

## **CERTIFICATION OF COMPLIANCE**

Form Completed: 11/29/2010 Form Number: 30941087417

1.) Identification of the products covered by this certification:	1 0 m 1 d m 2 d m
Product Name: SET/2 WALNUT DINING CHAIRS	
Vendor Name: TONE WORLD INTERNATIONAL CORP.	_
Model: JLF-091003-16C	_
UPC:	
Purchase Order No. 1783875	
Bluestem Brands Product Code: 4NL6710000010	
2.) Citation to each CPSC product safety regulation to which t	his product is being certified:
☐ ASTM 963-08 ☐ 16 CFR 1303 ☐ CPSIA Lead Subtrate ☐ CPSIA Phthala	
ASTM 903-06 TO CFR 1303 CFS1A Lead Subtrace CFS1A Pritilata	tes Unier, Please III III Regulation below
3.) Identification of the U.S. importer or domestic manufacture	r certifying compliance of the product:
Importer/Manufacturer Name: Bluestem Brands Inc.	r cermying compliance of the product.
Address: 6509 FLYING CLOUD DRIVE	
EDEN PRAIRIE, MN 55344	
EDENT IVAIRLE, WIN 33344	
4) Control information for individual marintaining a constant	
4.) Contact information for individual maintaining records or to	est results:
Name: Jason Knoblauch	
Address: 6509 FLYING CLOUD DRIVE	_
EDEN PRAIRIE, MN 55344	_
Dhana Number: 052 656 2040	_
Phone Number: 952-656-3848  Email Address: Merch.QA@bluestembrands.com	
5.) Date and place where this product was manufactured:	
Date: DEC.,2010	
Factory Name: DongGuan City Haiyun Furniture Limited Company	
Address: Huanan Industrial Park , Fuzhushan Village	
Liaobu Town, Dongguan City, China	
6.) Date and place where this product was tested for complia	nce with the regulation(s) cited above:
Date: 11/25/2011	Date:
Test Report Number: SDHGR101100484CM	Test Report Number:
Laboratory Name: SGS-CSTC Stds Technical Services Co., Ltd.	Laboratory Name:
Address: 1/F ,1th Building,European Industrial Park,	Address:
No.1 Shunhenan Road , Wusha Section,	
Daliang Town, Shunde, Foshan, Guangdong, China	
Contact Name: Penny Peng	Contact Name:
Phone Number: (86)757-22805888	Phone Number:
Email Address: penny.peng@sgs.com	Email Address:
7.) Identification of any third-party laboratory on whose testing	g the certificate depends:
Date:	Date:
Test Report Number:	Test Report Number:
Laboratory Name:	Laboratory Name:
Address:	Address:
Contact Name:	Contact Name:
Phone Number:	Phone Number:
Email Address:	Email Address: