

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: 10/01/2019 INVOICE: 31990  
CUST#: 0  
TERMS: NET 30 FOB MILL SALESMAN: HSE  
NC

## SOLD TO

INTERNATIONAL FOAM INC.  
P.O. BOX 505  
MANAHAWKIN, NJ 08050

## SHIPPED TO

INTERNATIONAL FOAM INC.  
10530 WESTLAKE DRIVE  
CHARLOTTE, NC 28273

B/L# 10119501 VIA FEDEX FREIGHT P 8 CASES

| QUANTITY          | DESCRIPTION                             | PRICE | AMOUNT       |
|-------------------|-----------------------------------------|-------|--------------|
| 2,000.000 LIN     | V22 MOCHA 60" NYLON TRICOT              | 0.940 | LIN 1,880.00 |
|                   | OUR ORDER: 18078/3 LOT#: 19882/553485   |       |              |
| CASES: 5534850101 | 5534850102 5534850201 5534850202        |       |              |
| 215.000 LIN       | V205 WHITE 54" NYLON TRICOT             | 1.450 | LIN 311.75   |
|                   | OUR ORDER: 18171/1 LOT#: 19690/24300200 |       |              |
| CASES: 5072343    |                                         |       |              |
| 400.000 LIN       | V205 BEIGE 54" NYLON TRICOT             | 2.000 | LIN 800.00   |
|                   | OUR ORDER: 17870/1 LOT#: 19847/551207   |       |              |
| CASES: 5512070105 | CUSTOMER ORDER: 5305 5512070107         |       |              |
| 295.000 LIN       | V10212 WHITE 60" POLYESTER TRICOT       | 1.700 | LIN 501.50   |
|                   | OUR ORDER: 18172/1 LOT#: 19626/7613317  |       |              |
| CASES: 761331701  |                                         |       |              |
|                   |                                         |       | 3,493.25     |

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.

|                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date: 10/01/2019                                                                                                                                                                                                                                                                                                                                                    |        | <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 INC      FOB: <input type="checkbox"/>                                                                                                                                                                     |        |                                                                           |        | Bill of Lading Number: 10119-501<br><br><div style="text-align: center; font-size: 2em; opacity: 0.5;">BAR CODE SPACE</div>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                        |
| <b>SHIP TO</b><br>Name: International Foam Inc.      Location #: _____<br>Address: 10530 WESTLAKE DRIVE<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): _____<br><br><div style="text-align: center;"> <br/> <div style="font-size: 2em; font-weight: bold;">508077482-3</div> </div>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                        |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b><br>Name: INTERNATIONAL FOAM INC<br>Address: P.O. BOX 505<br><br>City/State/Zip: MANAHAWKIN, NJ 08050                                                                                                                                                                                                                    |        |                                                                           |        | Freight Charge Terms: (freight charges are prepaid unless marked otherwise)<br>Prepaid _____ Collect _____ 3 <sup>rd</sup> Party <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                        |
| SPECIAL INSTRUCTIONS: _____                                                                                                                                                                                                                                                                                                                                         |        |                                                                           |        | <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading<br><small>(check box)</small>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |
| <b>CUSTOMER ORDER INFORMATION</b>                                                                                                                                                                                                                                                                                                                                   |        |                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
| CUSTOMER ORDER NUMBER                                                                                                                                                                                                                                                                                                                                               |        | # PKGS                                                                    | WEIGHT | PALLET/SLIP (CIRCLE ONE)      ADDITIONAL SHIPPER INFO                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |
| 19619                                                                                                                                                                                                                                                                                                                                                               |        | 8                                                                         | 2910   | <input checked="" type="checkbox"/> Y      N      YARDS                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                           |        | <input type="checkbox"/> Y      N                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                           |        | <input type="checkbox"/> Y      N                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                           |        | <input type="checkbox"/> Y      N                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                        |
| GRAND TOTAL                                                                                                                                                                                                                                                                                                                                                         |        | 8                                                                         | 2910   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
| <b>CARRIER INFORMATION</b>                                                                                                                                                                                                                                                                                                                                          |        |                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
| HANDLING UNIT                                                                                                                                                                                                                                                                                                                                                       |        | PACKAGE                                                                   |        | COMMODITY DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |
| QTY                                                                                                                                                                                                                                                                                                                                                                 | TYPE   | QTY                                                                       | TYPE   | WEIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | H.M. (X)      LTL ONLY<br><small>Complications 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 300.</small> |
| 1                                                                                                                                                                                                                                                                                                                                                                   | Pallet | 8                                                                         | Rolls  | 427                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ROLLS OF CLOTH      NMFC # 49265      CLASS 70                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
| 1                                                                                                                                                                                                                                                                                                                                                                   |        | 8                                                                         |        | 427                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GRAND TOTAL                                                                                                                                                                                                                                            |
| <small>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 _____</small>                                                            |        |                                                                           |        | COD Amount: \$ _____<br><br>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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).                                                                                                                                                                                                                                           |        |                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
| <small>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.</small> |        |                                                                           |        | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br>Shipper Signature: _____                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                        |
| SHIPPER SIGNATURE / DATE                                                                                                                                                                                                                                                                                                                                            |        | Trailer Loaded:                                                           |        | Freight Counted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                        |
| <small>There is hereby acknowledged that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>                                                                                                                           |        | <input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver |        | <input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                     |        |                                                                           |        | CARRIER SIGNATURE / PICKUP DATE<br><small>Carrier acknowledges receipt of packages and secured contents. 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><br><div style="text-align: right;"> <div style="font-size: 1.5em; font-family: cursive;">10-1-19</div><br/> <div style="font-size: 1.5em; font-family: cursive;">Bill Harrison</div> </div> |                                                                                                                                                                                                                                                        |

| Case                 | D.O.# | Style   | Color | Width          | Yards  | Meters |
|----------------------|-------|---------|-------|----------------|--------|--------|
| *** Dye Lot 24300200 |       |         |       |                |        |        |
| 5072343              | 19690 | V205-54 | WHITE | 3 27518 54X20A | 215.0  | 196.6  |
| *** Subtotal ***     |       |         |       |                | 215.0  | 196.6  |
| *** Dye Lot 551207   |       |         |       |                |        |        |
| 5512070105           | 19847 | V205    | BEIGE | 0 0 54"        | 300.0  | 274.3  |
| 5512070107           | 19847 | V205    | BEIGE | 0 0 54"        | 100.0  | 91.4   |
| *** Subtotal ***     |       |         |       |                | 400.0  | 365.8  |
| *** Dye Lot 553485   |       |         |       |                |        |        |
| 5534850101           | 19882 | V22     | MOCHA | 0 0 60"        | 500.0  | 457.2  |
| 5534850102           | 19882 | V22     | MOCHA | 0 0 60"        | 500.0  | 457.2  |
| 5534850201           | 19882 | V22     | MOCHA | 0 0 60"        | 500.0  | 457.2  |
| 5534850202           | 19882 | V22     | MOCHA | 0 0 60"        | 500.0  | 457.2  |
| *** Subtotal ***     |       |         |       |                | 2000.0 | 1828.8 |
| *** Dye Lot 7613317  |       |         |       |                |        |        |
| 761331701            | 19626 | V10212  | WHITE | 0 0 60"        | 295.0  | 269.7  |
| *** Subtotal ***     |       |         |       |                | 295.0  | 269.7  |
| *** Total ***        |       |         |       |                | 2910.0 | 2660.9 |