

COOPERATIVE MERCHANDISING AGREEMENT CERTIFICATION PAGE

480 / 940 - 9880

A/R NUMBER 501497 CUSTOMER INVOICE CMAC NUMBER 0020174529 - 00

SUPPLIER NUMBER 56531 BATCH - 14631 BUYER NUMBER B37

VENDOR NUMBER 6013 INVOICE DATE 3/02/17

DEDUCT OFF INVOICE - YES CATEGORY MANAGER C64

1

VENDOR / BROKER NAME: Johnsonville Sausage ADDRESS 3270 Paysphere Circle

CITY: Chicago STATE: IL ZIP: 60674

TOTAL FOR CMAC 996.72

| DEPARTMENT | | CATEGORY | | | CREDIT ACCOUNT NO. | | QTY | PER.% | DISTRIBUTION |
|------------|------------|--------------------------|---------|---|---------------------|------|-------------|--------|----------------|
| MT Meat | | 74 Meat reta | iil | ı | 001.080.800.001.029 | 84. | | 1.000 | 996.72 |
| <u> </u> | | HATCH GRN CHL SA | 2/01/17 | - | 2/07/17 | | 12 | .240 | 2.8 |
| 1 | 7778200244 | 19 OZ BRATWURST | 2/01/17 | _ | 2/07/17 | | l l 1132 | .240 | 271.68 |
| i | 7778200787 | | 2,01,1, | | 2/0//1/ | | 1132 | .210 | 2/1.04 |
| İ | JVL | BEER N BRATWURST | 2/01/17 | - | 2/07/17 | | 1123 | .240 | 269.52 |
| Ţ | | 19 OZ | | | | | | 1 1 | ļ |
| ļ | | HOT ITALIAN SAUS | 2/01/17 | - | 2/07/17 | | 640 | .240 | 153.60 |
| 1 | 7778200813 | 19 OZ ITALIAN SAUSAGE | 2/01/17 | _ | 2/07/17 | | l l 645 | 1 .240 | 154.8 0 |
| İ | 7778200816 | | 2/01/17 | | 2/07/17 | | 043 | .240 | 134.0Ψ |
| İ | JVL | SWT ITAL SAUG | 2/01/17 | - | 2/07/17 | | 595 | .240 | 142.80 |
| 1 | 7778200839 | 19 OZ | | | | | | 1 1 | 1 |
| | | IRISH O GARLIC T | 2/01/17 | - | 2/07/17 | | [6 | .240 | 1.44 |
| 1 | 7778200853 | 19 OZ | | | | | | | 1 |
| 1 | | | | | Т | OTAL | 4153 | | 996.72 |
| 1 | | | | | | | | I İ | İ |

| DESCR | ΙPΤ | ION: |
|-------|-----|------|
|-------|-----|------|

BASHAS AD 2/1-2/7/17 JVL TRAY LINKS 19 OZ

| SIGNED | FOR | COMPANY: | SIGNED | FOR | R BASHAS: | |
|--------|-----|----------|------------|-----|-----------|--|
| | | | | | | |

AUDITED REVIEW BY: Michele Doemel

Remittance Address:
Bashas Inc.
Attention Finance Department
P.O. Box 488
Chandler, Arizona 85244

Note: This Form Must Accompany Payment. CMAC # Must Be On The Check.

Form 825-G RevD 4 99 Item 624858