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	Attached	Attached
12-Month Cash Flow Projection (Form IR-1)	Budget per Use of Cash Collateral O	rder attached.
Certificates of Insurance:	Attached	
Evidence of Debtor in Possession Bank Accounts	Cash Management Order Attached a	nd List of Bank Accounts Attached
Retainers Paid (Form IR-2)	Attached	

Signature of Debtor

Date

Signature of Joint Debtor

Date

Date

Signature of Authorized Individual*

Date

CFO

Title of Authorized Individual

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached

^{*}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

Draft - Subject to Modification

6 Week Cash Flow Analysis Period Ending 7/19/2014 Natrol, Inc.

(\$ in 000s)

		3	Week 1	S	Week 2	5	Week 3	S	Week 4	>	Week 5	W	Week 6	٩	6 Week
	Week Ending Saturday		6/14/2014 5	6/2	6/21/2014	2/9	6/28/2014	1/	7/5/2014	//	7/12/2014	7/19	7/19/2014	· •	Total
Cash Receipts:															
Cash Collections		\$	1,261	ب	1,944	νs	2,372	s	1,674	ş	1,813	⋄	2,203	ς,	11,267
Total Cash Receipts	•	₩.	1,261	٠,	1,944	₩.	2,372	v	1,674	ν	1,813	ŵ	2,203	s	11,267
Operating Disbursements:															
Raw Materials ¹		₩	,	٠,	2,547	ψ,	1,031	s	647	٠,	1,381	\$	1,090		969'9
Payroll and Related 2			•		559		27		397		27		532		1,543
Marketing ¹			•		185		75		75		75		75		485
Insurance			•		164		•		•		,		139		303
Taxes, Permits, Licenses, & Fees			•		62		28				•				90
Freight ¹					275		75		75		275		75		775
Broker Commissions			•		105		42		29		32		39		246
Rent & Utilities			•		64		47		ı		18		•		129
SG&A 1			-		195		135		135		135		135		735
Total Operating Disbursements		\$	•	\$	4,157	\$	1,460	φ.	1,358	\$	1,943	\$	2,085	₩.	11,003
Net Operating Cash Flow	. "	S	1,261	s	(2,212)	\$	912	w	315	S	(130)	s	118	S.	265
Other Disbursements:															
Bankruptcy Related Professional Fees	ees		•		•		•		•				,		•
Principal Amortization			•		•		,				•		1		•
Interest Expense			•		1		•		ı		,		•		•
Capital Expenditures			•		•		15		,		•		4		19
US Trustee			•				•		•		•		•		,
Total Other Disbursements					•		15		-		1		4		19
Net Cash Flow	. "	v,	1,261	₩.	(2,212)	\$	897	w	315	\$	(130)	\$	114	w	246
Beginning Cash Balance		٠,	688	₩.	3,949	٠,	2,162	w	3,059	45	3,374	•	3,244	*	688
Other Cash 4			2,000		425				•						2,425
Net Cash Flow			1,261		(2,212)		897		315		(130)		114		246
Ending Cash Balance		÷	3,949	•	2,162	ν.	3,059	•	3,374	ς,	3,244	•	3,359	s	3,359

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

6/20/2014 12:13 PM

² Includes Health Insurance payments.

Beginning cash was approximately \$1.1 million at the time of the Petition filing. \$425,000 was swept from the Debtors' bank acounts 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".

 $^{^4}$ 52,000,000 cash infusion relates to legal settlement. 5 Stub period from Petition Date through 6/14/14.

Exhibit 2

Certificates of 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, certificate holder in lieu of such endors				ndorse	ment. A sta	tement on th	is certificate does no	t confer	rights to the
PRODUCER		<u>`</u>		CONTAC	CT Dianne	Sonnabeno	1		
Olympic Insurance Agency				PHONE	o, Ext): (818)	843-4314		lo): (818) 8	42-0378
1906 West Burbank Boulevar	đ			E-MAIL	ss diannes	@olympic	insurance.com	101.	
P.O. Box 7725				ADDITE			DING COVERAGE		NAIC #
Burbank CA 91	510	-77	25	INSIRE			ance Company		20281
INSURED				INSURE					
Natrol, Inc./Prolab Nutrit	ion	, I	nc.	INSURE	****				
21411 Prairie St.		•		INSURE					
				INSURE					
Chatsworth CA 91	311			INSURE	····				
COVERAGES CER	TIFIC	ATE	NUMBER CL13711013		300.		REVISION NUMBER	.	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSE!	OF QUIF PERT POLI	NSUI REME AIN	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEE OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RES D HEREIN IS SUBJECT	SPECT TO	WHICH THIS
LTR TYPE OF INSURANCE	INSR	₩VD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	MITS	The same consequences of the same of
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	(高田県 (1997) 森田県 (1997)
A CLAIMS-MADE X OCCUR			74998627		7/15/2013	7/15/2014	MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:			·				PRODUCTS - COMP/OP AC	G \$	554
X POLICY PRO- JECT LOC								\$	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO							BODILY INJURY (Per perso	n) \$	
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accide	ent) \$	
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
								\$	
X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	
A EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	Selection (general
DED X RETENTION\$			79875167		7/15/2013	7/15/2014		\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- O TORYLIMITS E	TH- R	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)							E.L. DISEASE - EA EMPLO	YEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>						E.L. DISEASE - POLICY LIN	1IT \$	
A Products Liability			74998628		7/15/2013	7/15/2014	Each Occurrence		
Claims Made-\$10,000 Ded			 Retro Date: 11/15/20	02			Aggregate		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Thirty Day Cancellation Notic	CLES (Attach	n ACORD 101, Additional Remarks pt Ten Days for No	s Schedu on-pa	le, if more space yment of	is required) Premium.			
CERTIFICATE HOLDER				CANIC	SELL ATION				

ToddBarber@EuropaSports.co SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Europa Sports Products, Inc. ATTN: David Hayes AUTHORIZED REPRESENTATIVE 11401-H Granite Street Charlotte, NC 28273 BOO and Salarania

ACORD 25 (2010/05)

Donald Barberie/DLS

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

OFREMARK



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

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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 o	of such endorsement(s).		
PRODUCER		CONTACT Dianne Sonnabend	
Olympic Insurance	Agency		818)842-0378
1906 West Burbank	Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com	
P.O. Box 7725		INSURER(S) AFFORDING COVERAGE	NAIC #
Burbank	CA 91510-7725	INSURER A Federal Insurance Company	20281
INSURED		INSURER B:	
Natrol, Inc./Prol	ab Nutrition, Inc.	INSURER C:	
21411 Prairie St.		INSURER D :	
		INSURER E:	
Chatsworth	CA 91311	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:CL13	71101359 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:			74998627		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 \$
	X POLICY PRO- ECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ WC STATU- OTH- TORYLIMITS ER
	ANY PROPRIETOR PARTINER/EXECUTIVE ANY PROPRIETOR PARTINER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Products Liability Claims Made-\$10,000 Ded		l	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) Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

CERTIFICATE HOLDER	CANCELLATION
Europa Sports Products, Inc. c/o ConfirmNet Corporation	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 881639 San Diego, CA 92168	AUTHORIZED REPRESENTATIVE
	Donald Barberie/DLS

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

OFREMARK



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

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R	EPRESENTATIVE OR PRODI	UCER, AND T	HE C	ERTIFICATE HOLDER.						
th	IPORTANT: If the certificate ne terms and conditions of the ertificate holder in lieu of suc	ne policy, cert	ain p	olicies may require an er						
PRO	DUCER				CONTAC NAME:	^{CT} Dianne	Sonnaben	i		
01	ympic Insurance Age	ency				, Ext); (818)			FAX (A/C, No): (818)	842-0378
190	06 West Burbank Bo	ulevard			E-MAIL ADDRES	ss:diannes	@olympic:	insurance.c	om	
P.0	O. Box 7725					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Bu	rbank	CA 91510	-77	25	INSURE			ance Compa	ny	20281
INSU	JRED				INSURE	RB:				
Na:	trol, Inc./Prolab 1	Nutrition	ı, I	inc.	INSURE	RC:				
214	411 Prairie St.				INSURE	RD:		,		
					INSURE	RE:				
Cha	atsworth	CA 91311	-		INSURE	RF:				
COVERAGES CERTIFICATE NUMBER:CL137110					359			REVISION NUI	MBER:	
IN CI EX	HIS IS TO CERTIFY THAT THE IDICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED XCLUSIONS AND CONDITIONS	G ANY REQUIR OR MAY PERT OF SUCH POL	REME TAIN, ICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WIT D HEREIN IS SU	H RESPECT	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A	CLAIMS-MADE X OC	- 1		74998627			7/15/2014	EACH OCCURREN DAMAGE TO RENT PREMISES (Ea occ MED EXP (Any one PERSONAL & ADV GENERAL AGGREG	ED \$ urrence) \$ person) \$ INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES X POLICY PRO-	PER:						PRODUCTS - COM	P/OP AGG \$	(agad) sagaali

	GEN	IERAL LIABILITY					EACH OCCURRENCE	\$	
	х	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
A		CLAIMS-MADE X OCCUR		74998627	7/15/2013	7/15/2014	MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	Agy (E) E
							GENERAL AGGREGATE	\$	
	GEN	NL AGGRE <u>GATE</u> LIMIT AP <u>PLIE</u> S PER:					PRODUCTS - COMP/OP AGG	\$	CONTRACTOR OF THE PARTY AND A
	x	POLICY PRO- JECT LOC						\$	
	ΑՄΙ	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO					BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	Proposition (2)
A		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
		DED X RETENTION \$ 0		 79875167	7/15/2013	7/15/2014		\$	Filtramental and State S
		RKERS COMPENSATION DEMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	(Ma	ndatory in NH)	NIA				E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A	Pr	oducts Liability		74998628	7/15/2013	7/15/2014	Each Occurrence		
	l	aims Made-\$10,000 Ded		 			Aggregate	1	BE TO THE PROPERTY OF THE

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
Nature's Best	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
6 Pointe Drive, Ste 300 Brea, CA 92821	AUTHORIZED REPRESENTATIVE
	Donald Barberie/DLS

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

OFREMARK



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

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certificate holder in lieu of					
PRODUCER		CONTACT Dianne So			
Olympic Insurance A	Agency	PHONE (A/C, No, Ext): (818) 84	3-4314	FAX (A/C, No): (818) 8	42-0378
1906 West Burbank I		E-MAIL ADDRESS: diannes@c	lympicinsurance.c	om	
P.O. Box 7725		INSURE	R(S) AFFORDING COVERAGE		NAIC #
Burbank	CA 91510-7725	INSURER A : Federal	Insurance Compa	ıny	20281
INSURED		INSURER B :			
Natrol, Inc./Prolab	Nutrition, Inc.	INSURER C :			
21411 Prairie St.		INSURER D :			
		INSURER E :			
Chatsworth	CA 91311	INSURER F:			
COVERAGES	CERTIFICATE NUMBER:CL1371101	359	REVISION NUI	MBER:	
THIS IS TO CERTIEV THAT T	HE POLICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO T	TE INCLIDED NAMED ABO	VE EOD THE DO	LICY DEDIOD

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LABILITY CLAIMS-MADE X OCCUR			74998627		7/15/2014	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-						PRODUCTS - COMP/OP AGG \$ \$
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	X			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ \$
	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- OTH- TORY LIMITS 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 Aggregate

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.

•	IE HOLDEN	

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

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



CERTIFICATE USUBER

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

OFREMARK



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

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certificate holder in lieu of	such endorsement(s).				3		
PRODUCER		CONTACT Dianne So	nnabend				
Olympic Insurance	Agency	PHONE (A/C, No, Ext): (818)84	3-4314	FAX (A/C, No): (818) 8	42-0378		
1906 West Burbank	Boulevard	E-MAIL ADDRESS: diannes@o	lympicinsurance.c	om			
P.O. Box 7725		INSURE	R(S) AFFORDING COVERAGE		NAIC #		
Burbank	CA 91510-7725	INSURER A : Federal	Insurance Compa	ny	20281		
INSURED		INSURER B :					
Natrol, Inc.		INSURER C:					
21411 Prairie St.		INSURER D :					
		INSURER E :					
Chatsworth	CA 91311	INSURER F :					
COVERAGES	CERTIFICATE NUMBER:CL1371101		REVISION NUI				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							

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

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.

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

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

OFREMARK

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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

certificate holder in lieu of	-	idorsement(s).	ndorsement. A statem	ent on this certificate di	des not comer	ngnes to the		
PRODUCER			CONTACT Dianne So	nnabend				
Olympic Insurance A	Agency	Y	PHONE (A/C, No, Ext): (818) 84	3-4314	FAX (A/C, No): (818)8	42-0378		
1906 West Burbank I	Boule	vard	E-MAIL ADDRESS: diannes@o	lympicinsurance.c	om			
P.O. Box 7725			INSURE	R(S) AFFORDING COVERAGE		NAIC #		
Burbank	CA	91510-7725	INSURER A : Federal	Insurance Compa	ıny	20281		
INSURED			INSURER B :					
Natrol, Inc.			INSURER C:					
21411 Prairie St.			INSURER D:					
			INSURER E :					
Chatsworth	CA	91311	INSURER F :					
COVERAGES	(CERTIFICATE NUMBER:CL1371101	365	REVISION NUI	MBER:			
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 ADDLISUBF POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS INSR WVD GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED x COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) 7/15/2013 7/15/2014 CLAIMS-MADE X OCCUR A x 74998627 MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG PRO-X POLICY Loc AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-TORYLIMITS AND EMPLOYERS LIABILITY
ANY PROPRIETOR/PARTINER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT 7/15/2014 Products Liability 7/15/2013 74998628 Each Occurrence Claims Made-\$10,000 Ded Retro Date: 11/15/2002 Aggregate

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.

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

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

OFREMARK



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

	e terms and conditions of the policy, ertificate holder in lieu of such endors							rights to the
	DUCER			CONTACT Dianne Sonnabend				
013	mpic Insurance Agency			PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378				
190	06 West Burbank Boulevar	:d		E-MAIL ADDRE	ss:diannes	@olympic:	insurance.com	
P.C	D. Box 7725			INSURER(S) AFFORDING COVERAGE				NAIC #
Bu	rbank CA 91	.510-	7725	INSURE	20281			
INSU	RED			INSURE				
Nat	trol, Inc.			INSURE				
214	111 Prairie St.			INSURER D :				
				INSURE				
Cha	atsworth CA 91	311		INSURE	·			
CO	VERAGES CER	TIFICA	TE NUMBER:CL1371101:				REVISION NUMBER:	<u> </u>
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIREI PERTAI POLICII	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF AN	IY CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO ALL S.	WHICH THIS
LTR	TYPE OF INSURANCE	ADDL SU INSR W	VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
A	CLAIMS-MADE X OCCUR		74998627		7/15/2013	7/15/2014	MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$	
							GENERAL AGGREGATE \$	1 77 1 15 15 1 1
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$	
	X POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO						BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
	7,0100						(Per accident) \$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT \$	
	OFFICER/MEMBER EXCLUDED? [] (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
A	Products Liability		74998628		7/15/2013	7/15/2014	Each Occurrence	
	Claims Made-\$10,000 Ded		Retro Date: 11/15/20			., ,	Aggregate	
	1246 710,000 264		Recto bace. 11/15/20	102			Agglegate	
DESC Thi	CRIPTION OF OPERATIONS/LOCATIONS/VEHIC rty Day Cancellation Notio	LES (Att	ach ACORD 101, Additional Remarks cept Ten Days for No	s Schedu on-pa	le, if more space yment of	is required) Premium .		
CERTIFICATE HOLDER					CELLATION			
Rejuvenation Science dba				THE	EXPIRATION	N DATE THE	DESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE DE CY PROVISIONS.	
	Discount Herbs and Vi Attn: Howard Simon,	Presi	•	AUTHORIZED REPRESENTATIVE				

ACORD 25 (2010/05)

Suite 3208

Redondo Beach, CA 90277

Donald Barberie/DLS

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

OFREMARK



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

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IIV th	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									
Ce	ertificate holder in lieu of such endo	rseme	ent(s)	,	onder sometre of statement of this certificate does not comer rights to the					
	DUCER				CONTACT Dianne Sonnabend					
013	ympic Insurance Agency				PHONE (A/C, No, Ext): (818) 843-4314 (A/C, No): (818) 842-0378					
190	06 West Burbank Bouleva	rd			E-MAIL ADDRE	ss:diannes	@olympic	insurance.com		
P.0	D. Box 7725							RDING COVERAGE		NAIC #
Bu	rbank CA 9	1510	-77	25	INSURE			ance Company		20281
INSU	RED				INSURE	RB:				
Nat	trol, Inc.				INSURE					
214	411 Prairie St.				INSURE					
						RE:				
Cha	atsworth CA 9	1311	L		INSUR	RF:				
CO,	VERAGES CE	RTIF	CATE	ENUMBER:CL1371101	365			REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICI									
C	DICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA	Y PER	TAIN.	THE INSURANCE AFFORD	ED BY	THE POLICIE	ES DESCRIBE	ED HEREIN IS SUBJECT TO		
E	CLUSIONS AND CONDITIONS OF SUC	H POL	ICIES	. LIMITS SHOWN MAY HAVE	BEEN	REDUCED BY	PAID CLAIM:	S.		,
INSR LTR	TYPE OF INSURANCE	ADDI INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY							EACH OCCURRENCE \$	5	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	,	
A	CLAIMS-MADE X OCCUR	:		74998627		7/15/2013	7/15/2014	MED EXP (Any one person)	5	_ Class
		_						PERSONAL & ADV INJURY \$	5	
		_						GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Ì					PRODUCTS - COMP/OP AGG	\$	
	X POLICY PRO- JECT LOC								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	.	
	ANY AUTO							BODILY INJURY (Perperson)	\$	
	ALL OWNED SCHEDULED AUTOS NON-OWNED								\$	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$	
<u> </u>			ļ						\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE S	\$	
	EXCESS LIAB CLAIMS-MAI	E						AGGREGATE 5	\$	
	DED RETENTION \$		-						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y	N						WC STATU- OTH- TORYLIMITS FR		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?] N/A						E.L. EACH ACCIDENT S	\$	
ŀ	(Mandatory in NH) If yes, describe under	-						E.L. DISEASE - EA EMPLOYEE S	\$	
	DÉSCRIPTION OF OPERATIONS below		╂					E.L. DISEASE - POLICY LIMIT	\$	
A	Products Liability			74998628		7/15/2013	7/15/2014	Each Occurrence		
	Claims Made-\$10,000 Ded			Retro Date: 11/15/20	002			Aggregate		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE	#CLES	(Attact	ACORD 101 Additional Research	n Cabad	lo if mer	la mauleed)			
Th	irty Day Cancellation Not	ice (exce	pt Ten Days for N	on-pa	yment of	Premium.			
<u></u>	PTIEICATE HOLDED		······································	A-1988	C 4 1 1	CELLATION			-	
CE	RTIFICATE HOLDER				CAN	CELLATION				
					SHO	OULD ANY OF	THE ABOVE D	DESCRIBED POLICIES BE CA	NCEL	LED BEFORE
					THE	EXPIRATIO	N DATE TH	EREOF, NOTICE WILL B		
	Sea Otter Classic, I	nc.			ACC	ORDANCE W	IIH THE POLI	CY PROVISIONS.		
	215 West Franklin St	, #2	14		ДІПРО	RIZED PEPRES	ENTATIVE			
1	Monterey, CA 93940					AUTHORIZED REPRESENTATIVE				

ACORD 25 (2010/05)

