

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

In re Natrol, Inc., et al.  
Debtor

Case No. 14-11446 (BLS)

**INITIAL MONTHLY OPERATING REPORT**

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief.

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation.  
Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession."  
Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	Budget per Use of Cash Collateral Order attached.	
Certificates of Insurance:	Attached	
Evidence of Debtor in Possession Bank Accounts	Cash Management Order Attached and List of Bank Accounts Attached	
Retainers Paid (Form IR-2)	Attached	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Debtor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Date

Jeffrey Perea  
Signature of Authorized Individual\*

6/26/14  
Date

JEFFREY PEREA  
Printed Name of Authorized Individual

CFO  
Title of Authorized Individual

\*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

**Exhibit 1**

**Cash Collateral Budget**

CONFIDENTIAL

Draft - Subject to Modification  
 Natrol, Inc.  
 6 Week Cash Flow Analysis  
 Period Ending 7/19/2014

(\$ in 000s)

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	6 Week
Week Ending Saturday	6/14/2014 <sup>5</sup>	6/21/2014	6/28/2014	7/5/2014	7/12/2014	7/19/2014	Total
<b>Cash Receipts:</b>							
Cash Collections	\$ 1,261	\$ 1,944	\$ 2,372	\$ 1,674	\$ 1,813	\$ 2,203	\$ 11,267
<b>Total Cash Receipts</b>	<b>\$ 1,261</b>	<b>\$ 1,944</b>	<b>\$ 2,372</b>	<b>\$ 1,674</b>	<b>\$ 1,813</b>	<b>\$ 2,203</b>	<b>\$ 11,267</b>
<b>Operating Disbursements:</b>							
Raw Materials <sup>1</sup>	\$ -	\$ 2,547	\$ 1,031	\$ 647	\$ 1,381	\$ 1,090	\$ 6,696
Payroll and Related <sup>2</sup>	-	559	27	397	27	532	1,543
Marketing <sup>1</sup>	-	185	75	75	75	75	485
Insurance	-	164	-	-	-	139	303
Taxes, Permits, Licenses, & Fees	-	62	28	-	-	-	90
Freight <sup>1</sup>	-	275	75	75	275	75	775
Broker Commissions	-	105	42	29	32	39	246
Rent & Utilities	-	64	47	-	18	-	129
SG&A <sup>1</sup>	-	195	135	135	135	135	735
<b>Total Operating Disbursements</b>	<b>\$ -</b>	<b>\$ 4,157</b>	<b>\$ 1,460</b>	<b>\$ 1,358</b>	<b>\$ 1,943</b>	<b>\$ 2,085</b>	<b>\$ 11,003</b>
<b>Net Operating Cash Flow</b>	<b>\$ 1,261</b>	<b>\$ (2,212)</b>	<b>\$ 912</b>	<b>\$ 315</b>	<b>\$ (130)</b>	<b>\$ 118</b>	<b>\$ 265</b>
<b>Other Disbursements:</b>							
Bankruptcy Related Professional Fees	-	-	-	-	-	-	-
Principal Amortization	-	-	-	-	-	-	-
Interest Expense	-	-	-	-	-	-	-
Capital Expenditures	-	-	15	-	-	4	19
US Trustee	-	-	-	-	-	-	-
<b>Total Other Disbursements</b>	<b>-</b>	<b>-</b>	<b>15</b>	<b>-</b>	<b>-</b>	<b>4</b>	<b>19</b>
<b>Net Cash Flow</b>	<b>\$ 1,261</b>	<b>\$ (2,212)</b>	<b>\$ 897</b>	<b>\$ 315</b>	<b>\$ (130)</b>	<b>\$ 114</b>	<b>\$ 246</b>
<b>Beginning Cash Balance<sup>3</sup></b>	<b>\$ 688</b>	<b>\$ 3,949</b>	<b>\$ 2,162</b>	<b>\$ 3,059</b>	<b>\$ 3,374</b>	<b>\$ 3,244</b>	<b>\$ 688</b>
<b>Other Cash<sup>4</sup></b>	<b>2,000</b>	<b>425</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,425</b>
<b>Net Cash Flow</b>	<b>1,261</b>	<b>(2,212)</b>	<b>897</b>	<b>315</b>	<b>(130)</b>	<b>114</b>	<b>246</b>
<b>Ending Cash Balance</b>	<b>\$ 3,949</b>	<b>\$ 2,162</b>	<b>\$ 3,059</b>	<b>\$ 3,374</b>	<b>\$ 3,244</b>	<b>\$ 3,359</b>	<b>\$ 3,359</b>

<sup>1</sup> Includes payments to Critical Vendors for past due pre-petition goods and/or services to the respective line item disbursements, pending court approval.

<sup>2</sup> Includes Health Insurance payments.

<sup>3</sup> Beginning cash was approximately \$1.1 million at the time of the Petition filing. \$425,000 was swept from the Debtors' bank accounts to the Secured Lender post-petition. The amount of Beginning Cash referenced herein is net of the cash swept from account. The return of the \$425,000 from Cerberus occurred in Week 2 as "Other Cash".

<sup>4</sup> \$2,000,000 cash infusion relates to legal settlement.

<sup>5</sup> Stub period from Petition Date through 6/14/14.

**Exhibit 2**

**Certificates of Insurance**



**COMMENTS/REMARKS**

Certificate Holder is included as additional insured. Insurance is primary & non contributory and waiver of subrogation applies.

ADDITIONAL NOTICING PARTY:

United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

Europa Sports Products Inc is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respect to the operations of the named insured. This insurance is Primary and Non Contributory and Waiver of Subrogation apply.

ADDITIONAL NOTICING PARTY:

United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Olympic Insurance Agency 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com																				
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<b>INSURED</b> Natrol, Inc./Prolab Nutrition, Inc. 21411 Prairie St. Chatsworth CA 91311																					

**COVERAGES**      **CERTIFICATE NUMBER:** CL1371101359      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  Nature's Best 6 Pointe Drive, Ste 300 Brea, CA 92821	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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INS025 (201005) 01      The ACORD name and logo are registered marks of ACORD

**COMMENTS/REMARKS**

Nature's Best is named as additional insured on the above general liability & products liability policies as their interest may appear with respect to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

Vitamin Shoppe, Inc, Vitamin Shoppe Industries Inc, VS Direct Inc and all Subsidiaries, Affiliated Companies and Directors c/o EXIGIS, LLC are named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respect to the operations of the named insured. coverage is Primary and Non-Contributory.

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United States Trustee  
844 King Street, Room 2207  
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Wilmington, DE 19899-0035  
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<b>INSURED</b> Natrol, Inc. 21411 Prairie St. Chatsworth CA 91311														

**COVERAGES**      **CERTIFICATE NUMBER:** CL1371101365      **REVISION NUMBER:**

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A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Certificate holder is named as Additional Insured as respects General Liability per written contract.

<b>CERTIFICATE HOLDER</b> awaldron@allstarhealth.com All Star Health Attn: April Waldron 5951 Skylab Rd. Huntington Beach, CA 92647	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Donald Barberie/DLS
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**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
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Wilmington, DE 19899-0035  
(302) 573-6491



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<b>PRODUCER</b> Olympic Insurance Agency 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725		<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com	
<b>INSURED</b> Natrol, Inc. 21411 Prairie St. Chatsworth CA 91311		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Federal Insurance Company</b> NAIC # 20281 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CL1371101365 REVISION NUMBER:

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Re: Grand Junction Off-Road to be held on August 30 - September 1, 2013 at Downtown Grand Junction  
 Certificate holder is named as Additional Insured as respects General Liability per written contract.

