

# GENERAL CONFORMITY CERTIFICATE

## Totes Isotoner Corporation

Style Number(s) 269  
Totes Isotoner PO Number(s) T133816  
Product Description Critters Children Umbrella  
Season/Year F2011 Date Manufactured Aug 2011

All supply chain parties listed below certify that the product(s) identified above and contained in this shipment comply with all applicable rules, bans, regulations, and standards under the Consumer Product Safety Act or any other Act enforced by the CPSC. All tests maintained by Totes Isotoner Corporation, email: [hklab@totes.com.hk](mailto:hklab@totes.com.hk)

Checkbox of applicable rules, bans, standards, and regulations for the product identified above:

- Lead in surface coating (16CFR1303)  Small parts (16CFR1501)  
 Lead in substrate (CPSIA)  Sharp points and edges (16CFR1500)  
 Phthalates (CPSIA)  Flammable Fabric Act (16CFR1610/1611)  
 Other (specify) \_\_\_\_\_  
 N/A; There are no applicable safety standards for the above-noted product.

### Importer of Record:

Company Name Totes Isotoner Corp.  
Address 9655 International Blvd,  
Cincinnati, Oh 45246, USA  
Contact Name Jerry Duwel  
Phone Number 513-6828200  
Email Address jerry.duwel@totes.com

### Manufacturer (Vendor)

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

### Factory:

Company Name Yi Fu  
Address Song Gang District, Qing  
Xing Town, Dongguan, China  
Contact Name Kelvin  
Phone Number 86-769-87731901  
Email Address yfumb@dgnet.net

### Private Labeler:

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

### Test Performed By:

Test Performed Lead coating & substrate  
Date of Testing Aug 17, 2011  
Report # (5211) 209-0539  
Company Name Bureauveritas HK  
Address 1/F Pacific Trade Ctr, 2  
Kai Hing Rd, Kowloon, HK  
Contact Name Cathy Lau  
Phone Number 852-23310888  
Email Address cathy.lau@hk.bureauveritas.com

### Test Performed By:

Test Performed \_\_\_\_\_  
Date of Testing \_\_\_\_\_  
Report # \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_