Donald Barberie/DLS

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

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

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ce	rtificate holder in lieu of such endors	eme	nt(s).	•						
PRO	UCER				CONTAI NAME:	CT Dianne	Sonnaben	d		
013	mpic Insurance Agency				PHONE (A/C, No	(818)	843-4314		FAX (A/C, No): (818) 8-	42-0378
190	6 West Burbank Boulevare	i		•	E-MAIL ADDRESS: diannes@olympicinsurance.com					
P.0). Box 7725								NAIC #	
Buz	bank CA 915	510	-77	25	INICIADE			ance Compar	n 3 <i>7</i>	20281
INSU	RED				INSURE		TT TTOUT	unce compar	<u></u>	20201
Nat	crol, Inc.									
	11 Prairie St.				INSURE					
					INSURE					
Cha	tsworth CA 91	211			INSURE					
			ATE	NUMBER CL1371101:	INSURE	:RF:	· · · · · · · · · · · · · · · · · · ·	REVISION NUM	IDED:	
	IS IS TO CERTIFY THAT THE POLICIES					N ISSUED TO				LICY DEBIOD T
IN	DICATED. NOTWITHSTANDING ANY RE	QUIR	EME	NT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH	H RESPECT TO	WHICH THIS
EX	ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH I	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN	REDUCED BY	PAID CLAIMS	ED MEKEIN IS SUI S.	RIECL IO ALL	THE LERMS,
NSR LTR			SUBR WYD				POLICY EXP (MM/DD/YYYY)	I	LIMITS	
<u> </u>	GENERAL LIABILITY	NOR	WYD	FOLIC! NOMBER		TALLICIONNIN	(MIM/DD/YYYY)	EACH OCCURRENC		
	COMMERCIAL GENERAL LIABILITY	- 1						DAMAGE TO RENTE PREMISES (Ea occur	ED	
	CLAIMS-MADE OCCUR							MED EXP (Any one p		
								PERSONAL & ADV IN		
								GENERAL AGGREGA		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP.		
	POLICY PRO-							TROBUCTU'S COMIT.	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE	l '	
_	X ANY AUTO							(Ea accident) BODILY INJURY (Per	r person) \$	
A	ALL OWNED SCHEDULED			73553385		7/15/2013	7/15/2014	BODILY INJURY (Per	`	
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	*I *	
	HIRED AUTOS AUTOS									
	UMBRELLA LIAB OCCUR							Uninsured motorist co	ombined ,	Contraction of the State of the
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENC	, E Ф \$	
	DED RETENTION \$							AGGREGATE	\$	
	WORKERS COMPENSATION	$\neg \neg$						WC STATU- TORY LIMITS	ОТН-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							1	ER C	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		
	If ves, describe under							E.L. DISEASE - EA E		
	DÉSCRIPTION OF OPERATIONS below					7 /4 5 /004 0		E.L. DISEASE - POLI	ICY LIMIT \$	
A	Auto Physical Damage			73553385		7/15/2013	7/15/2014	Comprehensive		
								Collision		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101 Additional Remarks	Schedu	le if more space	is required)	I		
RE:	Ref#'s 0161087327 & 01610	873	85	- 2010 Chevy Trave	erse-	0148 and	2010 Che			
	ancial and its Assigns are									
	captioned vehicles. * 30	Day	s N	otice of Cancellat	tion	expect 10	Days No	tice of Cano	cellation :	for
nor	-payment of premium.									
CE	TIEICATE UOI DEB				CANO	CI LATION				
CEI	RTIFICATE HOLDER			-17000000000000000000000000000000000000	CANC	CELLATION				
(88	8) 505-9401				SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLIC	IES BE CANCEL	LED BEFORE
					THE	EXPIRATIO	N DATE TH	EREOF, NOTICE		
	Ally Financial				ACC	ORDANCE W	ITH THE POLIC	CY PROVISIONS.		
	Insurance Service Center									

ACORD 25 (2010/05)

PO Box 618

Minneapolis, MN 55440-0618

AUTHORIZED REPRESENTATIVE

Donald Barberie/DLS

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

OFREMARK



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

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th	PORTANT: If the certificate holder is are terms and conditions of the policy, cer rtificate holder in lieu of such endorseme	tain poli	TONAL INSURED, the picies may require an en	oolicy(i ndorsen	es) must be nent. A stat	endorsed. tement on th	If SUBROGATION IS WAIVE is certificate does not confe	D, subject to r rights to the
PRO	DUCER			CONTAC NAME:	T Dianne	Sonnaben	d	
01	mpic Insurance Agency			PHONE (A/C, No.	Ext): (818)	843-4314	FAX (A/C, No): (818)	842-0378
190	06 West Burbank Boulevard			E-MAIL ADDRES	s:diannes	@olympic:	insurance.com	
Ρ.0	D. Box 7725				INS	URER(S) AFFOR	RDING COVERAGE	NAIC #
Bu	cbank CA 91510	7725	5	INSURER			nal Insurance	10120
INSU	RED	.,		INSUREF	B Federa	al Insura	ance Company	20281
Nat	rol, Inc.			INSURER	₹C:			
214	111 Prairie St.			INSURER D :				
				INSURER E :				
Cha	tsworth CA 91311	L		INSURER F:				
			IUMBER:CL14625018				REVISION NUMBER:	
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUIL RTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH POL	REMENT, TAIN, TH .ICIES. LII	T, TERM OR CONDITION (TE INSURANCE AFFORDE	OF ANY	CONTRACT THE POLICIE REDUCED BY	OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO A	O WHICH THIS
INSR LTR	TYPE OF INSURANCE INSR	LSUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	74:	.998627	7	//15/2013	7/15/2014	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$	

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	CENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-				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 - COMPIOP AGG \$	
В	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS			73553385	7/15/2013	7/15/2014	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$	
В	X UMBRELLE LIAB OCCUR EXCESTRATE CLAIMS-MADE DED X RETENTION \$			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$	
A	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		CA10000977141	6/25/2014	6/25/2015	WC STATU- TORYL IMITS OTH- E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
В	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
mall@abcstores.com ABC Stores ATTN: Loss Prevention Manager	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
766 Pohukaina Street Honolulu, HI 96813-5391	AUTHORIZED REPRESENTATIVE Donald Barberie/DLS

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

OFREMARK



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).

certificate holder in lieu	u of such endorsement(s).							
PRODUCER		CONTACT Dianne Sonnabend						
Olympic Insuranc	e Agency		318) 842-0378					
1906 West Burban	k Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com						
P.O. Box 7725		INSURER(S) AFFORDING COVERAGE	NAIC #					
Burbank	CA 91510-7725	INSURER A Everest National Insurance	10120					
INSURED		INSURER B : Federal Insurance Company	20281					
Natrol, Inc.		INSURER C:						
21411 Prairie St	÷.	INSURER D :						
		INSURER E:						
Chatsworth	CA 91311	INSURER F:						
COVERAGES	CERTIFICATE NUMBE	ER:CL1462501852 REVISION NUMBER:						
THIS IS TO CERTIFY THA	AT THE POLICIES OF INSURANCE LI	STED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	IE POLICY PERIOD					

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			POLICY EFF (MM/DD/YYYY)		LIMITS
A	X COMMERCIAL GENERAL L'ABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:	INSK				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 \$
	X POLICY PRO- JECT LOC						\$
В	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS AUTOS HIRED AUTOS AUTOS			73553385	7/15/2013	7/15/2014	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) Uninsured motorist combined \$
В	X			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$
A	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		CA10000977141	6/25/2014	6/25/2015	WC STATU- TORY I MITS OTH- FR STATU- E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
В	Products Liability Claims Made-\$10,000 Ded		t	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)
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

CERTIFICATE HOLDER	CANCELLATION							
MelinaLiBrandi@winn-dixie.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
BI-LO Holding, LLC and if Affiliates c/o Risk Management Dept	ACCORDANCE WITH THE POLICY PROVISIONS.							
5050 Edgewood Court Jacksonville, FL 32254	AUTHORIZED REPRESENTATIVE							
	Donald Barberie/DLS							

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



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 DELOW. THIS CERTIFICATE OF INSURANCE BORS NOT CONSTITUTE A CONTRACT RETRIEFA THE ISSUING INSUREDISC

R	REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.												
th	e ter		ion	s of the policy,	, cert	ain p		ndorse	ment. A stat	tement on th	is certificate does n		
PRO	DUCE	R						CONTAI NAME:	CT Dianne	Sonnabeno	d		
013	qmy.	ic Insuran	ıce	Agency			İ	PHONE (A/C, No	o, Ext): (818)	843-4314	FAX (A/C,	No): (818) 84	42-0378
190)6 }	West Burba	ank	c Boulevar	d			E-MAIL ADDRES	_{ss:} diannes	:@olympic:	insurance.com		
P.0). i	Box 7725									RDING COVERAGE		NAIC #
Buı	rba:	nk		CA 91	510	<u>-77</u>	25	INSURE	RA Everes	st Nation	nal Insurance	}	10120
INSU								INSURE	RB Federa	al Insur	ance Company		20281
Nat	tro.	l, Inc.						INSURE	RC:				
214	111	Prairie S	št.	,				INSURE	R D :				
								INSURE	RE:				
L		worth		CA 91				INSURE	RF:				
		AGES					NUMBER:CL14625018		****		REVISION NUMBER		
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MA' EXCLUSIONS AND CONDITIONS OF SUC				ANDING ANY RE SUED OR MAY	EQUIF PERT POLI	REMEI FAIN, ICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LLIMITS SHOWN MAY HAVE	OF AN	IY CONTRACT THE POLICIE REDUCED BY	T OR OTHER ES DESCRIBE YPAID CLAIMS	DOCUMENT WITH REED HEREIN IS SUBJECTS.	ESPECT TO	WHICH THIS
INSR LTR	<u></u>	TYPE OF IN	ISUR	ANCE	INSR	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
_	GEN X	COMMERCIAL GEN	F						7/15/2013		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence		
A	$\vdash \vdash$	CLAIMS-MADE	E L	X OCCUR			74998627		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., 13,2014	MED EXP (Any one persor		
	$\vdash \vdash \vdash$										PERSONAL & ADV INJUR		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	닏	N ACCRECATE !	UT -	DDI IEC DEC							GENERAL AGGREGATE	\$	STATE OF THE PARTY OF
		POLICY PROJECT		PPLIES PER:				į			PRODUCTS - COMP/OP A	AGG \$	
		OMOBILE LIABILITY		I ILUC	\vdash	\vdash				 	COMBINED SINGLE LIMIT	т -	
_	x	ANY AUTO									(Ea accident) BODILY INJURY (Per pers	son) \$	A STATE OF THE STA
В	H	ALL OWNED AUTOS	\neg	SCHEDULED AUTOS			73553385		7/15/2013	7/15/2014	BODILY INJURY (Per acci		
	H	HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	П		\neg	1,10100	1						Uninsured motorist combin	ned \$	
	x	UMBRELLA LIAB	丁	OCCUR							EACH OCCURRENCE	\$	Paragraph .
В		EXCESS LIAB		CLAIMS-MADE	1						AGGREGATE	\$	
Ĺ		DED X RETE	OITV	N\$)	L	79875167		7/15/2013	7/15/2014		\$	Continue de la contin
A		RKERS COMPENSA EMPLOYERS LIAE		37							X WC STATU- TORYLIMITS	OTH- ER	
	ANY	PROPRIETOR/PARTICER/MEMBER EXCL	TNEF	R/EXECUTIVE (1711)	N/A					l	E.L. EACH ACCIDENT	\$	
		ICEMINICAIDER EXC	LUUL	IU!	1,,,,	1	land 0.00000000000000000000000000000000000		C/05/0014	k /25 /2015			

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.

Retro Date: 11/15/2002

CA10000977141

74998628

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

6/25/2014

7/15/2013

6/25/2015

7/15/2014

ACORD 25 (2010/05)

(Mandatory in NH)

В

If yes, describe under DESCRIPTION OF OPERATIONS below

Claims Made-\$10,000 Ded

Products Liability

Each Occurrence

Aggregate

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT \$

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

OFREMARK



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

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REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, th						
the terms and conditions of the policy, certain policies may require an	endorsement. A	ndorsement. A statement on this certificate does not confer rights to the				
certificate holder in lieu of such endorsement(s).	CONTACT Dianne Sonnabend					
PRODUCER	NAME: Diar	ne Sonnaber	id Tex			
Olympic Insurance Agency	(A/C, No, Ext): (8	318) 843-4314	· (Ã)	(X /C, No): ^{(818) 8}	42-0378	
1906 West Burbank Boulevard	ADDRESS; diar	nes@olympic	insurance.com	1	T	
P.O. Box 7725			RDING COVERAGE		NAIC#	
Burbank CA 91510-7725			nal Insuranc	·····	10120	
INSURED	INSURER B :F'ec	leral Insur	ance Company	<u> </u>	20281	
Natrol, Inc.	INSURER C:					
21411 Prairie St.	INSURER D:					
Chat are with C3 01011	INSURER E :					
Chatsworth CA 91311	INSURER F :				<u> </u>	
COVERAGES CERTIFICATE NUMBER:CL1 46250 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW F		D TO THE INCHE	REVISION NUMB		NI IOW DEDICE	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	ON OF ANY CONT	RACT OR OTHER	DOCUMENT WITH	RESPECT TO	WHICH THIS	
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	RDED BY THE PO	LICIES DESCRIB	ED HEREIN IS SUBJ	JECT TO ALL	THE TERMS,	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HA						
LTR TYPE OF INSURANCE INSR WYD POLICY NUMBER GENERAL LIABILITY	POLICY (MM/DD/Y	EFF POLICY EXP YYY) (MM/DD/YYYY		LIMITS	gig make magazina	
			EACH OCCURRENCE DAMAGE TO RENTED	\$		
X COMMERCIAL GENERAL LIABILITY	7/15/20	013 7/15/2014	PREMISES (Ea occurre	nce) \$		
A CLAIMS-MADE X OCCUR 74998627	1,13,20	/13/2014	MED EXP (Any one per			
			PERSONAL & ADV INJ			
			GENERAL AGGREGAT			
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC			PRODUCTS - COMP/O	PAGG \$		
X POLICY LOC AUTOMOBILE LIABILITY			COMBINED SINGLE LI			
			(Ea accident)	\$		
B ALL OWNED SCHEDULED 73553385	7/15/20	013 7/15/2014	BODILY INJURY (Per pi			
AUTOS AUTOS NON-OWNED	,,,	1, 10, 101	PROPERTY DAMAGE	s		
HIRED AUTOS AUTOS			(Per accident)			
X UMBRELLA LIAB OCCUP			Uninsured motorist com	billed		
EVCERCITAR			EACH OCCURRENCE	\$		
B CLAIMIO-WIADE	7/15/20	013 7/15/2014	AGGREGATE	\$		
DED A RETENTION \$ 0 1/98/1516/1 A WORKERS COMPENSATION			X WC STATU-	\$ OTH-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT	LER s		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) CA10000977141	6/25/20	014 6/25/2015	E.L. DISEASE - EA EM	<u>'</u>	1,000	
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLIC			
	7/15/20	013 7/15/2014		I LIMITE \$		
		713 771372014	Each Occurrence			
Claims Made-\$10,000 Ded Retro Date: 11/15/2	2002		Aggregate			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Rema	arks Schedule, if more	space is required)		······································		
*30 Day Noticie of Cancellation with 10 Day Cancell	ation Notice	for Non-Pa	yment of Prem	nium		
	•					
CERTIFICATE HOLDER	CANCELLAT	ION .				
	JANGELEA!	<u></u>			***************************************	
(888) 808-7985	SHOULD AN'	OF THE ABOVE	DESCRIBED POLICIE	S BE CANCE	LLED BEFORE	
		ATION DATE THE EUROPE	HEREOF, NOTICE N	WILL BE D	ELIVERED IN	
Target Corporation	ACCORDANC	AL SWITT INE PUL	ICI FROVISIONS.			
Insurance Compliance 1000 Nicollet Mall - TPN-1303	AUTHORIZED REI	PRESENTATIVE				
Minneapolis, MN 55403						
IIIIIIOGPOZID, III 00400			North Control	الإستان.		
	Donald Bar	berie/DLS	- Lywlife Care	an Last Warm	فاستهدت وريان	

ACORD 25 (2010/05)

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INS025 (201005) 01

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 perofrmed 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



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.

tt	ie te	rms and cond	ition		, ceri	tain p	DITIONAL INSURED, the policies may require an er	ndorse	ment. A sta	tement on th	is certificate does not o		
PRC	DUCE	R						CONTA NAME:	^{CT} Dianne	Sonnaben			
01	ушр	ic Insura	anc	e Agency				PHONE (A/C, No	o, Ext): (818)	843-4314	FAX (A/C, No):	(818)	342-0378
19	06	West Burk	an!	k Boulevar	:d			E-MAIL ADDRE	ss:diannes	@olympic	insurance.com		
₽.	Ο.	Box 7725							INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
Bu	rba	nk		CA 91	.510	-77	25	INSURE	RA Evere	st Natio	nal Insurance		10120
INSI	JRED							INSURE	RB Feder	al Insur	ance Company		20281
Nа	tro	ol, Inc.						INSURE	RC:	•			
21	411	Prairie	st	•				INSURE	RD;				
								INSURE	RE:				
Ch	ats	worth		CA 91	311	L .		INSURE	RF:				
CO	VER	RAGES		CER	TIF	CATI	ENUMBER:CL14625018	852			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUB EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					DOCUMENT WITH RESPI D HEREIN IS SUBJECT	ECT TO	O WHICH THIS						
INSR LTR		TYPE OF	INSUE	RANCE	INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GEN X	NERAL LIABILITY COMMERCIAL GI	ENER	AL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
A		CLAIMS-MAI	DE [X OCCUR			74998627	7/15/2013	2013 7/15/2014	MED EXP (Any one person)	\$		
			_							PERSONAL & ADV INJURY	\$	4.	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$				
								PRODUCTS - COMP/OP AGG	\$				
	x	POLICY PI	RO-	LOC								\$	
	Αυτ	TOMOBILE LIABILI	TY							COMBINED SINGLE LIMIT (Ea accident)	\$		
В	x	ANY AUTO								BODILY INJURY (Per person)	\$		
٦		ALL OWNED AUTOS		SCHEDULED AUTOS			73553385	7/15/2013 7	7/15/2014	BODILY INJURY (Per accident)	\$		
		HIRED AUTOS		AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
			<u> </u>								Uninsured motorist combined	\$	1
	X	UMBRELLA LIAE	١	OCCUR							EACH OCCURRENCE	\$	
В		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
	<u> </u>		ENTIC		<u> </u>	<u> </u>	79875167		7/15/2013	7/15/2014		\$	
A	WO	RKERS COMPENS	ATIO	TV							X WC STATU- OTH- TORYLIMITS ER		14.5
	ANY	/ PROPRIETOR/PA FICER/MEMBER EX	RTNE	R/EXECUTIVE	N/A	.					E.L. EACH ACCIDENT	\$	
	(Ma	indatory in NH)				Ì	CA10000977141		6/25/2014	6/25/2015	E.L. DISEASE - EA EMPLOYE	\$	AND AND A
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$			
В	B Products Liability				74998628		7/15/2013	7/15/2014	Each Occurrence				
	Cl	aims Made-	-\$10	0,000 Ded			Retro Date: 11/15/20	002			Aggregate		
DES *3	CRIP O D	TION OF OPERATION OPERATION OF OPERATION OF OPERATION OF OPERATION OPERATIO	ons/ of	LOCATIONS/VEHI Cancellati	CLES On v	(Attack With	n ACORD 101, Additional Remarks Ten Day Cancellat	s Schedu tion	 le, if more space Notice fo	 e is required) or Non-Pa	yment of Premium		

CERTIFICATE HOLDER	CANCELLATION
unifiedgrocers@ebix.com Unified Grocers, Inc ATTN: Insurance Compliance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 12010 - UG Hemet, CA 92456-8010	AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