<b>CERTIFICATE HOLDER</b> swilliams@epicrides.com Mountain Bike America LLC dba Epic Rides 534 N. Stone Avenue Tucson, AZ 85705	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Donald Barberie/DLS
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**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
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844 King Street, Room 2207  
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES**      **CERTIFICATE NUMBER:** CL1371101365      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-FECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-FR E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  Rejuvenation Science dba Discount Herbs and Vitamins, Inc. Attn: Howard Simon, President 811 North Catalina Ave Suite 3208 Redondo Beach, CA 90277	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

MNS, Ltd, NHC, Inc, MNS Ltd dba ABC Stores, SMK, Inc., MNSNV, LLC, MNS Kona, LLC, Waikoloa Venture, LLC, ABC Stores-Guam, Inc, ABC Stores-Saipan, Inc. and ABC Stores-Saipan, LLC are named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respects to the operations of the named insured. Coverage is primary/non-contributory and waiver of subrogation applies.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Olympic Insurance Agency 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com														
<b>INSURED</b> Natrol, Inc. 21411 Prairie St. Chatsworth CA 91311	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A <b>Everest National Insurance</b></td> <td style="text-align: center;">10120</td> </tr> <tr> <td>INSURER B <b>Federal Insurance Company</b></td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A <b>Everest National Insurance</b>	10120	INSURER B <b>Federal Insurance Company</b>	20281	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A <b>Everest National Insurance</b>	10120														
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES**      **CERTIFICATE NUMBER:** CL1462501852      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED]
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED]
B	AUTOMOBILE LIABILITY			73553385	7/15/2013	7/15/2014	COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED]
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ [REDACTED]
B	UMBRELLA LIAB			79875167	7/15/2013	7/15/2014	BODILY INJURY (Per accident) \$ [REDACTED]
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			CA10000977141	6/25/2014	6/25/2015	Uninsured motorist combined \$ [REDACTED]
B	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED]
							AGGREGATE \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;">MelinaLiBrandi@winn-dixie.</p> BI-LO Holding, LLC and if Affiliates c/o Risk Management Dept 5050 Edgewood Court Jacksonville, FL 32254	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

BI-LO Holding, LLC; BI-LO, LLC; Winn-Dixie Stores, Inc. and affiliates are named as an additional insured as respects to General Liability, Products Liability and Excess/Umbrella policies as their interest may appear with respects to the operations of the named insured. A waiver of subrogation in favor of the certificate holder for Liability and Workers' Compensation policies applies.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2014

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 <b>Burbank CA 91510-7725</b>	CONTACT NAME: <b>Dianne Sonnabend</b>
	PHONE (A/C, No, Ext): <b>(818) 843-4314</b> FAX (A/C, No): <b>(818) 842-0378</b>
INSURED <b>Natrol, Inc.</b> 21411 Prairie St. <b>Chatsworth CA 91311</b>	E-MAIL ADDRESS: <b>diannes@olympicinsurance.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>Everest National Insurance</b> NAIC # <b>10120</b>
	INSURER B: <b>Federal Insurance Company</b> NAIC # <b>20281</b>
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: **CL1462501852** REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)
							PERSONAL & ADV INJURY
							GENERAL AGGREGATE
							PRODUCTS - COMP/OP AGG
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY			73553385	7/15/2013	7/15/2014	COMBINED SINGLE LIMIT (Ea accident)
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
							Uninsured motorist combined
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			CA10000977141	6/25/2014	6/25/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
B	Products Liability			74998628	7/15/2013	7/15/2014	Each Occurrence
	Claims Made-\$10,000 Ded						Retro Date: 11/15/2002

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
\*30 Days Notice of Cancellation with 10 Day Cancellation Notice for Non-Payment of Premium.

CERTIFICATE HOLDER CANCELLATION

<b>CrossFit, Inc.</b> 1250 Connecticut Ave. NW Suite 200 Washington, DC 20036	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS

**COMMENTS/REMARKS**

Operations with named insured with respect to CrossFit, Inc. CrossFit, Inc. and its subsidiaries, its employees, shareholders, and agents are added as additional insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

RE: Vendor# 1040616. Target Corporation, Target.com, and AMC are named as additional insureds with respect to all products and completed operations on behalf of or performed by the Vendor, such coverage shall be primary and non-contributory to any other coverage available to Target Corporation, Target.com, and AMC.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2014

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<b>PRODUCER</b> Olympic Insurance Agency 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com														
<b>INSURED</b> Natrol, Inc. 21411 Prairie St. Chatsworth CA 91311	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Everest National Insurance</b></td> <td style="text-align: center;">10120</td> </tr> <tr> <td>INSURER B: <b>Federal Insurance Company</b></td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Everest National Insurance</b>	10120	INSURER B: <b>Federal Insurance Company</b>	20281	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**      **CERTIFICATE NUMBER:** CL1462501852      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE
<b>B</b>	<b>AUTOMOBILE LIABILITY</b>			73553385	7/15/2013	7/15/2014	COMBINED SINGLE LIMIT (Ea accident)
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
<b>B</b>	<b>UMBRELLA LIAB</b>			79875167	7/15/2013	7/15/2014	Uninsured motorist combined
	<input checked="" type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						AGGREGATE
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			CA10000977141	6/25/2014	6/25/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-FR
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
<b>B</b>	<b>Products Liability</b>			74998628	7/15/2013	7/15/2014	Each Occurrence
	Claims Made-\$10,000 Ded						Retro Date: 11/15/2002

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 \*30 Day Notice of Cancellation with Ten Day Cancellation Notice for Non-Payment of Premium

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;">unifiedgrocers@ebix.com</p> Unified Grocers, Inc ATTN: Insurance Compliance PO Box 12010 - UG Hemet, CA 92456-8010	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

RE: Reference# 15538. Unified Grocers, Inc. is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respects to the operations of the named insured. Per GL Endt 80-02-2056 and Products Liability Endt 80-02-2085

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





**COMMENTS/REMARKS**

Certholder is named as additional insured as respects to the operations of the named insured.

**ADDITIONAL NOTICING PARTY:**

United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

Re: Account Number 075795290

BJ's Wholesale Club, Inc. is named as additional insured- Vendor on the above General Liability and Products Liability policies as their interest may appear with respects to the operations of the named insured.

**ADDITIONAL NOTICING PARTY:**

United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

Certholder is named as additional insured as respects to their interest in the operations of the named insured.

**ADDITIONAL NOTICING PARTY:**

United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2014

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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: <b>Federal Insurance Company</b></td> <td>20281</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Federal Insurance Company</b>	20281	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER E:														
INSURER F:														
<b>INSURED</b> <b>Natrol, Inc.</b> Medical Research Institute, dba: MRI 21411 Prairie St. Chatsworth CA 91311														

**COVERAGES**      **CERTIFICATE NUMBER:** CL1371101355      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-FR E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  Europa Sports Products ATTN: Todd Barber 11401-H Granite Street Charlotte, NC 28273	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS

**COMMENTS/REMARKS**

Europa Sports Products Inc is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respect to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491









**COMMENTS/REMARKS**

Certholder is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respects to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No. Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com														
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Federal Insurance Company</b></td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Federal Insurance Company</b>	20281	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES** **CERTIFICATE NUMBER: CL1371101354** **REVISION NUMBER:**

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS [REDACTED] OTH-FR [REDACTED] E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Evidence of Coverage  
 \*30 Days Notice of Cancellation with 10 Day Cancellation Notice for Non-Payment of Premium

<b>CERTIFICATE HOLDER</b>  Natrol, Inc. 21411 Prairie Street Chatsworth, CA 91311	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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<b>PRODUCER</b> Olympic Insurance Agency 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com													
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INSURER E:														
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<b>INSURED</b> Natrol, Inc. 21411 Prairie St. Chatsworth CA 91311														

**COVERAGES**      **CERTIFICATE NUMBER:** CL1371101354      **REVISION NUMBER:**

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-FR E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  Rite Aid Corporation ATTN: Cheryl Gill 30 Hunter Lane Camp Hill, PA 17011	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

