other requirements of the Consolidated Freight Classification.

## Permanent Address of Shipper:

GLEN HAVEN TECHNICAL FABRICS, LLC

PARK AVENUE PLANT

1831 NORTH PARK AVENUE

GLEN HAVEN, NC 27217 US

Pro Number N/A

Shipper, Per

Consignee

Received in good order except as noted above

Date 04/04/14

## PACKING SLIP

04/04/2014 08:16 AM

PAGE 1 OF 1

FOR ACCT OF VERATEX

GT #: 18398

CUST PO:

SHIP TO: ACCESSOIRES LUXLINE ACCESS, INC.

DATE SHIPPED: 04/02/14 PACKING SLIP: 0002046197

11919 BELLEVOIS

MONTREAL NORD, QUEBEC, H1H 3 CA

SHIPPED VIA: CUSTOMER PICKUP

| COLOR#                 | COLOR DESC | CASE      | GD  | POUNDS | YARDS   | LOT   | DO#        |
|------------------------|------------|-----------|-----|--------|---------|-------|------------|
| FINISH STYLE: V239P-60 |            | WIDTH: 60 |     |        |         |       |            |
| 3-31998                | WHITE      | 004577271 | 011 | 52.7   | 400.0   | 19306 | 0018627000 |
|                        |            | 004577277 | 011 | 54.7   | 411.0   | 19306 | 0018627000 |
|                        |            | 004577272 | 011 | 53.7   | 411.0   | 19306 | 0018627000 |
|                        |            | 004577266 | 011 | 52.7   | 400.0   | 19306 | 0018627000 |
|                        |            | 004577267 | 011 | 52.7   | 400.0   | 19306 | 0018627000 |
|                        |            | 004577268 | 011 | 52.7   | 400.0   | 19306 | 0018627000 |
|                        |            | DO #:     | 6   | 319.3  | 2,422.0 |       |            |
|                        |            | 004583429 | 011 | 52.7   | 400.0   | 19316 | 0018682600 |
|                        |            | 004583426 | 011 | 55.7   | 400.0   | 19316 | 0018682600 |
|                        |            | DO #:     | 2   | 108.4  | 800.0   |       |            |
|                        |            | COLOR:    | 8   | 427.7  | 3,222.0 |       |            |
| FINISH STYLE: V239P-60 |            | WIDTH: 60 |     |        |         |       |            |
| 9-32128                | BLACK      | 004558705 | 011 | 54.7   | 400.0   | 19296 | 0018395100 |
|                        |            | DO #:     | 1   | 54.7   | 400.0   |       |            |
|                        |            | COLOR:    | 1   | 54.7   | 400.0   |       |            |
|                        |            | TOTAL:    | 9   | 482.4  | 3,622.0 |       |            |