Donald Barberie/DLS

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

OFREMARK



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

	e terms and conditions of the policy rtificate holder in lieu of such endo		(s).	dorse	ment. A stat	ement on th	is certificate do	es not c	onfer r	ights to the
PROD	UCER				^{CT} Dianne					
01 <u>y</u>	mpic Insurance Agency	PHONE (A/C, No	_{o. Ext):} (818)	843-4314		FAX (A/C, No):	(818)84	2-0378		
1906 West Burbank Boulevard					ss: diannes	@olympic	insurance.co	om.		
P.C	D. Box 7725				INS	URER(S) AFFOR	DING COVERAGE			NAIC #
Bur	bank CA 9	1510-	7725	INSURE	RA:Federa	al Insur	ance Compan	ıy		20281
INSU	RED			INSURE	RB:					
Nat	rol, Inc.			INSURER C:						
Med	lical Research Institut	e, đb	a: MRI	INSURE	RD:					
214	11 Prairie St.			INSURE	RE:					
Cha	tsworth CA 9	1311		INSURE	RF:					
CO/	/ERAGES CE	RTIFICA	TE NUMBER:CL13711013	355			REVISION NUM	BER:		
INI CE EX	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCI	EQUIREI PERTAI POLICI	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER	DOCUMENT WITH D HEREIN IS SU	H RESPI	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDLISU INSR W			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	rs	
	GENERAL LIABILITY						E+01100011000110	_	. 7	

DAMAGE TO RENTED x COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) 7/15/2013 7/15/2014 CLAIMS-MADE X OCCUR 74998627 A \$ MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT X POLICY \$ COMBINED SINGLE LIMI (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO \$ ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS \$ x UMBRELLA LIAB X OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE Α DED X RETENTIONS 7/15/2013 7/15/2014 79875167 WORKERS COMPENSATION WC STATU-TORYLIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 7/15/2013 7/15/2014 A Products Liability 74998628 Each Occurrence Claims Made-\$10,000 Ded Retro Date: 11/15/2002 Aggregate

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
Bartell Drugs 4025 Delridge Way #400	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Seattle, WA 98106	AUTHORIZED REPRESENTATIVE
	Donald Barberie/DLS

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

OFREMARK

Case 14-11446-BLS Doc 158 Filed 06/27/14 Page 35 of 158



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)

certificate fiorate in fied of sacific figors emerit(s).								
PRODUCER	CONTACT Dianne Sonnabend	CONTACT Dianne Sonnabend						
Olympic Insurance Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818)	3)842-0378						
1906 West Burbank Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com							
P.O. Box 7725	INSURER(S) AFFORDING COVERAGE	NAIC #						
Burbank CA 91510-7725	INSURER A Federal Insurance Company	20281						
INSURED	INSURER B :							
Natrol, Inc.	INSURER C:							
Medical Research Institute, dba: MRI	INSURER D:							
21411 Prairie St.	INSURER E:	· · · · · · · · · · · · · · · · · · ·						
Chatsworth CA 91311	INSURER F:							
COVERAGES CERTIFICATE NUMBER CL1	1371101355 PEVISION 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
A	CAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:	X			7/15/2013		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$
	X POLICY PRO- AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION O OPERATIONS below	N/A		79875167	7/15/2013	7/15/2014	EACH OCCURRENCE AGGREGATE WC STATU- TORYLIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	`
A	Products Liability Claims Made-\$10,000 Ded	x		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)
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

CERTIFICATE HOLDER	CANCELLATION
bjs@ebix.com BJ's Wholesale Club, Inc. Insurance Compliance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 12010-BJ Hemet, CA 92546-8010	AUTHORIZED REPRESENTATIVE

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



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

	u of such endorsement(s).				.g		
PRODUCER		CONTACT Dianne Sonnabend					
Olympic Insurance	e Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378					
1906 West Burban	k Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com					
P.O. Box 7725		INSURE	R(S) AFFORDING COVERAGE		NAIC #		
Burbank	CA 91510-7725	INSURER A : Federal	Insurance Compa	ıny	20281		
INSURED		INSURER B :			·		
Natrol, Inc.		INSURER C :					
Medical Research	ı Institute, dba: MRI	INSURER D :					
21411 Prairie St	:.	INSURER E :					
Chatsworth	CA 91311	INSURER F:					
COVERAGES	CERTIFICATE NUMBER:CL1371101	355	REVISION NUI	MBER:			
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
	TANDING ANY REQUIREMENT, TERM OR CONDITION SSUED OR MAY PERTAIN, THE INSURANCE AFFORD						
EXCLUSIONS AND CONDITIONS OF SLICH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS							

INSR LTR	TYPE OF INSURANCE	ADDLE	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-					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 \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	X			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ \$
	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- OTH- TORYLIMITS 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 Aggregate

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
legal@bodybuilding.com Body Building.com 5777 N. Meeker Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Boise, ID 83713	AUTHORIZED REPRESENTATIVE Donald Barberie/DLS

ACORD 25 (2010/05)

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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



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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to certificate holder in lieu of such endorsement(s).								subject to ights to the		
PROI	DUCER	CONTACT Dianne Sonnabend								
013	mpic Insurance Agency				PHONE (A/C, No	Ext): (818)	843-4314	FAX (A/C, No): (818)84	12-0378
190	06 West Burbank Boulevard	d.			E-MANL ADDRESS: diannes@olympicinsurance.com					
Р.	D. Box 7725				INSURER(S) AFFORDING COVERAGE				NAIC #	
Bu	rbank CA 915	510-	772	25	INSURE			ance Company		20281
INSU	RED				INSURE	RB:				
Na	rol, Inc.				INSURE	RC:				
Medical Research Institute, dba: MRI				INSURER D :						
214	111 Prairie St.				INSURER E :					
Cha	atsworth CA 913	311			INSURER F:					
				NUMBER:CL1371101				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE					OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDLISU INSR W	VVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY					- / /		DAMAGE TO RENTED	\$	er egent gill Leit gestele john
A	CLAIMS-MADE X OCCUR			74998627		7/15/2013	7/15/2014		\$ \$	

LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
A	CLAIMS-MADE X OCCUR			74998627	7/15/2013	7/15/2014	MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	X POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-ÓWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$
A	EXCESS LIAB CLAIMS-MADE			•			AGGREGATE	\$ 275500
	DED X RETENTION \$ 0			79875167	7/15/2013	7/15/2014		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORYLIMITS FR	
	LANY PROPRIETOR/PARTNER/EXECUTIVE C	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Products Liability			74998628	7/15/2013	7/15/2014	Еасh Осситепсе	
	Claims Made-\$10,000 Ded			Retro Date: 11/15/2002			Aggregate	
				L				

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

ACORD 25 (2010/05)

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



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.

th	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).									
PRO	UCER				CONTA	CT Dianne	Sonnabene	d		
013	mpic Insurance Agency				PHONE (A/C, N	(818)	843-4314	FAX (A/C, No):	(818) 84	12-0378
190	6 West Burbank Boulevar	d			E-MAH. ADDRESS: diannes@olympicinsurance.com					
P.0	. Box 7725					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
Buı	bank CA 91	.510	-77	25	INSURE			ance Company		20281
INSU	RED				INSURE	R B :				
Natrol, Inc.					INSURE	RC:				
Medical Research Institute, dba: MRI			MRI	INSURE	RD:					
214	11 Prairie St.				INSURI	RE:				
Cha	tsworth CA 91	311			INSUR	ERF:				
CO	ERAGES CER	TIFIC	CATE	NUMBER:CL1371101:	355			REVISION NUMBER:	***************************************	
IN CI E)	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R IRTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	IY CONTRACT THE POLICIE REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE TO HEREIN IS SUBJECT T S.	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY							EACH OCCURRENCE	\$	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
A	CLAIMS-MADE X OCCUR	x		74998627		7/15/2013	7/15/2014	MED EXP (Any one persoπ)	\$	
								PERSONAL & ADV INJURY	\$	Company of the con-
		I	l			1	l	OFMEDAL ACCRECATE		

LTR	TYPE OF INSURANCE		INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
	GEI	NERAL LIABILITY						EACH OCCURRENCE	\$	
	X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
A		CLAIMS-MADE X OCCUR	x		74998627	7/15/2013	7/15/2014	MED EXP (Any one person)	\$	
		4						PERSONAL & ADV INJURY	\$	
								GÉNERAL AGGREGATE	\$	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ \0.000(0)	
	Х	POLICY PRO- JECT LOC							\$	
	ΑՄ	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
l	X	UMBRELLA LIAB X OCCUR					1 11 11 11 11 11	EACH OCCURRENCE	\$	
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	s and the same	
<u> </u>	<u> </u>	DED X RETENTION \$ 0			79875167	7/15/2013	7/15/2014		\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						WC STATU- OTH- TORYLIMITS ER		
1	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$	
				1				E.L. DISEASE - EA EMPLOYEE	\$	
L	DÉS	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	Pr	oducts Liability	x		74998628	7/15/2013	7/15/2014	Each Occurrence		
	Cl	aims Made-\$10,000 Ded			Retro Date: 11/15/2002			Aggregate	Verilla.	

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

CERTIFICATE HOLDER

CANCELLATION

Todd-Fabian@gnc-hq.com

General Nutrition Centers its Subsidiaries and Affiliates Attn: Risk Management Dept 300 Sixth Avenue, 11th Floor Pittsburgh, PA 15222-2514 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

Golge and discussion of



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	CONTACT Dianne Sonnabend					
Olympic Insurance Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 84	12-0378				
1906 West Burbank Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com					
P.O. Box 7725	INSURER(S) AFFORDING COVERAGE	NAIC #				
Burbank CA 91510-7725	INSURER A Federal Insurance Company	20281				
INSURED	INSURER B:					
Natrol, Inc.	INSURER C:					
Medical Research Institute, dba: MRI	INSURER D :					
21411 Prairie St.	INSURER E:					
Chatsworth CA 91311	INSURER F:					
COVERAGES CERTIFICATE NUMBER:CL137110	1355 REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW F						
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 SLICH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDLISUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:				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	\$ \$ \$ \$ \$
	X POLICY FCT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	79875167	7/15/2013	7/15/2014	EACH OCCURRENCE AGGREGATE WC STATU- TORYLMITS OTH- TORYLMITS ER E.L. EACH ACCIDENT	\$ \$ \$
A	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Products Liability Claims Made-\$10,000 Ded		74998628 Retro Date: 11/15/2002	7/15/2013	7/15/2014	E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Each Occurrence Aggregate	

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
iHERB.com 17825 Indian Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Moreno Valley, CA 92551	AUTHORIZED REPRESENTATIVE
	Donald Barberie/DLS



DATE (MM/DD/YYYY) 6/25/3014

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.									
th	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).									
PROD	UCER			CONTACT Dianne	Sonnaben	d				
013	mpic Insurance Agency			PHONE (A/C, No, Ext): (818)	843-4314	FAX (A/C, No):	(818)8	42-0378		
190	6 West Burbank Boulevar	d		E-MAIL ADDRESS diannes	s@olympic	insurance.com				
P.C	. Box 7725					RDING COVERAGE		NAIC #		
Bur	bank CA 91	510-7	725			ance Company		20281		
INSU	RED			INSURER B :						
Nat	rol, Inc.			INSURER C :	***************************************					
Med	ical Research Institute	, dba	: MRI	INSURER D :						
214	11 Prairie St.			INSURER E :						
Cha	tsworth CA 91	311		INSURER F :						
			ENUMBER:CL1371101	· ·		REVISION NUMBER:				
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	QUIREM PERTAIN POLICIE	ENT, TERM OR CONDITION , THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OF BY THE POLICE	T OR OTHER ES DESCRIBE	DOCUMENT WITH RESPE TO HEREIN IS SUBJECT T	CT TO	WHICH THIS		
INSR LTR		ADDLISUB INSR WV		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X 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	\$	1 3 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$			
	X POLICY PRO- JECT LOC		<u> </u>			COMBINED SINGLE LIMIT	\$			
	AUTOMOBILE LIABILITY					(Ea accident)	\$			
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$			
	AUTOS SCHEDULED AUTOS NON-OWNED					` '	\$			
	HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	\$			

7/15/2013

7/15/2014

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

79875167

CERTIFICATE HOLDER	CANCELLATION
(415) 732-2885 McKesson Corporation	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ATTN: Vendor Insurance 1 Post Street, 20th Floor San Francisco, CA 94104	AUTHORIZED REPRESENTATIVE
·	Donald Barberie/DLS

ACORD 25 (2010/05)

UMBRELLA LIAB

WORKERS COMPENSATION

OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

DED X RETENTION \$

AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE

If yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

X

OCCUR

CLAIMS-MADE

X

A

EACH OCCURRENCE

WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT | \$

AGGREGATE

\$

\$

Case 14-11446-BLS Doc 158 Filed 06/27/14 Page 44 of 158

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



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).

certificate holder in lieu of such	endorsement(s).				
PRODUCER		CONTACT Dianne So	nnabend		
Olympic Insurance Ager	су	PHONE (A/C, No, Ext): (818) 84	3-4314	FAX (A/C, No): (818) 8-	42-0378
1906 West Burbank Boul	evard	E-MAIL ADDRESS: diannes@o	lympicinsurance.	com	
P.O. Box 7725		INSURE	R(S) AFFORDING COVERAGE		NAIC #
Burbank C	A 91510-7725	INSURER A : Federal	Insurance Compa	any	20281
INSURED		INSURER B :			
Natrol, Inc.		INSURER C :			
21411 Prairie St.		INSURER D :			
		INSURER E :			
Chatsworth C	A 91311	INSURER F :			
COVERAGES	CERTIFICATE NUMBER:CL1371101:	354	REVISION NU	MBER:	

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.

	EXCLUSIONS AND CONDITIONS OF SUCH FOLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
A	CLAIMS-MADE X OCCUR			74998627	7/15/2013	7/15/2014	MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 1000000000000000000000000000000000000
	X POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS							\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED X RETENTION \$ 0			79875167	7/15/2013	7/15/2014		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORYLIMITS FR	
	ANY PROPRIETOR/PARTNER/EXECUTIVE TYTH OFFICER/MEMBER EXCLUDED?	N/A					'E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Products Liability			74998628	7/15/2013	7/15/2014	Each Occurrence	
	Claims Made-\$10,000 Ded			Retro Date: 11/15/2002			Aggregate	

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

CERTIFICATE HOLDER	CANCELLATION
Natrol, Inc. 21411 Prairie Street Chatsworth, CA 91311	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

ACORD 25 (2010/05)

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

OFREMARK



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

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the terms and conditions of the policy, certain policies may require an electrificate holder in lieu of such endorsement(s).	
PRODUCER	CONTACT Dianne Sonnabend
Olympic Insurance Agency	
1906 West Burbank Boulevard	PHONE (818) 843-4314 FAX (A/C, No): (818) 842-0378 E-MAIL ADDRESS: diannes@olympicinsurance.com
P.O. Box 7725	
	INSURER(S) AFFORDING COVERAGE NAIC #
Burbank CA 91510-7725	INSURER A Federal Insurance Company 20281
INSURED	INSURER B :
Natrol, Inc.	INSURER C:
21411 Prairie St.	INSURER D :
	INSURER E:
Chatsworth CA 91311	INSURER F:
COVERAGES CERTIFICATE NUMBER:CL1371101	354 REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE INST!	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS BEEN REDUCED BY PAID CLAIMS.
LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR 74998627	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES [Ea occurrence) \$ 7/15/2013 7/15/2014
A CLAIMS-MADE X OCCUR 74998627	MED EAP (Arry one person)
	PERSONAL & ADV INJURY \$
	GENERAL AGGREGATE \$
GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG \$
X POLICY PRO- JECT LOC	\$
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident) \$
ANY AUTO	BODILY INJURY (Per person) \$
ALL OWNED SCHEDULED AUTOS AUTOS	BODILY INJURY (Per accident) \$
HIRED AUTOS NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$
	\$
X UMBRELLA LIAB X OCCUR	EACH OCCURRENCE \$
A EXCESS LIAB CLAIMS-MADE	AGGREGATE \$
DED X RETENTION\$ 0 79875167	7/15/2013 7/15/2014 \$
WORKERS COMPENSATION	WC STATU- OTH- TORYLIMITS ER
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE 7/N	E.L. EACH ACCIDENT \$
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$
	7.5 (2012) - 7.5 (2011)
A Products Liability 74998628	7/15/2013 7/15/2014 Each Occurrence
Claims Made-\$10,000 Ded Retro Date: 11/15/20	O2 Aggregate
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remark Thirty Day Cancellation Notice except Ten Days for Notice Except Ten D	s Schedule, if more space is required) On-payment of Premium.
CERTIFICATE HOLDER	CANCELLATION
Rite Aid Corporation ATTN: Cheryl Gill 30 Hunter Lane	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
Camp Hill. PA 17011	

ACORD 25 (2010/05)

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INS025 (201005) 01

Donald Barberie/DLS

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



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

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	EPRESENTATIVE OR PRODUCER, A									
tr	PORTANT: If the certificate holder te terms and conditions of the policy ertificate holder in lieu of such endor	, cert	ain p	olicies may require an e	ndorse	ment. A stat	ement on th	is certificate does not c	AIVED onfer i	, subject to rights to the
PRO	DUCER					^{CT} Dianne				
01	ympic Insurance Agency				PHONE (A/C, No	, Ext): (818)	843-4314	FAX (A/C, No);	(818)8	42-0378
19	06 West Burbank Boulevar	d			E-MAIL ADDRE	ss:diannes	@olympic:	insurance.com		
Р.	O. Box 7725					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
Bu	rbank CA 91	.510	-77	25	INSURE			ance Company		20281
INSL	JRED				INSURE	RB:				
Na	trol, Inc.				INSURE	RC:				
21	411 Prairie St.				INSURE	RD:				
					INSURE	RE:				
Ch	atsworth CA 91	311			INSURE	RF:				
				NUMBER:CL1371101				REVISION NUMBER:		
C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- PCT LOC			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	\$ \$ \$ \$ \$ \$	
1	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		

X UMBRELLA LIAB X OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE A 7/15/2013 7/15/2014 DED X RETENTION \$ 79875167 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT FICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ A Products Liability 7/15/2013 7/15/2014 74998628 Each Occurrence Claims Made-\$10,000 Ded Retro Date: 11/15/2002 Aggregate

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				
judy.moor@prosource.net ProSource Performance Products, Inc. 2231 Landmark Place	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Manasquan, NJ 08736	AUTHORIZED REPRESENTATIVE Donald Barberie/DLS				

ACORD 25 (2010/05)

HIRED AUTOS

SCHEDULED

AUTOS NON-OWNED AUTOS

ANY AUTO ALL OWNED

AUTOS

(Ea accident)

BODILY INJURY (Per person)

BODILY INJURY (Per accident)

PROPERTY DAMAGE (Per accident)

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



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

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certificate floider in fleu of Suc	n engorsemenu(s).				
PRODUCER		CONTACT Dianne So	nnabend		
Olympic Insurance Agency		PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (42-0378
1906 West Burbank Boulevard		E-MAIL ADDRESS: diannes@o	lympicinsurance.	com	
P.O. Box 7725		INSURER(S) AFFORDING COVERAGE			NAIC #
Burbank	CA 91510-7725	INSURER A Federal	Insurance Compa	any	20281
INSURED		INSURER B :			
Natrol, Inc.		INSURER C :			
21411 Prairie St.		INSURER D :			
		INSURER E :			
Chatsworth	CA 91311	INSURER F ;			
COVERAGES	CERTIFICATE NUMBER:CL1371101	354	REVISION NU	IMBER:	· · · · · · · · · · · · · · · · · · ·

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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-			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 \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS						COMBINED SINGLE LIMIT \$ (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ (Per accident) \$
A	X)		79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ \$
	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- OTH- TORY LIMITS ER 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 Aggregate

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
USA Sports LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
701 Hudson Avenue Scranton, PA 18504	AUTHORIZED REPRESENTATIVE
	Donald Barberie/DLS

ACORD 25 (2010/05)

