



351 W Muskegon Drive
 Greenfield IN 46140
 (317) 462-3121

General Certification of Conformity
 Must be completed in English

As required by section 14 (g) of the Consumer Product Safety Act, 15 U.S.C. § 2063 (g)

Item 1

Describe the product covered by this certification in enough detail to match the certificate to each product it covers and no others (item number, PO number, UPC number, and description)

Item Number 28860 PO Number 1001596_00 Number 7 94080 28860 0
 Item Description Blanket Plush IV

Item 2

The certificate must identify separately each applicable rule, ban, standard or regulation under the Acts administered by the Commission that is applicable to the product. (HR4040)

Lead PASS Other (List) _____
 Small Parts TJD02F000845 Other (List) _____
 Phthalates PASS Other (List) _____

Item 3

Provide the name, full mailing address, and telephone number of the foreign or domestic manufacturer of the product

Address (if more than one location in the same city) _____
 City & Country _____

Item 4

Provide the name, full mailing address, and telephone number of the US importer, if applicable, of the product. This information may be omitted if the importer chooses to certify separately.

Name Novelty Inc. Phone 317-462-3121
 Mailing Address 351 W Muskegon Drive, Greenfield IN 46140 USA



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Item 5

Provide the name, full mailing address, and telephone number of any private labeler certifying the product. This information may be omitted if the private labeler chooses to certify separately

Name OMITTED Phone _____
 Mailing Address _____

Item 6

Provide the name, full mailing address, email address, and telephone number of the person maintaining test records in support of the certification.

Name	<u>Laura Chandler</u>	Full Mailing Address	<u>351 W Muskegon Drive</u>
Email	<u>LChandler@noveltyinc.com</u>		
Phone	<u>(317) 462-3121</u>		<u>Greenfield IN 46140</u>

Item 7

Provide the date(s) when the product was manufactured by at least month and year. For the place of manufacture, if different from the manufacturer's address in item 3, provide at least the city and country or administrative region, of the place where the product was finally manufactured or assembled. If the manufacture operates more than one location in the same city, provide the street address of the factory.

Mfg Date 2013-7-26 Mfg Location _____

Item 8

Give the dates of the tests or test report(s) on which certification is being based and the location(s) of the testing.

Test Date(s) 2013-7-31 Test Location(s) CTI SHANGHAI,China

Item 9

If a third-party laboratory tested the product or conducted a testing program on which the certification is based, give the name, full mailing address and telephone number of the laboratory.

Name	<u>coco lan</u>	Full Mailing Address	<u>3rd Building, No.889 Yishan Road Xuhui</u>
			<u>China 200233</u>
Phone Number	<u>0514-85108513</u>	Address	<u>Shanghai 200233 CHINA</u>