NOTES

CUSTOMER ORDER # 224894



Revenue Canada  
Customs and Excise

Revenu Canada  
Douanes et Accise

CANADA CUSTOMS INVOICE  
FACTURE DES DOUANES CANADIENNES

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of  
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 1. Vendor (Name and Address)/Vendeur (Nom et adresse)<br><b>Veratex Inc.</b><br><b>P.O. Box 682</b><br><b>New York, NY 10108</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                       | 2. Date of Direct Shipment to Canada/Date d'expédition directe vers le Canada<br><b>4/2/2014</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |
| 4. Consignee (Name and Address)/Destinataire (Nom et adresse)<br><b>Accessoires Luxline Access Inc.</b><br><b>11919 Bellevois</b><br><b>Montreal Quebec</b><br><b>H1H 3G2 Canada</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                       | 3. Other References (Include Purchaser's Order No.)<br>Autres références (Inclure le n de commande de l'acheteur)<br><b>P.O. # 224894</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |
| 8. Transportation. Give Mode and Place of Direct Shipment to Canada<br>Transport. Préciser mode et point d'expédition directe vers le Canada<br><b>Robert Transport.</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                       | 5. Purchaser's Name and Address (If other than Consignee)<br>Nom et adresse de l'acheteur (S'il diffère du destinataire)<br><br>6. Country of Transshipment/Pays de transbordement<br><br>7. Country of Origin of Goods<br>Pays d'origine des marchandises<br><b>U.S.A</b><br><small>IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS<br/>ENTER ORIGINS AGAINST ITEMS IN 12<br/>S'il expédition comprend des marchandises d'origines différentes, préciser leur provenance en 12</small>                                |                                                                                                                           |
| 9. Conditions of Sale and Terms of Payment<br>(i.e. Sale, Consignment Shipment, Leased Goods, etc.)<br>Conditions de vente et modalités de paiement<br>(p ex. vente, expédition en consignation, location de marchandises, etc.)<br><b>Net CRO FOB mill NC</b>                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                       | 10. Currency of Settlement Devises du paiement                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |
| 11. No. of Pkgs<br>Nbre de colis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12. Specification of Commodities (Kind of Packages, Marks and Numbers, General Description and Characteristics i.e. Grade, Quality)<br>Designation des articles (Nature des colis, marques et numeros, description generale et caracteristiques, p ex. calssse, qualite)<br><b>Synthetic PC Goods</b><br><b>Polyester Tricot</b><br><b>8 Rolls white</b><br><b>1 Roll Black</b><br><b>Style J239P</b> | 13. Quantity<br>(State Unit)<br>Quantite<br>(Préciser l'unité)<br><b>3222 yds</b><br><b>400 yds</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | 14. Unit Price<br>Prix unitaire<br><b>\$.61/cin</b><br><b>\$.64/cin</b><br>15. Total<br><b>\$1965.42</b><br><b>256.00</b> |
| 18. If any fields 1 to 17 are included on an attached commercial invoice, check this box<br>Si les renseignements des zones 1 à 17 figurent sur la facture commerciale, cocher cette boîte<br><input type="checkbox"/><br>Commercial Invoice No/No de la facture commerciale                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                       | 16. Total Weight/Poids Total<br>Net<br>Gross/Brut<br>17. Invoice Total<br>Total de la facture<br><b>\$2221.42</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |
| 19. Exporters Name and Address (If other than vendor)<br>Nome et adresse de l'exportateur (S'il diffère du vendeur)                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                       | 20. Originator (Name and Address)/Expéditeur d'origine (Nom et adresse)                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |
| 21. Department Ruling (If applicable)/Decision du Ministère (S'il y a lieu)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                       | 22. If fields 23 to 25 are not applicable, check this box<br>Si les zones 23 à 25 sont sans objet, cocher cette boîte<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |
| 23. If included in field 17 indicate amount:<br>Si compris dans le total à la zone 17, préciser:<br>(i) Transportation charges, expenses and insurance from the place of direct shipment to Canada<br>Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada<br>\$<br>(ii) Costs for construction, erection and assembly incurred after importation into Canada<br>Les coûts de construction d'erection et d'assemblage apres importation au Canada<br>\$<br>(iii) Export packing<br>Le cout de l'emballage d'exportation<br>\$ |                                                                                                                                                                                                                                                                                                                                                                                                       | 24. If not included in field 17 indicate amount:<br>Si non compris dans le total à la zone 17, préciser:<br>(i) Transportation charges, expenses and insurance to the place of direct shipment to Canada<br>Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada<br>\$<br>(ii) Amount for commissions other than buying commissions<br>Les commissions autres que celles versees pour l'achat<br>\$<br>(iii) Export packing<br>Le cout de l'emballage d'exportation<br>\$ |                                                                                                                           |
| 25. Check (if applicable):<br>Cocher (S'il y a lieu):<br>(i) Royalty payments or subsequent proceeds are paid or payable by the purchaser<br>Des redevances ou produits ont été ou seront versés par l'acheteur<br><input type="checkbox"/><br>(ii) The purchaser has supplied goods or services for use in the productions of these goods<br>L'acheteur a fourni des marchandises ou des services pour la production des marchandises<br><input type="checkbox"/>                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |

U.S.D.