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

OFREMARK



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

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certificate holder in lieu of	such endorsement(s).					
PRODUCER		CONTACT Dianne Sonnabend				
Olympic Insurance	Agency	PHONE (A/C, No, Ext): (818) 84	FAX (A/C, No): (818) 8-	42-0378		
1906 West Burbank Boulevard		E-MAIL ADDRESS: diannes@o	lympicinsurance.c	ЮЩ		
P.O. Box 7725	Box 7725 INSURER(S) AFFOR				NAIC #	
Burbank	CA 91510-7725	INSURER A : Federal	Insurance Compa	ıny	20281	
INSURED		INSURER B :				
Natrol, Inc.		INSURER C :				
21411 Prairie St.		INSURER D :				
		INSURER E :				
Chatsworth	CA 91311	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:CL1371101	354	REVISION NUI	MBER:		
	THE POLICIES OF INSURANCE LISTED BELOW HA					

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
A	CLAIMS-MADE X OCCUR			74998627	7/15/2013	7/15/2014	MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
L	X POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
ŀ	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
1	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ Caracalo Aca	
	DED X RETENTION\$ 0			79875167	7/15/2013	7/15/2014		\$	
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOTERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	Products Liability			74998628	7/15/2013	7/15/2014	Each Occurrence		
	Claims Made-\$10,000 Ded			Retro Date: 11/15/2002			Aggregate		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attacl	I ACORD 101, Additional Remarks Schedu	lle, if more space	is required)			

THE	ULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ORDANCE WITH THE POLICY PROVISIONS.
106 Exchange Place Pomona, CA 91768	RIZED REPRESENTATIVE

ACORD 25 (2010/05)

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

OFREMARK



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

REFRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.							
	policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to ndorsement. A statement on this certificate does not confer rights to the						
PRODUCER	CONTACT Dianne Sonnabend						
Olympic Insurance Agency							
1906 West Burbank Boulevard	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378						
	E-MAIL ADDRESS: diannes@olympicinsurance.com						
P.O. Box 7725	INSURER(S) AFFORDING COVERAGE NAIC #						
Burbank CA 91510-7725	INSURER A Federal Insurance Company 20281						
INSURED	INSURER B :						
Natrol, Inc.	INSURER C:						
21411 Prairie St.	INSURER D :						
	INSURER E :						
Chatsworth CA 91311	INSURER F :						
COVERAGES CERTIFICATE NUMBER:CL1371101							
	WE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVI	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, E BEEN REDUCED BY PAID CLAIMS.						
INSR TYPE OF INSURANCE ADDLISUBRUINSR WYD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$						
A CLAIMS-MADE X OCCUR 74998627	MED EXP (Any one person) \$						
	PERSONAL & ADV INJURY \$						
	GENERAL AGGREGATE \$						
GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG \$						
X POLICY PRO- JECT LOC	\$						
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident) \$						
ANY AUTO	BODILY INJURY (Per person) \$						
ALL OWNED SCHEDULED	BODILY INJURY (Per accident) \$						
AUTOS AUTOS NON-OWNED	PROPERTY DAMAGE						
HIRED AUTOS AUTOS	(Per accident) \$						
X UMBRELLA LIAB X OCCUR							
EVCERCIAR	EACH OCCURRENCE \$						
A CLAIMS-WADE	7/15/2013 7/15/2014 AGGREGATE \$						
DED X RETENTION\$ 0 79875167							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	WC STATU- TORYLIMITS FR						
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT \$						
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$						
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$						
A Products Liability 74998628	7/15/2013 7/15/2014 Each Occurrence						
Claims Made-\$10,000 Ded Retro Date: 11/15/20							
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						
WR Group, Inc. 9160 E, Bahia Dr., Ste 200	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Scottsdale, AZ 85260	AUTHORIZED REPRESENTATIVE						

ACORD 25 (2010/05)

Donald Barberie/DLS

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



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	、	CONTACT Dianne Sonnabend							
Olympic Insurance Agency		PHONE (A/C, No, Ext): (818)			18) 842-0378				
1906 West Burbank Boulevard		E-MAL ADDRESS: diannes@olympicinsurance.com							
P.O. Box 7725		INSURER(S) AFFORDING COVERAGE N.							
Burbank CA 91510-	7725								
INSURED		INSURER B ;	ar riibar	ince company	20281				
Natrol, Inc.		INSURER C :							
21411 Prairie St.		INSURER D :							
		INSURER E :							
Chatsworth CA 91311		INSURER F :							
COVERAGES CERTIFICA	TE NUMBER:CL1371101			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIRE CERTIFICATE MAY BE ISSUED OR MAY PERTAL EXCLUSIONS AND CONDITIONS OF SUCH POLICI	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICII E BEEN REDUCED BY	T OR OTHER ES DESCRIBE Y PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO WHICH THIS				
INSR LTR TYPE OF INSURANCE INSR W	VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
GENERAL LIABILITY				EACH OCCURRENCE \$					
X COMMERCIAL GENERAL LIABILITY		<u></u>	L ,_ ,	DAMAGE TO RENTED PREMISES (Ea occurrence) \$					
A CLAIMS-MADE X OCCUR	74998627	7/15/2013	7/15/2014	MED EXP (Any one person) \$					
				PERSONAL & ADV INJURY \$					
				GENERAL AGGREGATE \$					
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$					
X POLICY PRO- JECT LOC				COMBINED SINGLE LIMIT					
				COMBINED SINGLE LIMIT (Ea accident) \$					
ANY AUTO ALL OWNED SCHEDULED				BODILY INJURY (Per person) \$					
AUTOS AUTOS NON-OWNED				BODILY INJURY (Per accident) \$					
HIRED AUTOS AUTOS				PROPERTY DAMAGE (Per accident) \$					
X UMBRELLA LIAB X OCCUP			ļ	\$					
EVCESSIVAR		=		EACH OCCURRENCE \$					
A COMINISAMADE	79875167	7/15/2013	7/15/2014	AGGREGATE \$					
DED A RETENTION \$ 0 WORKERS COMPENSATION	13873107	.,,13,2015	7,13,2011	\$ WC STATU- OTH- TORYLIMITS FR					
AND EMPLOYERS' LIABILITY VAN				l t					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT \$					
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$					
	7400000	7/15/2013	7/15/2014						
A Products Liability Claims Made-\$10,000 Ded	74998628		,,13,2014	Each Occurrence					
Claims Made-\$10,000 Ded	Retro Date: 11/15/20	102		Aggregate					
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		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
PO Box 1008		AUTHORIZED REPRES	ENTATIVE						
Silver Lake, WI 53170									

ACORD 25 (2010/05)

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Donald Barberie/DLS

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

OFREMARK



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

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th	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).								
PRO	DUCER			CONTACT Dianne Sonnabend					
01	mpic Insurance Agency			PHONE (A/C, No, Ext): (818)	843-4314	FAX (A/C, No): ⁽⁸	18)842	-0378	
190	06 West Burbank Boulevar	ď		E-MAIL ADDRESS: diannes	s@olympic:	insurance.com			
Р.	D. Box 7725					RDING COVERAGE		NAIC #	
Bu:	rbank CA 91	510-77	25			ance Company	2	0281	
INSU	RED			INSURER B :	•				
Na	trol, Inc.			INSURER C :					
21411 Prairie St. INSURER D:									
·				INSURER E :					
Ch	atsworth CA 91	311		INSURER F:					
CO	VERAGES CER	TIFICATE	NUMBER:CL1371101	354		REVISION NUMBER:			
IN C E	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	ADDLSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X 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 \$			
1	GEN'I AGGREGATE LIMIT APPLIES PER:					DECEMBER COMPANY			

PRODUCTS - COMP/OP AGG PRO-JECT POLICY AUTOMOBILE LIABILITY OMBINED SINGLE LIMI (Ea accident) BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ X UMBRELLA LIAB X OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE A AGGREGATE \$ 7/15/2013 7/15/2014 DED X RETENTION\$ 79875167 WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$

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)
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

74998628

Retro Date: 11/15/2002

CERTIFICATE HOLDER	CANCELLATION				
jennifer@lonestardistribut John's Lone Star Distribution, Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
11370 Pagemill Road Dallas, TX 75143	AUTHORIZED REPRESENTATIVE				
	Donald Barberie/DLS				

ACORD 25 (2010/05)

А

Products Liability

Claims Made-\$10,000 Ded

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

OFREMARK



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			CONTACT Dianne Sonnabend					
Olympic Insurance Ag	jenc	Y .	PHONE (A/C, No, Ext); (818) 84	12-0378				
1906 West Burbank Bo	ule		E-MAIL ADDRESS: diannes@o	lympicinsurance.c	om			
P.O. Box 7725			INSURE	R(S) AFFORDING COVERAGE		NAIC #		
Burbank	CA	91510-7725	INSURER A : Federal	Insurance Compa	ny	20281		
INSURED			INSURER B :					
Natrol, Inc.			INSURER C :					
21411 Prairie St.			INSURER D :	* **				
			INSURER E :					
Chatsworth	CA	91311	INSURER F :					
COVERAGES	(CERTIFICATE NUMBER CL1371101	354	REVISION NUM	/IBER·			

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 SICH POLICIES JUMIES SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

	EXCLUSIONS AND CONDITIONS OF SOCIETIONS, FINITS SHOWN WAT HAVE BEEN REDUCED BY FAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR					7/15/2014	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG \$		
	ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS AUTOS AUTOS AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ (Per accident) \$		
A	X)		79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU- OTH- TORYLIMITS ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
A	Products Liability Claims Made-\$10,000 Ded		1	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)
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

CERTIFICATE HOLDER	CANCELLATION

ToddBarber@EuropaSports.co

Europa Sports Products, Inc. ATTN: David Hayes 11401-H Granite Street Charlotte, NC 28273

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

ACORD 25 (2010/05)

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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

OFREMARK



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

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certificate fiolities in field of	such endorsement(s).						
PRODUCER		CONTACT Dianne Sonnabend					
Olympic Insurance	Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No):	(818) 842-0378				
1906 West Burbank	Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com					
P.O. Box 7725		INSURER(S) AFFORDING COVERAGE	NAIC #				
Burbank	CA 91510-7725	INSURER A Federal Insurance Company	20281				
INSURED		INSURER B:					
Natrol, Inc.		INSURER C:					
21411 Prairie St.		INSURER D:					
		INSURER E :					
Chatsworth	CA 91311	INSURER F:					
COVERAGES	CERTIFICATE NUMBER:CL1371	101354 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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC			74998627	7/15/2013		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea acddent) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	X UMBRELLA LIAB X OCCUR			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ \$	
	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-	
A	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) Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

CERTIFICATE HOLDER	CANCELLATION

marilee.gunderson@frontier

Frontier Distribution, LLC ATTN: Supplier Insurance Certificate Comp

3021 78th Street, Box 299 Norway, IA 52318

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

ACORD 25 (2010/05)

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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

OFREMARK



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

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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			CONTACT Dianne Sonnabend				
Olympic Insurance Agency			PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378				
1906 West Burbank B	Boulevar	rd.	E-MAIL ADDRESS: diannes@o	lympicinsurance.c	om		
P.O. Box 7725			INSURE	R(S) AFFORDING COVERAGE		NAIC #	
Burbank	CA 915	510-7725	INSURER A Federal	Insurance Compa	ny	20281	
INSURED			INSURER B :				
Natrol, Inc.			INSURER C :				
21411 Prairie St.			INSURER D :				
			INSURER E :				
Chatsworth	CA 913	.311	INSURER F :				
COVERAGES	CER	RTIFICATE NUMBER:CL13711013	354	REVISION NUM	/IBER:		
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 INTERSTRUCTURE BY DEPLOYED BY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,							

	EXCLUSIONS AND CONDITIONS OF SUCH FOLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
A	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-			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	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$ \$ \$ \$ \$ \$
A	X UMBRELLA LIAB X OCCUR			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE AGGREGATE I WC STATU- I IOTH-	\$ \$
	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- OTH- TORY LIMITS 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 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

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

ACORD 25 (2010/05)

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Donald Barberie/DLS

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

OFREMARK



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	CONTA	CONTACT Di appo Coppahond				
Olympic Insurance Agency	NAME: PHONE	CONTACT Dianne Sonnabend NAME: 10100 042 4214				
1906 West Burbank Boulevard	(A/C, N	PHONE (A/C, No, Ext): (818)843-4314 FAX (A/C, No): (818)842-0378 E-MAIL ADDRESS: diannes@olympicinsurance.com				
P.O. Box 7725	ADDRE					
Burbank CA 91510-7725				DING COVERAGE		NAIC#
INSURED			al Insura	ance Company		20281
Natrol, Inc.	INSURE					
Medical Research Institute, dba: MRI	INSURE					
21411 Prairie St.	INSURE					
Chatsworth CA 91311	INSURE					
COVERAGES CERTIFICATE NUMBI	INSURI	ERF:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L		EN ICCUED TO		REVISION NUMBER:	CLIC DO	LIOV BEDIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERI CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS S	M OR CONDITION OF AN URANCE AFFORDED BY	IY CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ECT TO	WHICH THIS
LTR TYPE OF INSURANCE INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
GENERAL LIABILITY				EACH OCCURRENCE	\$	
X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
A CLAIMS-MADE X OCCUR 7499862	27	7/15/2013	7/15/2014	MED EXP (Any one person)	\$	
				PERSONAL & ADV INJURY	\$	Section 1
				GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	
X POLICY PRO- JECT LOC					\$	
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO				BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS AUTOS				BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
					\$	7,0
X UMBRELLA LIAB X OCCUR				EACH OCCURRENCE	\$	
A EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DED X RETENTION \$ 0 7987516	57	7/15/2013	7/15/2014		\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- OTH- TORYLIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	
A Products Liability 7499862	28	7/15/2013	7/15/2014	Each Occurrence		
Claims Made-\$10,000 Ded Retro I	Date: 11/15/2002			Aggregate		
				1 9910 9010		Switch Lange
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	CELLATION					
Nature's Best 6 Pointe Drive, Ste 300	SHC THE ACC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Brea, CA 92821	AUTHO	AUTHORIZED REPRESENTATIVE				

ACORD 25 (2010/05)

Donald Barberie/DLS

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



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).

cerunicate notice in their of such endorsement(s).							
PRODUCER	CONTACT Dianne Sonnabend						
Olympic Insurance Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 84	42-0378					
1906 West Burbank Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com						
P.O. Box 7725	INSURER(S) AFFORDING COVERAGE	NAIC #					
Burbank CA 91510-7725	INSURER A Federal Insurance Company	20281					
Insured	INSURER B:						
Natrol, Inc.	INSURER C:						
Medical Research Institute, dba: MRI	INSURER D :						
21411 Prairie St.	INSURER E:						
Chatsworth CA 91311	INSURER F:						
COVERAGES CERTIFICATE NUMBER:CL1371101:	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. NOTWITH-STANDING 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.

	IADDLISUBRI POLICY EFF POLICY EFF POLICY EFF POLICY EFF								
INSR LTR		TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
		ERAL LIABILITY COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$
A		CLAIMS-MADE X OCCUR			74998627	7/15/2013	7/15/2014	PREMISES (Ea occurrence) MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY GENERAL AGGREGATE	\$
		_ AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	+	POLICY PRO- LOC MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
	H'	AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
	H'	HIRED AUTOS AUTOS						(Per accident)	\$
	\vdash	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 100000000
A	-	EXCESS LIAB CLAIMS-MADE			79875167	7/15/2013	7/15/2014	AGGREGATE	\$ 3000
-	WOR	KERS COMPENSATION			75073107		1,,,	WC STATU- OTH- TORYLIMITS ER	\$
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$
	If yes,	datory in NH) , describe under						E.L. DISEASE - EA EMPLOYEE	
_	1	PRIPTION OF OPERATIONS below				7/15/2013	7/15/2014	E.L. DISEASE - POLICY LIMIT	\$
A		ducts Liability lims Made-\$10,000 Ded		İ	74998628 Retro Date: 11/15/2002	771572013	7/15/2014	Each Occurrence Aggregate	

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							
vendorcompliance@nbty.com NBTY, Inc. ATTN: Joanne Thomsen	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
CN-2019 650 Hadley Road South Plainfield, NJ 07080	AUTHORIZED REPRESENTATIVE Donald Barberie/DLS							

ACORD 25 (2010/05)

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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

OFREMARK



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.

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certificate florder in flet	a or such endorsement(s).						
PRODUCER		CONTACT Dianne Sonnabend					
Olympic Insuranc	е Адепсу	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378					
1906 West Burban	k Boulevard	E-MAIL ADDRESS: diannes@c	olympicinsurance.	com			
P.O. Box 7725		INSURE	ER(S) AFFORDING COVERAGE		NAIC #		
Burbank	CA 91510-7725	INSURER A Federal	Insurance Compa	any	20281		
INSURED		INSURER B :					
Natrol, Inc.		INSURER C :					
Medical Research	Institute, dba: MRI	INSURER D :					
21411 Prairie St		INSURER E :					
Chatsworth	CA 91311	INSURER F:					
COVERAGES	CERTIFICATE NUMBER CL1371101	355	REVISION NU	IMBER:			

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 S	UBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:			74998627		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 \$	
	X POLICY PRO-						\$	
	ANY AUTO ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
A	X)		79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ \$	
	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- 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 Aggregate	

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.

melissacorona@nutritionexp

Nutrition Express PO Box 3669 Torrance, CA 90510-3669

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

CERTIFICATE HOLDER

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



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.

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certificate holder in lieu of s	• ,					
PRODUCER		CONTACT Dianne Sc				
Olympic Insurance A	Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378				
1906 West Burbank E		E-MAIL ADDRESS: diannes@c	lympicinsurance.	com		
P.O. Box 7725		INSURE	R(S) AFFORDING COVERAGE		NAIC#	
Burbank	CA 91510-7725	INSURER A : Federal	Insurance Comp	any	20281	
INSURED		INSURER B :				
Natrol, Inc.		INSURER C :				
Medical Research In	nstitute, dba: MRI	INSURER D :				
21411 Prairie St.		INSURER E :				
Chatsworth	CA 91311	INSURER F :				
COVERAGES	CERTIFICATE NUMBER:CL1371101	355	REVISION NU	JMBER:		

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.

	CEUSIONS AND CONDITIONS OF SOCI						·	
INSR LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			74998627		7/15/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ \$ \$ \$ \$ \$ \$ \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$ \$
A	X)		79875167	7/15/2013	7/15/2014	EACH OCCURRENCE AGGREGATE	\$ \$
	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- TORYLIMITS OTH- 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 Aggregate	

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
Palko Services ATTN: Brenna Stanley	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
4991 W. US Hwy 20 Michigan City, IN 46360	AUTHORIZED REPRESENTATIVE
	Donald Barberie/DLS

ACORD 25 (2010/05)

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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

OFREMARK



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.

The second secon								
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 CONTACT Dianne Sonnabend								
Olympic Insurance Agency	PHONE (A/C, No, Ext): (818)	843-4314 FA	X (C, No): (818) 842-0378					
1906 West Burbank Boulevard	E-MAIL ADDRESS: diannes	@olympicinsurance.com	L					
P.O. Box 7725		SURER(S) AFFORDING COVERAGE	NAIC #					
Burbank CA 91510-7725		al Insurance Company						
INSURED	INSURER B:							
Natrol, Inc.	INSURER C :							
Medical Research Institute, dba: MRI	INSURER D :							
21411 Prairie St.	INSURER E :	INSURER E :						
Chatsworth CA 91311	INSURER F:	INSURER F :						
COVERAGES CERTIFICATE NUMBI	R:CL1371101355							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS S	OR CONDITION OF ANY CONTRACTIFICATION OF ANY CONTRACTION OF ANY CONTRA	TOR OTHER DOCUMENT WITH I ES DESCRIBED HEREIN IS SUBJ	RESPECT TO WHICH THIS					
INSR ADDLISUBRI LTR TYPE OF INSURANCE INSR WVD	POLICY EFF POLICY NUMBER (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR 7499862	7/15/2013	7/15/2014 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre) MED EXP (Any one pers PERSONAL & ADV INJ.	son) \$ URY \$					
GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGAT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
X POLICY PRO- LOC		PRODUCTS - COMP/OF	PAGG \$					
ALFONORIU E LIABUITO		COMBINED SINGLE LI	MIT					

(Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS \$ X UMBRELLA LIAB X OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE A DED X RETENTION \$ 79875167 7/15/2013 7/15/2014 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-TORYLIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED?

