Vendor Partnership Manual

Section 2 – Vendor Setup
Please review the following section of this chapter. Changes have occurred since January 2014.

11. Exhibits

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   Remit to address
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1. Vendor’s Acknowledgement

The Vendor Acknowledgement Form is a form Shopko requires all new vendors to complete, sign, and return prior to vendor set up. Please return this Acknowledgement Form to us at the address indicated on the form. This form, along with all other forms necessary for vendor set up, can be found on our website at


See a copy of the Vendor Acknowledgement Form in the Exhibit Section of this chapter.
2. EDI Trading Partner Profile

The EDI Partner Profile must be completed and returned with the information related to the set up of your company’s partnership with Shopko. Failure to complete this form in the set up process will result in delaying the EDI implementation plan. Complete information concerning Shopko’s EDI requirements can be found in Chapter 6 of this manual. This form, along with all other forms necessary for vendor set up, can be found at http://www.shopko-vendors.com/edi

See an example of the EDI Trading Partner Profile in the Exhibit section of this chapter.
3. Initial Setup Form

The Vendor Setup Form must be completed for all new vendors. The vendor should provide accurate address information to ensure that purchase orders, merchandise returns, correspondence and checks are sent to the correct address. Multiple addresses for each type are allowed. However, multiple Pay-to addresses must be reviewed with Accounts Payable prior to setup.

Vendor Setup Form Instructions

- All areas of this form must be completed for a new vendor and submitted to the Buyer
- If additional vendor addresses are needed, use a second form

This form, along with all other forms necessary for vendor set up, can be found on our website at http://shopko-vendors.com/vendors-new-vendor/index.html

See a copy of the Vendor Setup Form in the Exhibit Section of this chapter.

Certificate of Insurance, Indemnification Agreement, Vendor Acknowledgement Form, W-9 form, and the EDI Partner Profile must be submitted with this form. Any changes to these forms must be submitted in writing to the appropriate department. See Notification of Changes

- A 10 digit vendor number will be assigned to each vendor to identify them within the system.
  The first 7 numbers represent a corporation
  The last 3 numbers could represent a division with the corporation
- The corporate vendor number is required for EDI invoice transmissions
- The vendor number appears on all checks and should be referred to when corresponding with Accounts Payable
- Verify the Pay-To Information at the top of the page for accuracy; this is where checks will be sent
- Is your account factored? If yes, your corporate name remains the same but the name and address of the factor should be included in the Pay-To Information section of the Vendor Setup Form.

For Private Brand and Non-Private Brand Vendors

- If you are a vendor producing private label or non-private label via direct Import (L/C), then you are required to test those products. Please see Section 7 (Private Brand & Trend) for laboratory testing requirements.
- Please note: no private label items or direct Import non-private label items will be allowed to ship unless testing approval is issued by Shopko Vendor Compliance.
4. Indemnification Agreement

The Indemnification Agreement must be completed and submitted along with the Vendor Setup Form. This form, along with all other forms necessary for vendor set up, can be found on Shopko’s website at


The original ballpoint pen signed form must be sent to your Shopko buyer.

See a copy of the Indemnification Form in the Exhibit Section of this chapter.
5. Certificate of Insurance

A Certificate of Insurance is required and must be submitted with the Vendor Setup form.

* Please note: General Liability Limits for each category must be at least $2,000,000 and SKO Group Holding, LLC and its subsidiaries and Shopko Stores Operating Co., LLC, and its subsidiaries must be named as an additional insured.

An example of the form required for vendor set up can be found on Shopko’s website at

http://shopko-vendors.com/vendors-new-vendor/index.html or in the Exhibit Section of this chapter.

Upon expiration of your existing insurance, a new form is required.

This form should be mailed to the following address:

Shopko Stores Operating Co., LLC
Insurance Compliance
PO Box 12010-SP
Hemet, CA 92546-8010
6. Vendor Allowance

Vendor Allowance is a program by which vendors financially support and help drive sales of their products at Shopko stores. Detailed information concerning this program is found in Section 14 of this manual. One of the forms most commonly used by vendors for this program is the Vendor Terms Agreement. Although this form is not mandatory for vendor set up, a copy of the form is available on our website at http://shopko-vendors.com/vendors-new-vendor/index.html or refer to the Exhibit Section of this chapter.
7. Sensormatic Electronic Article Surveillance (EAS)

Sensormatic Electronic Article Surveillance (EAS) is installed in all Shopko stores.

Our objective is to have manufacturers and/or suppliers to participate in Shopko’s Source Tagging Program. Shopko’s Source Tagging Program requires the EAS label to be applied into the packaging or inside the product. This typically occurs at the point of manufacturing, packaging, or distribution.

Both retailers and manufacturers have already realized many of the benefits associated with source tagging, which include:

- Increased sales through the open merchandising of high theft products.
- Ability to gain market share and increased shelf space.
- Ability to gain a competitive advantage.
- Protect theft risk items.
- Ensure product availability by deterring theft.
- Greater sales and profits.

Information concerning Vendor Source Tagging can be found in section 15 of this manual. If you, the vendor, have any further questions concerning EAS, please contact your Shopko buyer for more information.

