

Fill in this information to identify the case:

Debtor IEH Auto Parts Holding LLC

United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number 23-90054

**Official Form 410
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

| | | |
|---|--|---|
| <p>1. Who is the current creditor?</p> | <p><u>Automation Personnel Services</u></p> <p><small>Name of the current creditor (the person or entity to be paid for this claim)</small></p> <p><small>Other names the creditor used with the debtor</small> _____</p> | |
| <p>2. Has this claim been acquired from someone else?</p> | <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p> | |
| <p>3. Where should notices and payments to the creditor be sent?</p> <p><small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small></p> | <p>Where should notices to the creditor be sent?</p> <p><u>Automation Personnel Services</u> <u>Christopher W Homuth</u> <u>3500 Colonnade PKWY, Suite 500</u> <u>Birmingham, AL 35243, United States</u></p> | <p>Where should payments to the creditor be sent? (if different)</p> |
| | <p>Contact phone <u>2059871267</u></p> <p>Contact email <u>chomuth@apstemp.com</u></p> | <p>Contact phone _____</p> <p>Contact email _____</p> |
| | <p><small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small></p> <p>_____</p> | |
| <p>4. Does this claim amend one already filed?</p> | <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <small>MM / DD / YYYY</small></p> | |
| <p>5. Do you know if anyone else has filed a proof of claim for this claim?</p> | <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p> | |



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 374179 ____

7. How much is the claim? \$ 2279.97. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Temp to hire workers to client Autoplus

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

| | Amount entitled to priority |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04/04/2023
MM / DD / YYYY

/s/Christopher W Homuth
Signature

Print the name of the person who is completing and signing this claim:

Name Christopher W Homuth
First name Middle name Last name

Title Collections Specialist

Company Automation Personnel Services
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 802-7207 | International (781) 575-2107

| | | |
|--|---|----------------------------------|
| Debtor: 23-90054 - IEH Auto Parts Holding LLC | | |
| District: Southern District of Texas, Houston Division | | |
| Creditor: Automation Personnel Services Christopher W Homuth 3500 Colonnade PKWY, Suite 500 Birmingham, AL, 35243 United States Phone: 2059871267 Phone 2: Fax: 205-733-1533 Email: chomuth@apstemp.com | Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement: | |
| | Has Related Claim: No Related Claim Filed By: | |
| | Filing Party: Creditor | |
| Other Names Used with Debtor: | Amends Claim: No Acquired Claim: No | |
| Basis of Claim: Temp to hire workers to client Autoplus | Last 4 Digits: Yes - 374179 | Uniform Claim Identifier: |
| Total Amount of Claim: 2279.97 | Includes Interest or Charges: No | |
| Has Priority Claim: No | Priority Under: | |
| Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No | Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured: | |
| Submitted By: Christopher W Homuth on 04-Apr-2023 3:48:41 p.m. Eastern Time Title: Collections Specialist Company: Automation Personnel Services | | |

United States Bankruptcy Court for the Southern District of Texas, Houston Division

Indicate Debtor against which you assert a claim by checking the appropriate box below. **(Check only one Debtor per claim form.)**

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> IEH Auto Parts Holding LLC (Case No. 23-90054) | <input type="checkbox"/> IEH Auto Parts Puerto Rico, Inc. (Case No. 23-90058) | <input type="checkbox"/> AP Acquisition Company Massachusetts LLC (Case No. 23-90062) |
| <input type="checkbox"/> AP Acquisition Company Clark LLC (Case No. 23-90053) | <input type="checkbox"/> IEH BA LLC (Case No. 23-90059) | <input type="checkbox"/> AP Acquisition Company Missouri LLC (Case No. 23-90063) |
| <input type="checkbox"/> Auto Plus Auto Sales LLC (Case No. 23-90055) | <input type="checkbox"/> AP Acquisition Company Gordon LLC (Case No. 23-90060) | <input type="checkbox"/> AP Acquisition Company North Carolina LLC (Case No. 23-90064) |
| <input type="checkbox"/> AP Acquisition Company New York LLC (Case No. 23-90056) | <input type="checkbox"/> AP Acquisition Company Washington LLC (Case No. 23-90061) | <input type="checkbox"/> IEH AIM LLC (Case No. 23-90065) |
| <input type="checkbox"/> IEH Auto Parts LLC (Case No. 23-90057) | | |

