

VERATEX, INC.  
P.O. Box 682  
New York, NY 10108-0682

Phone: 1-212-683-9300  
Fax: 1-212-889-5573

|               |             |           |       |
|---------------|-------------|-----------|-------|
| I N V O I C E |             |           |       |
| DATE:         | 07/21/2017  | INVOICE:  | 31523 |
| CUST#:        | 0           |           |       |
| TERMS:        | NET CBD     | SALESMAN: | CS    |
|               | FOB MILL NC |           |       |

SOLD TO

INTERNATIONAL FOAM INC.  
P.O. BOX 545  
STANHOPE, NJ 07874

SHIPPED TO

INTERNATIONAL FOAM INC.  
10530 WESTLAKE DRIVE  
CHARLOTTE, NC 28273

B/L# 72117502 VIA FEDEX FREIGHT P 11 CASES

| QUANTITY       | DESCRIPTION                             | PRICE     | AMOUNT   |
|----------------|-----------------------------------------|-----------|----------|
| 1,986.000 LIN  | V22 BLACK 60" NYLON TRICOT              | 0.790 LIN | 1,568.94 |
|                | OUR ORDER: 17651/2 LOT#: 19680/24257900 |           |          |
| CASES: 5049856 | 5049866 5049826 5049828                 |           |          |
| 500.000 LIN    | V22 OYSTER 60" NYLON TRICOT             | 0.780 LIN | 390.00   |
|                | OUR ORDER: 17585/1 LOT#: 19658/24117200 |           |          |
| CASES: 5028437 |                                         |           |          |
| 2,585.000 LIN  | V22 WHITE 60" NYLON TRICOT              | 0.760 LIN | 1,964.60 |
|                | OUR ORDER: 17651/1 LOT#: 19646/24117300 |           |          |
| CASES: 5028979 | 5028388 5028386 5028382 5028439 5028392 |           |          |

3,923.54

This invoice is payable to VERATEX, INC. ONLY

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.

Veratex Inc.  
P.O. Box 682  
New York, NY 10108  
Phone 212-683-9300  
Fax 212-889-5573

PL19165

Page No. 1 Packing List

| Case                | D.O.# | Style  | Color            | Width          | Yards  | Meters |
|---------------------|-------|--------|------------------|----------------|--------|--------|
| ** Dye Lot 24117200 |       |        |                  |                |        |        |
| 5028437             | 19658 | V22-62 | OYSTER           | 4 39793 62X20A | 500.0  | 457.2  |
| ** Subtotal **      |       |        |                  |                | 500.0  | 457.2  |
| ** Dye Lot 24117300 |       |        |                  |                |        |        |
| 5028979             | 19646 | V22-62 | WHITE<br>V10084S | 0 38008 62X20A | 85.0   | 77.7   |
| 5028388             | 19646 | V22-62 | WHITE<br>V10084S | 0 38008 62X20A | 500.0  | 457.2  |
| 5028386             | 19646 | V22-62 | WHITE<br>V10084S | 0 38008 62X20A | 500.0  | 457.2  |
| 5028382             | 19646 | V22-62 | WHITE<br>V10084S | 0 38008 62X20A | 500.0  | 457.2  |
| 5028439             | 19646 | V22-62 | WHITE<br>V10084S | 0 38008 62X20A | 500.0  | 457.2  |
| 5028392             | 19646 | V22-62 | WHITE<br>V10084S | 0 38008 62X20A | 500.0  | 457.2  |
| ** Subtotal **      |       |        |                  |                | 2585.0 | 2363.7 |
| ** Dye Lot 24257900 |       |        |                  |                |        |        |
| 5049856             | 19680 | V22-62 | BLACK            | 9 37194 62X20A | 486.0  | 444.4  |
| 5049866             | 19680 | V22-62 | BLACK            | 9 37194 62X20A | 500.0  | 457.2  |
| 5049826             | 19680 | V22-62 | BLACK            | 9 37194 62X20A | 500.0  | 457.2  |
| 5049828             | 19680 | V22-62 | BLACK            | 9 37194 62X20A | 500.0  | 457.2  |
| ** Subtotal **      |       |        |                  |                | 1986.0 | 1816.0 |
| *** Total ***       |       |        |                  |                | 5071.0 | 636.9  |

19/65

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Date: 07/21/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | <b>BILL OF LADING</b>                                                                                                                                              |        | Page _____                                                                                                                                                                                                                                                                                                                                                                                              |                         |
| <b>SHIP FROM</b><br>Name: CHERRYVILLE PUBLIC WAREHOUSE<br>Address: 600 WEST ACADEMY STREET<br>City/State/Zip: CHERRYVILLE, NC 28021<br>SID#: A/C VERATEX      FOB: <input type="checkbox"/>                                                                                                                                                                                                                                                                                           |         |                                                                                                                                                                    |        | Bill of Lading Number: 72117-502                                                                                                                                                                                                                                                                                                                                                                        |                         |
| <b>SHIP TO</b><br>Name: International Foam Inc      Location #: _____<br>Address: 10530 WESTLAKE DR<br>City/State/Zip: CHARLOTTE, NC 28273<br>CID#: _____      FOB: <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |         |                                                                                                                                                                    |        | CARRIER NAME: FED EX PRIORITY<br>Trailer number: _____<br>Seal number(s): _____                                                                                                                                                                                                                                                                                                                         |                         |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b><br>Name: INTERNATIONAL FOAM INC<br>Address: PO BOX 545<br>City/State/Zip: STANHOPE, NJ 07874<br>SPECIAL INSTRUCTIONS: _____                                                                                                                                                                                                                                                                                                               |         |                                                                                                                                                                    |        | <br><b>408273828-4</b><br>                                                                                                                                                                                                         |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        | <b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)<br>Prepaid _____ Collect _____ 3 <sup>rd</sup> Party <input checked="" type="checkbox"/>                                                                                                                                                                                                                             |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading<br>(check box)                                                                                                                                                                                                                                                                                                 |                         |
| <b>CUSTOMER ORDER INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
| CUSTOMER ORDER NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | # PKGS                                                                                                                                                             | WEIGHT | PALLET/SLIP (CIRCLE ONE)                                                                                                                                                                                                                                                                                                                                                                                | ADDITIONAL SHIPPER INFO |
| ORDER#19165                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | 11                                                                                                                                                                 | 391    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                        |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        | <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                   |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        | <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                   |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        | <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                   |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        | <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                   |                         |
| GRAND TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | 11                                                                                                                                                                 | 391    |                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
| <b>CARRIER INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
| HANDLING UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | PACKAGE                                                                                                                                                            |        | WEIGHT                                                                                                                                                                                                                                                                                                                                                                                                  | H.M. (X)                |
| QTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TYPE    | QTY                                                                                                                                                                | TYPE   |                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pallets | 11                                                                                                                                                                 | Rolls  | 441                                                                                                                                                                                                                                                                                                                                                                                                     |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        | ROLLS OF FABRICS                                                                                                                                                                                                                                                                                                                                                                                        |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         | 11                                                                                                                                                                 |        | 441                                                                                                                                                                                                                                                                                                                                                                                                     |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                                                                                                                    |        | 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:<br>"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."                                                                                                                                                                                                    |         |                                                                                                                                                                    |        | COD Amount: \$ _____<br>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>Customer check acceptable: <input type="checkbox"/>                                                                                                                                                                                                                                           |                         |
| <b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b><br>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><br>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.                                                                                                                                                                                                                        |         |                                                                                                                                                                    |        | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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.<br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. |                         |
| Trailer Loaded:<br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver                                                                                                                                                                                                                                                                                                                                                                                          |         | Freight Counted:<br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces |        | Signature: _____<br>Date: 7/21/17 (PAID)                                                                                                                                                                                                                                                                                                                                                                |                         |