*Source Tagging Forms* can be found on Shopko’s website at:

[http://shopko-vendors.com/vendors-new-vendor/index.html](http://shopko-vendors.com/vendors-new-vendor/index.html) or refer to the Exhibit Section of this chapter.
8. E-commerce Drop Ship Agreement

The E-commerce Drop Ship Agreement is a form Shopko requires all E-commerce Drop Ship Program vendors to complete, sign and return prior to vendor set up. By signing this form, vendor agrees to comply with the terms, requirements, and expectations as set forth in the E-Commerce Drop Ship Terms section of the Shopko Vendor Partnership Manual. Please return this form along with your vendor set up packet. This form, along with all other forms necessary for vendor set up can be found on our website at


See a copy of the E-commerce Drop Ship Agreement Form in the Exhibit Section of this chapter.
9. Notification of Changes

Vendor Information is maintained by different departments. Listed below are the departments and the information they are responsible for updating.

9.1 Accounts Payable Production Support

FAX (920) 429-7444

- Vendor Number
- Vendor Name
- Payment Terms (with prior approval of Merchandise Buyer)
- Pay-to Address
- Correspondence Address (related to claims or Accounts Receivable issues)

NOTE:
It is important that Accounts Payable Production Support be notified in writing immediately for any of the following types of changes:

- changes to the Pay-To Address
- when checks are to be sent to a Factor
- when checks should no longer go to a Factor (requires a written release from the Factor)
- when you are changing from one Factor to another Factor (requires a written release from the present Factor)
- changes to the company name (also notify the appropriate Buyer)

9.2 Merchandise Buyer

(920) 429-2211 (or the appropriate direct number)

- Purchase Order Address
- Ship From Address
- Salesperson Address
- Order Information
- Freight Information
- Correspondence Address (related to Corporate mailing)

9.3 Reverse Logistics

FAX (920) 338-2649

- Defective Return Information
- Defective Return Address

Any changes to your vendor information should be submitted in writing to the appropriate department.
## 10. Who to Call

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Setup / Production Support</td>
<td><a href="mailto:rose.blum@shopko.com">rose.blum@shopko.com</a></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>920-429-7085</td>
</tr>
<tr>
<td>Imports</td>
<td>920-429-4442</td>
</tr>
<tr>
<td>Private Brand &amp; Trends</td>
<td>920-429-4442 <a href="mailto:maryl.blindauer@shopko.com">maryl.blindauer@shopko.com</a></td>
</tr>
<tr>
<td>(Includes quality testing, inspections, and social compliance for all vendors.)</td>
<td>920-429-7496 <a href="mailto:lola.thomson@shopko.com">lola.thomson@shopko.com</a></td>
</tr>
<tr>
<td>Insurance</td>
<td><a href="mailto:jennifer.heideman@shopko.com">jennifer.heideman@shopko.com</a></td>
</tr>
<tr>
<td>EDI</td>
<td><a href="mailto:edi@Shopko.com">edi@Shopko.com</a></td>
</tr>
<tr>
<td>Reverse Logistics Area Manager</td>
<td>920-339-2556</td>
</tr>
<tr>
<td>Merchandise Buyer</td>
<td>920-429-2211 “0” for the operator</td>
</tr>
<tr>
<td>Vendor Allowances</td>
<td><a href="mailto:mary.hughes@shopko.com">mary.hughes@shopko.com</a></td>
</tr>
</tbody>
</table>
11. Exhibits

The following forms are examples and for reference only. For the most current and up to date Vendor setup forms, please visit our website at http://shopko-vendors.com/vendors-new-vendor/index.html

A. Vendor Acknowledgement  (Required prior to Vendor setup)
B. EDI Trading Partner Profile  (Required prior to Vendor setup)
C. Vendor Set-Up Form  (Required prior to Vendor setup)
D. Indemnification Agreement  (Required prior to Vendor setup)
E. Certificate of Insurance (Example)  (Required prior to Vendor setup)
F. W-9 Form (Example)  (Required prior to Vendor setup)
G. Shopko Vendor Allowance Worksheet  (Required prior to Vendor setup)
H. Source Tagging Information Sheet
I. Source Tagging Vendor Profile
J. Source Tagging Vendor SKU List
K. Vendor Source Tagging Agreement
L. Tyco Safety Products / Sensormatic Product Submission Form
M. E-commerce Drop Ship Agreement  (Required prior to E-commerce Vendor setup)
Vendor's Acknowledgement

As a duly authorized representative of _________________________ ("Vendor"), a vendor of Shopko Stores Operating Co., LLC (herein referred to as Shopko), I hereby acknowledge receipt and approval of Shopko’s Vendor Partnership Manual (the “Manual”) and certify that Vendor is and will remain in compliance with the standards and principles outlined therein.

Vendor acknowledges that this Manual contains important agreements regarding numerous aspects of Vendor’s business relationship with Shopko, including (without limitation) purchase order terms, indemnification, confidentiality, business ethics, electronic data interchange procedures and conditions, quality of merchandise, shipping and billing. Vendor’s signature below shall constitute Vendor’s agreement to comply with and be bound by all of the agreements, terms and conditions set forth in the Manual. Vendor agrees that failure to comply with any provision contained in the Manual may result in, without limitation, Shopko’s termination or suspension of the business relationship between Shopko and Vendor, termination of current production of Shopko merchandise, cancellation by Shopko of all outstanding orders with Vendor, refusal and return of any shipment of goods from Vendor and/or implementation of, or demands for, immediate corrective action.