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)
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

74998628

CERTIFICATE HOLDER	CANCELLATION
maribeth.schafer@swansonhe Swanson Health Products ATTN: Maribeth Schafer	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
PO Box 2803 Fargo, ND 58108	AUTHORIZED REPRESENTATIVE
	Donald Barberie/DLS

ACORD 25 (2010/05)

(Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

Products Liability

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

Each Occurrence

Aggregate

7/15/2013 7/15/2014

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



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.

th	ie tei	rms and condi	tior	rtificate holder ns of the policy I of such endor	, cert	ain p	DITIONAL INSURED, the policies may require an er	policy(ndorse	(ies) must be ment. A sta	e endorsed. tement on th	If SUBROGATION IS W. is certificate does not c	AIVED onfer), subject to rights to the
	DUCE					(-)		CONTA NAME:	CT Dianne	Sonnaben	d		
01	утр	ic Insura	nc	e Agency			,	PHONE	o, Ext): (818)	843-4314	FAX (A/C, No):	(818)8	42-0378
				k Boulevar	d			E-MAIL	o, exu:	nice long	insurance.com	(02070	12 00 10
Р.	ο.	Box 7725			-			ADDRE				····	T
	rba			CA 91	510	-77	25				RDING COVERAGE		NAIC#
	JRED			<u> </u>						ar insur	ance Company		20281
		1, Inc.						INSURE					
		Prairie	c+				•	INSURE					
		LIALLIC	56	•			-	INSURE	***				
СЪ	-+ c	worth		CA 91	211			INSURE					
		AGES					NUMBER:CL13711013	INSURE	ERF:		DEL MOIONINIUM DED		<u> </u>
			TH /				RANCE LISTED BELOW HAV		EN ICCLIED TO		REVISION NUMBER:	TIE DO	NIOV BEDIOD
IN C	IDIC <i>A</i> ERTI XCLL	ATED. NOTWITI FICATE MAY B	HST E IS	'ANDING ANY RI SSUED OR MAY	EQUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	IY CONTRACT THE POLICIE REDUCED BY	「OR OTHER ES DESCRIBE (PAID CLAIMS	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF I	NSU	RANCE	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	a Parasiran
_	GEN X	COMMERCIAL GE	г	1						7/15/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	o in teste socialistic form of Section ages,
A	\vdash	CLAIMS-MAE	DE [X OCCUR			74998627 		7,13,2013	771572014	MED EXP (Any one person)	\$	
	\vdash										PERSONAL & ADV INJURY	\$	Problikani s
											GENERAL AGGREGATE	\$	
		N'L AGGREGATE LII									PRODUCTS - COMPIOP AGG	\$	
	+ -			LOC							COMBINED SINGLE LIMIT	\$	
	AUI	OMOBILE LIABILIT	Υ								(Ea accident)	\$	
		ANY AUTO ALL OWNED		SCHEDULED							BODILY INJURY (Per person)	\$	
		AUTOS		AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS	ļ	AUTOS							PROPERTY DAMAGE (Per accident)	\$	
			L_,									\$	
	X	UMBRELLA LIAB		X OCCUR							EACH OCCURRENCE	\$	
A		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	KOVENIA.
		DED X RETE				<u> </u>	79875167		7/15/2013	7/15/2014		\$	
		RKERS COMPENS <i>I</i> DEMPLOYERS' LIA		TV	1						WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	RTNE	R/EXECUTIVE (1713)	N/A						E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH)		!							E.L. DISEASE - ÉA ÉMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPE	RAT	IONS below	<u> </u>						E.L. DISEASE - POLICY LIMIT	\$	
A	Pr	oducts Lia	bi.	lity			74998628		7/15/2013	7/15/2014	Each Occurrence		
	C1.	aims Made-	\$10	0,000 Ded			 	02			Aggregate		
				·									
DES Th	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.												
CE	RTIF	ICATE HOLD	ER					CAN	CELLATION				
	ĭ	Akin's Na	tui	ral Foods			:	THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		

ACORD 25 (2010/05)

7807 East 51st Street

Tulsa, OK 74145

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INS025 (201005) 01

AUTHORIZED REPRESENTATIVE

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



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.

th	received and conditions of the policy, etfificate holder in lieu of such endors	certair	i policies may require an er							
	DUCER	ement	3).	CONTA	CT Dianne	Sonnabeno	1			
01	ympic Insurance Agency			NAME: DIATHE SOMBADENCE PHONE (A/C, No, Ext): (818) 843-4314 (A/C, No, Ext): (818) 842-0378					42-0378	
	06 West Burbank Boulevard	ı.		[A/C, No, Ext): (618) 642-0378 E-MAIL ADDRESS: diannes@olympicinsurance.com						
	O. Box 7725			AUUKE			DING COVERAGE		NAIC #	
Bu:	rbank CA 915	510-7	1725	INCLIDE			ance Company		20281	
	IRED					il insur	ance company		20281	
Na	trol, Inc.			INSURE						
	411 Prairie St.			INSURE						
				INSURE						
Ch:	atsworth CA 913	311		INSURE						
CO	VERAGES CERT	ΓΙΕΙCΑ	TE NUMBER:CL13711013		INF.		REVISION NUMBER			
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REFERTIFICATE MAY BE ISSUED OR MAY FACULUSIONS AND CONDITIONS OF SUCH I	QUIREN PERTAIN POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURI OR OTHER S DESCRIBE	ED NAMED ABOVE FO DOCUMENT WITH RE D HEREIN IS SUBJEC S.	R THE PO SPECT TO T TO ALL	WHICH THIS	
LTR		ADDESU INSR W	D POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	L	IMITS		
	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$		
	X COMMERCIAL GENERAL LIABILITY				7/15/2013	7/15/0014	PREMISES (Ea occurrence)	\$		
A	CLAIMS-MADE X OCCUR		74998627		1/15/2013	7/15/2014	MED EXP (Any one person)	\$		
							PERSONAL & ADV INJURY	<u> </u>		
							GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP A		E ENERGY E	
	X POLICY PRO- VECT LOC						COMBINED SINGLE LIMIT	\$		
							(Ea accident) \$			
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per perso			
	AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accid PROPERTY DAMAGE			
	HIRED AUTOS AUTOS						(Per accident)	\$	W/W	
	X UMBRELLA LIAB X OCCUP							- 		
_	FYGEGUAR FOCCOR						EACH OCCURRENCE	\$	Maria Maria (1971). A series de la companio de la c	
A	CLAIMGTMADE		79875167		7/15/2013	7/15/2014	AGGREGATE	\$	Valley States	
121	DED X RETENTION \$ 9 WORKERS COMPENSATION					,	WC STATU- O TORY LIMITS	TH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLO	\$ VER ®		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LII			
A			74000600		7/15/2013	7/15/2014		m1 [φ		
_	Claims Made-\$10,000 Ded		74998628	00	7,13,2013	7/15/2014	Each Occurrence			
	CIAIMS Made-\$10,000 Ded		Retro Date: 11/15/20	UZ			Aggregate			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI irty Day Cancellation Notic									
CE	RTIFICATE HOLDER			CAN	CELLATION					
	dachur Eurpac Services, Inc. Eurpac Warehouse Sales		eurpac.com	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES E EREOF, NOTICE WIL CY PROVISIONS.			
	ATTN: Danielle Achurra	- 1		AUTHORIZED REPRESENTATIVE						

ACORD 25 (2010/05)

1421 Diamond Springs Road Virginia Beach, VA 23455

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



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	d							
Olympic Insurance Agency			PHONE (A/C, No, Ext): (818)	843-4314	FAX (A/C, No): (818) 8	342-0378		
1906 West Burbank Boulevar	d		E-MAIL ADDRESS: diannes	s@olympic	insurance.com	····		
P.O. Box 7725					RDING COVERAGE	NAIC #		
Burbank CA 91	510-77	25			ance Company	20281		
INSURED			INSURER B :					
Natrol, Inc.			INSURER C :					
Medical Research Institute	, dba:	MRI	INSURER D :					
21411 Prairie St.			INSURER E :					
Chatsworth CA 91	311		INSURER F :					
		ENUMBER:CL1371101			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN, POLICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICI E BEEN REDUCED BY	T OR OTHER ES DESCRIBE Y PAID CLAIM:	DOCUMENT WITH RESPECT TO ALL	2 WHICH THIS		
INSR LTR TYPE OF INSURANCE	ADDLISUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDEDY	N/A	74998627 79875167	7/15/2013 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 - COMPIOP AGG \$ COMBINED SINGLE LIMIT (Ea acadent) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per acadent) \$ PROPERTY DAMAGE (Per acadent) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATU- OTH-TORYLIMITS FR E.L. EACH ACCIDENT \$			
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$			
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$			
A Products Liability Claims Made-\$10,000 Ded		74998628 Retro Date: 11/15/20	7/15/2013	7/15/2014	Each Occurrence Aggregate			
CERTIFICATE HOLDER Vitamin Disocunt Center ATTN: Michael Gore	er, III	pt Ten Days for No	CANCELLATION SHOULD ANY OF	THE ABOVE DO NOT THE POLICE	DESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE DI CY PROVISIONS.	LLED BEFORE ELIVERED IN		

ACORD 25 (2010/05)

Tampa, FL 33647

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



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).

certificate noticer in fieu of such endorsement(s).				
PRODUCER	CONTACT Dianne Sonnabend			
Olympic Insurance Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-4			
1906 West Burbank Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com			
P.O. Box 7725	INSURER(S) AFFORDING COVERAGE	NAIC#		
Burbank CA 91510-7725	INSURER A : Federal Insurance Company	20281		
INSURED	INSURER B :			
Natrol, Inc.	INSURER C:			
Medical Research Institute, dba: MRI	INSURER D:			
21411 Prairie St.	INSURER E :			
Chatsworth CA 91311	INSURER F:			
COVERAGES CERTIFICATE NUMBER:CL13711013	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.

		ISIONS AND CONDITIONS OF SUCH			LIMITS SHOWIN WAT HAVE BEEN),		
INSR LTR		TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GEN	ERAL LIABILITY						EACH OCCURRENCE	\$ 1	
	x	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED	\$	
_			7.7		74998627	7/15/2013	7/15/2014	PREMISES (Ea occurrence)		
A		CLAIMS-MADE X OCCUR	X		14998621	,, 10, 2010	,, 10, 2011	MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
	x	POLICY PRO-							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE		
		HIRED AUTOS AUTOS						(Per accident)	\$	
				<u> </u>					\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED X RETENTION \$ 0			79875167	7/15/2013	7/15/2014		\$	
		RKERS COMPENSATION						WC STATU- OTH-		
1		PROPRIETOR/PARTNER/EXECUTIVE // N						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?								- *	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	\mathbf{Pr}	oducts Liability	x		74998628	7/15/2013	7/15/2014	Each Occurrence		
	Cl	aims Made-\$10,000 Ded			Retro Date: 11/15/2002			Aggregate		
ļ										

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.

riskworks-vsi-2@ex	

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

SHOULD ANY OF THE ABOVE DESCRIBED BOLIGIES BE

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

CANCELLATION

Donald Barberie/DLS

Lafger Land

CERTIFICATE HOLDER

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

Case 14-11446-BLS Doc 158 Filed 06/27/14 Page 85 of 158



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

ceranicate noticel in neu or	Sucii ei							
PRODUCER			CONTACT Dianne Sonnabend					
Olympic Insurance	Agenc	Y	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378					
1906 West Burbank	Boule		E-MAIL ADDRESS: diannes@o	lympicinsurance.	com			
P.O. Box 7725			INSURE	R(S) AFFORDING COVERAGE		NAIC #		
Burbank	CA	91510-7725	INSURER A : Federal	Insurance Comp	any	20281		
INSURED			INSURER B :					
Natrol, Inc.			INSURER C :					
21411 Prairie St.			INSURER D :					
			INSURER E :					
Chatsworth	CA	91311	INSURER F :			<u> </u>		
COVERAGES		CERTIFICATE NUMBER:CI.1371101	354	DEMISION NI	IMDED.			

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		ADDLISUB	RI				
LTR		INSR WVI	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
A	CLAIMS-MADE X OCCUR		74998627	7/15/2013	7/15/2014	MED EXP (Any one person)	\$ 1000000000000000000000000000000000000
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:	ĺ				PRODUCTS - COMP/OP AGG	\$ \$ 1
	X POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS	İ				BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$
A	EXCESS LIAB CLAIMS-MADE		1			AGGREGATE	\$
	DED X RETENTION \$ 0		79875167	7/15/2013	7/15/2014		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under					E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
A	Products Liability		74998628	7/15/2013	7/15/2014	Each Occurrence	
	Claims Made-\$10,000 Ded		Retro Date: 11/15/2002			Aggregate	

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.

CEI	RTIFICATE HOLDER	CANCELLATION
	legal@bodybuilding.com Body Building.com 5777 N. Meeker Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Boise, ID 83713	AUTHORIZED REPRESENTATIVE
ı		Daniel di Parkania del Parkania

ACORD 25 (2010/05)

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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

OFREMARK



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

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E-MAIL Olympic Insurance Agency FAX (A/C, No); (818) 842-0378 1906 West Burbank Boulevard E-MAIL ADDRESS: diannes@olympicinsurance.com P.O. Box 7725 INSURER(S) AFFORDING COVERAGE NAIC # Burbank CA 91510-7725 20281 INSURER A : Federal Insurance Company INSURED INSURER B : Natrol, Inc. INSURER C: 21411 Prairie St. INSURER D : INSURER E 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	TYPE OF INSURANCE	ADDL	SUBR			POLICY EXP (MM/DD/YYYY)	
LTR		INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:			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 \$
	X POLICY PRO- JECT LOC						\$
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X UMBRELLA LIAB X OCCUR			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$
	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- TOR YI IMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A DES	Products Liability Claims Made-\$10,000 Ded CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	Y EQ.		74998628 Retro Date: 11/15/2002		7/15/2014	Each Occurrence Aggregate

CERTIFICATE HOLDER

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.

ATTN: Daniel Rotstein
1000 American Media Way
Boca Raton, FL 33464

Donald Barberie/DLS

Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

ACORD 25 (2010/05)

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



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)

certificate holder in lieu of such endorsement(s).													ngo to the
PROD								CONTACT Dianne Sonnabend					
_	-	ic Insura						PHONE (A/C, No	o, Ext): (818)	843-4314		FAX (A/C, No): (818)	842-0378
190	6	West Burb	an!	k Boulevar	rd.			E-MAIL ADDRE	_{ss:} diannes	@olympic	insurance.c	om	
P.C).	Box 7725						INSURER(S) AFFORDING COVERAGE N					NAIC #
Bu	ba	nk		CA 91	510	-77	25	INSURE	RA Federa	al Insur	ance Compa	ny	20281
INSU	RED							INSURE	RB:				
Nat	ro	l, Inc.						INSURE	RC:				
214	11	Prairie	st	•				INSURE					
								INSURE	RE:				
Cha	ıts	worth		CA 91	1311			INSURE	RF:				
		AGES					NUMBER:CL1371101				REVISION NUN		
IN	DICA	ATED. NOTWITH	IST.	ANDING ANY R	EQUIF	REME	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WIT	H RESPECT T	o which this. I
EX	CLL	JSIONS AND CO	NDI	TIONS OF SUCH	I POLI	CIES.	. LIMITS SHOWN MAY HAVE	BEEN	REDUCED BY	PAID CLAIMS	6.	IBSECT TO AL	L IHE LEKIVIS,
INSR LTR		TYPE OF II	NSUF	RANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	GEN	NERAL LIABILITY									EACH OCCURRENCE		
	х	COMMERCIAL GE	NER	AL LIABILITY							DAMAGE TO RENT PREMISES (Ea occu	ED urrence) \$	
A		CLAIMS-MAD	EL	X OCCUR			74998627		7/15/2013	7/15/2014	MED EXP (Any one		
											PERSONAL & ADV	INJURY \$	
											GENERAL AGGREG	SATE \$	
	GEN	N'L AGGREGATE LIN		APPLIES PER:							PRODUCTS - COM	P/OP AGG \$	4.034939
	X			LOC	1							\$	
	ΑUT	FOMOBILE LIABILIT I	Υ								COMBINED SINGLE (Ea accident)	E LIMIT \$	
		ANY AUTO ALL OWNED		SCHEDULED							BODILY INJURY (Pe	er person) \$	
		AUTOS		AUTOS NON-OWNED							BODILY INJURY (Pe		
		HIRED AUTOS		AUTOS							PROPERTY DAMAG (Per accident)	Þ	
			_	<u> </u>	 							\$	
	Х		-	OCCUR							EACH OCCURRENCE	CE \$	
A		EXCESS LIAB		CLAIMS-MADE	-		79875167		7/15/2013	7/15/2014	AGGREGATE	\$	
	wo	DED X RETE	_		4	├	13813101		771372013	771372014	WC STATU-	\$ TOTH-	
	AND	DEMPLOYERS' LIAI 'PROPRIETOR/PAR	BILIT	TY Y/N							WC STATU- TORYLIMITS	L ER	
	OFF	ICER/MEMBER EXC			N/A						E.L. EACH ACCIDE		
	If ye	ndatory in NH) es, describe under SCRIPTION OF OPE	ידאם	IONS bolow							E.L. DISEASE - EA		
					İ				7/15/0013	7 (15 (001 4	E.L. DISEASE - POL	ICY LIMIT \$	
A		oducts Lia aims Made-		-			74998628		7/15/2013	1/15/2014	Each Occurrence		
	CI	aims Made-	ŞΤ	7,000 Dea			Retro Date: 11/15/20	102			Aggregate		
							ACORD 101, Additional Remark pt Ten Days for No						
CERTIFICATE HOLDER						CAN	CELLATION						
(21	·	891-1549						THE	EXPIRATION	N DATE TH	ESCRIBED POLICE		
		Cerberus I			anc	e, :	LLC	ACCORDANCE WITH THE POLICY PROVISIONS.					
		ATTN: Dan: 875 Third						AUTHO	RIZED REPRESE	ENTATIVE	-31·n·1-	***************************************	
		New York,											

ACORD 25 (2010/05)

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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

OFREMARK



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 noider in he	a or such endorsement(s).									
PRODUCER		CONTACT Dianne Sonnabend	CONTACT Dianne Sonnabend							
Olympic Insurance	ce Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818)	3)842-0378							
1906 West Burbar	ak Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com								
P.O. Box 7725		INSURER(S) AFFORDING COVERAGE	NAIC#							
Burbank	CA 91510-7725	INSURER A Federal Insurance Company	20281							
INSURED		INSURER B:								
Natrol, Inc.		INSURER C:								
21411 Prairie St	t.	INSURER D :								
		INSURER E :								
Chatsworth	CA 91311	INSURER F:								
COVERAGES	CERTIFICATE NUMBER	R: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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	CENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-		74998627		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 \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$		79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$
	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- OTH- TORY LIMITS FR 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 Aggregate

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.

