



# PURCHASE ORDER

1225 North Loop West Suite 650  
Houston TX 77008  
Tel: 713.980.7380 Fax: 713.980.7381

No.: \_\_\_\_\_

Date: \_\_\_\_\_

Contact: \_\_\_\_\_

ISSUED TO:

SHIP TO:

| QUANTITY           | DESCRIPTION | PRICE | EXTENSION |
|--------------------|-------------|-------|-----------|
| <b>EXHIBIT # 1</b> |             |       |           |

**SPECIAL INSTRUCTIONS:** Invoices & Mill Test Reports are required when the vessel docks in Houston, TX. Original & two (2) copies of both are required. Failure to receive the Invoice & MTRs promptly could delay payment beyond the agreed terms. Under no circumstances will payment be approved until MTRs are received.

DATE \_\_\_\_\_

SALES ORDER # \_\_\_\_\_

CUSTOMER PO \_\_\_\_\_

BILL TO \_\_\_\_\_

SHIP TO \_\_\_\_\_

SHIP VIA \_\_\_\_\_ PPD \_\_\_\_\_ WC \_\_\_\_\_ DATE PROMISED \_\_\_\_\_

TERMS \_\_\_\_\_ N30 \_\_\_\_\_ OTHER \_\_\_\_\_ TAXABLE \_\_\_\_\_

SALES PERSON \_\_\_\_\_ WAREHOUSE \_\_\_\_\_

MTR WITH TRUCK \_\_\_\_\_ INVOICE \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

MTR TO: \_\_\_\_\_

GRADES

| 10  | 20 OR 25 | 40 OR 45 | 60  | SIZE  | ORIGIN  | QTY | WEIGHT | CWT | TOTAL |
|-----|----------|----------|-----|-------|---------|-----|--------|-----|-------|
| 36  | 572      | 516      | 573 | OTHER | F D MM  |     |        |     |       |
| ABS | 50 65    | AR N     |     |       | CHSI NC |     |        |     |       |
| 36  | 572      | 516      | 573 | OTHER | F D MM  |     |        |     |       |
| ABS | 50 65    | AR N     |     |       | CHSI NC |     |        |     |       |
| 36  | 572      | 516      | 573 | OTHER | F D MM  |     |        |     |       |
| ABS | 50 65    | AR N     |     |       | CHSI NC |     |        |     |       |
| 36  | 572      | 516      | 573 | OTHER | F D MM  |     |        |     |       |
| ABS | 50 65    | AR N     |     |       | CHSI NC |     |        |     |       |
| 36  | 572      | 516      | 573 | OTHER | F D MM  |     |        |     |       |
| ABS | 50 65    | AR N     |     |       | CHSI NC |     |        |     |       |
| 36  | 572      | 516      | 573 | OTHER | F D MM  |     |        |     |       |
| ABS | 50 65    | AR N     |     |       | CHSI NC |     |        |     |       |
| 36  | 572      | 516      | 573 | OTHER | F D MM  |     |        |     |       |
| ABS | 50 65    | AR N     |     |       | CHSI NC |     |        |     |       |

EXHIBIT # 2

NOTES:



COMMON CARRIER DETAIL SHEET

DATE: \_\_\_\_\_

SALES ORDER: \_\_\_\_\_

CUSTOMER PO#: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

**EXHIBIT # 3**

DATE TO LOAD: \_\_\_\_\_ PROMISE DATE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SHIP VIA:  TRUCK  RAIL  OTHER

PICK-UP  HOUSTON  NEW ORLEANS  TULSA

LOCATION:  BUYOUT / LOCATION  OTHER: \_\_\_\_\_

AVAILABILITY:  READY  CUT  INBOUND  OTHER

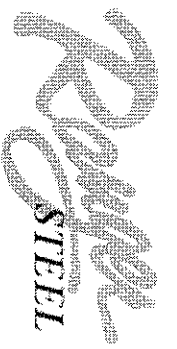
BLOCKING & LOADING INSTRUCTIONS:  TARP  LEGAL  WIDE  
 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