Vendor acknowledges and agrees that Shopko may amend, modify or otherwise revise the Manual from time to time and any amendments, modifications and revisions to the Manual as set forth on Shopko’s web site (www.Shopko.com) shall be incorporated into and become a part of the Manual without further action by Vendor or Shopko. Vendor further acknowledges and agrees that adherence to such amendments, modifications and revisions shall be the Vendor’s responsibility. Vendor consents and submits to the jurisdiction of the Wisconsin state courts and the United States District Courts in Wisconsin.

Signed on this ________________ day of ___________________________, ________________

________________________________________
Vendor Name: __________________________

________________________________________
Authorized Signature

________________________________________
Address: __________________________

________________________________________
Name Printed

________________________________________
Contact for Vendor

________________________________________
Manual Updates: __________________________

________________________________________
Title: __________________________

________________________________________
Address: __________________________

________________________________________
Telephone Number: (     ) ________________

________________________________________
Facsimile Number: (     ) ________________

After signing and completing this Vendor’s Acknowledgement form, please return to:

Shopko Stores Operating Co. LLC
PO Box 19060
Green Bay, WI  54307-9060

ATTN:

Buyer Name: __________________________

Buyer Ext: __________________________

Or fax to: __________________________

If you have any questions, call your respective buyer. Shopko must have on file your Vendor’s Acknowledgement, Indemnification Agreement, Vendor Setup form and Certificate of Insurance. In addition to faxed forms, the original copies (with ballpoint signature) of the Acknowledgement and Indemnification Agreements must be sent to your respective buyer.

Notice: Any changes, revisions, modification and/or alterations to the Vendor Manual or this Acknowledgement made by the Vendor will not be accepted, and will be returned to the Vendor.

Shopko Use Only:

Vendor Number________________________
EDI TRADING PARTNER PROFILE

Date: __________
Vendor Name: ____________________________________________
Address: ______________________________________City: ___________________________
State: ______ Zip: ______ Phone: (____) ____ - ____ Fax: (____) ____ - ______

EDI Details:

1) Indicate the date your company will be ready to begin EDI testing: __________
2) Does your company use an EDI third party provider? Yes____ or No ____ (select one)

   If yes, Please provide the following information:
   Contact name: __________________________ Contact phone #: __________________
   Contact e-mail address: _______________________________________________________
3) For your company indicate the following:
   Primary Contact Name: __________________________ Title: __________________
   Contact phone #: __________________ E-mail address __________________________
   Secondary Contact Name: __________________________ Title: __________________
   Contact phone #: __________________ E-mail address __________________________
4) Test Production
   Qualifier: ______ Qualifier: ______
   ISA ID: __________________ISA ID: __________________
   GS ID: __________________GS ID: __________________
Value Added Network or VAN: ____________________________________________________________________
5) Is your company AS2 capable? Yes____ or No ____ (select one)
6) It is mandatory that all vendors doing purchase order driven business support the following 3 EDI transactions: 810 Invoice, 850 Purchase Order and 856 Advance Ship Notice (ASN) along with the UCC128 label.

   I understand that as a condition of doing business with Shopko Stores Operating Co. LLC my company is required to support and send/receive the 3 transactions stated above in all business transactions with Shopko Stores Operating Co. LLC.

Authorized Signature: ______________________________________________________________________

By (print): __________________________ Title (print): __________________________

Shopko Vendor Number: ____________________________
Shopko Buyer Name: ____________________________
Shopko Buyer Phone number ____________________________ Revised 07/27/09
**Shopko Vendor Setup Form**

**Date:** ______________

**DVP Approval:** ___________________________________

**GMM approval for new vendor:**

**Vendor Name:** ________________________________ (30)

**Buyer Name:** _________________________________ (30)

**Ext.:** __________ (4)

**Buyer signature:** ___________________________ (30)

**Email:** __________________________ (30)

---

**Vendor Types**

- [ ] New vendor
- [ ] Additional ID for existing Vendor # *
- [ ] C-HUB *
- [ ] SBT
- [ ] Consignment

* Validate all information on Setup Form for Vendor information

---

**Electronic Data Interchange Capabilities** (N/A if C-HUB Vendor only)

<table>
<thead>
<tr>
<th>Check</th>
<th>Versions supported by Shopko Stores Operating Co. LLC (3050-4010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 810 Invoice*</td>
<td>□ 820 Electronic Funds Transfer</td>
</tr>
<tr>
<td>□ 850 Purchase Order*</td>
<td>□ Sales Data Transfer</td>
</tr>
<tr>
<td>□ 855 Vendor Purchase Order</td>
<td>□ 856 Advanced Ship Notice (with 128 Bar Code)*</td>
</tr>
<tr>
<td>□ 997 Functional Acknowledgement</td>
<td></td>
</tr>
</tbody>
</table>

*Mandatory for all purchase order driven business - Must also complete EDI Partner Profile

---

**Pay-to Information**

**Pay-to Name:** ________________________________ (30)

**Address:** ________________________________________________________________ (30)

**City:** __________________________ (20)

**State:** __________ (3)

**Zip:** __________________________ (10)

**Phone:** __________________________ (13) **Fax:** __________________________ (13)

---

**Payment Terms**

**Payment Terms:** __________________________

**New Store Payment Terms**

**RN/WPL #:** __________________________ (5)

**Service all stores?**

- [ ] YES
- [ ] NO

**STATE REQUIRED COD**

- [ ] YES
- [ ] NO

---

**Order Information** (N/A if C-HUB Vendor only)

**Days from Ship to Cancel on PO:**

- [ ] 5 days
- [ ] 7 days
- [ ] 10 days
- [ ] Other: __________

**Location Distribution:**

- [ ] 4 DC’s
- [ ] 3 DC’s
- [ ] Direct to Store
- [ ] Other: __________

**Lead Time (days):** __________________________ (3)

**Ship Destination:**

- [ ] DC
- [ ] STORES
- [ ] Routing Required:
  - [ ] YES
  - [ ] NO

**Purchase Order Required:**

- [ ] YES
- [ ] NO

If yes, indicate:

