



CERTIFICATION OF COMPLIANCE

Form Completed: 02.12.2010  
Form Number: 444759912184

1.) Identification of the products covered by this certification:

Product Name: Captains Bed w/ Trundle 1 Of 3  
Vendor Name: MAXIMA INDUSTRIA DE MOVEIS LTDA  
Model: \_\_\_\_\_  
UPC: NA  
Purchase Order No. 1740471  
Bluestem Brands Product Code: 4P21760000010

2.) Citation to each CPSC product safety regulation to which this product is being certified:

ASTM 963-08  16 CFR 1303  CPSIA Lead Substrate  CPSIA Phthalates  Other, Please fill in Regulation Below

3.) Identification of the U.S. importer or domestic manufacturer certifying compliance of the product:

Importer/Manufacturer Name: Bluestem brands  
Address: 6509 FLYING CLOUD DRIVE  
EDEN PRAIRIE, MN 55344

4.) Contact information for individual maintaining records or test results:

Name: Jason Knoblauch  
Address: 6509 FLYING CLOUD DRIVE  
EDEN PRAIRIE, MN 55344  
Phone Number: 952-656-3811  
Email Address: [Merch.QA@bluestembrands.com](mailto:Merch.QA@bluestembrands.com)

5.) Date and place where this product was manufactured:

Date: 02.12.2010  
Factory Name: MAXIMA INDUSTRIA DE MOVEIS LTDA  
Address: RUA MARIA BAYERL, 300  
PROGRESSO SAO BENTO SC BR

6.) Date and place where this product was tested for compliance with the regulation(s) cited above:

Date: 02.12.2010  
Test Report Number: 149  
Laboratory Name: Dioxyl Revesimentos Quimicos LTDA  
Address: Av dos Imigrantes 1500 Cx P 590  
Bairro Brasilla Sao Bento do Sul SC Brazil  
Contact Name: Adilson E Just  
Phone Number: 011-47-3635-0900  
Email Address: [dioxyl@dioxyl.com.br](mailto:dioxyl@dioxyl.com.br)

Date: \_\_\_\_\_  
Test Report Number: \_\_\_\_\_  
Laboratory Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

7.) Identification of any third-party laboratory on whose testing the certificate depends:

Date: 02.12.2010  
Test Report Number: 016/04/2010  
Laboratory Name: Fetep  
Address: Rua Afonso Grosskopf, 352  
Colonial CEP 89290 - 000 São Bento do Sul SC  
Contact Name: Alberto  
Phone Number: \_\_\_\_\_  
Email Address: [Alberto@fetep.org.br](mailto:Alberto@fetep.org.br)

Date: \_\_\_\_\_  
Test Report Number: \_\_\_\_\_  
Laboratory Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_