Rite Aid Corporation is named as additional insured on the above General Liability & Products Liability policies as their interest may appear with respect to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





**COMMENTS/REMARKS**

ProSource Performance Products, Inc., its subsidiaries, affiliated companies, officers, directors and employees are named as an additional insured on the above General Liability and Products Liability policies as respects to their interest in the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	CONTACT NAME: Dianne Sonnabend PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378 E-MAIL ADDRESS: diannes@olympicinsurance.com														
INSURED <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Federal Insurance Company</b></td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Federal Insurance Company</b>	20281	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: <b>Federal Insurance Company</b>	20281														
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**COVERAGES** CERTIFICATE NUMBER: CL1371101354 REVISION NUMBER:

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS [REDACTED] OTHER [REDACTED] E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 \*30 Days Notice of Cancellation with 10 Day Cancellation Notice for Non-Payment of Premium

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;">Gerard@watsonii.com</p> <p>Watson Industries, Inc.                  ATTN: Gerard Agnes                  106 Exchange Place                  Pomona, CA 91768</p>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

Watson Industries, Inc. is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respect to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





# CERTIFICATE OF LIABILITY INSURANCE

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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725		<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com	
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Federal Insurance Company</b> NAIC # <b>20281</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CL1371101354 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE
A	AUTOMOBILE LIABILITY			79875167	7/15/2013	7/15/2014	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			74998628	7/15/2013	7/15/2014	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
	Products Liability						E.L. DISEASE - EA EMPLOYEE
	Claims Made-\$10,000 Ded		Retro Date: 11/15/2002				E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

**CERTIFICATE HOLDER** **CANCELLATION**

Lotus Light Enterprises ATTN: Heather Carro PO Box 1008 Silver Lake, WI 53170	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS

**COMMENTS/REMARKS**

Certholder is named as additional insured as respects to the above General Liability and Products Liability policies as respects to their interest in the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

Certholder is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respects to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

Europa Sports Products Inc is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respect to the operations of the named insured. Insurance is primary and non contributory and waiver of subrogation applies

**ADDITIONAL NOTICING PARTY:**

United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

Certificate holder is named as additional insured as respects to the operations of the named insured. Waiver of Subrogation applies.

**ADDITIONAL NOTICING PARTY:**

United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	CONTACT NAME: Dianne Sonnabend PHONE (A/C, No, Ext): (818) 843-4314 E-MAIL ADDRESS: diannes@olympicinsurance.com	FAX (A/C, No): (818) 842-0378
	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Federal Insurance Company</b> NAIC # 20281	
INSURED <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1371101354 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 \*30 Day Notice of Cancellation with 10 Day Cancellation Notice for Non-Payment of Premium

<b>CERTIFICATE HOLDER</b> michelle@highlandvitamins. Highland Laboratories ATTN: Michelle Brumer, Purchasing Mgr PO Box 199 Mt Angel, OR 97362	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Donald Barberie/DLS
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**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

Nature's Best is named as additional insured on the above general liability & products liability policies as their interest may appear with respect to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	CONTACT NAME: Dianne Sonnabend PHONE (A/C, No. Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378 E-MAIL ADDRESS: diannes@olympicinsurance.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Federal Insurance Company</b> NAIC # 20281	
INSURED <b>Natrol, Inc.</b> Medical Research Institute, dba: MRI 21411 Prairie St. Chatsworth CA 91311	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1371101355 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b> vendorcompliance@nnty.com  NNTY, Inc. ATTN: Joanne Thomsen CN-2019 650 Hadley Road South Plainfield, NJ 07080	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Donald Barberie/DLS
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**COMMENTS/REMARKS**

NBTY, Inc. and its affiliates are named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respects to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





**COMMENTS/REMARKS**

Certholder is named as additional insured on the above General Liability and Products Liability policies as respects to their interest in the operations of the named insured.

**ADDITIONAL NOTICING PARTY:**

United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

Swanson Health Products is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respect to the operations of the named insured. Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C No. Ext):</b> (818) 843-4314 <b>FAX (A/C No.):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Federal Insurance Company</b> NAIC #: 20281 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311		

**COVERAGES** CERTIFICATE NUMBER: CL1371101354 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  Akin's Natural Foods 7807 East 51st Street Tulsa, OK 74145	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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ACORD 25 (2010/05) INS025 (201005) 01

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**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	CONTACT NAME: <b>Dianne Sonnabend</b>	
	PHONE (A/C, No, Ext): <b>(818) 843-4314</b>	FAX (A/C, No): <b>(818) 842-0378</b>
E-MAIL ADDRESS: <b>diannes@olympicinsurance.com</b>		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: <b>Federal Insurance Company</b>		<b>20281</b>
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: **CL1371101354** REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-FR <input type="checkbox"/> E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  dachurra@eurpac.com  Eurpac Services, Inc. Eurpac Warehouse Sales ATTN: Danielle Achurra 1421 Diamond Springs Road Virginia Beach, VA 23455	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS

**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 <b>Burbank CA 91510-7725</b>	CONTACT NAME: <b>Dianne Sonnabend</b> PHONE (A/C, No, Ext): <b>(818) 843-4314</b> FAX (A/C, No): <b>(818) 842-0378</b> E-MAIL ADDRESS: <b>diannes@olympicinsurance.com</b> INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: <b>Federal Insurance Company</b> <b>20281</b> INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED <b>Natrol, Inc.</b> <b>Medical Research Institute, dba: MRI</b> <b>21411 Prairie St.</b> <b>Chatsworth CA 91311</b>	

**COVERAGES**                                  **CERTIFICATE NUMBER:** CL1371101355                                  **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-FR <input type="checkbox"/> E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  Vitamin Disocunt Center, LLC ATTN: Michael Gore 10359 Cross Creek Blvd., #E-F-G Tampa, FL 33647	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

Certholder is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respects to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2014

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PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	CONTACT NAME: Dianne Sonnabend	
	PHONE (A/C, No, Ext): (818) 843-4314	FAX (A/C, No): (818) 842-0378
E-MAIL ADDRESS: diannes@olympicinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: <b>Federal Insurance Company</b>		20281
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: CL1371101355 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED]
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED]
	CLAIMS-MADE						AGGREGATE \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded	X		74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  riskworks-vsi-2@exigis.net  Vitamin Shoppe, Inc. Vitamin Shoppe Industries, Inc, VS Direct In & all Subsidiaries, Alliliated Cos & Directors c/o EXIGIS, LLC 2101 91st Street North Bergen, NJ 07047	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS

**COMMENTS/REMARKS**

Vitamin Shoppe, Inc, Vitamin Shoppe Industries Inc, VS Direct Inc and all Subsidiaries, Affiliated Companies and Directors c/o EXIGIS, LLC are named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respect to the operations of the named insured. coverage is Primary and Non-Contributory.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No. Ext):</b> (818) 843-4314 <b>FAX (A/C, No.):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com														
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Federal Insurance Company</b></td> <td style="text-align: center;"><b>20281</b></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Federal Insurance Company</b>	<b>20281</b>	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES** **CERTIFICATE NUMBER:** CL1371101354 **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]							
<b>A</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ [REDACTED]</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ [REDACTED]	E.L. DISEASE - EA EMPLOYEE	\$ [REDACTED]	E.L. DISEASE - POLICY LIMIT	\$ [REDACTED]
WC STATUTORY LIMITS	OTHER														
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E.L. DISEASE - EA EMPLOYEE	\$ [REDACTED]														
E.L. DISEASE - POLICY LIMIT	\$ [REDACTED]														
<b>A</b>	<b>Products Liability</b> Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]								

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;">legal@bodybuilding.com</p> <p><b>Body Building.com</b>                  5777 N. Meeker Avenue                  Boise, ID 83713</p>	<b>CANCELLATION</b>  <p style="text-align: center;"><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <hr/> <p style="text-align: center;">AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;">Donald Barberie/DLS </p>
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**COMMENTS/REMARKS**

Certholder is named as additional insured as respects to their interest in the operations of the named insured. Insurance covers Natrol, Inc., Prolab Nutrition, Inc. and Medical Research Institute, MRI

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A <b>Federal Insurance Company</b></td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A <b>Federal Insurance Company</b>	20281	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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**COVERAGES**                      **CERTIFICATE NUMBER:** CL1371101354                      **REVISION NUMBER:**

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<b>A</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
<b>A</b>	<b>Products Liability</b> Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  AMI Digital, Inc. and Related Companies ATTN: Daniel Rotstein 1000 American Media Way Boca Raton, FL 33464	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

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	PHONE (A/C, No, Ext): (818) 843-4314	FAX (A/C, No): (818) 842-0378
	E-MAIL ADDRESS: diannes@olympicinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>Federal Insurance Company</b>	20281
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COVERAGES CERTIFICATE NUMBER: CL1371101354 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  (212) 891-1549  Cerberus Business Finance, LLC ATTN: Daniel E. Wolf 875 Third Avenue New York, NY 10022	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS

**COMMENTS/REMARKS**

Cerberus Business Finance, LLC is named as additional insured/loss payee as respects to property owned/leased by the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 <b>Burbank CA 91510-7725</b>	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com <hr/> <table style="width:100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: right;">NAIC #</td> </tr> <tr> <td>INSURER A <b>Federal Insurance Company</b></td> <td style="text-align: right;"><b>20281</b></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A <b>Federal Insurance Company</b>	<b>20281</b>	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A <b>Federal Insurance Company</b>	<b>20281</b>														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St.  <b>Chatsworth CA 91311</b>															

**COVERAGES** **CERTIFICATE NUMBER: CL1371101354** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]								
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC														
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]								
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<table style="width:100%;"> <tr> <td style="font-size: small;">WC STATUTORY LIMITS</td> <td style="font-size: small;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ [REDACTED]</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ [REDACTED]</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ [REDACTED]	E.L. DISEASE - EA EMPLOYEE	\$ [REDACTED]	E.L. DISEASE - POLICY LIMIT	\$ [REDACTED]
WC STATUTORY LIMITS	OTHER														
E.L. EACH ACCIDENT	\$ [REDACTED]														
E.L. DISEASE - EA EMPLOYEE	\$ [REDACTED]														
E.L. DISEASE - POLICY LIMIT	\$ [REDACTED]														
A	<b>Products Liability</b> Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]								

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b> Green Resources Trading JSC (GRC) 15F Cu Xa Ngan Hang, Tran Xuan Soan Stree Tan Thuan Tay Ward, Dist 7 Hochiminh City Vietnam	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <hr/> AUTHORIZED REPRESENTATIVE Donald Barberie/DLS
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**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	CONTACT NAME: Dianne Sonnabend PHONE (A/C, No. Ext): (818) 843-4314 FAX (A/C, No.): (818) 842-0378 E-MAIL ADDRESS: diannes@olympicinsurance.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Federal Insurance Company</b>	NAIC # 20281
INSURED <b>Natrol, Inc.</b> <b>PROLAB NUTRITION INC.</b> 21411 Prairie St. Chatsworth CA 91311	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 13GL/PROD/UM REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	PRODUCTS LIABILITY CLAIMS MADE - 10,000 DED.			74998628 RETROACTIVE DATE 11/15/02	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 30 Day Notice of Cancellation with 10 Day Notice of Cancellation for non-payment of premium.

<b>CERTIFICATE HOLDER</b>  legal@bodybuilding.com  Body Building.com 5777 N. Meeker Avenue Boise, ID 83713	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/BJD
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**COMMENTS/REMARKS**

Certholder is named as additional insured as respects to their interest in the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2014

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PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 <b>Burbank CA 91510-7725</b>	CONTACT NAME: <b>Dianne Sonnabend</b>	
	PHONE (A/C, No, Ext): <b>(818) 843-4314</b>	FAX (A/C, No): <b>(818) 842-0378</b>
INSURED <b>Natrol, Inc.</b> <b>PROLAB NUTRITION INC.</b> 21411 Prairie St. <b>Chatsworth CA 91311</b>	E-MAIL ADDRESS: <b>diannes@olympicinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>Federal Insurance Company</b>	NAIC #: <b>20281</b>
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: **13GL/PROD/UM** REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED]
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/>			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED]
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ [REDACTED]
A	PRODUCTS LIABILITY CLAIMS MADE - 10,000 DED.			74998628 RETROACTIVE DATE 11/15/02	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED]
							AGGREGATE \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
30 Day Notice of Cancellation with 10 Day Notice of Cancellation for non-payment of premium

<b>CERTIFICATE HOLDER</b>  kehe@logix3.com  KeHE Distributors LLC & its affiliates, successors, subsidiaries and assigns 900 North Schmidt Rd. Romeoville, IL 60446	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Donald Barberie/BJD

**COMMENTS/REMARKS**

Certificate holder is named as Additional Insured as respects General Liability per written contract.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/26/2014
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<b>PRODUCER</b> Olympic Insurance Agency 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com <table style="width: 100%;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A <b>Federal Insurance Company</b></td> <td>20281</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A <b>Federal Insurance Company</b>	20281	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b> Natrol, Inc. 21411 Prairie St. Chatsworth CA 91311															

**COVERAGES** **CERTIFICATE NUMBER:CL1371101354** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> DED <input checked="" type="checkbox"/> RETENTION \$ 0						
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ WC STATUTORY LIMITS OTH-FR
	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / N/A						
	<b>Products Liability</b> Claims Made-\$10,000 Ded Retro Date: 11/15/2002						
<b>A</b>	<b>Products Liability</b> Claims Made-\$10,000 Ded Retro Date: 11/15/2002						Each Occurrence \$ Aggregate \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 \*30 Day Notice of Cancellation with 10 Day Cancellation Notice for Non-Payment of Premium

<b>CERTIFICATE HOLDER</b> DNA Industries, Inc. ATTN: Lety Amir 7927 Orion Avenue Van Nuys, CA 91406	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
---	---

DNA Industries, Inc. ATTN: Lety Amir 7927 Orion Avenue Van Nuys, CA 91406	AUTHORIZED REPRESENTATIVE Donald Barberie/DLS
--	--

**COMMENTS/REMARKS**

Certholder is named as additional insured on the above General Liability & Products Liability policies as their interest may appear with respect to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 <b>Burbank CA 91510-7725</b>	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com <hr/> <p style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></p> <b>INSURER A: Federal Insurance Company</b> <b>NAIC #</b> 20281 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St.  <b>Chatsworth CA 91311</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL1371101354      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED]
							MED EXP (Any one person) \$ [REDACTED]
							PERSONAL & ADV INJURY \$ [REDACTED]
							GENERAL AGGREGATE \$ [REDACTED]
							PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$ [REDACTED]
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED]
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ [REDACTED]
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ [REDACTED]
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$ [REDACTED]
							\$ [REDACTED]
<b>A</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$	0				AGGREGATE \$ [REDACTED]
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						\$ [REDACTED]
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N	N/A			WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTHER
							E.L. EACH ACCIDENT \$ [REDACTED]
							E.L. DISEASE - EA EMPLOYEE \$ [REDACTED]
							E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
<b>A</b>	<b>Products Liability</b>			74998628	7/15/2013	7/15/2014	Each Occurrence
	Claims Made-\$10,000 Ded						
							Retro Date: 11/15/2002

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 \*30 Days Notice of Cancellation with 10 Day Cancellation Notice for Non-Payment of Premium

**CERTIFICATE HOLDER**      **CANCELLATION**

Insurance Data Services Insurance Compliance PO Box 12010-DG Hemet, CA 92546-8010	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <hr/> AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

Dollar General and its subsidiaries and affiliates are named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respects to the operations of the named insured per form 80-02-2056 and 80-02-2085.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

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**6/26/2014**

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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A <b>Federal Insurance Company</b></td> <td style="text-align: center;"><b>20281</b></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A <b>Federal Insurance Company</b>	<b>20281</b>	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A <b>Federal Insurance Company</b>	<b>20281</b>														
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INSURER E :															
INSURER F :															
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311															

**COVERAGES** **CERTIFICATE NUMBER:** CL1371101362 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$												
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			73553385	7/15/2013	7/15/2014	COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED] Uninsured motorist combined \$ [REDACTED]												
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$												
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">WC STATUTORY LIMITS</td> <td style="width: 5%;">OTH-FR</td> <td style="width: 10%;"></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTH-FR		E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$
WC STATUTORY LIMITS	OTH-FR																		
E.L. EACH ACCIDENT		\$																	
E.L. DISEASE - EA EMPLOYEE		\$																	
E.L. DISEASE - POLICY LIMIT		\$																	
<b>A</b>	<b>Auto Physical Damage</b>			73553385	7/15/2013	7/15/2014	Comprehensive Collision												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b> (800) 243-0683  Ferrari Financial Services Insurance Service Center PO Box 398052 Minneapolis, MN 55439-8052	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

Reference#0246695483 - 2013 Ferrari 458 SPI - ZFF68NHA4DO191782. Certholder is named as Additional Insured/Loss Payee as respects to their interest in the captioned vehicle.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



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PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	CONTACT NAME: <b>Dianne Sonnabend</b>	
	PHONE (A/C, No, Ext): <b>(818) 843-4314</b> FAX (A/C, No): <b>(818) 842-0378</b> E-MAIL ADDRESS: <b>diannes@olympicinsurance.com</b>	
INSURED <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>Federal Insurance Company</b>	<b>20281</b>
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: **CL1371101354** REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below							WC STATU-TORY LIMITS <input type="checkbox"/> OTH-FR <input type="checkbox"/>
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
\*30 Days Notice of Cancellation with 10 Day Cancellation Notice for Non-Payment of Premium

<b>CERTIFICATE HOLDER</b>  Kabco, Inc. 2000 New Horizons Blvd. Amityville, NY 11701	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS

**COMMENTS/REMARKS**

Kabco, Inc. is named as additional insured on the above general liability and products liability policies as their interest may appear with respects to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





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<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Federal Insurance Company</b>	<b>NAIC #</b> 20281
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CL1371101354 REVISION NUMBER:

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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
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<b>CERTIFICATE HOLDER</b>  info@kingsoopersexpo.com  <b>MorEvents</b> 3333 S. Bannock St., Suite 790 Englewood, CO 80110	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

RE: Event on October 5, 2013. MorEvents is named as additional insured as respects to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



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INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: <b>Federal Insurance Company</b>	20281														
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INSURER F:															

**COVERAGES**      **CERTIFICATE NUMBER:** CL1371101354      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b> (718) 767-4399  Kinray, Inc. 152-35 Tenth Avenue Whitestone, NY 11357	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

Certholder is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respects to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	CONTACT NAME: <b>Dianne Sonnabend</b>	
	PHONE (A/C, No, Ext): <b>(818) 843-4314</b> FAX (A/C, No): <b>(818) 842-0378</b> E-MAIL ADDRESS: <b>diannes@olympicinsurance.com</b>	
INSURED <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>Federal Insurance Company</b>	<b>20281</b>
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: **CL1371101354** REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ \$ \$ \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
<b>A</b>	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ Aggregate \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
\*30 Days Notice of Cancellation with 10 Day Cancellation Notice for Non-Payment of Premium

CERTIFICATE HOLDER CANCELLATION

<b>Stephen L. LaFrance Holdings</b> <b>ATTN: Charla Mathews</b> <b>2100 Brookwood</b> <b>Little Rock, AR 72202</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS

**COMMENTS/REMARKS**

Certholder is named as additional insured on the above General Liability and Products Liability policies as respects to their interest in the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

KeHE Distributors LLC, & it's affiliates, successors, subsidiaries and assigns are named as additional insured on the above general liability and products liability policies as their interest may appear with respect to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
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Wilmington, DE 19899-0035  
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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725		<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No. Ext):</b> (818) 843-4314 <b>FAX (A/C, No.):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com	
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Federal Insurance Company</b> NAIC # <b>20281</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CL1371101354 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-FECT <input type="checkbox"/> LOC			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  accounting@netrition.com  Netrition, Inc. ATTN: Dana Brewer 25 Corporate Circle, Ste 118 Albany, NY 12203	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

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ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

Event: Runner's World Half and Running Festival in Bethlehem, PA - October 17-20, 2013. LeeadDog Marketing Group, Inc., Runner's World Magazine, Rodale, Inc. and its parent affiliates & subsidiary companies, officers, directors and employees are included as Additional Insured for the above captioned event as their interest may appear in respects to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com														
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Federal Insurance Company</b></td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Federal Insurance Company</b>	20281	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**                                      **CERTIFICATE NUMBER:** CL1371101354                                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)			
	GEN'L AGGREGATE LIMIT APPLIES PER:									PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE			
A	UMBRELLA LIAB			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE			
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	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									
A	Products Liability			74998628	7/15/2013	7/15/2014	Each Occurrence			
	Claims Made-\$10,000 Ded						Aggregate			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									
	If yes, describe under DESCRIPTION OF OPERATIONS below									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>  riskworks-vsi-2@exigis.net  Vitamin Shoppe Inc, Vitamin Shoppe Industries Inc., VS Direct Inc & all Subsidiaries, Alliliated Cos & Directors c/o EXIGIS, LLC 2101 91st Street North Bergen, NJ 07047	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

Vitamin Shoppe, Inc, Vitamin Shoppe Industries Inc, VS Direct Inc and all Subsidiaries, Affiliated Companies and Directors c/o EXIGIS, LLC are named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respect to the operations of the named insured. coverage is Primary and Non-Contributory.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725		<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com															
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-FR
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
	Products Liability			74998628	7/15/2013	7/15/2014	E.L. DISEASE - EA EMPLOYEE \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 \*30 Day Notice of Cancellation with 10 Day Cancellation Notice for Non-Payment of Premium

<b>CERTIFICATE HOLDER</b>  <div style="text-align: center;">maribeth.schafer@swansonhe</div>  Swanson Health Products ATTN: Maribeth Schafer PO Box 2803 Fargo, ND 58108	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

Swantson Health Products is named as additional insured on the above general liability and products liability policies as their interest may appear with respects to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





**COMMENTS/REMARKS**

Vitamin Shoppe, Inc, Vitamin Shoppe Industries Inc, VS Direct Inc and all Subsidiaries, Affiliated Companies and Directors c/o EXIGIS, LLC are named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respect to the operations of the named insured. coverage is Primary and Non-Contributory.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725		CONTACT NAME: Dianne Sonnabend PHONE (A/C No. Ext): (818) 843-4314 FAX (A/C No.): (818) 842-0378 E-MAIL ADDRESS: diannes@olympicinsurance.com	
INSURED <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311		INSURER(S) AFFORDING COVERAGE INSURER A: <b>Federal Insurance Company</b> NAIC # 20281 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1371101354 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-FECT <input type="checkbox"/> LOC			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

CERTIFICATE HOLDER Providence_Corporate_Risk@  UNFI Natural Foods, Inc. its affiliates and subsidiaries 313 Iron Horse Way Providence, RI 02908	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