JOB SITE REQMENTS  STEEL-TOED BOOTS  NO TENNIS SHOES  LONG SLEEVES  
 NOMEX SUIT  NON-FLAMMABLE CLOTHING  HARD HAT  
 SAFETY GLASSES  NO FACIAL HAIR/BEARD  NO BEARD  
 \_\_\_\_\_  
\_\_\_\_\_

MAX ALLOWED: \_\_\_\_\_ STOP: \_\_\_\_\_ TOTAL FREIGHT: \_\_\_\_\_

PREFERRED CARRIER: \_\_\_\_\_ DATE QUOTED: \_\_\_\_\_

\_\_\_\_\_  
SALESMAN



# CUTTING ORDER

CUSTOMER: \_\_\_\_\_

SO# \_\_\_\_\_

DATE: \_\_\_\_\_

## STOCK ITEM TO BE CUT:

| QTY | SIZE | GRADE | NOTES |
|-----|------|-------|-------|
|     |      |       |       |
|     |      |       |       |
|     |      |       |       |
|     |      |       |       |
|     |      |       |       |
|     |      |       |       |
|     |      |       |       |
|     |      |       |       |
|     |      |       |       |

## TO BE CUT TO:

| QTY | SIZE | NOTES | REM | NEW PRICE |
|-----|------|-------|-----|-----------|
|     |      |       |     |           |
|     |      |       |     |           |
|     |      |       |     |           |
|     |      |       |     |           |
|     |      |       |     |           |
|     |      |       |     |           |
|     |      |       |     |           |
|     |      |       |     |           |
|     |      |       |     |           |

**EXHIBIT # 4**

ADDITIONAL NOTES: \_\_\_\_\_

PICKUP DATE: \_\_\_\_\_

X \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/8/2010

PRODUCER Phone: 713-627-2250 Fax: 713-621-5425  
Frank Crystal & Co. of Texas, Inc.  
2000 West Loop South, Suite 1800  
Houston TX 77227-7723

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED  
Ranger Steel Services L.P.  
1225 N. Loop W., Suite 650  
Houston TX 77008

| INSURERS AFFORDING COVERAGE          | NAIC # |
|--------------------------------------|--------|
| INSURER A: Great Northern Ins. Co.   | 20303  |
| INSURER B: Federal Insurance Company | 20281  |
| INSURER C:                           |        |
| INSURER D:                           |        |
| INSURER E:                           |        |

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR | INSRD | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS   |   |
|----------------|-------|--|---------------|------------------------------------|-------------------------------------|--|---|
| A              | X     | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | 35796430      | 12/31/2009                         | 12/31/2010                          | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | \$ 1,000,000<br>\$ 1,000,000<br>\$ 10,000<br>\$ 1,000,000<br>\$ 2,000,000<br>\$ 2,000,000 |
| A              | X     | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   | 70205525      | 12/31/2009                         | 12/31/2010                          | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                              | \$ 1,000,000<br>\$<br>\$<br>\$  |
|                |       | GARAGE LIABILITY<br>ANY AUTO   |               |                                    |                                     | AUTO ONLY - EA ACCIDENT<br>OTHER THAN EA ACC<br>AUTO ONLY: AGG   | \$<br>\$<br>\$  |
| B              | X     | EXCESS / UMBRELLA LIABILITY<br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE<br>RETENTION \$0   | 79862746      | 12/31/2009                         | 12/31/2010                          | EACH OCCURRENCE<br>AGGREGATE   | \$ 15,000,000<br>\$ 15,000,000<br>\$<br>\$<br>\$  |
|                |       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under SPECIAL PROVISIONS below  |               |                                    |                                     | WC STATUTORY LIMITS<br>OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT  | <br><br>\$<br>\$<br>\$  |
|                |       | OTHER  |               |                                    |                                     |  |   |