- [ ] Import
- [ ] Domestic

**Minimum Order Type:**

- [ ] Unit
- [ ] US $
- [ ] Cube
- [ ] Case
- [ ] Weight
- [ ] Pallet
- [ ] Truckload

**Amount:** __________________________ (8)

**Amt applied to:**

- [ ] Total order
- [ ] Each location

---

**Freight Information**

**Freight Terms:**

- [ ] Prepaid
- [ ] Collect
- [ ] C-HUB

**FOB Code:** ____ (2) **FOB Location:** __________________________ (20)

**City:** __________________________ (3)

**State:** __________ (3) **Zip:** __________ (10) **Country:** __________ (3)

---

**Vendor General Comments** (750 characters maximum)

---

**Customer Return Merchandise Vendor Information**

**SHOPKO DEFECTIVE RETURN MERCHANDISE POLICY**

1. Return Policy: [ ] Request RA (Return Merchandise to Vendor) or [ ] Def. Allow. _____%
2. Return Consolidation Charge: 10%Consolidation Charge
3. Return Freight Policy: [ ] Freight In/Out or [ ] Freight In/Collect

Product Return Vendor General Comments (750 characters maximum)

---

Vendor Addresses are on Page 2 of this form. Vendor Acknowledgement, Indemnification, Insurance Certificate, W-9 Form, and EDI Partner Profile must be submitted with this form for all NEW Vendors and Ecommerce Drop Ship Terms for all C-Hub Vendors.
Vendor Partnership Manual

Vendor Setup

Vendor Information – PRINCIPAL*

☐ Mr.  ☐ Mrs.  ☐ Ms.

[Name]

Address: __________________________________________________________

City: ___________________________________________________________

State: ____ Zip: ________  --  ________ Country: ________

Title: __________________________________________________________

Phone: ____________________________ Ext: ________  Fax: ____________________________

E-Mail: __________________________________________________________

Create Mailing Labels  ☐ yes  ☐ no

* Owner, CEO/President of Company

Vendor Address Information - CORRESPONDENCE

Address: __________________________________________________________

City: ___________________________________________________________

State: ____ Zip: ________  --  ________ Country: ________

Contact Name: __________________________________________________

Title: __________________________________________________________

Phone: ____________________________ Ext: ________  Fax: ____________________________

E-Mail: __________________________________________________________

Vendor Address Information – PURCHASE ORDER

Address: __________________________________________________________

City: ___________________________________________________________

State: ____ Zip: ________  --  ________ Country: ________

Contact Name: __________________________________________________

Title: __________________________________________________________

Phone: ____________________________ Ext: ________  Fax: ____________________________

E-Mail: __________________________________________________________

Vendor Address Information – SHIP FROM

Address: __________________________________________________________

City: ___________________________________________________________

State: ____ Zip: ________  --  ________ Country: ________

Contact Name: __________________________________________________

Title: __________________________________________________________

Phone: ____________________________ Ext: ________  Fax: ____________________________

E-Mail: __________________________________________________________

Vendor Salesperson Information

Name: __________________________________________________________

Title: __________________________________________________________

Address: _______________________________________________________

City: ___________________________________________________________

State: ____ Zip: ________  --  ________ Country: ________

Contact Name: __________________________________________________

Title: __________________________________________________________

Phone: ____________________________ Ext: ________  Fax: ____________________________

E-Mail: __________________________________________________________

Customer Merchandise Return Vendor Information

Address: _______________________________________________________

City: ___________________________________________________________

State: ____ Zip: ________  --  ________ Country: ________

Contact Name: __________________________________________________

Title: __________________________________________________________

Phone: ____________________________ Ext: ________  Fax: ____________________________

E-Mail: __________________________________________________________

Buyer Name: ______________________________________  Buyer Ext: __________

04/23/14  2-15
Indemnification Agreement

In return for and in consideration of Shopko Stores Operating Co., LLC and/or any of its affiliates (collectively “Shopko”), agreeing to purchase merchandise from ___________________________(hereinafter “Vendor”), Vendor agrees to be bound by all of the following:

1) With respect to all items purchased by Shopko from Vendor, at any time (hereafter referred to as “Items”) Vendor agrees to the following:

   a) Vendor shall defend, indemnify and hold harmless, at Vendor’s own cost, Shopko, its affiliates, assigns and their respective directors, officers, employees and agents from and against all suits, losses, claims, causes of action, judgments, damages, penalties, costs, disbursements, expenses, and attorneys fees which may be asserted, alleged, demanded, claimed, recovered or otherwise incurred or sustained by Shopko as a result of Shopko’s use, purchase or sale of any of the Items, including without limitation, suits, losses, claims, causes of action, judgments, damages, penalties, costs, disbursements, expenses, and attorneys fees related to or alleging: personal injury; property damage; infringement of any third party’s United States patent, copyright, trade secrets, trademark or other intellectual property right; or violations of any federal, state or local laws, rules, ordinances, or regulations including those with respect to product safety, labeling, packaging, weight, quality and consumer protection.

   b) If, for any reason whatsoever, a court of competent jurisdiction or governmental agency issues an order or injunction, whether final, preliminary or temporary, that prevents Shopko from using, purchasing or selling all or part of any of the Items, Vendor, at its expense, shall at least take one of the following actions within thirty (30) days after issuance of such an order: (a) procure for Shopko the right to continue using, purchasing or selling the Item (b) replace or modify the Items so that they can again be used, purchased or sold by Shopko, provided that such modification or replacement does not materially degrade the quality of the Items, (c) after reasonable attempts have been made with respect to the foregoing alternatives, refund the purchase price paid to Vendor by Shopko for remaining Items, less a reasonable allowance for use, if appropriate.

