bluestem brands, inc.

CERTIFICATION OF COMPLIANCE

Form Completed: 2010/8/3
Form Number: 89351757282

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

Product Name: BIG FOOT
Vendor Name: ROOTLAND
Model: 00061759000070
UPC: 049796617597
Purchase Order No. PO000001666129
Bluestem Brands Product Code: 4F26430000010

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

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

CPSIA Lead in Coating, CPSIA Tracking Label, Illnois Lead Requirement

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

Importer/Manufacturer Name: Bluestem Brands Inc.
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

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

Date: *1039 (no. of week of year 2010)
Factory Name: ROOTLAND
Address: BaiYunKeng Inductvial Area,DanShui Town HuiZhou City,GuangDong Province

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

Date: 2010/2/2
Test Report Number: (5210)007-0149(C)
Laboratory Name: Bureau Veritas Hong Kong
Address: 1/F., Pacific Trade Centre, 2 Kai Hing Road Kowloon Bay, Kowloon, Hong Kong
Contact Name: Ms. Fennie Liu
Phone Number: (852)23310227
Email Address: fennie.liu@hk.bureauveritas.com

Date: 2010/1/22
Test Report Number: (5210)007-0149(D)/(G)
Laboratory Name: Bureau Veritas Hong Kong
Address: 1/F., Pacific Trade Centre, 2 Kai Hing Road Kowloon Bay, Kowloon, Hong Kong
Contact Name: Ms. Fennie Liu
Phone Number: (852)23310227
Email Address: fennie.liu@hk.bureauveritas.com

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

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

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