United Natural Foods, Inc. and its affiliates and subsidiaries are named as additional insured on the above General Liability and Products Liability policies as respects to their interest in the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 <b>Burbank CA 91510-7725</b>	<b>CONTACT NAME:</b> Dianne Sonnabend	
	<b>PHONE (A/C, No. Ext):</b> (818) 843-4314	<b>FAX (A/C, No):</b> (818) 842-0378
	<b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St.  <b>Chatsworth CA 91311</b>	<b>INSURER A:</b> <b>Federal Insurance Company</b>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL1371101354      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUS-LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	<b>Products Liability</b> Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

### CERTIFICATE HOLDER

**USA Sports LLC**  
 701 Hudson Avenue  
 Scranton, PA 18504

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
 Donald Barberie/DLS

**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 <b>Burbank CA 91510-7725</b>	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com <hr/> <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: <b>Federal Insurance Company</b></td> <td>20281</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Federal Insurance Company</b>	20281	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: <b>Federal Insurance Company</b>	20281														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St.  <b>Chatsworth CA 91311</b>															

**COVERAGES** **CERTIFICATE NUMBER:** 13Products **REVISION NUMBER:**

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	<b>GENERAL LIABILITY</b>			74998628	7/15/2013	7/15/2014	EACH OCCURRENCE	\$ [REDACTED]
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ [REDACTED]
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> \$10,000 Deductible						PERSONAL & ADV INJURY	\$
	<b>RETRO DATE: 11/15/2002</b>						GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ [REDACTED]
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N		N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;">Norda.Brown@watson.com</p> <p><b>Anda Pharmaceuticals</b>                  Attn: Purchasing Department                  2915 Weston Rd                  Weston, FL 33331</p>	<b>CANCELLATION</b>  <p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p style="text-align: center;">AUTHORIZED REPRESENTATIVE</p> <p>Donald Barberie/BJD </p>
--	---

**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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<b>PRODUCER</b> Olympic Insurance Agency 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725		<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com	
<b>INSURED</b> Natrol, Inc./Essentially Pure Ingredients 21411 Prairie St. Chatsworth CA 91311		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Federal Insurance Company</b> NAIC # 20281 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CL1371101353 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded		74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

**CERTIFICATE HOLDER**

Pain & Stress Center  
 Attn: Dr. Kathy Birkner  
 17579 Frank Madia Dr. #11  
 Helotes, TX 78023

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
 Donald Barberie/DLS

**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) <b>6/26/2014</b>
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<b>INSURED</b> <b>Natrol, Inc./Essentially Pure Ingredients</b> 21411 Prairie St.  <b>Chatsworth CA 91311</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Federal Insurance Company</b></td> <td><b>20281</b></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Federal Insurance Company</b>	<b>20281</b>	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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**COVERAGES** **CERTIFICATE NUMBER:** CL1371101353 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Products Liability</b>			74998628	7/15/2013	7/15/2014	Each Occurrence
	Claims Made-\$10,000 Ded						Retro Date: 11/15/2002

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Certholder is named additional insured on the above General Liability & Products Liability policies as their interest may appear with respect to the operations of the named insured. \*30 Days Notice of Cancellation with 10 Days Notice of Cancellation for Non-Payment of Premium.

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;"><b>dmcintosh@procapslabs.com</b></p> <p><b>ProCaps Laboratories</b>  <b>ATTN: Purchasing Manager</b>                  430 Parkson Road                  Henderson, NV 89011</p>	<b>CANCELLATION</b>  <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725		<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com	
<b>INSURED</b> <b>Natrol, Inc./Essentially Pure Ingredients</b> 21411 Prairie St. Chatsworth CA 91311		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Federal Insurance Company <b>NAIC #</b> 20281 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CL1371101353 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> Y <input type="checkbox"/> N WVC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

**CERTIFICATE HOLDER**

**CANCELLATION**

Virgo Publishing LLC 3300 N. Central Ave., Ste 300 Phoenix, AZ 85012	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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## COMMENTS/REMARKS

Certholder is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respects to the operations of the named insured.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	CONTACT NAME: Dianne Sonnabend
	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378
	E-MAIL ADDRESS: diannes@olympicinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>Federal Insurance Company</b> NAIC # 20281
	INSURER B: _____
INSURER C: _____	
INSURER D: _____	
INSURER E: _____	
INSURER F: _____	

COVERAGES CERTIFICATE NUMBER: CL1371101361 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COM/PROP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WVC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence [REDACTED] Aggregate [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

CERTIFICATE HOLDER <p style="text-align: center;">amazon@ebix.com</p> Amazon.com, Inc. and its affiliates, as their interest may appear ATTN: Insurance Compliance PO Box 12010 - AZ Hemet, CA 92546-8010	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Donald Barberie/DLS

## COMMENTS/REMARKS

RE: Reference Number-NABT7. Certholder is named as additional insured on the above General Liability and Products Liability policies as their interest may appear with respects to the operations of the named insured. Coverage is Primary and Non-Contributory.

ADDITIONAL NOTICING PARTY:

United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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<b>PRODUCER</b> Olympic Insurance Agency 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725		<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No. Ext):</b> (818) 843-4314 <b>FAX (A/C, No.):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com	
<b>INSURED</b> Natrol, Inc. 21411 Prairie St. Chatsworth CA 91311		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Federal Insurance Company</b> NAIC # <b>20281</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CL1371101361 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED]
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED]
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS [REDACTED] OTHER [REDACTED] E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]
A	Products Liability Claims Made-\$10,000 Ded	X		74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	Each Occurrence \$ [REDACTED] Aggregate \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Vendor No.: 66887-00. Costco Wholesale Corporation and/or any subsidiary, proprietary company or corporation, partnership or joint venture thereof shall be named as additional insured - Vendor as their interest may appear with respects to the operations of the named insured (Endorsements attached)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b> (770) 325-6364      costco@ebix.com  Costco Wholesale ATTN: Insurance Compliance PO Box 12010-PC Hemet, CA 92546-8010	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



**COMMENTS/REMARKS**

RE: Vender# 054828. Excess Liability, Carrier: AXIS Surplus Insurance Company, Policy No. ELU768391, Effective 7/15/2013-7/15/2014, Limits \$5,000,000 Each Occurrence, \$15,000,000 General Aggregate Limit, \$15,000,000 Products/Completed Operations Aggregate Limit. Walgreens, its Affilitates & Subsidiaries are named as additional insured on the above general liability and products liability policies as respects to the operations of the named insured per attached endorsment.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

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<b>PRODUCER</b> <b>Olympic Insurance Agency</b> 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725	<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Federal Insurance Company</b></td> <td>20281</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Federal Insurance Company</b>	20281	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: <b>Federal Insurance Company</b>	20281														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> <b>Natrol, Inc.</b> 21411 Prairie St. Chatsworth CA 91311															

**COVERAGES**      **CERTIFICATE NUMBER:** CL1371101363      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
<b>A</b>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS - COMP/OP AGG	\$		\$
	EACH OCCURRENCE	\$																			
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$																				
MED EXP (Any one person)	\$																				
PERSONAL & ADV INJURY	\$																				
GENERAL AGGREGATE	\$																				
PRODUCTS - COMP/OP AGG	\$																				
	\$																				
GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC																					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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E.L. EACH ACCIDENT	\$																				
E.L. DISEASE - EA EMPLOYEE	\$																				
E.L. DISEASE - POLICY LIMIT	\$																				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

<b>CERTIFICATE HOLDER</b>  <p style="text-align: center;">afoglia@midvalleyproducts.</p> <p>Mid Valley Products                  A Division of Eurpac Service, Inc.                  ATTN: Angelo Foglia                  101 Merritt 7 Corporate Park                  Norwalk, CT 06851</p>	<b>CANCELLATION</b>  <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p>AUTHORIZED REPRESENTATIVE</p> <p>Donald Barberie/DLS </p>
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**COMMENTS/REMARKS**

Certholder is named additional insured on the above General Liability policy as their interest may appear with respect to the operations of the named insured.