2) Vendor shall carry product liability insurance covering injury or damages to person(s) or property caused by or resulting from use of the Items with liability limits of not less than Two Million Dollars ($2,000,000) per person, per occurrence, and Five Hundred Thousand ($500,000) for property damage. Prior to delivery of any Item to Shopko, Vendor shall deliver to Shopko a Certificate of Insurance evidencing that the foregoing insurance is in full force and effect; that “SKO Group Holding, LLC & its subsidiaries and Shopko Stores Operating Co., LLC and its subsidiaries” are named upon the insurance policy as an additional insured; that the coverage under said policy and the proceeds thereof shall be effective, in the event of any claim, as of the date of sale of any Item(s) causing injury or damages notwithstanding that as of the date of injury or damage said policy may have been canceled or coverage reduced. Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered to Shopko in accordance with the policy provisions. Upon receipt of any such notice, Shopko, at its option, may cancel any purchase order placed with Vendor for which delivery has not been made.

3) This Indemnification Agreement shall be governed by and construed in accordance with the laws of the State of Wisconsin. Any dispute arising out of this Agreement which cannot be resolved by agreement shall, whenever diversity or subject matter jurisdiction exists, be submitted to the United States District Court for the District of Wisconsin or in the State Court of Brown County, Wisconsin and the parties consent and submit to the personal jurisdiction of such courts.

4) The foregoing covenants and indemnification shall remain in full force and effect at all times and under all conditions upon any purchaser, assignee, trustee or other succeeding entity of either Shopko or Vendor.
Intending to be legally bound by the terms and conditions set forth above, Vendor executes this Indemnification Agreement this ___ day of _____________, 2______.

NAME OF VENDOR

_____________________________________

(print)  

_____________________________________

Authorized Signature: _______________________________

By (print):  

_____________________________________

Title (print):  

_____________________________________

Return signed form to:

Buyer Name: _______________________________

Buyer Ext: _______________________________

Original copy (with ballpoint signature) must be sent, via US mail to your respective buyer.
CERTIFICATE OF LIABILITY INSURANCE

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
XYZ Agency
55 Main St
Salem, NH 03079
Fax: (603) 555-1212

INSURED
ABC Company, Inc.
1234 Main St
Salem, NH 03079
Fax: (603) 555-1212

INSCRIBER
ACE American Insurance Company
2269-0004

NAIC #

COVERAGE

CERTIFICATE NUMBER:
CH-004222239-06

REVOLUTION NUMBER: 31

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, TERMINATION 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.

TABLE OF INSURANCE

<table>
<thead>
<tr>
<th>Policy Type</th>
<th>Policy Number</th>
<th>Policy Effective Date</th>
<th>Policy Expiration Date</th>
<th>Policy Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>A GENERAL LIABILITY</td>
<td>9785XX10</td>
<td>01/01/2012</td>
<td>01/01/2013</td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

- EACH OCCURRENCE: $2,000,000
- DAMAGE TO RENTED PREMISES (EA occurrence): $100,000
- MED EXP (Any one person): $5,000
- PERSONAL & ADV INJURY: $1,000,000
- GENERAL AGGREGATE: $2,000,000
- PRODUCTS COM PROP AGG: $2,000,000

- AUTOMOBILE LIABILITY
- OCCUR:
- COMBINED SINGLE LIMIT (EA accident): $1,000,000
- BODY INJURY (Per person): $1,000,000
- PROPERTY DAMAGE (Per accident): $1,000,000

- UMBRELLA LIABILITY
- OCCUR

- EXCESS LIABILITY
- CLAIMS-MADE

- WORKERS' COMPENSATION
- MONLNT LIMITS
- E.L. EACH ACCIDENT: $500,000
- E.L. DISEASE - EA EMPLOYEE: $500,000
- E.L. DISEASE - POLICY LIMIT: $500,000

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

SKO Group Holding, LLC and its subsidiaries and Shopko Stores Operating Co., LLC and its subsidiaries are included as Additional Insureds.

CERTIFICATE HOLDER

SKO Group Holding, LLC
P.O. Box 1068
700 Pilgrim Way
Green Bay, WI 54307-9900

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
of Marsh USA Inc.