EXHIBIT # 5 PAGE 1

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

Hammerts Iron Works  
5913 Shreve Avenue  
St. Louis MO 63115

## CANCELLATION Except 10 Days for Non-Payment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Frank Crystal & Co. of Texas, Inc.*

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

62ZZK2Q6

DATE (MM/DD/YYYY)  
09/12/2010

**PRODUCER**  
LOCKTON COMPANIES, LLC  
5847 SAN FELIPE, SUITE 320  
HOUSTON, TX 77057

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**INSURED**  
ADMINISTAFF, INC.  
19001 CRESCENT SPRINGS DRIVE  
KINGWOOD, TX 77339  
\* SEE BELOW

| INSURERS AFFORDING COVERAGE                         | NAIC # |
|---|--------|
| INSURER A: Indemnity Insurance Co. of North America |        |
| INSURER B:  |        |
| INSURER C:  |        |
| INSURER D:  |        |
| INSURER E:  |        |

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                    |              |
|----------------------|--|---------------|----------------------------------|-----------------------------------|---|--------------|
|                      | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |               |                                  |                                   | EACH OCCURRENCE                           | \$           |
|                      |  |               |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$           |
|                      |  |               |                                  |                                   | MED EXP (Any one person)                  | \$           |
|                      |  |               |                                  |                                   | PERSONAL & ADV INJURY                     | \$           |
|                      |  |               |                                  |                                   | GENERAL AGGREGATE                         | \$           |
|                      |  |               |                                  |                                   | PRODUCTS - COMP/OP AGG                    | \$           |
|                      | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|                      |  |               |                                  |                                   | BODILY INJURY (Per person)                | \$           |
|                      |  |               |                                  |                                   | BODILY INJURY (Per accident)              | \$           |
|                      |  |               |                                  |                                   | PROPERTY DAMAGE (Per accident)            | \$           |
|                      | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT                   | \$           |
|                      |  |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC              | \$           |
|                      |  |               |                                  |                                   | AGG                                       | \$           |
|                      | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  |               |                                  |                                   | EACH OCCURRENCE                           | \$           |
|                      |  |               |                                  |                                   | AGGREGATE                                 | \$           |
|                      |  |               |                                  |                                   |   | \$           |
|                      |  |               |                                  |                                   |   | \$           |
| A                    | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below<br>OTHER  | C4648521A     | 10/01/2010                       | 10/01/2011                        | X WC STATU-TORY LIMITS                    | OTH-ER       |
|                      |  |               |                                  |                                   | E.L. EACH ACCIDENT                        | \$ 1,000,000 |
|                      |  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE                | \$ 1,000,000 |
|                      |  |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT               | \$ 1,000,000 |

**EXHIBIT # 5 PAGE 2**

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\* RANGER STEEL SERVICES, L.P. ( 2337200 ) IS INCLUDED FOR COVERAGE THROUGH ENDORSEMENT FOR ALL EMPLOYEES UNDER CLIENT SERVICE AGREEMENT.

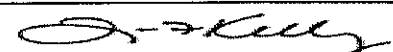
### CERTIFICATE HOLDER

Amegy Bank  
J Carr  
4400 Post Oak Parkway  
Houston, TX 77027

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Page 1 of 1

# EXHIBIT # 6

DATE RECEIVED 10/17/11 REC'D BY COOLIDGE

*RANGER*

BOL DATE 9/28/2011 BOL# \_\_\_\_\_ MILL \_\_\_\_\_

| PO / WISE         | GRADE AND THICKNESS      | DIMENSIONS | PCS | LBS     |
|-------------------|--------------------------|------------|-----|---------|
| 10320 4           | A-36 1-3/4 D MM          | 96 X 240   | 6 ✓ | 68,609  |
| 10308 4           | A-572-65 1/2 D MM CH SI  | 120 X 650  | 1 ✓ | 11,060  |
| 10405 4           | A-572-65 7/16 D MM CH SI | 108 X 650  | 4   | 34,840  |
| 10405 4           | A-572-65 1/2 D MM CH SI  | 108 X 650  | 3   | 29,863  |
| 10405 4           | A-572-65 7/16 D MM CH SI | 120 X 650  | 2   | 19,356  |
| RECEIVER COMMENTS |                          |            |     | 163,728 |