**ADDITIONAL NOTICING PARTY:**

United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Olympic Insurance Agency 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725		<b>CONTACT NAME:</b> Dianne Sonnabend <b>PHONE (A/C, No, Ext):</b> (818) 843-4314 <b>FAX (A/C, No):</b> (818) 842-0378 <b>E-MAIL ADDRESS:</b> diannes@olympicinsurance.com	
<b>INSURED</b> Natrol, Inc. 21411 Prairie St. Chatsworth CA 91311		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Federal Insurance Company</b> NAIC # 20281 INSURER B: <b>Everest National Insurance</b> 10120 INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CL1362501327 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] DAMAGE TO RENTED PREMISES (Ea occurrence) \$ [REDACTED] MED EXP (Any one person) \$ [REDACTED] PERSONAL & ADV INJURY \$ [REDACTED] GENERAL AGGREGATE \$ [REDACTED] PRODUCTS - COMP/OP AGG \$ [REDACTED]
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			73553385	7/15/2013	7/15/2014	COMBINED SINGLE LIMIT (Ea accident) \$ [REDACTED] BODILY INJURY (Per person) \$ [REDACTED] BODILY INJURY (Per accident) \$ [REDACTED] PROPERTY DAMAGE (Per accident) \$ [REDACTED] Uninsured motorist combined \$ [REDACTED]
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ [REDACTED] AGGREGATE \$ [REDACTED]
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	CA10000977-131	6/25/2013	6/25/2014	<input checked="" type="checkbox"/> WVC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ [REDACTED] E.L. DISEASE - EA EMPLOYEE \$ [REDACTED] E.L. DISEASE - POLICY LIMIT \$ [REDACTED]

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

**CERTIFICATE HOLDER**

**CANCELLATION**

VRS Chatsworth, LLC Davis Partners LLC ATTN: Souraya Smith, Property Mgr 16027 Ventura Blvd., Suite 208 Encino, CA 91436	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Donald Barberie/DLS
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**COMMENTS/REMARKS**

RE: 9453 Owensmouth Avenue, Chatsworth, CA 91311; 9454 Jordan Avenue, Chatsworth, CA 91411; 21411 Prairie Avenue, Chatsworth, CA 91311. VRS Chatsworth, LLC and Davis Partners LLC are named as additional insureds as respects to their interest in the captioned properties.

ADDITIONAL NOTICING PARTY:  
United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
(302) 573-6491

**Exhibit 3**

**Cash Management Order and List of Bank Accounts**

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

-----x  
In re: : Chapter 11  
: :  
: Case No. 14-11446 (BLS)  
NATROL, INC., *et al.*, :  
: Jointly Administered  
Debtors.<sup>1</sup> :  
: Re: Docket No. 41 and 74  
-----x

**ORDER AUTHORIZING (A) CONTINUED USE OF CASH MANAGEMENT SYSTEM; (B) MAINTENANCE OF EXISTING BANK ACCOUNTS; (C) CONTINUED USE OF EXISTING BUSINESS FORMS; (D) CONTINUED PERFORMANCE OF INTERCOMPANY TRANSACTIONS IN THE ORDINARY COURSE OF BUSINESS; AND (E) LIMITED WAIVER OF SECTION 345(b) DEPOSIT AND INVESTMENT REQUIREMENTS**

Upon the Motion<sup>2</sup> of Natrol, Inc. and its affiliated debtors and debtors in possession in the above-captioned cases (collectively, the “Debtors”), for entry of an order authorizing (a) continued use of their cash management system (as described below in more detail, the “Cash Management System”), (b) maintenance of existing bank accounts, (c) continued use of existing business forms, (d) continued performance of intercompany transactions in the ordinary course of business; and (e) limited waiver of section 345(b) of the Bankruptcy Code deposit and investment requirements; and it appearing that this Court has jurisdiction over this matter pursuant to 28 U.S.C. §§ 1334(b) and 157, and the *Amended Standing Order of Reference from the United States District Court for the District of Delaware* dated as of February 29, 2012; and it appearing that venue of these cases and the Motion in this district is proper pursuant to 28 U.S.C. §§ 1408 and 1409; and it appearing that this matter is a core proceeding pursuant to 28

<sup>1</sup> The Debtors in these chapter 11 cases and the last four digits of each Debtor’s taxpayer identification number are as follows: Natrol, Inc. (0780); Natrol Holdings, Inc. (4614); Natrol Products, Inc. (7823); Natrol Direct, Inc. (5090); Natrol Acquisition Corp. (3765); Prolab Nutrition, Inc. (3283); and Medical Research Institute (2825). The Debtors’ principal offices are located at 21411 Prairie Street, Chatsworth CA 91311.

<sup>2</sup> All capitalized terms used and not defined herein shall have the meanings ascribed to them in the Motion.

U.S.C. § 157(b); and it appearing that this Court may enter a final order consistent with Article III of the United States Constitution; and it appearing that notice of the Motion has been given as set forth in the Motion and that such notice is adequate and no other or further notice need be given; and a hearing having been held to consider the relief requested in the Motion; and upon the record of the hearing and all of the proceedings had before the Court; and the Court having found and determined that the relief sought in the Motion is in the best interests of the Debtors, their estates, their creditors and all other parties in interest; and that the legal and factual bases set forth in the Motion establish just cause for the relief granted herein; and after due deliberation and sufficient cause appearing therefor,

**IT IS HEREBY ORDERED THAT:**

1. The Motion is GRANTED as set forth herein.
2. This Order shall in all respects be subject to the *Interim Order Pursuant to 11 U.S.C. §§ 105(a), 361, 363 (A) Authorizing Use of Cash Collateral and (B) Granting Adequate Protection* and any subsequent cash collateral order entered by the Court (each a “Cash Collateral Order”). To the extent of any conflict between this Order and any Cash Collateral Order, the Cash Collateral Order shall govern.
3. The Debtors are authorized to maintain and use the Cash Management System as described in the Motion. For the avoidance of doubt, the Debtors are authorized to maintain and utilize the Cash Management System exclusive of the Cash Sweep.
4. The Debtors are authorized to (a) continue to use, with the same account numbers, the Bank Accounts in existence on the Petition Date, including, without limitation, those accounts identified on *Exhibit B* to the Motion; (b) treat the Bank Accounts for all purposes as accounts of the Debtors as debtors in possession; and (c) use, in their present form, all Business

Forms, without reference to their status as debtors in possession, except as otherwise provided in this Order.

5. The Chief Financial Officer (the "CFO") of the Debtors provided by Conway MacKenzie Management Services, LLC ("Conway") shall maintain control of all of the Debtors' bank accounts (the "Debtor Accounts") and shall immediately take steps to acquire and maintain control of all accounts of Natrol Global FZE in which payments owed to any of the Debtors are made (the "Global Accounts"). On or before June 24, 2014, the CFO shall provide Cerberus Business Finance, LLC (the "Collateral Agent") and the financial advisor for the Official Committee of Unsecured Creditors (the "Committee") a report detailing for each of the Debtor Accounts and Global Accounts: (a) the bank at which the account is maintained, (b) the address of the branch at which the account is maintained, (c) the name in which the account is titled, (d) a description of the purpose of the account, (e) the frequency with which the account is used, and (f) the amount on deposit as of the Petition Date and June 20, 2014. On each Tuesday thereafter, the CFO shall report to the Collateral Agent and the Committee's financial advisor on the balance of each of the Debtor Accounts and Global Accounts as of the previous Friday and on his efforts to acquire control of the Global Accounts.

6. Except as otherwise provided in this Order, the Banks are authorized to continue to service and administer the Bank Accounts as accounts of the Debtors as debtors in possession, without interruption and in the ordinary course, and to receive, process, honor, and pay any and all checks, drafts, wires, and automated clearing house transfers issued and drawn on the Bank Accounts after the Petition Date by the holders or makers thereof, as the case may be.