Official Form 410 Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

Part 1: Identify the Claim

| | | |
|--|--|--|
| 1. Who is the current creditor? | <p><u>Automation Personnel Services</u> Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p> | |
| 2. Has this claim been acquired from someone else? | <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p> | |
| 3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | <p>Where should notices to the creditor be sent?</p> <p><u>Automation Personnel Services</u> Name <u>3500 Colonnade Parkway</u> Number Street <u>Birmingham</u> <u>Al</u> <u>35243</u> City State ZIP Code <u>USA</u> Country Contact phone <u>205-987-1267</u> Contact email <u>chemuth@apstmps.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p> | <p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code _____ Country _____ Contact phone _____ Contact email</p> |
| 4. Does this claim amend one already filed? | <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p> | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p> | |

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$2,239.97 Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.
Temp to hire workers to client Autoplus AP

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
 Value of property: \$ _____
 Amount of the claim that is secured: \$ _____
 Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
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 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- No
- Yes. Check all that apply:
- | | |
|--|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | Amount entitled to priority |
| | \$ _____ |
| <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

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13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

- No
- Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.
- \$ _____

Part 3: Sign Below

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If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:


- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04/04/2023
MM / DD / YYYY


Signature

Print the name of the person who is completing and signing this claim:

Name Christopher Wayne Hamuth
First name Middle name Last name

Title Collections Specialist

Company Automations Personnel Services
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3500 Colonnade Parkway
Number Street

Birmingham AL 35243 USA
City State ZIP Code Country

Contact phone 205-987-1267 Email chamuth@apstamps.com

Accounts Receivable Aging Report

Affiliate: Automation Personnel Services, Inc.

As of 04/04/23

| Customer # | Customer Name | Payment Terms | Last Payment Date | Phone Number | Department | Credit Limit | High Limit |
|-------------------------|-----------------|---------------|-------------------|----------------|-------------------|-------------------|-------------------|
| 374179 | Auto Plus | Net 30 Days | 12/21/22 | (704) 377-6991 | Charlotte - 26206 | \$0.00 | \$41,700.15 |
| 841682 | 06/16/22 | 07/16/22 | \$1,016.61 | \$0.00 | \$0.00 | \$1,016.61 | 292 |
| 858108 | 11/10/22 | 12/10/22 | \$1,263.36 | \$0.00 | \$1,263.36 | \$1,263.36 | 145 |
| | Subtotal | | \$2,279.97 | \$0.00 | \$2,279.97 | \$2,279.97 | 218 |
| Subtotal - Charlotte NC | | | | | | | |
| 2 | 1 | | \$2,279.97 | \$0.00 | \$0.00 | \$2,279.97 | \$2,279.97 |

| Automation Personnel Services, Inc. Total | | Aging Total | |
|---|------------|----------------------|------------|
| Invoice Amount | \$2,279.97 | Current Age | |
| Finance Charge | \$0.00 | 1-30 days | |
| Payment/Credit | \$0.00 | 31-60 days | |
| Balance | \$2,279.97 | 61-90 days | |
| AVG Days Outstanding | 218 | Over 90 days | \$2,279.97 |
| | | No. of Invoices | 2 |
| | | No. of Customers | 1 |
| | | Total Unapplied Cash | \$0.00 |

| | Report Total | | |
|-----------------------|--------------|----------------------|--------|
| Inv. Amnt | \$2,279.97 | No. of Invoices | 2 |
| Finance Charge | \$0.00 | No. of Customers | 1 |
| Pymnt./Credit Balance | \$0.00 | Total Unapplied Cash | \$0.00 |
| AVG Days Outstanding | \$2,279.97 | | |
| | 218 | | |

| Aging Total | |
|--------------|------------|
| Current Age | |
| 1-30 days | |
| 31-60 days | |
| 61-90 days | |
| Over 90 days | \$2,279.97 |

Christopher Homuth

From:

Sent:

Friday, June 17, 2022 10:44 AM

To:

Ashton Barnes
APS Billing; Brandi Reeves; Kathy Fisher; Steve Postel

Subject:

CHA AUTO PLUS AP 220612 841682

Attachments:

CHA AUTO PLUS AP 220612 841682.pdf; CHA AUTO PLUS AP 220612 841682.pdf

Thank you for your business. Attached please find your invoice(s) from Automation Personnel Services. Send invoice correction requests and disputes to invoicecorrections@apstemps.com.