HOLDER

Green Resources Trading JSC (GRC) 15F Cu Xa Ngan Hang, Tran Xuan Soan Stree Tan Thuan Tay Ward, Dist 7 Hochiminh City

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

CANCELLATION

Donald Barberie/DLS

ACORD 25 (2010/05)

Vietnam

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

OFREMARK



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

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the	PORTANT: If the certificate holder is terms and conditions of the policy, rtificate holder in lieu of such endors	cert	ain p	olicies may require an er	ndorse	ment. A stat	tement on th	is certificate does not c			
PROD	UCER				CONTAI NAME:	^{CT} Dianne	Sonnabend	i			
oly	mpic Insurance Agency				PHONE (A/C, No	, Ext): (818)	843-4314	FAX (A/C, No):	(818)8	42-0378	
190	6 West Burbank Boulevar	d			E-MAIL ADDRE	ss:diannes	@olympic:	insurance.com			
P.C	. Box 7725					INS	URER(S) AFFOR	DING COVERAGE		NAIC#	
Bur	bank CA 91!	25	INSURE			ance Company		20281			
INSU	RED				INSURE	RB;					
Nat	rol, Inc.				INSURE	RC:					
PRO	LAB NUTRITION INC.				INSURE	RD:					
214	11 Prairie St.				INSURE	RE:					
Cha	tsworth CA 91	311			INSURE	RF:					
CO	ÆRAGES CER	TIFIC	ATE	NUMBER:13GL/PROD,	/UM			REVISION NUMBER:			
INI CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY F CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	EMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-			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	\$ \$ \$ \$ \$		
	AUTOMOBILE LIABILITY						····	COMBINED SINGLE LIMIT	¢		

BODILY INJURY (Per person) \$ OTUA Y/A ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED ALITOS \$ X UMBRELLA LIAB X OCCUR EACH OCCURRENCE EXCESS LIAB A CLAIMS-MADE AGGREGATE 7/15/2013 7/15/2014 DED X RETENTION \$ 79875167 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

7/15/2013 7/15/2014

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.

RETROACTIVE DATE 11/15/02

74998628

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

ACORD 25 (2010/05)

PRODUCTS LIABILITY

CLAIMS MADE - 10,000 DED.

Α

EACH OCCURRENCE

AGGREGATE

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



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

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	tuncate noticel in neu of Sacri endors	ement(s		LCONTACT							
PROI	OUCER			CONTACT Dianne Sonnabend							
_	mpic Insurance Agency			PHONE (A/C, No	o, Ext): (818)	843-4314	(A/C, No): (8	818)842	2-0378		
190	06 West Burbank Boulevar	d		E-MAIL ADDRE	ss:diannes	@olympic:	insurance.com				
P.C	D. Box 7725				INS	URER(S) AFFOR	RDING COVERAGE		NAIC #		
Bu	bank CA 91	510-77	25	INSURE	2	20281					
INSU	RED			INSURE							
Nat	crol, Inc.			INSURE							
PRO	LAB NUTRITION INC.			INSURE	RD:						
214	11 Prairie St.			INSURE							
Cha	tsworth CA 91	311		INSURE	RF:						
			E NUMBER:13GL/PROD,				REVISION NUMBER:				
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN, POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD LLIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER ES DESCRIBE 'PAID CLAIMS	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OT TO	WHICH THIS		
INSR LTR		ADDLISUBF INSR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x	74998627		7/15/2013	7/15/2014	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ \$ \$			
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	Marin Bay a Days Bay a new heath you		
	AUTOMOBILE LIABILITY ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$ \$			
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)				
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	\$ \$			
	HIRED AUTOS AUTOS						(Per accident)	φ \$			
	X UMBRELLA LIAB X OCCUP										
	- FYOSOBLIAN - OCCOR							\$			
A	CLANVIS-WADL		79875167		7/15/2013	7/15/2014		\$			
	DED A RETENTION \$ 0		73073107		,,10,2010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WC STATU- OTH-	\$			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE :	\$ \$			
A	PRODUCTS LIABILITY		74000000		7/15/2013	7/15/2014		Ψ			
	CLAIMS MADE - 10,000 DED.		74998628 RETROACTIVE DATE 11/		,, 13, 2013	7,13,2314	EACH OCCURRENCE AGGREGATE				
30	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										
CE	RTIFICATE HOLDER			CAN	CELLATION						
	kehe@ KeHE Distributors LLC successors, subsidiar	& its	affiliates,	THE ACC	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE CA EREOF, NOTICE WILL B CY PROVISIONS.				
	900 North Schmidt Rd. Romeoville, IL 60446			AUIHU	NIZEU KEYKESE	ENTATIVE	(, , , , , , , , , , , , , , , , , , ,				

ACORD 25 (2010/05)

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Donald Barberie/BJD

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

OFREMARK

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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.

th	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).											
	OUCER		an(5)		CONTACT Dianne Sonnabend							
	mpic Insurance Agency			-	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378							
_	6 West Burbank Boulevar	d			(A/C, No, Ext): (010) 043 4314 (A/C, No): (010) 042-0378 E-MAIL ADDRESS: diannes@olympicinsurance.com							
	D. Box 7725	_										
	bank CA 91	510	-77	25				EDING COVERAGE		NAIC#		
INSU						· · · · · · · · · · · · · · · · · · ·	ar rusur	ance Company		20281		
	crol, Inc.				INSURE							
	11 Prairie St.				INSURE							
	TIGITED DU.				INSURE							
Cha	tsworth CA 91	211			INSURE							
L				NUMBER:CL1371101:	INSURE	:RF:		REVISION NUMBER:		I.		
TH IN CI	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	OF QUII PER	INSU REME FAIN.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	VE BEE OF AN ED BY	Y CONTRACT THE POLICIE	O THE INSUR FOR OTHER ES DESCRIBE	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		· ·		POLICY EXP (MM/DD/YYYY)	LIMIT	5			
	GENERAL LIABILITY		1	, care Homoch		J	January [11]	EACH OCCURRENCE	\$			
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
A	CLAIMS-MADE X OCCUR			74998627		7/15/2013	7/15/2014	MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
								GENERAL AGGREGATE	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	Maria Ni		
	X POLICY PRO- JECT LOC							•	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	W		
	ANY AUTO							BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	A 1		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
								1) or decident?	\$			
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	MATERIAL STATES		
А	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	ASSESSED.		
	DED X RETENTION\$ 0			79875167		7/15/2013	7/15/2014		\$			
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS FR				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	'''^						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE ~ POLICY LIMIT	\$			
A	Products Liability			74998628		7/15/2013	7/15/2014	Each Occurrence				
	Claims Made-\$10,000 Ded			 Retro Date: 11/15/20	02			Aggregate		V MANAGE		
<u> </u>	- •			•						المنافقي		
*30	RIPTION OF OPERATIONS / LOCATIONS / VEHIC Day Notice of Cancellation	CLES	(Attach vith	n ACORD 101, Additional Remarks 10 Day Cancellati	s Schedu Lon N	le, if more space otice for	e is required) - Non-Pay:	ment of Premium				
CF	RTIFICATE HOLDER				CANO	CELLATION						
	DNA Industries, Inc. ATTN: Lety Amir	SHC THE	ULD ANY OF EXPIRATION	THE ABOVE D	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E CY PROVISIONS.							
	7927 Orion Avenue				AUTHO	RIZED REPRESI	ENTATIVE					
	Van Nuys, CA 91406											

ACORD 25 (2010/05)

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INS025 (201005) 01

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



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.

th	PORTANT: If the certificate holder is terms and conditions of the policy,	cert	ain p	olicies may require an en						
	rtificate holder in lieu of such endors	eme	ent(s)		CONTA	CT p.:	C			
	mpic Insurance Agency			,	NAME: PHONE	CT Dianne	Sonnabend		FAX	
	mpic insurance Agency 16 West Burbank Boulevar			-	(A/C, No	o, Ext): (818)	843-4314	<u> </u>	FAX (A/C, No): (818) 8	42-0378
		a			E-MAIL ADDRESS: diannes@olympicinsurance.com					
	D. Box 7725				INSURER(S) AFFORDING COVERAGE NAIC #					
	cbank CA 91	510	-77	25	INSURE	RA Federa	al Insura	ance Compa	ny	20281
INSU					INSURE	RB:				
	rol, Inc.				INSURE	RC:				
214	11 Prairie St.			}	INSURE					
Cha	tsworth CA 91	211		ŀ	INSURE					
				NUMBER:CL13711013	INSURE	RF:		REVISION NUM	ADED:	
TH INI CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	OF QUIF PERT POLI	INSUI REMEI FAIN,	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEE OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURI OR OTHER S DESCRIBE	ED NAMED ABOV DOCUMENT WIT D HEREIN IS SU	/E FOR THE PO	WHICH THIS
LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	
	GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTE		
	X COMMERCIAL GENERAL LIABILITY					L		PREMISES (Ea occu	irrence) \$	
A	CLAIMS-MADE X OCCUR			74998627		7/15/2013	7/15/2014	MED EXP (Any one p	person) \$	
								PERSONAL & ADV I	NJURY \$	
								GENERAL AGGREG	SATE \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COME	P/OP AGG \$	
	X POLICY PRO- JECT LOC		ļ						\$	
	AUTOMOBILE LIABILITY		:					COMBINED SINGLE (Ea accident)	LIMIT \$	
	ANY AUTO							BODILY INJURY (Pe	erperson) \$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	' I '	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	E \$	
			ŀ						\$	
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENC	CE \$	
А	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	5.78.53.025.5.1
	DED X RETENTION \$ 0			79875167		7/15/2013	7/15/2014		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS	OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						•	E.L. DISEASE - POL	ICY LIMIT \$	
А	Products Liability			74998628		7/15/2013	7/15/2014	Each Occurrence		
	Claims Made-\$10,000 Ded			Retro Date: 11/15/20	02			Aggregate		
	1240 410,000 204			Recio Date. 11/15/20	02			Aggregate		(10 A. A. A. A. A. A. A. A. A. A. A. A. A.
*30	RIPTION OF OPERATIONS / LOCATIONS / VEHIC Days Notice of Cancellati	LES	(Attach wit	ACORD 101, Additional Remarks h 10 Day Cancellat	s Schedu Lion	lle, If more space Notice fo	is required) or Non-Pa	yment of Pro	emium	
CE	RTIFICATE HOLDER				CANO	CELLATION	,			
	Insurance Data Servic Insurance Compliance			SHC THE ACC	OULD ANY OF EXPIRATION CORDANCE W	THE ABOVE D N DATE THI ITH THE POLIC	DESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.			
	PO Box 12010-DG Hemet, CA 92546-8010				AUTHORIZED REPRESENTATIVE					

ACORD 25 (2010/05)

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

OFREMARK

Case 14-11446-BLS Doc 158 Filed 06/27/14 Page 101 of 158



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).

ce	certificate holder in lieu of such endorsement(s).												
PROD	DUCE	R						CONTACT Dianne Sonnabend					
013	qmp	ic Insurano	ce	Agency				PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378					
190	6	West Burban	nk	Boulevar	đ			E-MAIL ADDRESS: diannes@olympicinsurance.com					
P. 0) .	Box 7725											
Bu				CA 91	510	77	25					NAIC#	
INSU				OH JI			~~	INSURER A : Federal Insurance Company 2028				20281	
								INSURE	RB:				
		l, Inc.						INSURE	RC:				
214	111	Prairie S	t.					INSURE	RD:				
							i	INSURE	RE:				
Cha	ats	worth		CA 91	311			INSURE	RF:				
		AGES					NUMBER:CL1371101				REVISION NUMBER:		
IN CE	DIC <i>A</i> ERTI	KTED. NOTWITHS FICATE MAY BE I	AAT J221	NDING ANY RE JED OR MAY ONS OF SUCH	QUIR PERT POLI	EMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	T OR OTHER ES DESCRIBE	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO A S.	TO WHICH THIS	
INSR LTR		TYPE OF INS	URA			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GEN	IERAL LIABILITY									EACH OCCURRENCE \$		
		COMMERCIAL GENE	RAI	LIABILITY							DAMAGE TO RENTED		
		CLAIMS-MADE		OCCUR							PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$		
		320 27.	<u> </u>	7 22221,							PERSONAL & ADV INJURY \$		
				NIEO DED:							GENERAL AGGREGATE \$		
	GEN	I'L AGGREGATE LIMIT	ГАР								PRODUCTS - COMP/OP AGG \$		
	ALIT	POLICY JECT		LOC		_				 	COMBINED SINGLE LIMIT	Carlo A. Daniero	
											(Ea accident) \$	Reference (1995)	
A	x	ANY AUTO ALL OWNED	٦,	CHEDULED			72552265		7/15/0010	7/15/0014	BODILY INJURY (Per person) \$		
		AUTOS	^	NUTOS NON-OWNED			73553385		7/15/2013	7/15/2014	BODILY INJURY (Per accident) \$	·	
		HIRED AUTOS		UTOS							PROPERTY DAMAGE (Per accident) \$		
			丄								Uninsured motorist combined \$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE \$	Service of Management of Services	
		EXCESS LIAB	<u> </u>	CLAIMS-MADE							AGGREGATE \$		
		DED RETENT	ΓΙΟΝ	\$							\$		
		RKERS COMPENSATI EMPLOYERS' LIABIL]	WC STATU- OTH- TORYLIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE			EXECUTIVE TIN							E.L. EACH ACCIDENT \$			
		CER/MEMBER EXCLU	IDED	η, Γ	N/A						E.L. DISEASE - EA EMPLOYEE \$		
	If ye	s, describe under CRIPTION OF OPERA	TIOI	VS helow							E.L. DISEASE - POLICY LIMIT \$		
A		to Physical					72552205		7/15/2013	7/15/2014			
41	Au	co Enlasteat	Da	made			73553385		., 10,2013	., 13, 2014	Comprehensive	V 444	
						ļ				1	Collision	A SECTION AND A SECTION AND ASSESSMENT	
DESC Thi	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						***************************************	CANO	ELLATION					
CERTIFICATE HOLDER (800) 243-0683 Ferrari Financial Services					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.								
	Insurance Service Center												

ACORD 25 (2010/05)

PO Box 398052

Minneapolis, MN 55439-8052

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INS025 (201005) 01

AUTHORIZED REPRESENTATIVE

Reference#0246695483 - 2013 Ferrari 458 SPI - ZFF68NHA4D0191782. 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



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).										
	UCER		-,-,-,		CONTACT Dianne Sonnabend						
013	mpic Insurance Agency				PHONE (A/C, No, Ext): (818) 843-4314						
_	6 West Burbank Boulevan	:d			[A/C, No, Ext): (A/C, No): (010): (01						
P.C). Box 7725										
Bur	bank CA 91	510	-77	25	insurer(s) affording coverage naic ≠ insurer a :Federal Insurance Company 20281						
INSU							TT THEAT	ance company		20281	
Nat	crol, Inc.				INSURE						
	11 Prairie St.				INSURER C:						
	aa ridiric bo,				INSURE		······································				
Cha	tsworth CA 91	211			INSURE	····				ļ	
				NUMBER:CL1371101	INSURE	:RF:		REVISION NUMBER:		1	
TI- IN CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	OF EQUIF PERT POL	INSUI REME FAIN, ICIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	VE BEE	IY CONTRACT THE POLICIE REDUCED BY	THE INSUR OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS	
LTR	TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY							EACH OCCURRENCE	\$	4, 1	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
A	CLAIMS-MADE X OCCUR			74998627		7/15/2013	7/15/2014	MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
								GENERAL AGGREGATE	\$	<u>.</u>	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$		
	X POLICY PRO- JECT LOC	<u> </u>	<u> </u>						\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$		
A	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED X RETENTION \$)		79875167		7/15/2013	7/15/2014		\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			ļ					WC STATU- OTH- TORYLIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below	_	<u> </u>					E.L. DISEASE - POLICY LIMIT	\$		
A	Products Liability			74998628		7/15/2013	7/15/2014	Each Occurrence			
	Claims Made-\$10,000 Ded			Retro Date: 11/15/20	02			Aggregate			
*30	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										
CFF	RTIFICATE HOLDER	CAN	CELLATION								
Kabco, Inc. 2000 New Horizons Blvd. Amityville, NY 11701						OULD ANY OF	N DATE THE	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.			

ACORD 25 (2010/05)

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

OFREMARK

Case 14-11446-BLS Doc 158 Filed 06/27/14 Page 105 of 158



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 for

the	e terms and conditions of the policy rtificate holder in lieu of such endo	, cert	ain p	olicies may require an er					
PROD	UCER				CONTA NAME:	^{CT} Dianne	Sonnaben	d	
oly	mpic Insurance Agency				PHONE (A/C, No	(818)	843-4314	FAX (A/C, No): (818)	842-0378
190	6 West Burbank Bouleva	rd			E-MAIL ADDRE	ss diannes	@olympic	insurance.com	
P.C	. Box 7725							RDING COVERAGE	NAIC #
Bur	bank CA 9	1510	-77	25	INSURE	RA Federa	al Insur	ance Company	20281
INSUF	RED				INSURE	RB:			
Nat	rol, Inc.				INSURER C:				
21411 Prairie St.						INSURER D:			
					INSURE	RE:			
Cha	tsworth CA 9	1311			INSURE	RF:			
COV	ERAGES CE	RTIFI	CATE	ENUMBER:CL1371101:	354			REVISION NUMBER:	
INI CE EX	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCI	EQUIF PERT POL	REME TAIN, ICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO AL	O WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD		-	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	•
	GENERAL LIABILITY							EACH OCCURRENCE \$	

INSR LTR	TYPE OF INSURANCE	ADDLISUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	CENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-		74998627		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 \$
	ANY AUTO ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	X UMBRELLA LIAB X OCCUR EXCEVE JEBO DED TO DED X RETENTION \$ C		79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$
	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- TORYL MITS OTH- 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 Aggregate

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							
info@kingsoopersexpo.com MorEvents 3333 S. Bannock St., Suite 790	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Englewood, CO 80110	AUTHORIZED REPRESENTATIVE Donald Barberie/DLS							
	DOUGIG DELDELIE DES							

ACORD 25 (2010/05)

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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

Case 14-11446-BLS Doc 158 Filed 06/27/14 Page 107 of 158



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.

th	PORTANT: If the certificate holder is e terms and conditions of the policy, rtificate holder in lieu of such endors	certa	in p	olicles may require an er						
PROD	DUCER		CONTAI NAME:	CT Dianne	Sonnabeno	1				
013	mpic Insurance Agency			PHONE (A/C, No	(818)	843-4314	FAX (A/C, No):	(818)8	42 <i>-</i> 0378	
1906 West Burbank Boulevard						ss diannes	@olympic:	insurance.com		
Р.0	D. Box 7725						•	DING COVERAGE		NAIC#
Bu	bank CA 915	510	-77	25	INSURE			ance Company		20281
INSU	RED				INSURE					
Nat	rol, Inc.				INSURE		* 1*			
21411 Prairie St.						INSURER D :				
						INSURER E :				
Chatsworth CA 91311						INSURER F:				
CO	VERAGES CERT	TIFIC	ATE	NUMBER:CL1371101:	.354 REVISION NUMBER:					
IN CI E)	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH I	QUIR PERTA POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL: INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X 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	\$ \$ \$ \$	
	GEN! ACCRECATE HART ADDITES DED:						i	DOODLIGTO COMPADA ACC		

X POLICY LOC COMBINED SINGLE LIMI (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS X UMBRELLA LIAB x OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE Α AGGREGATE 7/15/2013 7/15/2014 DED X RETENTION \$ 79875167 WORKERS COMPENSATION WC STATU-TORYLIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

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)
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

74998628

Retro Date: 11/15/2002

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

ACORD 25 (2010/05)