7. The Banks are hereby authorized to continue to service and administer the Bank Accounts as accounts of the Debtors as debtors in possession without interruption and in the

usual and ordinary course, and to receive, process, honor and pay any and all checks drawn on, or electronic transfer requests made on, the Bank Accounts after the Petition Date by the holders or makers thereof, as the case may be; provided, however, that any check drawn or issued by the Debtors before the Petition Date may be honored by a Bank only if specifically authorized by order of this Court.

8. Notwithstanding any other provision of this Order, no Bank that honors a prepetition check or other item drawn on any account that is the subject of this Order (a) at the direction of the Debtors, (b) in good faith belief that the Court has authorized such prepetition check or item to be honored, or (c) as the result of an innocent mistake made despite implementation of reasonable item handling procedures, shall be deemed to be liable to the Debtors or their estates or otherwise in violation of this Order.

9. Except as otherwise provided in this Order or in a separate order of the Court, the Banks shall not honor or pay any bank payments drawn on the listed Bank Accounts, or otherwise issued, prior to the Petition Date.

10. The Banks are authorized to charge, and the Debtors are authorized to pay, honor, or allow the Bank Fees, and charge back returned items to the Bank Accounts in the ordinary course of business.

11. The Banks are authorized to pay obligations in accordance with this or any separate order of the Court.

12. For banks at which the Debtors hold bank accounts that are party to a Uniform Depository agreement with the Office of the United States Trustee for the District of Delaware, within fifteen (15) days of the date of entry of this Order the Debtors shall (a) contact each bank, (b) provide the bank with each of the Debtors' employer identification numbers, and (c) identify

each of their bank accounts held at such banks as being held by a debtor in possession in a bankruptcy case.

13. For banks at which the Debtors hold accounts that are not party to a Uniform Depository agreement with the Office of the United States Trustee for the District of Delaware, the Debtors shall use their good-faith efforts to cause the banks to execute a Uniform Depository agreement in a form prescribed by the Office of the United States Trustee within forty-five (45) days of the date of this Order. The U.S. Trustee's rights to seek further relief from this Court on notice in the event that the aforementioned banks are unwilling to execute a Uniform Depository Agreement in a form prescribed by the U.S. Trustee are fully reserved.

14. The Debtors shall not open any new Bank Accounts or close any existing Bank Accounts without the advance written consent of the Collateral Agent, the Committee and the U.S. Trustee, or pursuant to an order of this Court, which consent shall not be unreasonably withheld.

15. The Debtors are authorized to use their existing Business Forms provided that the Debtors use of existing check stock will be labeled with "Debtor in Possession," the bankruptcy case number, and a new post-petition sequence of numbers; provided, however, provided that once the Debtors' existing checks have been used, the Debtors shall, when reordering checks, require the designation "Debtor in Possession" and the corresponding bankruptcy case number on all checks; provided further that, with respect to checks which the Debtors or their agents print themselves, the Debtors shall begin printing the "Debtor in Possession" legend on such items within ten (10) days of the date of entry of this Order.

16. The Debtors are authorized to continue performing Intercompany Transactions in the ordinary course of business and to honor and pay obligations in connection with the



Intercompany Transactions. To the extent that there are any non-debtor subsidiaries and affiliates, there shall be no intercompany transfers or loans by the Debtors to such non-debtor affiliates or subsidiaries, absent further order of the court.

17. The Debtors shall maintain accurate records of all Intercompany Transactions such that all post-petition transfers and transactions shall be adequately and promptly documented in, and readily ascertainable from, their books and records.

18. All intercompany obligations owed by a Debtor to another Debtor shall be accorded administrative priority status of the kind specified in section 503(b) of the Bankruptcy Code to the extent such obligations arise after the Petition Date.

19. The Debtors' time to comply with section 345(b) of the Bankruptcy Code is hereby extended for a period of 75 days, without prejudice of the Debtors' right to seek further waivers from the U.S. Trustee without further Order of this Court.

20. The Debtors are authorized to take all actions necessary to effectuate the relief granted pursuant to this Order in accordance with the Motion.


21. Bankruptcy Rule 6003(b) has been satisfied.

22. Notice of the Motion as provided therein shall be deemed good and sufficient notice of such motion and the requirements of Bankruptcy Rule 6004(a).

23. Notwithstanding Bankruptcy Rule 6004(h), the terms and conditions of this Order shall be immediately effective and enforceable upon its entry.

24. This Court shall retain jurisdiction with respect to all matters arising from or related to the implementation of this Order.

Dated: 6/22, 2014  
Wilmington, Delaware

  
BRENDAN LINEHAN SHANNON  
UNITED STATES BANKRUPTCY JUDGE

## Bank Accounts

Bank	Address	Account Holder	Account Description	Account Number
Chase	17107 Ventura Blvd., Encino CA 91316		Master Operating Account	xxxxxx8671
Chase	17107 Ventura Blvd., Encino CA 91316		Positive Pay Account	xxxxx8630
Chase	17107 Ventura Blvd., Encino CA 91316		Payroll Account	xxxxx8650
City National Bank	15260 Ventura Blvd., 16 <sup>th</sup> Floor, Sherman Oaks, CA 91403		Depository Account	xxxxxx6908
City National Bank	15260 Ventura Blvd., 16 <sup>th</sup> Floor, Sherman Oaks, CA 91403		Payroll Account	xxxxxx8161
City National Bank	15260 Ventura Blvd., 16 <sup>th</sup> Floor, Sherman Oaks, CA 91403		General Disbursement Account	xxxxxx8196
City National Bank	15260 Ventura Blvd., 16 <sup>th</sup> Floor, Sherman Oaks, CA 91403		Operational Account	xxxxxx8765
HSBC	9 Stratfield Park, Elettra Avenue, Waterlooville, Hampshire, P07 7XN, England			xxxx8000

Bank	Address	Account Holder	Account Description	Account Number
Bank of America	2049 Century Park East, Los Angeles, CA 90067		Depository Account	xxxxxxxxxx9925
BBVA Compass Bancshares				
Bank of India (USA Branch in NY)*				

\* Foreign banking institution.

**Exhibit 4**

**Retainers Paid**

**In re Natrol, Inc., et al.**

Case No. 14-11446 (BLS)

Debtor

**SCHEDULE OF RETAINERS PAID TO PROFESSIONALS**

(This schedule is to include each Professional paid a retainer)

Payee	Check		Name of Payor	Amount	Amount Applied to Date	Balance
	Date	Number				
Klee, Tuchin, Bogdanoff & Stern LLP	3/31/2014	Electronic	Natrol, Inc.	150,000.00		Unknown
Latham & Watkins LLP	5/16/2014	Electronic	Natrol, Inc.	250,000.00		Unknown
Gibson, Dunn & Crutcher LLP	6/10/2014	Electronic	[A]	690,000.00		Unknown
Epiq Systems	6/10/2014	Electronic	[A]	25,000.00		Unknown
Conway MacKenzie	6/10/2014	Electronic	[A]	200,000.00		Unknown
Young Conaway Stargatt & Taylor, LLP	6/10/2014	Electronic	[A]	50,000.00		Unknown

[A] Gibson, Dunn & Crutcher LLP ("Gibson"), Epiq Systems ("Epiq"), Conway MacKenzie ("CM"), and Young Conaway Stargatt & Taylor LLP ("YCST") were retained by the Debtors on pre-petition basis. On or about June 10, 2014, each of Gibson, Epiq, CM and YCST received their respective retainers from Ableco Finance LLC ("Ableco") on behalf of the Debtors and as obligations of the Debtors. Ableco is an affiliate of Cerberus Business Finance, LLC the Collateral and Administrative agent under the Financing Agreement dated March 5, 2014, as amended ("Financing Agreement"). Accordingly, the sum of the retainers paid by Ableco became additional obligations of the Debtors under the Financing Agreement.