Ashton Barnes

Payroll Coordinator

Corporate Office

205.733.3700 Office

www.apstemps.com



MEMBER OF
ASST
American Staffing Association

Find us on
  

Remit to:



AUTOMATION
SINCE 1970
PERSONNEL SERVICES INC.

PO Box 936648 • Atlanta, GA 31193-6648



INVOICE

841682

CUSTOMER NUMBER
0000476J

BILLING ADDRESS

Auto Plus AP
Steve Postel

Do Not Mail
Amherst, NY 14228

PAYMENT TERMS:

Net 30

| | |
|--------------|-----------|
| INVOICE DATE | 6/16/2022 |
|--------------|-----------|

| | |
|----------|-----------|
| DATE DUE | 7/16/2022 |
|----------|-----------|

| | |
|------------|------------|
| AMOUNT DUE | \$1,016.61 |
|------------|------------|

BILLING INFO. (205) 733-3700 FAX (205) 733-1533

| WEEK ENDING | EMPLOYEE NAME | JOB | ITEM TYPE | UNITS | RATE/PRICE | EXTENDED AMOUNT |
|-------------|---------------|-----|-----------|-------|------------|-----------------|
|-------------|---------------|-----|-----------|-------|------------|-----------------|

Purchase Order :

| | | | | | | |
|-----------|------------------|----------------------|------|-------|---------|----------|
| 6/12/2022 | Camps, Lavenus S | LI: Warehouse Worker | HOUR | 11.50 | \$19.74 | \$227.01 |
| 6/12/2022 | Mccoy Jr, Deltan | LI: Warehouse Worker | HOUR | 40.00 | \$19.74 | \$789.60 |

| | | | | | | | |
|--------------|------------|---|------------|--------|---|----------|--------|
| Sales Amount | \$1,016.61 | + | Tax Amount | \$0.00 | = | Discount | \$0.00 |
|--------------|------------|---|------------|--------|---|----------|--------|

Thank you for your business.

\$1,016.61

Document Number IVC000000841682 - Page Number 1

PLEASE INCLUDE INVOICE NUMBERS ON PAYMENTS - WE SUBMIT
OUR ACCOUNTS RECEIVABLE INFORMATION TO DUN & BRADSTREET



MEMBER OF
American Staffing Association

2300 (6.7.21)

Christopher Homuth

From:

Dymondique Clemons

Sent:

Wednesday, November 9, 2022 11:51 AM

To:

APS Billing; Brandi Reeves; Kathy Fisher; Steve Postel

Subject:

CHA AUTO PLUS 22020611 858108

Attachments:

CHA AUTO PLUS 22020611 858108.pdf; Auto Plus.msg

Thank you for your business. Attached please find your invoice(s) from Automation Personnel Services. If you have any questions regarding your invoice, please contact AR@apstmps.com.

Remit to:



AUTOMATION
SINCE 1990
PERSONNEL SERVICES INC.

PO Box 936648 • Atlanta, GA 31193-6648



INVOICE

858108

CUSTOMER NUMBER
0000476J

BILLING ADDRESS

Auto Plus AP
Steve Postal

Do Not Mail
Amherst, NY 14228

PAYMENT TERMS:

Net 30

| | |
|--------------|------------|
| INVOICE DATE | 11/10/2022 |
|--------------|------------|

| | |
|----------|------------|
| DATE DUE | 12/10/2022 |
|----------|------------|

| | |
|------------|------------|
| AMOUNT DUE | \$1,263.36 |
|------------|------------|

BILLING INFO. (205) 733-3700 FAX (205) 733-1533

| WEEK ENDING | EMPLOYEE NAME | JOB | ITEM TYPE | UNITS | RATE/PRICE | EXTENDED AMOUNT |
|-------------|---------------|-----|-----------|-------|------------|-----------------|
|-------------|---------------|-----|-----------|-------|------------|-----------------|

Purchase Order :

| | | | | | | |
|-----------|---------------------|----------------------|------|-------|---------|----------|
| 11/6/2022 | Grigley, Issayah C | LI: Warehouse Worker | HOUR | 32.00 | \$19.74 | \$631.68 |
| 11/6/2022 | Williams, Michael J | LI: Warehouse Worker | HOUR | 32.00 | \$19.74 | \$631.68 |

Thank you for your business. **\$1,263.36**

| | | | | |
|--------------|---|------------|---|----------|
| Sales Amount | + | Tax Amount | = | Discount |
| \$1,263.36 | | \$0.00 | | \$0.00 |

Document Number IVC00000858108 - Page Number 1

PLEASE INCLUDE INVOICE NUMBERS ON PAYMENTS - WE SUBMIT

OUR ACCOUNTS RECEIVABLE INFORMATION TO DUN & BRADSTREET.