*10/18*





**PORT OF HOUSTON AUTHORITY**

**GATE PASS**

**NO: R 70850**

| Company Name:               |                         | Date:              |
|-----------------------------|-------------------------|--------------------|
| Contact Phone: 713-671-2881 |                         |                    |
| Truck Line:                 | Tractor Lic. #:         |                    |
|                             | Trailer Lic. #:         |                    |
| Quantity                    | Description / Commodity | Remarks            |
|                             | <b>Plate Steel</b>      |                    |
|                             |                         |                    |
|                             |                         |                    |
|                             |                         |                    |
|                             |                         |                    |
|                             |                         |                    |
|                             |                         |                    |
|                             |                         |                    |
|                             |                         |                    |
|                             |                         |                    |
|                             |                         |                    |
|                             |                         |                    |
|                             |                         |                    |
|                             |                         |                    |
| Clerk / Agent               |                         | Driver's Signature |

**EXHIBIT # 8**

**PASS-OUT**

10/18/11 RanHOUSTON

Order # 105679 Ship Date 10/15/11

Page # 1

Ship Via CC

STRAIGHT BILL OF LADING  
SHORT FORM  
ORIGINAL - NOT NEGOTIABLE

Shipping Instructions

Terms: NET 30 DAYS  
P.O. #

\*\* MTR \*\* TRUCK  
\*\* MTR \*\*

Sold To: Cust #

DELIVER TO

\*\*\*\*\*  
\*\*  
\*\*  
\*\*  
\*\*  
\*\*  
\*\*\*\*\*

### EXHIBIT # 9

| Whs | Item Description                              | Pcs Ordered | Weight | Pcs Shipped |
|-----|---|-------------|--------|-------------|
|     | CLEAN & FLAT. HEAT # EACH PC.<br>*            |             |        |             |
|     | CIRCLE HEAT # EACH PLATE                      |             |        |             |
| *   | 1* 1001250000<br>A-36 1-1/4 X 96" X 240"      | 2           | 16,336 | _____       |
| *   | 1* 1001375280<br>A-36 1-3/8 X 96" X 240" D MM | 2           | 17,968 | _____       |
| *   | 1* 1000875005<br>A-36 7/8 X 96" X 240" R      | 2           | 11,434 | _____       |
| *   | 1* 1000875005<br>A-36 7/8 X 96" X 120" R      | 1           | 2,859  | _____       |
|     |   | 1           | 0      | _____       |

Total Pieces 7

Total Weight

48,597

NOTE - Rejection of plate must be prior to fabrication especially, but not limited to surface rust, pitting or other cosmetic reasons. Ranger Steel will not accept any claims or rejections after plate has been fabricated. Refer to terms and conditions on back of invoices for complete details.

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Bill of Lading. The property described above is in apparent good order, except as noted, marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry its usual place of delivery at said destination. If on its route, otherwise to deliver to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any overall or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. Subject to section 7 of the conditions of Bill of Lading in N.M.F.C. and U.P.C. - No recourse clause exercised.

Consignor - RANGER STEEL • 1225 NORTH LOOP WEST • HOUSTON, TEXAS 77008

SHIPPER: RSS

BY: \_\_\_\_\_

CHECKED

BY: \_\_\_\_\_

CARRIER: \_\_\_\_\_

DRIVER: \_\_\_\_\_

TRUCK #: \_\_\_\_\_

DATE: \_\_\_\_\_

# EXHIBIT # 10

