			CT 11	UD WEDA	AC A CREEMENT				
* CIMARRON OFFICE	VENDOR/BUYER USE ONLY (DO NOT WRITE			5 VERSION	MS AGREEMENT	BUYER			
DUVED. CC				CURRENT D	ATE ENTERED: 11/24/2015	AUTHORIZATION			
BUYER: SS CATEGORY: #	4648 NAME Spo	orting Goods							
# VENDOR #: 19496	0000 NAME		DA	TE PREVIOUS	SLY ENTERED:	INITIAL			
VENDOR #: 19496 SEPARATE CONTRA	CT: YES/NO			TERED BY:	JODI WAGONER	DATE			
DATE AGREEM		01/01/17			OUTSIDE SALE	S REP INFO			
A CCOLINIT #	VENDOR I	NFO	7	PANY NAME:					
ACCOUNT#			-		N/A				
COMPANY NAME:	RECONYX, INC		ADDF						
CARE OF:	JAMES RATAJCZEK		-	RESS 2:					
ADDRESS:	3828 CREEKSIDE LANE		-	STATE/ZIP:					
BOX/SUITE:			-	IAME:		DYM			
CITY/STATE/ZIP:	HOMEN, WI 54636		PHON			EXT			
PHONE:	(866)493-6064		-	PHONE:					
FAX:	(608)779-1344		FAX:						
E-MAIL	INFO@RECONYX.COM		E-MAIL:						
FACTORY CONTACT	JAMES RATAJCZEK		2ND CONTACT:		CONNIE FORSETHMATT PAULSRUD				
PHONE:	(866)493-6064	EXT 000000		NE:	(866)493-6064	EXT			
E-MAIL:	JAMIE@RECONYX.COM	1	E-MAIL:		MPAULSRUDCFORSETH@RECONYX.XOM				
FREIGHT TERMS:		ROUTING GUIDI	E CAN E	BE FOUND AT	T WWW.SUTHERLANDS	S.COM/ROUTING			
FOB HOLMEN, WI				L/T PPD OR I	FOB SEE RTG GUIDE				
OR CALL TRAFFIC 816-360-2128				SMALL SHP	SHPMT FEDEX/UPS OUR ACCT				
DACK ODDEDS.	WE REQUIRE BACKORD	FDS TO RE-							
BACK ORDERS:			D WITH	MET PRIOR ALE	THORIZATION FROM CIMARE	NON!			
CANCELED:									
SHIPPED: YES	(NOTE: BACKORDERS ACC	EFTED WHEN SHIFT	red WIII	IIIN THIKIT DA	AYS (30) OF ORIGINAL PURCH	ASE ORDER DATE.)			
PAYMENT TERMS									
REGULAR PAYMEN	T TERMS: NET 30 DAYS								
	PAGGOVER A MIGHT DE CH	OWAL ACTUAM CU	MONDO	TTOM OF BI	VOLCE VOLUME				
NEW STORE TERM	S: TERM DISCOUNT. NEW CIMARRON	STORE TERMS OF	R DISCOU	JNTS NOT RE	VOICE, NOT REFLECTED IN FLECTED ON INVOICE, WIL	L BE TAKEN BY			
PAYME!	C. ON <b>INITIAL &amp; ALL ORD</b> NT TERMS & CASH DISC)								
n/a 10% DIS	COUNT AND 180 DAYS DAY AL ORDER (IN ADDITION T	TING ON <b>INITIAL</b> O REGULAR CASI	ORDEI H DISCO	R AND ALL ( OUNT)	ORDERS PLACED WITHIN	THIRTY DAYS (30)			
YOUR CURRE	NT NEW n/a								

## **STATEMENTS**

STORE TERMS ARE:

PLEASE PROVIDE A MONTHLY STATEMENT TO: ACCOUNTS PAYABLE DEPT, ATTN: ACCOUNTS PAYABLE

VENDOR NAME:	RECONY	X, INC			VENDOR #	19496	(PAGE 2)
GRAND OPENING							
DOOR PRIZE PROVI	DED AT NO	CHARGE FOR THIS	SALE? YES/NO	NO			
DOOR PRIZE ITEM(	S):						
FILL RATE REQUI	REMENTS						
		HLY, LINE ITEM FIL	L RATE VOUR	CIMARRO	ON COMPLITED AV	ERAGE IS:	100.00 %
		EVERY MONTH. (AN					
CHARGE (WHICHE) PREVIOUSLY AGRE	VER IS GRE	EATER) MAY BE TAKI	EN FOR FILL RATES	S THAT FA	LL BELOW THE 95%	REQUIREN	MENT OR
		ATE FOR NEW STOR ARRON MAY DEDUCT		STORE DI	SCOUNT AS THOU	GH THE ORI	DER WAS FILLED
AT 100%.							
NOTE: A NEW STO DEVELOPED BY TH		NED AS ANY NEW OR ON BUYER.	R EXISTING STORE	THAT HAS	NOT PURCHASED A	A REGULAR	R PROGRAM
SHIPPING INFORM							
	Washing back of a second	ECIFY NUMBER OF WO	ORKING DAYS TO SH	IP AN ORD	ER FROM DATE ORD	ER IS RECEI	VED BY VENDOR.
NUMBER OF DAYS			TED AVERAGE IS:	6	(CALCULATED BY C		
COMMENTS:							
SHIPPING ORIGIN	W/ZIP:	3828 CREEKSIDE I	ANE				
		HOLMEN, WI 54636	6				
A 10% CHARGE ON	TOTAL OI	RDER OR A \$25 CHAR	RGE (WHICHEVER I	S GREATE	R) MAY BE TAKEN	FOR MISSE	ED SHIP DATES.
COMPLIANCE							
		CAN ONLY REMAIN A					
		US COMPETITIVELY. E OR BETTER COSTS,					
PRICING INFORM	ATION						
		GES & PROMOS TO T	HE BUYER & PRICI	NG@CIML	BR.COM (PREFERR	ED) OR FA	X TO 816-531-4690
HOW IS PRICING		CE CHANGES MUST I					
METHOD USED:	PROVIDEL	TO CIMARRON? M			ENT PRICING/QUO	IE	
	CATALOG,	EXCEL OR OTHER)	PDF PRICE SHE	ET		D	DATE:
COMMENTS:							
VOLUME REBATE							
SPECIFY PROGRAM		E	1 1 2 2 2 2 2			THE STATE OF	
BACK TO DOLLAR	ONE?						
HOW PAID:			WHEN PA	D:			
ONLINE SALES/AI	VERTISIN	OVERTISES AND SEL	I S CEDTAIN DDOD	LICTS ONI	INE TUDOLICU TU	T HUMBEL OF W	
CIMARRON/SUTHERLAND ADVERTISES AND SELLS CERTAIN PRODUCTS ONLINE THROUGH THE WWW.SUTHERLANDS.COM WEBSITE AND/OR ITS AFFLIIATED COMPANIES RELATED WEBSITES.							
DOES VENDOR HAVE AN ONLINE ADVERTISING/SALES POLICY?  YES/NO NO							
IF YES, PLEASE ATTACH VENDOR'S CURRENT ONLINE ADVERTISING/SALES POLICY.  YES/NO NO							
IF ANY VENDOR PRODUCTS ARE TO BE EXCLUDED FROM ONLINE ADVERTISING OR SALE OR HAVE ONLINE ADVERTISING/SALES RESTRICTIONS, PLEASE PROVIDE A LIST OF SUCH EXCLUSIONS OR RESTRICTIONS FOR THOSE							
PRODUCTS.  DOES VENDOR HAVE A MINIMUM ADVERTISED PRICE POLICY (MAPP)?  VES/NO YES							
					POLICY (MAPP)	YES/N	O YES
IF YES, PLEASE ATTACH VENDOR'S CURRENT MINIMUM ADVERTISED PRICE POLICY (MAPP) PLEASE INDICATE HERE IF CIMARRON/SUTHERLAND HAS ONLINE SALES/ADVERTISING							
AUTHORIZATION	WITHIN T	HE LIMITS OF THE					
POLICY AND MAPI	PSPECIFIC	CATIONS:				YES/N	NO NO

VENDOR NAME:	RECONYX, INC		VENDOR#	19496	(PAGE 3)
DEFECTIVE MED	CHANDICE				
DEFECTIVE MER					
DEFECTIVE ALLO			WHEN	PAID: n/a	
IF NO DEFECTIVE	E ALLOWANCE, RETURN FOR CREDIT YES/NO	NO REP	PLACEMENT YES/	NO <u>NO</u>	
MERCHANDISE DI	ISPOSAL POLICY: ALL WARRANTY ISSUES SHOUL	D BE HANDLED	BETWEEN THE EN	D USER AND REC	ONYX.
NOTE, IE ACTIVA	I DETUDNED COORS IN ANY OF STREET				
DEDUCT THE DI	L RETURNED GOODS ARE 25% OR GREATER THEFERENCE	IAN DEFECTI	IVE ALLOWANCE	GIVEN, CIMAR	RON WILL
	OF DEFECTIVE MERCHANDISE WILL BE AT VE	NDORS EXPE	NSE IF NO RESPO	NSE WITHIN 30	DAYS.
A DEDUCTION W	ILL BE TAKEN. MERCHANDISE WILL BE DESTR	ROYED 60 DAY	YS AFTER DATE C	F ORIGINAL C	LAIM.
	N GOODS AUTHORIZATION INSTRUCTIONS				
	MERCHANDISE & RETURN SHIPMENTS)				
	ACT FOR RGA INFORMATION: CALL FOR RA	<u>‡</u>			
PHONE #: 866-					
	CTIONS: (EXAMPLE: CARRIER/UPS):				
		& CHARGE VE	NDOR		
	ED ON ALL CARTONS? YES X NO				
ADDITIONAL INS	TRUCTIONS: INSTRUCT CUSTOMER TO CONT	ACT RECONY	X DIRECTLY FOR	R REPAIRS. NO	
	DEFECTIVE RETURNS ALLOWEI	FROM RESE	LLER		
ADDRESS WHER	E RETURN MERCHANDISE IS TO BE SENT:				
COMPANY NAME			ATTENTION:		
STREET:	. 2772	A	TIENTION.		
CITY:	STATE:	ZIP:	$\perp$		
COUNTRY:	NON US POSTAL O				
	Noncorosina	ODE.			
ADDRESS WHER	E RETURN AUTHORIZATION REQUEST SHOULD	BE SENT:			
COMPANY NAME			TTENTION:		
STREET:					
CITY:	STATE:	ZIP: 00	0000 - 0000		
COUNTRY:	NON US POSTAL C				
RGA FAX#	OR EDI YES/NO				
SHORTAGES					
CLAIMS FOR SHO	RTAGES, PROOF OF DELIVERIES OR MERCHANDIS	SE SHIPPED IN	ERROR WILL BE	CHARGED BACK	AGAINST
THE VENDOR, IF I	NO RESPONSE AFTER 30 DAYS FROM THE DATE O	F CLAIM.			
ADVERTISING IN	FORMATION				
	N/A				
	CCRUAL OR ALLOWANCE & ON WHAT IT IS BASE	(D)			
	OF PROGRAM: MONTH/DAY FROM TO		WE NEED TO FILE	CO ODO VECALO	
RATE OF PAID CO			WE NEED TO FILE	CO-OP? YES/NO	
IF GIVING ALLOY	WANCE & PROOF IS NOT REQUIRED, HOW PAIL	02			%
DEDUCT FROM IN			WHEN DAIDS		
CATALOG PROGI	order order. The	<i>"</i> 110	WHEN PAID?		
		INC VECAN	O DIE BUY		
HOW PAID?		RING YES/NO	O <u>NO</u> FAL	L YES/NO	NO
	ON ON THIS PROGRAM, CONTACT CIMARRON BU				
			60.05		
The state of the s	ROMOTIONAL AD FUND IS SEPARATE AND IN A	DUITION TO	CO-OP AND ALL	REBATES.	
DISPLAY ALLOWA	ANCE				