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ACORD 25 (2010/05)  The ACORD name and logo are registered marks of ACORD
Form W-9
Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: [ ] Individual/sole proprietor [ ] Corporation [ ] Partnership
[ ] Limited liability company. Enter the tax classification (S=disregarded entity, C=corporation, P=partnership)

[ ] Exempt payee

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requester's name and address (optional)

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: [ ] I am exempt from backup withholding, or [ ] I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or [ ] the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners’ share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity.
SHOPKO STORES OPERATING CO., LLC
Shopko Vendor Allowance Worksheet

Vendor Name ______________________

Primary Vendor Number ______________________

Secondary Vendor ID(s) ______________________

DVP ________________________________

Buyer ________________________________

Effective Date ________ To: ________ Department ______

<table>
<thead>
<tr>
<th>ACCRUAL</th>
<th>% of Receipts</th>
<th>Method of Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising (POP Required)</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Broadcast Partnership</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Promotional</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Defective Allowance</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>**New Store Allowance</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Remodel Allowance</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Partnership</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Planogram</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Volume Rebate</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

Calculation Method:

Purchase calculation setup:

<table>
<thead>
<tr>
<th>Bracket #</th>
<th>Purchases up to</th>
<th>Accrual %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>2</td>
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<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** New Store Delivery Count: ________

Freight Terms: __________

Comments: ___________________________________________________________
____________________________________________________________________

FLAT DOLLAR AMOUNTS

<table>
<thead>
<tr>
<th>Amt per SKU</th>
<th>Flat $ Amt</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>New SKU Allowance (&gt;$50 minimum per SKU)</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Planogram Allowance (&gt;$25 minimum per SKU)</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Placement/Endcap/ Fastrack Allowance</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Partnership Program</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Signage / Visual</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>New Store Allowance</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Other</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Other</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Other</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>
MARKDOWN AND DEFECTIVE ASSISTANCE

Assistance for markdowns and excessive defectives may be necessary to offset the promotion of your product.

- Our seasonal gross margin expectation is ____%. Vendor profitability will be discussed on a regular basis and settled quarterly. This is our mutually agreed upon gross margin goal, but does not imply or require a guarantee.
- Excessive Defectives: Vendor is responsible for the cost of the actual defectives that exceed the defective allowance received by Shopko. This is a flat dollar amount and will be deducted as a Billback.
- If no defective allowance, how are defectives to be handled? ________________________________

PAYMENT TERMS

<table>
<thead>
<tr>
<th>Regular:</th>
<th>New Store:</th>
<th>Seasonal or Special:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Billback programs, Vendor authorizes Shopko Stores Operating Co., LLC to bill vendor monthly for any allowances as set forth hereinafter. Shopko Stores Operating Co. LLC reserves the right to offset these billings against funds currently owed the vendor. If the funds are insufficient, the Vendor agrees to remit such amount within 30 days from the date of billing unless other terms have been agreed upon by Shopko’s buyer and the Vendor as noted below. Shopko’s Vendor Partnership Manual can be found at http://www.shopko-vendors.com/vendors-vendor-partnership-manual. This manual is updated periodically. It is the Vendor’s responsibility to review the manual to ensure Shopko’s requirements are met.

*This agreement will automatically renew on the anniversary of the Effective Date unless either party terminates, or an updated Vendor Allowance Worksheet is signed.

Your signature signifies Vendor’s agreement with all of the above stated Terms & Conditions.

Signature: ____________________________ Date: ________________

Authorized signature (must be signed by an authorized vendor representative)

Print Name: ____________________________ Print Title: ____________________________

Phone #: ____________________________ Fax #: ____________________________ E-Mail: ____________________________

Allowance Billing Information

Attention of: ____________________________

Phone #: ____________________________ Fax #: ____________________________ E-Mail: ____________________________

Address 1: ____________________________

Address 2: ____________________________

City: ____________________________ State: ______ Zip Code: ______

Collection Method: ____________________________
Definitions:

Advertising: Funding for advertising, which requires proof of performance, based upon a percent of vendor's sales to Shopko.

Billback: Shopko generates a billing to the vendor based upon either information provided by the vendor or information generated internally such as receipts, invoices, or items sold (scan based). Payment must be via check, deduction from letter of credit, or by Shopko deducting from an ACH, EFT, or paper check. (Vendor cannot provide funding by offsetting invoices.)

Broadcast Partnership: Funding for electronic media advertising based upon a percent of your sales to Shopko.

Collection Method: Method to be used for transferring funds to Shopko.

1. Vendor to issue check to Shopko.
2. For international purchases paid for via Letter of Credit, vendor agrees to reduce the Letter of Credit by the amount of allowances due Shopko.
3. Shopko to offset allowance money from payments due to vendor made via ACH, EFT, or Paper Check.

Defective Allowance: Funding to offset Shopko’s cost associated with defective merchandise. This is generally a percentage of purchases.

Excessive Defective: Funding to offset Shopko’s cost should there be either no defective allowance or should the defective allowance be inadequate.

Invoices: Vendor’s invoices for product shipped to Shopko.

Margin Assistance: Vendor financial support of Shopko’s margins on the vendor’s product should the margin rate drop below an agreed upon rate.

New SKU: Vendor support for setting up a new SKU within Shopko’s system.

New Store: Vendor support for stocking up a new store.

New Store Delivery Count: Number of shipments received at a new store.

New Store Payment Terms: New store payment terms generally allow for additional dating as product is placed in store well before the store is open. Example; if regular terms are net 60, new store terms may be net 90.

Off invoice: Funding for allowances is provided by reducing the SKU cost on the vendor’s invoice for product shipped to Shopko either within the SKU cost or as a separate line.

Partnership Program: An agreement with the vendor focusing on exclusive product/shelf space/promotions/long-term agreements.

Placement/Endcap/Fastrack Allowances: Money to support vendor’s request for product to be displayed in specific areas.