A

Products Liability

Claims Made-\$10,000 Ded

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

OFREMARK

Case 14-11446-BLS Doc 158 Filed 06/27/14 Page 109 of 158



CERTIFICATE OF LIABILITY INSURANCE

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

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IM th	IPORTANT: If the certificate hole terms and conditions of the po	an /	ADD in p	ITIONAL INSURED, the olicies may require an e	the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to n endorsement. A statement on this certificate does not confer rights to the						
certificate holder in lieu of such endorsement(s).											
PRO	DUCER					CONTACT Dianne Sonnabend					
013	ympic Insurance Agenc	¥				PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378					
190	06 West Burbank Boule	vard				E-MAIL ADDRE	ss:diannes	@olympic	insurance.com		
P.C	0. Box 7725						INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
Bu	rbank CA	915:	LO -	-77	25	INSURE			ance Company		20281
INSU	RED					INSURE	RB:				
Nat	trol, Inc.					INSURE	RC:				
214	411 Prairie St.					INSURE	RD:				
						INSURE	RE:				
Cha	atsworth CA	913	L1			INSURE	RF:				
					NUMBER:CL1371101				REVISION NUMBER:		
TH	HIS IS TO CERTIFY THAT THE POL	CIES C	F IN	ISUF	RANCE LISTED BELOW HA	VE BE	N ISSUED TO	THE INSUR	ED NAMED ABOVE FOR TH	E POL	LICY PERIOD
CI	IDICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR M	Y KEQI MAY PE	UIKE RTA	/ INI FIMEL	NI, LERM OR CONDILION THE INSURANCE AFFORD	OF AN IED RY	THE POLICIE	T OR OTHER ES DESCRIBE	DOCUMENT WITH RESPEC	TO	WHICH THIS
E	XCLUSIONS AND CONDITIONS OF S	JCH PO	DLIC	IES.	LIMITS SHOWN MAY HAVE	BEEN	REDUCED BY	PAID CLAIMS	S.	ALL	THE TERMO,
INSR LTR	TYPE OF INSURANCE	AL IN	DLS SR V	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY								EACH OCCURRENCE \$		7
	X COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence) \$		2.34.297
A	CLAIMS-MADE X OCCUR				74998627		7/15/2013	7/15/2014	MED EXP (Any one person) \$		
									PERSONAL & ADV INJURY \$:	
									GENERAL AGGREGATE \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG \$		STARTS
	X POLICY PRO-								\$		
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO								BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS AUTOS								BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED								PROPERTY DAMAGE (Per accident)		
									\$ 3	:	
	X UMBRELLA LIAB X OCCUR								EACH OCCURRENCE \$: 1	
A	EXCESS LIAB CLAIMS-I	1ADE							AGGREGATE \$		
	DED X RETENTION\$	0			79875167		7/15/2013	7/15/2014	9		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								WC STATU~ OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE I	Y/N							E.L. EACH ACCIDENT \$;	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	[™]	/ A						E.L. DISEASE - EA EMPLOYEE \$: :	***************************************
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$:	
A	Products Liability				74998628		7/15/2013	7/15/2014	Each Occurrence		
	Claims Made-\$10,000 De	a l			Retro Date: 11/15/20	102			Aggregate	1	
	` ′								, riggito gallo		a Tigi sekwasakii Ali kii ya
DESC	CRIPTION OF OPERATIONS / LOCATIONS /	VEHICLE	S (A	ttach	ACORD 101, Additional Remarks	s Schedu	le, if more space	is required)			
"30	O Days Notice of Cancel	atio	11 4	WJL CJ	n io pay cancerra	clon	Notice io	or Non-Pa	yment of Premium		
CEI	RTIFICATE HOLDER					CAN	CELLATION				
											-
									ESCRIBED POLICIES BE CA		
									EREOF, NOTICE WILL BI CY PROVISIONS.	= DE	LIVERED IN
	Stephen L. LaFrance		di	.ng:	5						
	ATTN: Charla Mather 2100 Brookwood				AUTHORIZED REPRESENTATIVE						

ACORD 25 (2010/05)

Little Rock, AR 72202

Donald Barberie/DLS

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

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₩ 12 12 Case 14-11446-BLS Doc 158 Filed 06/27/14 Page 111 of 158



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

RI	EPRESENTATIVE OR PRODUCER, AN	ID TH	IE CI	ERTIFICATE HOLDER.						
th	PORTANT: If the certificate holder is e terms and conditions of the policy, rtificate holder in lieu of such endors	certa	ain p	olicies may require an en	dorse	ment. A stat	ement on th	is certificate does not cor	VED, nfer r	subject to ights to the
PRO	DUCER				CONTAC NAME:	^{CT} Dianne	Sonnabend	i		
OLy	mpic Insurance Agency				PHONE (A/C, No	. Ext): (818)	843-4314	FAX (A/C, No): (8	18)84	12-0378
190	06 West Burbank Boulevar	đ.			E-MAIL ADDRES	ss:diannes	@olympici	insurance.com		
Ρ.0	D. Box 7725					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Bu	rbank CA 91!	510	-77	25	INSURE	RA Federa	al Insura	ance Company		20281
INSU	RED				INSURE	RB:		·		
Nat	trol, Inc.				INSURE	RC:				
214	111 Prairie St.				INSURE	RD:				
					INSURE	RE:				
Cha	atsworth CA 91	311			INSURE	RF:				
			_	NUMBER:CL13711013				REVISION NUMBER:		·····
THIS IS TO CERTIFY THAT THE POLICIES OF INSI INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIE				NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	CENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- AUTOMOBILE LIABILITY ANY AUTO			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 COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)		
	ALL OWNED AUTOS HIRED AUTOS AUTOS NON-OWNED AUTOS						!	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	3	
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0			79875167		7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$;	2000 178 18
	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				7/15/2012	7/15/2014	WC STATU- TORYLIMITS ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	5	
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/20		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 Day Notice of Cancellation with 10 Day Cancellation Notice for Non-Payment of Premium

CERTIFICATE HOLDER	CANCELLATION
KeHE Distributors LLC, & it's affiliates, successors, subsidiaries and assigns	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
900 N. Schmidt Road Romeoville, IL 60446	AUTHORIZED REPRESENTATIVE
	April 1997 Company Com

ACORD 25 (2010/05)

Donald Barberie/DLS

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 Lockbox #35 Wilmington, DE 19899-0035 (302) 573-6491

OFREMARK

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6



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 the terms and conditions of the policy, certain policies may require an el certificate holder in lieu of such endorsement(s).	ndorsement. A statement on this certificate does not confer righ				
PRODUCER	CONTACT Dianne Sonnabend				
Olympic Insurance Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-4	0378			
1906 West Burbank Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com				
P.O. Box 7725	INSURER(S) AFFORDING COVERAGE	NAIC #			
Burbank CA 91510-7725	INSURER A : Federal Insurance Company 20	281			
INSURED	INSURER B:				
Natrol, Inc.	INSURER C:				
21411 Prairie St.	INSURER D:				
	INSURER E:				
Chatsworth CA 91311	INSURER F:				
COVERAGES CERTIFICATE NUMBER:CL1371101	.354 REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	I OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH E BEEN REDUCED BY PAID CLAIMS.	HICH THIS			
INSR LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS				
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR 74998627	### EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$				

LTR		TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
A	X GEN	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			74998627	7/15/2013	7/15/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$
	GEN	VL AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$
	x	POLICY PRO- LOC							\$
	ΑՄ	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
İ		ANY AUTO						BODILY INJURY (Per person)	\$.
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
	x	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 180000000
L		DED: X RETENTION \$ 0		<u> </u>	79875167	7/15/2013	7/15/2014		\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Ma	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	DES	es, describe under SCRIPTION OF OPERATIONS below		<u> </u>				E.L. DISEASE - POLICY LIMIT	\$
A	Pr	oducts Liability			74998628	7/15/2013	7/15/2014	Each Occurrence	
	C1	aims Made-\$10,000 Ded			Retro Date: 11/15/2002			Aggregate	

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

ACORD 25 (2010/05)

Certholder is named as additional insured on the above General Liability and Products Liability policies as their interest may appear 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



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

	PRESENTATIVE OR PRODUCER, AN									
th	PORTANT: If the certificate holder in e terms and conditions of the policy, rtificate holder in lieu of such endors	ain p	olicies may require an er	policy(ndorse	ies) must be ment. A stat	endorsed. tement on th	If SUBROGATION IS W is certificate does not c	AIVED onfer	, subject to rights to the	
PROI	DUCER				CONTAI NAME:	^{CT} Dianne	Sonnabene	d		
Oly	mpic Insurance Agency						843-4314		(818)8	42-0378
190	06 West Burbank Boulevar	đ			E-MAIL ADDRE	ss diannes	@olympic	insurance.com		
Р.). Box 7725				235-5135			DING COVERAGE		NAIC #
Bu	rbank CA 91	510	-77	25	INSURE			ance Company		20281
INSU	RED				INSURE	RB:				
Na	crol, Inc.				INSURE					
214	111 Prairie St.				INSURE	R D :	***			
					INSURER E :					
Cha	tsworth CA 91	311			INSURER F:					
				NUMBER:CL1371101						
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLI	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL L'ABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:			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	\$ \$ \$ \$	
	X POLICY PRO- JECT LOC								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	

PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS \$ x UMBRELLA LIAB Х OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE Α AGGREGATE 7/15/2013 7/15/2014 DED X RETENTION\$ 79875167 WORKERS COMPENSATION WC STATU-TORYLIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT OFFICENMENDER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | \$ 7/15/2013 Α Products Liability 7/15/2014 74998628 Each Occurrence Claims Made-\$10,000 Ded

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.

Retro Date: 11/15/2002

CERTIFICATE HOLDER	CANCELLATION
LeadDog Marketing Group, Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
159 West 25th St., 3rd Fl New York, NY 10001	AUTHORIZED REPRESENTATIVE
	Donald Barberie/DLS

ACORD 25 (2010/05)

ANY AUTO

ALL OWNED AUTOS

SCHEDULED

AUTOS NON-OWNED

BODILY INJURY (Per person)

BODILY INJURY (Per accident)

Aggregate

\$

\$

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 Lockbox #35 Wilmington, DE 19899-0035 (302) 573-6491



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 s	such endorsement(s).	ondorounion, y oracon	on and obtained at	703 1101 0011101 1	ights to the
PRODUCER		CONTACT Dianne Sc	nnabend		
Olympic Insurance A	agency	PHONE (A/C, No, Ext): (818) 84	3-4314	FAX (A/C, No): (818) 84	12-0378
1906 West Burbank B	Soulevard	E-MAIL ADDRESS: diannes@c	lympicinsurance.c	OM	
P.O. Box 7725		INSURE	R(S) AFFORDING COVERAGE		NAIC #
Burbank	CA 91510-7725	INSURER A : Federal	Insurance Compa	ny	20281
INSURED		INSURER B :			
Natrol, Inc.		INSURER C :			
21411 Prairie St.		INSURER D :			
		INSURER E :			
Chatsworth	CA 91311	INSURER F:			
COVERAGES	CERTIFICATE NUMBER:CL137110	1354	REVISION NUM	MBER:	
INDICATED. NOTWITHSTANDI	HE POLICIES OF INSURANCE LISTED BELOW HING ANY REQUIREMENT, TERM OR CONDITION OF MAY PERTAIN. THE INSURANCE AFFOR	N OF ANY CONTRACT O	R OTHER DOCUMENT WIT	TH RESPECT TO	WHICH THIS

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDLISUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:		74998627	7/15/2013		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	X POLICY FECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED NON-OWNED AUTOS HIRED AUTOS AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X UMBRELLA LIAB X OCCUR)	79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ WC STATU- OTH- TORYLIMITS ER
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				TORY LIMITS
A	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)

CERTIFICATE HOLDER	CANCELLATION
riskworks-vsi-2@exigis.net Vitamin Shoppe Inc, Vitamin Shoppe Industries Inc., VS Direct Inc & all	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Subsidiaries, Alliliated Cos &	AUTHORIZED REPRESENTATIVE

2101 91st Street North Bergen, NJ 07047

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Donald Barberie/DLS

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

OFREMARK

Case 14-11446-BLS Doc 158 Filed 06/27/14 Page 119 of 158



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).

certificate holder in lieu of	such er	idorsement(s).								
PRODUCER			CONTACT Dianne Sonnabend							
Olympic Insurance	Agenc	Y	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378							
1906 West Burbank	Boule		E-MAIL ADDRESS: diannes@o	lympicinsurance.	om					
P.O. Box 7725			INSURE	R(S) AFFORDING COVERAGE		NAIC#				
Burbank	CA	91510-7725	INSURER A Federal	Insurance Compa	iny	20281				
INSURED			INSURER B :			·				
Natrol, Inc.			INSURER C :							
21411 Prairie St.			INSURER D:							
			INSURER E ;							
Chatsworth	CA	91311	INSURER F:							
COVERAGES		CERTIFICATE NUMBER:CL1371101	354	REVISION NU	MBER:					

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.

ADDLISUBRI TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED Х COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) 7/15/2013 7/15/2014 CLAIMS-MADE X OCCUR 74998627 A MED EXP (Any one person) PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG PRO-JECT X POLICY \$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED. BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE HIRED AUTOS (Per accident) X UMBRELLA LIAB X OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE Α DED X RETENTION\$ 7/15/2013 7/15/2014 79875167 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYER If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 7/15/2013 7/15/2014 A Products Liability 74998628 Each Occurrence Claims Made-\$10,000 Ded Retro Date: 11/15/2002 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

CE	RHHCA	IE HOLDER	

CANCELLATION

maribeth.schafer@swansonhe

Swanson Health Products ATTN: Maribeth Schafer PO Box 2803 Fargo, ND 58108 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

<u> Cydyran Solinain, y</u>

ACORD 25 (2010/05)

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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

OFREMARK



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).				igino to the
PRODUCER	CONTACT Dianne Sc			
Olympic Insurance Agency	PHONE (818) 84	3-4314	FAX (A/C, No): (818) 84	42-0378
1906 West Burbank Boulevard	E-MAIL ADDRESS: diannes@c	lympicinsurance.c	om.	
P.O. Box 7725	INSURE	R(S) AFFORDING COVERAGE		NAIC #
Burbank CA 91510-7725	INSURER A Federal	Insurance Compa	ıny	20281
INSURED	INSURER B :			
Natrol, Inc.	INSURER C :			
21411 Prairie St.	INSURER D :			
	INSURER E :			
Chatsworth CA 91311	INSURER F :			
COVERAGES CERTIFICATE NUMBER:CL1371101	354	REVISION NU	MBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORT	OF ANY CONTRACT O	R OTHER DOCUMENT WIT	TH RESPECT TO	WHICH THIS

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL:	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS
A	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: Y POLICY PRO-				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 \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X	<u>. </u>	79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ \$
	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- OTH- TORY I MITS ER 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 Aggregate

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

CERT	IFICAT	LE HO	LDER

CANCELLATION

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

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

ACORD 25 (2010/05)

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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



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			CONTACT Dianne Sc							
Olympic Insurance	Agend	ey	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378							
1906 West Burbank	Boule	evard	E-MAIL ADDRESS: diannes@olympicinsurance.com							
P.O. Box 7725			INSURE	R(S) AFFORDING COVERAGE		NAIC #				
Burbank	CA	91510-7725	INSURER A Federal	Insurance Compa	ıny	20281				
INSURED			INSURER B :							
Natrol, Inc.			INSURER C :							
21411 Prairie St.			INSURER D :			,				
			INSURER E :							
Chatsworth	CA	91311	INSURER F:							
COVERAGES		CERTIFICATE NUMBER CT.1 371 1 01	354	DEMISION NIT	MDCD.					

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	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
A.	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:	INSR				(MM/DD/YYYY) 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 \$
	AV POLICY JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS AUTOS HIRED AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ \$
	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
A	Products Liability Claims Made-\$10,000 Ded			74998628 Retro Date: 11/15/2002		7/15/2014	Each Occurrence Aggregate

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

Providence Corporate Risk@

UNFI Natural Foods, Inc. its affiliates and subsidiaries 313 Iron Horse Way Providence, RI 02908

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

ACORD 25 (2010/05)

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United Natural Foods, Inc. and its affiliates and subsidiaries are named as additional insured on the above General Liabilitly and Products Liabilitly 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



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

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		*··	lieu	of such endors	eme	nt(s)								
PRODUCER									^{CT} Dianne		1	·····		
Olympic Insurance Agency								PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378						
1906 West Burbank Boulevard								E-MAIL ADDRE	_{ss:} diannes	@olympici	insurance.c	om		
P.O. Box 7725								INS	URER(S) AFFOR	DING COVERAGE			NAIC #	
Burbank CA 91510-7725							INSURE	RA Federa	al Insura	ance Compa	ıny	2	0281	
INSURED								INSURE	RB:					
Natrol, Inc.								INSURE	RC:					
21411 Prairie St.								INSURER D:						
								INSURER E :						
Ch	ats	worth		CA 91	311			INSURE	ERF:					
СО	VER	AGES		CER	TIFIC	ATE	NUMBER:CL1371101:	354			REVISION NUI	MBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								WHICH THIS						
INSR		•		HONS OF SUCH	ADDL	SUBR WVD	LIMITS SHOWN WAY HAVE	BEEN).			
LTR		TYPE OF II	NSUF	KANCE	INSR	₩VD	POLICY NUMBER		(MM/ÖÖ/YŸŸŸ)	POLICY EXP (MM/DD/YYYY)		LIMITS		
		1									EACH OCCURRENT DAMAGE TO RENT	ED .	-4	
١.	x	COMMERCIAL GE					74000607		7/15/2013	7/15/2014	PREMISES (Ea occ	urrence) \$		
A		CLAIMS-MAD	E L	X OCCUR			74998627		,, 13, 2013	,,13,2014	MED EXP (Any one			
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		AUTOS		AUTOS NON-OWNED							BODILY INJURY (P PROPERTY DAMA	AF		
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<u> </u>	WO	DED X RETE			├—	ļ	79875167		7/15/2013	7/15/2014	WC STATU-	\$ OTH-		
	AND	DEMPLOYERS' LIA	BILIT	Y Y/N							LTORYLIMITS	I I ER		
	OFF	' PROPRIETOR/PAR FICER/MEMBER EXC	CLUDE	R/EXECUTIVE P	N/A						E.L. EACH ACCIDE			
	(Ma	ndatory in NH) es, describe under SCRIPTION OF OPE									É.L. DISÉASE - EA			
-					-	 			 		E.L. DISEASE - PO	LICY LIMIT \$		
A	Pr	oducts Lia	bil	Lity		1	74998628		7/15/2013	7/15/2014	Each Occurrence			
	Cl	aims Made-	\$10),000 Ded			Retro Date: 11/15/20	02			Aggregate			
DES	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.													
^	•.	, 22, 6016.					E = row waln row I	Pc						
CE	RTI	FICATE HOLD	ER					CAN	CELLATION					***
		USA Sport: 701 Hudson						ACC	E EXPIRATION CORDANCE W	N DATE THE	ESCRIBED POLI EREOF, NOTICE CY PROVISIONS.	WILL BE		
		Scranton,						AUTHO	RIZED REPRESE	ENTATIVE				
		·												

ACORD 25 (2010/05)

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Donald Barberie/DLS

Case 14-11446-BLS Doc 158 Filed 06/27/14 Page 126 of 158

COMMENTS/REMARKS

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



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

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BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE	CONSTITUTE A CONTR			1		
IMPORTANT: If the certificate holder is an ADDITIONAL IN the terms and conditions of the policy, certain policies may certificate holder in lieu of such endorsement(s).						
PRODUCER	CONTACT Di	anne Sonnaben	A			
Olympic Insurance Agency	PHONE	(818) 843-4314	FAX (A/C, No): (818)	042_0370		
1906 West Burbank Boulevard	[A/C, No. Ext): E-MAIL ADDRESS, di	annes@olympic	insurance com	042-0370		
P.O. Box 7725	ADDRESS:	INSURER(S) AFFOR		11104		
Burbank CA 91510-7725	INSURER A ·F	ederal Insur	·	NAIC # 20281		
INSURED	INSURER B :	Cuchar Inver	ance company	20201		
Natrol, Inc.	INSURER C:					
21411 Prairie St.	INSURER D :					
	INSURER E :		***************************************			
Chatsworth CA 91311	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	L3Products		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM O CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURA EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHO	R CONDITION OF ANY CON NCE AFFORDED BY THE I WN MAY HAVE BEEN REDU	NTRACT OR OTHER POLICIES DESCRIBE CED BY PAID CLAIMS	DOCUMENT WITH RESPECT TO AL	o which this I		
	ICY NUMBER POLIC (MM/DI	CY EFF POLICY EXP DAYYYY) (MM/DDAYYYY)	LIMITS			
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE OCCUR X \$10,000 Deductible X Retro Date: 11/15/2002 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	7/15/	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 \$ COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE AGGREGATE \$ WC STATU- TORYL IMITS E.L. EACH ACCIDENT 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Anda Pharmaceuticals Attn: Purchasing Department 2915 Weston Rd Weston, FL 33331	AUTHORIZEO F	REPRESENTATIVE	CYPROVISIONS.			