VENDOR NAME:	RECONY	X, INC				VENDO	OR#	19496	(1	PAGE 4)
SPECIFY PRODUCT	S & TERMS:	NONE							HAM	
PLAN-O-GRAM SE	ERVICE									
SPECIFY: NONE										
INSURANCE CON	TACT									]
	IACI:		PHONE N	JIIMRER.	0000000000					
EMAIL:	ITV		THORE	WIDEK.	. 000000000					
VENDOR AGREES CIMARRON LUM	S TO PROVI	DE A CERTIF LY COMPAN	ICATE OF GEN	NERAL/P THERLA	RODUCT LIA ND® LUMBEI	BILITY I	INSURA ANY AN	NCE NAMINO D/OR AFFILIA	ATED	
WE REQUIRE A M TOTAL LIMIT OF	IINIMUM OI	ONE MILLI	ON (\$1,000,000)	GENERA	AL/PRODUCT	LIABIL	ITY COV			
YOUR LIABILITY	COVERAGE	IS: \$								
CERTIFICATE: (Y	ES/NO)		CERTI	IFICATE 1	EXPIRATION	DATE:				
NOTWITHSTANDI LIABILITY COVER TO PROVIDE COV LUMBER & SUPPL MADE ARISING OF MANUFACTURED LIABILITY INSURANY PRODUCT VE MANUFACTURER BUYER, IN THE EV CERTIFICATE OF	RAGE ON A PERAGE FOR Y COMPANY UT OF THE S. BY YOU AND ANCE REQUINDOR AGREOF ANY PROVENT THAT	RIMARY AND ANY CLAIM T AND/OR SUT ALE AND/OR O PACKAGED RED FROM Y ES AND REPR DUCT SOLD T OUR BUSINES	NON-CONTRICHROUGH YOU HERLAND® LUUSE OF YOUR LUNDER THE SUOU AS SHOWN ESENTS THAT TO BUYER AND S RELATIONSI	BUTORY I UR INSURA IMBER CO PRODUCT UTHERLA ELSEWH IT HAS O THAT TI HIP SHOU	BASIS. NOTW ANCE CARRIE DMPANY AND IS. YOU AGRE ND BRAND NA ERE IN THIS A DBTAINED PRO HE INDEMNIF	TTHSTAMER, YOU A OR AFFI OE THAT A AME WIL AGREEM ODUCT L TICATION	AGREE TELLIATED ANY PRO L BE CO ENT. IF LABILIT	HE ABOVE, IF TO INDEMNIF COMPANIES, DUCTS PROI EVERED UNDE VENDOR IS A Y INDEMNIFI TAIED WILL B	Y CIMA FOR A DUCED OR THE DISTR CATIO E EXTI	ARRON LL CLAIMS OR PRODUCT RIBUTOR ON IN FROM THE ENDED TO
PATENT WARRAN IF A CLAIM IS MAI PATENT, VENDOR AFFILIATED COMI AWARDED.	DE OR AN AC SHALL DEFI	END CIMARRO	ON LUMBER &	SUPPLY	COMPANY AN	ND/OR SU	THERLA	AND® LUMBEI	R COM	PANY AND/OR
MANUFACTURE I	DISCONTINI	IED ITEMS: N	AUST BE BOUG	GHT BAC	K OR CREDIT	ISSUED	FOR OU	ANTITIES		N/A
STILL IN INVENTO								in (TTTIBO	PLE	ASE INITIAL
STOCK ADJUSTM PURCHASED ON A COMMENTS: NC	ENT PARTIC NEW PROC	CIPATION? GRAM, TO BE	WE REQUIRE EXCHANGEI	PRODUC D FOR MI	TS NOT SOL	D AFTER E OR CRI	R ONE (1 EDITED	) YEAR, THA AT ORIGINA	T WEI	RE ST.
SERVICE INFORM	ATION	WE REQU	IRE EACH N	EW STO	RE TO BE S	SET BY	VENDO	<u>R.</u>		
IS IN STORE SERVI	CE AVAILA	BLE IF REQUI	RED? YES/NO	NO	IS NEW STO	ORE SET-	UP PRO	VIDED? YES/	NO	NO
TYPE OF SERVICE	AVAILABLE	(I.E.: ORDER	ING, COUNTIN	NG, ETC.)						
EDI SERVICE										
DOES YOUR COMPA	ANY HAVE F	DI CAPARII I	TY? YES/NO	NO						
EDI INVOICING SER				110						
CONTACT NAME/PH		CL TO VEIND	JA. 1/4/0 DIT							
CONTACT E-MAIL A	Г									
	L	EMPCENTAL	##C 2000 TV	0.10 ***	· marria					
CIMARRON'S CONT.	ACI: KIM D	EMPSEY 816-	756-3000 EXT	243 KDE	MPSEY@CIV	ILBR.CO	M			