Planogram Allowance: Charges for category SKU’s planogram reset.

Promotional: Funding for promotions – no proof of performance is required.

Receipts: Value at Purchase Order cost of product received by Shopko.

Regular Payment Terms: Payment terms used in the normal course of business. Terms such as 2% 30 Net 60 would be considered as regular payment terms. Note: Shopko determines the payment date by using the later of the invoice date, P.O. ship date, or the date shipment arrived at our distribution centers or stores (if shipped direct to stores).

Remodel Allowance: Vendor support for stocking up a remodeled store in support of a re-grand opening.

Seasonal or Special Payment Terms: Payment terms used for seasonal dating or special buys.

Signage / Visual Allowance: Vendor funding for in-store signage.

Vendor Number: Shopko assigned 10 digit numbers. The first seven digits are common to a corporate entity.
Volume Rebate: Funding paid to Shopko based upon the amount purchases. Purchases can be defined as gross or net receipts or as gross or net invoices. (Net receipts are gross receipts less product returned to the vendor. Net invoices are the gross invoice amount before discount, less product returned to the vendor.)

**Instructions:**

1. Shopko buyer should fill in the Vendor Name, Numbers(s), Department(s), Divisional Vice President (DVP) name, Buyer name and extension, and the effective date range (not to be longer than one year).

2. Shopko buyer and vendor should jointly complete the Accrual, Flat Dollar Amounts, Markdown, Defective Assistance, and Payment Terms sections.
   - Blank lines have been provided in the Accrual and Flat Dollar Amounts sections to allow for the use of categories not listed. For example; if advertising is to be a flat dollar amount, this can be added in the Flat Dollar Amount section.
   - The Comments section can be used to provide additional explanations to either the Accrual or Flat Dollar Amount sections.

3. Vendor should complete the remaining two sections.
Shopko Stores Vendor Contract

VENDOR BILLED: ____________________________  A/P VENDOR NUMBER: __________________
BILL TO ATTENTION: _________________________  CONTRACT NUMBER: __________________
STREET: ____________________________________  DEPT. NUMBER: _____________________
CITY: ______________________________________  BUYER: _____________________________
STATE: ____________________________________  CONTRACT DATES:_____________________
ZIP: ______________________________________  _______________________________________
COUNTRY: _________________________________  _______________________________________
COMMENTS: ________________________________  _______________________________________
_________________________________________________________________________________
_________________________________________________________________________________
PAYMENT METHOD: __________________________
__________________________________________
DOMESTIC VENDOR                       IMPORT VENDOR

FOR PAYMENT METHOD OF ISSUE CHECK:
SEND CHECK WITHIN 30 DAYS OF BILLING TO:
Shopko Stores Operating Co., LLC
PO Box 8787
Carol Stream, IL  60197-8787  USA

1) DEDUCT FROM DOMESTIC VENDOR
2) LETTER CREDIT (BUYER NEEDS TO
NOTIFY IMPORT DEPT.)
3) VENDOR WILL ISSUE CHECK
   (THE ABOVE IS BASED ON THE
   PAYMENT METHOD)

(INCLUDE CONTRACT NUMBER)

ALLOWANCE:       POP         FLAT AMOUNT      ALLOWANCE  NOTES
_________________  __________  ______________  ________________  ____________________

SHOPKO RESERVES THE RIGHT TO OFFSET THIS AGREEMENT AGAINST FUNDS CURRENTLY OWING TO THE VENDOR. IF THE
AMOUNT OWING THE VENDOR IS INSUFFICIENT, THE VENDOR IS TO REMIT WITHIN 30 DAYS FROM THE DATE OF BILLING UNLESS
OTHER TERMS HAVE BEEN AGREED UPON BY THE BUYER AND THE VENDOR AND IS SO NOTED ON THIS AGREEMENT.

SHOPKO AUTHORIZATIONS:

VENDOR REPRESENTATIVE  SHOPKO GMM SIGNATURE (OVER $100,000)
SHOPKO DVP SIGNATURE (OVER $25,000)
SHOPKO BUYER SIGNATURE

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Source Tagging Vendor Profile

After you have submitted your product(s) to the Sensormatic Source Tagging Innovation Center and have received certification for those items, please complete this form and e-mail it to your buyer and to the Shopko EAS Coordinator.

Date: _______________________________  Completed By: _______________________________

Vendor Name: _______________________________  Title: _______________________________

Address: _______________________________

________________________________________

Phone: _______________________________

________________________________________

Fax: _______________________________

________________________________________

Email: _______________________________

❖ If a manufacturer’s representative is retained – indicate their information as well.

1. EAS Labels are applied:

   _______ Manually

   _______ Automatically

2. The EAS labels will be applied at which of your facilities?

   _______ Manufacturing  Location(s) _______________________________

   _______ Distribution Center  Location(s) _______________________________

3. Has your label location for your product(s) been certified by Sensormatic to ensure proper placement?

   _______ Yes  _______ No

4. Describe the location for your concealed label (Phase II) and the proximity to the UPC code.

   __________________________________________________________________________

   __________________________________________________________________________

5. Do you have plans to integrate the label inside your product (Phase III)?  _______ Yes  _______ No

   If yes, what is your planned implementation?

   __________________________________________________________________________

6. Do any of your products have multiple UPC bar codes?  _______ Yes  _______ No

   If yes, how will you handle this?