ACORD 25 (2010/05)

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

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OFREMARK COPYRIGHT 2000, AMS SERVICES INC.



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.

PRODUCER Olympic Insurance Agency 1906 West Burbank Boulevard P.O. Box 7725 Burbank CA 91510-7725 CONTACT Dianne Sonnabend PHONE (AME.) (818) 843-4314 FAX (A/C, No.) (818) 842 FAX (A/C, No.) (818) 843 FAX (A/C, No.)						
1906 West Burbank Boulevard P.O. Box 7725 INSURER(S) AFFORDING COVERAGE						
1906 West Burbank Boulevard P.O. Box 7725 INSURER(S) AFFORDING COVERAGE						
INSURER(S) AFFORDING COVERAGE						
Developing of Addition of the Control of the Contro	NAIC #					
Burbank CA 91510-7725 INSURER A Federal Insurance Company 2	0281					
INSURED INSURER B:						
Natrol, Inc./Essentially Pure Ingredients INSURER C:						
21411 Prairie St. INSURER D:						
INSURER E :						
Chatsworth CA 91311 INSURER F:						
COVERAGES CERTIFICATE NUMBER:CL1371101353 REVISION NUMBER:						
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INSR TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						
GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY A CLAIMS-MADE X OCCUR 74998627 7/15/2013 FACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$						

INSR LTR	TYPE OF INSURANCE	ADDL S INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC			74998627		7/15/2014	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY AND AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS						BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
A	X			79875167	7/15/2013	7/15/2014	AGGREGATE	\$ \$
	I ANY PROPRIETOR/PARTNER/EXECUTIVE - I	N/A					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 Aggregate	

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
Pain & Stress 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.
Attn: Dr. Kathy Birkner 17579 Frank Madia Dr. #11 Helotes, TX 78023	AUTHORIZED REPRESENTATIVE
	Donald Barberie/DLS

ACORD 25 (2010/05)

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Case 14-11446-BLS Doc 158 Filed 06/27/14 Page 130 of 158

COMMENTS/REMARKS

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



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

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PRODUCER		CONTACT Dianne Sonnabend		
Olympic Insurance	Agency	PHONE (A/C, No, Ext): (818) 843-4314	FAX (A/C, No): (818)	342-0378
1906 West Burbank	Boulevard	E-MAIL ADDRESS: diannes@olympicir	nsurance.com	
P.O. Box 7725		INSURER(S) AFFORDI	NG COVERAGE	NAIC #
Burbank	CA 91510-7725	INSURER A Federal Insura	nce Company	20281
INSURED		INSURER B :		
Natrol, Inc./Essen	tially Pure Ingredients	INSURER C :		
21411 Prairie St.		INSURER D :		
		INSURER E :		
Chatsworth	CA 91311	INSURER F:		
COVERACEO	CERTIFICATE MUMBER OF 1 2711	01.252	E) COLONI NUMBER	

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.

	T TO STAND CONDITIONS OF SOCIETY	ADDLISUB		POLICY EFF	POLICY EXP		
INSR LTR	TYPE OF INSURANCE	INSR WVI	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
_	X COMMERCIAL GENERAL LIABILITY		74998627	7/15/2013	7/15/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
A	CLAIMS-MADE X OCCUR		14998621	,, 10, 2010	,, 13, 231,	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE PRODUCTS - COMPIOP AGG	\$ 1000000000000000000000000000000000000
	X POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
Ĺ.							\$
	X UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ 7.747.7744.78
A	EXCESS LIAB CLAIMS-MADE	E				AGGREGATE	\$ 3.750.000
	DED X RETENTION\$ 0		79875167	7/15/2013	7/15/2014		\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER	
	I ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)		·			E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
A	Products Liability		74998628	7/15/2013	7/15/2014	Each Occurrence	
	Claims Made-\$10,000 Ded		Retro Date: 11/15/2002			Aggregate	

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.

CERTIF	ICATE	HOLD	ER

CANCELLATION

dmcintosh@procapslabs.com

ProCaps Laboratories ATTN: Purchasing Manager 430 Parkson Road Henderson, NV 89011

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

ACORD 25 (2010/05)

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

OFREMARK



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).

certificate floider in fied of such endorsement(s).		
PRODUCER	CONTACT Dianne Sonnabend	
Olympic Insurance Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (81	8) 842-0378
1906 West Burbank Boulevard	E-MAIL ADDRESS diannes@olympicinsurance.com	
P.O. Box 7725	INSURER(S) AFFORDING COVERAGE	NAIC #
Burbank CA 91510-7725	INSURER A Federal Insurance Company	20281
INSURED	INSURER B :	
Natrol, Inc./Essentially Pure Ingredients	INSURER C:	
21411 Prairie St.	INSURER D:	
	INSURER E:	
Chatsworth CA 91311	INSURER F :	
COVERAGES CERTIFICATE NUMBER:CL13711	L01353 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GEI X	COMMERCIAL GENERAL L'ABILITY CLAIMS-MADE X OCCUR VL AGGREGATE LIMIT APPLIES PER: POLICY PRO-			74998627		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 \$
	А	ANY AUTO ALL OWNED SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X	WMBRELLA LIAB EXCESS LIAB DED X RETENTION \$ 0			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ \$
	ANI ANI OFF (Ma	IRKERS COMPENSATION D EMPLOYERS' LIABILITY (PROPRIETOR/PARTNER/EXECUTIVE Y / N ICER/MEMBER EXCLUDED? Indatory in NH) so, describe under SCRIPTION OF OPERATIONS below	N/A	ļ.				WC STATU
A	1	oducts Liability aims Made-\$10,000 Ded		1	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)
Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

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

ACORD 25 (2010/05)

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

OFREMARK COPYRIGHT 2000, AMS SERVICES INC.



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 cartificate halder in lieu of such ander

ceraneate noider in ned	or such endor	isemenųs).						
PRODUCER			CONTACT Dianne So					
Olympic Insurance	e Agency		PHONE (A/C, No. Ext): (818) 84	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-037				
1906 West Burban	k Boulevar	rd	E-MAIL ADDRESS: diannes@c	E-MAIL ADDRESS: diannes@olympicinsurance.com				
P.O. Box 7725			INSUR	INSURER(S) AFFORDING COVERAGE				
Burbank	CA 91	1510-7725	INSURER A :Federal	Insurance Comp	pany	20281		
INSURED			INSURER B :					
Natrol, Inc.			INSURER C :	INSURER C:				
21411 Prairie St	•		INSURER D :					
			INSURER E :					
Chatsworth	CA 91	1311	INSURER F:					
COVERAGES	CEF	RTIFICATE NUMBER:CL13711	01361	REVISION N	UMBER.			

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC				7/15/2013		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED AUTOS HIRED AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	X			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$
-	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If ves, describe under DESCRIPTION OF OPERATIONS below						WC STATU- OTH- TORY LIMITS FR 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 Aggregate

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

Amazon.com, Inc. and its affiliates, as their interest may appear ATTN: Insurance Compliance

PO Box 12010 - AZ Hemet, CA 92546-8010

Donald Barberie/DLS

AUTHORIZED REPRESENTATIVE

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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



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

				s of the policy, of such endors			olicies may require an er	ndorse	ment. A sta	tement on th	is certificate do	es not confe	r rights to the
PRO			,			(-)	-	CONTA	CT Dianne	Sonnabeno			
01	vmc	ic Insura	inc	e Agency				NAME: PHONE	(818)	843-4314		FAX (A/C, No): (818)	842-0378
Ι.				k Boulevar	d			E-MAIL	ce dianne	@olvmpic	insurance.c	JA/C, NO): (510/ DIII	
i		Box 7725			_			ADUKE			DING COVERAGE	- · · -	NAIC #
Bu				CA 91	510	-77	25	INIC: IDE			ance Compa	nsz	20281
INSL								INSURE		ar rusur	ance compa	ıı <u>y</u>	20281
Na	tro	1, Inc.						INSURE					
i .		. Prairie	st				4						
				•				INSURE					
Cha	ats	worth		CA 91	311			INSURE					
		AGES					NUMBER:CL1371101:		in .		REVISION NUM	IBER [,]	
			THA				RANCE LISTED BELOW HA		EN ISSUED T				POLICY PERIOD
IN	DIC	ATED. NOTWIT	HST	ANDING ANY RE	EQUIF	REME	NT, TERM OR CONDITION	OF AN	IY CONTRAC	OR OTHER	DOCUMENT WIT	H RESPECT	TO WHICH THIS
							THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE					BJECT TO AL	L THE TERMS,
INSR LTR		TYPE OF				SUBR			POLICY EFF (MM/DD/YYYY)			LIMITS	
LIK	GE	NERAL LIABILITY	11001	UNITED	INSK	WVD	FOLICT NOMBER		[[[[]]] [] [] [] [] [] [] [(MIWINDIALLAL)	EACH OCCURRENC	T	
	x	COMMERCIAL GE	=NED	AL LIABILITY							DAMAGE TO RENTI PREMISES (Ea occu	ED '	The state of the s
A		 i	Г	x occur	x		74998627		7/15/2013	7/15/2014	MED EXP (Any one)		7
1	H	CC/ (IIVIO IVI/ II	L	<u> </u>	**						PERSONAL & ADV		The Assessment
											GENERAL AGGREG		
	GE	N'L AGGREGATE L	MIT A	APPLIES PER:							PRODUCTS - COMP		
ļ	-		RO- CT	Loc							111000010 00111	\$	
Г	t —	TOMOBILE LIABILI		1 1 2 3 3	T						COMBINED SINGLE (Ea accident)	LIMIT \$	
İ		ANY AUTO									BODILY INJURY (Pe		
		ALL OWNED AUTOS		SCHEDULED							BODILY INJURY (Pe	er accident) \$	
		HIRED AUTOS		AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	E \$.,
				7.0100							T or doordoney	\$	
	x	UMBRELLA LIAB	,	X OCCUR							EACH OCCURRENC	CE \$	
A		EXCESS LIAB	Ī	CLAIMS-MADE							AGGREGATE	\$	
		DED X RET	ENTK	ons C	9		79875167		7/15/2013	7/15/2014		\$	
		RKERS COMPENS DEMPLOYERS' LIA									WC STATU- TORYLIMITS	OTH- FR	
	AN'	PROPRIETOR/PA	RTNE	R/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT \$	
	(Ma	ICER/MEMBER EX Indatory in NH)	CLUD	ED?							E.L. DISEASE - EA	EMPLOYEE \$	
	If y	es, describe under SCRIPTION OF OPI	ERAT	IONS below							E.L. DISEASE - POL	ICY LIMIT \$	
A	Pr	oducts Lia	abi.	lity	x		74998628		7/15/2013	7/15/2014	Each Occurrence		
	1	aims Made-		-			Retro Date: 11/15/20	002			Aggregate		
DES	CRIP	TION OF OPERATION	ONS /	LOCATIONS / VEHIC	CLES	(Attack	h ACORD 101, Additional Remark	s Schedu	le, if more space	e 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)													
1							pt Ten Days for N						•
		_ _						_	_				
CE	DTI	FICATE HOLD	ED					CAN	CELLATION				

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

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



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

certificate floider in fied of	i sucii endoi sement(s).	
PRODUCER		CONTACT Dianne Sonnabend
Olympic Insurance	Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378
1906 West Burbank	Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com
P.O. Box 7725		INSURER(S) AFFORDING COVERAGE NAIC #
Burbank	CA 91510-7725	INSURER A Federal Insurance Company 20281
INSURED		INSURER B:
Natrol, Inc.		INSURER C:
21411 Prairie St.		INSURER D :
		INSURER E :
Chatsworth	CA 91311	INSURER F:
COVERAGES	CERTIFICATE NUMBER CI	1371101361 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x		74998627		7/15/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC LOC						PRODUCTS - COMP/OP AGG	\$ \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
A	X UMBRELLA LIAB X OCCUR			79875167	7/15/2013	7/15/2014	EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	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- TORYLIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	Products Liability Claims Made-\$10,000 Ded	x		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)
Certholder is named as additional insured-Vendor on the above General Liability and Products Liability policies as their interest may appear with respect to the operations of the named insured. (endorsements attached)

Thirty Day Cancellation Notice except Ten Days for Non-payment of Premium.

CERTIFICATE HOLDER	CANCELLATION
(831)438-4387 LindaS@thresho Threshold Enterprises LTD Linda Sims	oldent.com SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
23 Janis Way 95066, CA	AUTHORIZED REPRESENTATIVE Donald Barberie/DLS

ACORD 25 (2010/05)

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

OFREMARK



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

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IMPORTANT: If the certificate holder is an ADDITIONAL INCURED

the terms and conditions of the policy, certain policies may require an e certificate holder in lieu of such endorsement(s).					
PRODUCER	CONTACT Dianne Sonnabend				
Olympic Insurance Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378				
1906 West Burbank Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com				
P.O. Box 7725	INSURER(S) AFFORDING COVERAGE	NAIC #			
Burbank CA 91510-7725	INSURER A Federal Insurance Company 2	0281			
INSURED	INSURER B:				
Natrol, Inc.	INSURER C:				
21411 Prairie St.	INSURER D:				
	INSURER E:				
Chatsworth CA 91311	INSURER F:				
COVERAGES CERTIFICATE NUMBER:CL1371101	364 REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAY	I OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	WHICH THIS			
INSR ADDLISUBRI LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYY) (MM/DD/YYY) LIMITS				
GENERAL LIABILITY	EACH OCCURRENCE \$	a september			
Z COMMERCIAL CENERAL LIADILITY	DAMAGE TO RENTED				

LTR		TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	-	IERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$
	X	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$ 250
A		CLAIMS-MADE X OCCUR			74998627	7/15/2013	7/15/2014	MED EXP (Any one person)	\$ 20.44 300
								PERSONAL & ADV INJURY	\$
								GENERAL AGGREGATE	\$ Hindings
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	x	POLICY PRO- JECT LOC							\$
	ΑUΊ	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Perperson)	\$
1		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
L									\$
	x	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 7.5000000000000000000000000000000000000
		DED X RETENTION \$ 0			79875167	7/15/2013	7/15/2014		\$
		RKERS COMPENSATION) EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORYLIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$
	(Ma	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Pr	oducts Liability			74998628	7/15/2013	7/15/2014	Each Occurrence	
	C1	aims Made-\$10,000 Ded			Retro Date: 11/15/2002		:	Aggregate	
L	l		l .	i		l	l		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Vendor# 054828. *30 Day Notice of Cancellation with 10 Day Cancellation Notice for Non-Payment of Premium

CERTIFICATE HOLDER	CANCELLATION				
Walgreens, its Affilitates & Subsidiaries c/o Product Certificates, MS690	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
1901 East Voorhees Danville, IL 61834	AUTHORIZED REPRESENTATIVE				
	Donald Barberie/DLS				

ACORD 25 (2010/05)

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

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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).

certificate holder in lieu o	of such endorsement(s).							
PRODUCER		CONTACT Dianne Sonnabend	CONTACT Dianne Sonnabend					
Olympic Insurance	Agency	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818)	8)842-0378					
1906 West Burbank	Boulevard	E-MAIL ADDRESS: diannes@olympicinsurance.com	E-MANL ADDRESS: diannes@olympicinsurance.com					
P.O. Box 7725		INSURER(S) AFFORDING COVERAGE	NAIC #					
Burbank	CA 91510-7725	INSURER A : Federal Insurance Company	20281					
INSURED		INSURER B:						
Natrol, Inc.		INSURER C:						
21411 Prairie St.		INSURER D:						
		INSURER E:						
Chatsworth	CA 91311	INSURER F:						
COVERAGES	CERTIFICATE NUMB	ER:CL1371101363 REVISION NUMBER:						
THIS IS TO CERTIEV THAT	THE DOLLOIS OF INCLIDANCE I	ISTED BELOW HAVE BEEN ISSUED TO THE INCUBED NAMED ABOVE FOR THE	DOLLOV DEDIOD					

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	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE	l l		74998627		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 \$
	X POLICY PRO- JECT LOC						\$ COMBINED SINGLE LIMIT
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS				1		BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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- TORYI MITS OTH- TORYI MITS ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CIES (Attach	ACORD 101 Additional Pemarks School	Ile if more charge	is required?	

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			
afoglia@midvalleyproducts. Mid Valley Products A Division of Eurpac Service, Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
ATTN: Angelo Foglia 101 Merritt 7 Corporate Park	AUTHORIZED REPRESENTATIVE			

ACORD 25 (2010/05)

Norwalk, CT

06851

Donald Barberie/DLS

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).

CONTINUATO NOTACI III II CA	Or Sucir or						
PRODUCER			CONTACT Dianne Sonnabend				
Olympic Insurance	e Agenc	Y	PHONE (A/C, No, Ext): (818) 843-4314 FAX (A/C, No): (818) 842-0378				
1906 West Burbank	Boule	vard	E-MAIL ADDRESS: diannes@olympicinsurance.com				
P.O. Box 7725			INSURER(S) AFFORDING COVERAGE NAIC				
Burbank	CA	91510-7725	INSURER A : Federal	Insurance Compa	any	20281	
INSURED			INSURER B : Everest	National Insura	ance	10120	
Natrol, Inc.			INSURER C :				
21411 Prairie St.			INSURER D :				
			INSURER E :				
Chatsworth	CA	91311	INSURER F:				
COVERAGES		CERTIFICATE NUMBER CT.1 362501	327	DEMISION NU	MDED:		

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	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC	INSK				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 \$
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS			73553385	7/15/2013	7/15/2014	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$
A B	X)		79875167	7/15/2013	7/15/2014	EACH OCCURRENCE \$ AGGREGATE \$ X WC STATU- OTH- FR TORYLMITS FR
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		CA10000977-131	6/25/2013	6/25/2014	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DECA	PRINTION OF OPERATIONS (LOCATIONS (VEHICLE)						

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

ACORD 25 (2010/05)

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

COPYRIGHT 2000, AMS SERVICES INC.

Exhibit 3

Cash Management Order and List of Bank Accounts

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IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

(
Chapter 11
Case No. 14-11446 (BLS)
· · ·
Jointly Administered
Re: Docket No. 41 and 74
,

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 Motion² of Natrol, Inc. and its affiliated debtors and debtors in possession in the above-captioned cases (collectively, the "<u>Debtors</u>"), for entry of an order authorizing

(a) continued use of their cash management system (as described below in more detail, the "<u>Cash Management System</u>"), (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

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.

All capitalized terms used and not defined herein shall have the meanings ascribed to them in the Motion. 01:15594270.3

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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

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

- 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

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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; <u>provided</u>, <u>however</u>, 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.

- 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.
- 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; <u>provided</u>, <u>however</u>, 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; <u>provided further</u> 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.

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

Dated:

_____*O[LL*, 2014

Wilmington, Delaware

RENDAN 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 th Floor, Sherman Oaks, CA 91403		Depository Account	xxxxxx6908
City National Bank	15260 Ventura Blvd., 16 th Floor, Sherman Oaks, CA 91403		Payroll Account	xxxxxx8161
City National Bank	15260 Ventura Blvd., 16 th Floor, Sherman Oaks, CA 91403		General Disbursement Account	xxxxxx8196
City National Bank	15260 Ventura Blvd., 16 th Floor, Sherman Oaks, CA 91403		Operational Account	xxxxxx8765
HSBC	9 Stratfield Park, Elettra Avenue, Waterlooville, Hampshire, P07 7XN, England			xxxx8000

A STATE OF THE STA	Address	Account Holder	Account Holder Account Description	Account Number
Bank of America	2049 Century Park East, Los Angeles, CA 90067		Depository Account	xxxxxxxx9925
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)

	Check				Amount Applied to	
Payee	Date	Number	Name of Payor	Amount	Date	Balance
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.