VENDOR NAME:	RECONYX, INC			VI	ENDOR#	19496	(PAGE 6)	
INTERNET SERVIC	CES							
WHAT IS YOUR WE	B ADDRESS?	N/A						
LOGIN INFORMATI		PASSWORD						
YOUR "WHERE TO SUTHERLANDS® RI A CURRENT STORE	FTAIL LOCATION	S						
TRAINING PROI	OUCT KNOWLEDO	SE MEDIA AVAILA	BLE? YES/NO	NO SPE	CCIFY:			
SPECIAL ORDER	INSTRUCTIONS							
MINIMUM ORDER	REQUIREMENT:		6 UNITS PER M	ODEL (CASE	PACK)			
SHIPPING LEAD TI	ME FROM RECEIP	T OF ORDER:	14 DAYS					
HOW ARE SPECIAL	ORDER COSTS D	ETERMINED?	PER PRICELIS	T				
(EXAMPLE: LIST F	PRICE LESS 50% / I	PREPAID FREIGHT)						
FACTORY CONTAC	CT FOR SPECIAL (	ORDER PLACEMEN	T/INQUIRIES:	JAMES RAT	AJCZEK			
PHONE NUMBER:	(866)493-6064	EXT		FAX NUMBER: (608)779-1344				
IS A SPECIAL ORD	ER CATALOG AV	AILABLE? YES/NO	NO					
FREIGHT SPECIFIC	CATIONS:							
PREPAID	FOB	PPD &	& ADD YES	OTHE	R			
CAN SPECIAL ORD	DER BE "TAGGED"	WITH P.O. NUMBE	ER & CUSTOMER	R NAME?	YES/NO	YES		
RETURN POLICY O	ON SPECIAL ORDE	RS:						
ADDITIONAL COM	IMENTS:							
JAMES RATAJCZI								
NAME OF AUTHO (PLEASE PRINT)	RIZED SIGNER				OF AUTHORIZ E PRINT)	ZED SIGNER		
Law	-			JAMIE@	RECONYX.C	СОМ		
SIGNATURE OF A	UTHORIZED SIG	NER (REQUIRED)		EMAIL				
PHONE 866	-493-6064			DATE	03/06/1	7		
		REEMENT REOD. A NEW FOR						
SIGNED CC	A I ILLUCIA IL.	DI ARABATT I OIL	The state of the s			LICI OII	IER TEAR.	

IF A CONFLICT EXISTS BETWEEN THE TERMS AND AGREEMENT STATED ABOVE AND ANY OTHER AGREEMENT OR CONTRACT BETWEEN CIMARRON LUMBER AND SUPPLY COMPANY/SUTHERLAND® LUMBER COMPANY AND/OR AFFILIATED COMPANIES AND VENDOR, THE TERMS AND AGREEMENT STATED ABOVE SHALL PREVAIL.

CIMARRON CONSIDERS THIS INFORMATION TO BE CONFIDENTIAL AND PROPRIETARY AND SHOULD NOT BE SHARED WITH OTHER INDIVIDUALS OR COMPANIES.

VENDOR NAME: RECONYX, INC VENDOR # 19496 (PAGE 7)

RECONYX, INC 3828 CREEKSIDE LANE HOMEN, WI 54636 ATTN: JAMES RATAJCZEK