   __________________________________________________________________________

7. Have you ordered Ultra Strip III (DR) EAS labels from Sensormatic or a Distributor?  _______ Yes  _______ No

   If yes, date of order?

   __________________________________________________________________________

8. Do you have any exception items that must be tagged topically (Phase I)?  _______ Yes  _______ No

   If yes, please list

   __________________________________________________________________________

If you have product that you will be tagging by the Implementation Date, please complete the Source Tagging Vendor SKU List.
Source Tagging Vendor SKU List

After you have submitted your product(s) to the Sensormatic Source Tagging Innovation Center and have received certification for those items and you have product that you will be tagging by the Implementation Date, please complete this form and e-mail it to your buyer and the Shopko LP Analyst.

Vendor Name: _______________________________________________________________

Department: _________________________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Consumer UPC#</th>
<th>Item Description</th>
<th>Planned Source Tagging Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>24</td>
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</tr>
</tbody>
</table>
Vendor Source Tagging Agreement

Date: ______________________  Vendor Name: __________________________

Yes, _______________________________________________________________will be participating in Shopko’s Source Tagging Program. We will contact the EAS Coordinator to begin implementation.

No, _______________________________________________________________will not be participating at this time in Shopko’s Source Tagging Program for the following reasons:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Vendor Designated EAS Contact Name:

__________________________________________________________________________________
(If different from authorized signature above)

Title: _______________________________________________________________________________

Phone: _______________________________________________________________________________

Fax: ________________________________________________________

Mailing Address: ______________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

E-Mail Address: _______________________________________________________________________

Complete this form and return via fax or e-mail the original to:

Shopko Stores Operating Co., LLC
LP Analyst
700 Pilgrim Way
Green Bay, WI 54304
Phone: 920-429-7557
Fax: 920-429-5599

Please contact the Shopko LP Analyst for an e-mail address.
PRODUCT SUBMISSION FOR SOURCE TAGGING CERTIFICATION LAB

Company:  
Address:  
Date:  

Contact:  
Title:  
Phone:  
Fax:  
Email:  

RETAIL CHANNELS

DIY
- Expo
- Lowe’s
- McCoy’s
- Northern Tool
- Orchard Supply
- The Home Depot

Department Stores
- Belk Stores
- Federated Dept. Stores
- Saks, Inc.
- Sears
- The Bay

Food / HBC-OTC
- Discount Drug Mart
- Food Lion
- Happy Harry’s
- Longs Drug Stores
- Publix Super Markets
- Sobeys
- The Kroger Co. and associated divisions
- Vitamin Shoppe

General Merchandise
- AAFES
- AutoZone
- BJ’s Wholesale Club
- Fred Meyer
- Kmart
- Loblaws
- Meijer
- Navy Exchange
- Pamida
- SAAN
- Shopko
- Wal-Mart
- Zellers

Multimedia
- Best Buy
- Blockbuster
- Borders
- CompUSA
- Future Shop
- Hastings
- Micro Center
- Music Land
- Office Depot
- OfficeMax
- Radio Shack
- Staples
- Trans World

Sporting Goods
- Academy Sports
- Bass Pro Shops
- Cabela’s
- Dick’s
- Dunham’s Sports
- Forzani
- Gander Mountain
- G.I. Joe’s
- Hibbett Sports
- Sport Chalet
- Sports Authority

SPECIAL LABEL INSTRUCTIONS: The lab will recommend the optimum label location. Please note if you have specific label placement suggestions.

PLEASE NOTE: When submitting batteries, film and/or products containing permanent magnets please submit 3 samples of each. Products should be submitted for certification exactly as they would appear at the retail store. Products submitted in any other format will be issued a ‘prototype’ certification and may not be valid to the retailer.

* Required field if sample is being shipped from and returned to a non-US location.

<table>
<thead>
<tr>
<th>UPC</th>
<th>Qty.</th>
<th>Description</th>
<th>Country of Origin*</th>
<th>HTS Code*</th>
<th>Value* (MSRP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Attach list of any additional UPC/items that will be tagged that are not included in this shipment.

Total # of SKUs to be source tagged

When will you begin tagging these products?

Name all packaging companies/OEM and locations applying your labels

List any international manufacturing facilities applying your labels

Please provide your estimated annual label forecast for these products

PRODUCT RETURNED / CERTIFICATION TIME

Most products are processed within 10 business days from receipt. Submissions exceeding 10 items or more will require additional time to process.

For faster delivery please include your Federal Express account number.

Federal Express Acct#  
Requested by (Print Name)  
Signature  
Date  

PSF January 2006

Please send all products to

Sensormatic Electronics Corp. Source Tagging Lab  
6600 Congress Avenue, Boca Raton FL 33487  
Attn: Ms. Jeri Harris  
Telephone: (800) 327-1765 ext. 6818  
Fax: (561) 912-6817 Email: sourcetag@tycoint.com

04/23/14  
2-28
E-Commerce Drop Ship Agreement

By signing below, Vendor agrees to comply with the terms, requirements and expectations as set forth in the E-Commerce Drop Ship Terms Section of the Shopko Vendor Partnership Manual. Shopko reserves the right to terminate its relationship with Vendor if Vendor fails to comply with any of the E-commerce Drop Ship Terms or other Vendor Partnership Manual terms.

Vendor: ___________________________ [Print or type Vendor’s full legal name]

By: _______________________________ [Signature of Vendor’s authorized representative]

Name: ______________________________

Title: ______________________________

Date: ______________________________