MEMBER OF
American Staffing Association

Christopher Homuth

From: Reeves, Brandi <BReeves@autoplusap.com>
Sent: Monday, November 7, 2022 11:27 AM
To: Daniel Salinas Zuniga; Amanda Trout
Subject: Time sheets for week ending 11/5/2022
Attachments: img-Y07132240-0001.pdf

[CAUTION] This message has originated from an External Source. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.

Brandi Reeves
Operations Manager
Office: 704-377-6991
700 W. 28th Street
Charlotte, NC 28206
AutoPlusAP.com

-----Original Message-----

From: Brandi Reeves <breeves@autoplusap.com>
Sent: Monday, November 7, 2022 1:23 PM
To: Reeves, Brandi <breeves@autoplusap.com>
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 2
Attachment File Type: PDF

Device Name: WorkCentre 5335
Device Location:

For more information on Xerox products and solutions, please visit https://secure-web.cisco.com/1jGjU9mVszYvtIsecePv45vA3cUgfpj170Dbug_22j60AJxotobecorlylarktiUurqou7WeI0jR3gz856mqcCx9a2_0oQ91TV9e9tQAf1lb25LA8ay7v49zznYsB1z1v1E1koxvbkOyPLtHautZz5mr4nhnQenM9qibqRSJRnm6KEgtz-zuuzxAWOqHcFg4Hgdv9ATpxTUHL0arac9bQcRngL0NgWwv4bj06fkrPg3czHwHTxk7tXatxEH3-edEAjmRAwMT2llqTs-kyIwD000ytc2is3Rdm6tWmctgrfjL2S3RkY3BxJf-
Auto Plus Email Disclaimer: It is the policy of IEH Auto Parts LLC and its affiliates not to enter into contracts or binding commitments by email. Nothing in this email shall constitute a contract or legally binding commitment by IEH Auto Parts LLC and its affiliates. This email is intended only for the person or entity to which it is addressed and may contain confidential, proprietary and/or privileged material. Any review, distribution, reliance on, or other use of this information by persons or entities other than the intended recipient is prohibited. If you receive this message in error, please immediately notify the sender and delete it and all copies of it from your system. Thank You.



AUTOMATION
SINCE 1998
 PERSONNEL SERVICES INC.



WEEKLY TIME CARD

Employee Name: Mike Williams
 Social Security Number:
 Company Name: Auto Plus
 Supervisor: Ken's Dyer
 Week Ending: 11-21-22

| DAY | DATE | TIME IN | TIME OUT | LUNCH | TOTAL |
|-----------|----------|---------|----------|-------|-------|
| Monday | 10-31-22 | 9:00a | 6:00p | 1 | 5 |
| Tuesday | 11-1-22 | 9:00a | 6:00p | 1 | 5 |
| Wednesday | 11-2-22 | out | | | |
| Thursday | 11-3-22 | 9:00a | 6:00p | 1 | 5 |
| Friday | 11-4-22 | 9:00a | 6:00p | 1 | 5 |
| Saturday | | | | | |
| Sunday | | | | | |

By my signature, I certify that I worked the above hours on the designated dates. I also certify that no accident or injury was sustained while working on the above assignment unless so noted and reported in compliance with Automation policy.

EMPLOYEE SIGNATURE

| | TOTAL |
|---------------|-------|
| Total Hours | 32.00 |
| Regular Hours | 32 |
| OT Hours | |

Customer signature certifies that the above hours were worked by an Automation employee.
 Customer Representative Signature: [Signature]
 Telephone: _____
 Address: _____
 PLEASE REPORT ANY CHANGES IN: _____



AUTOMATION
SINCE 1998
 PERSONNEL SERVICES INC.



WEEKLY TIME CARD

Employee Name: Isaiah John Grayley

Employee Name Isaiah John Grayley
 Social Security Number _____
 Company Name Auto Plus

Supervisor Dennis Dale

Week Ending 11-4-2012

PLEASE REPORT ANY CHANGES IN:

Address _____

Telephone _____

Customer signature certifies that the above hours were worked by an Automation employee

Isaiah John Grayley
 CUSTOMER REPRESENTATIVE SIGNATURE

1200 Rev. 0/10

| DAY | DATE | TIME IN | TIME OUT | LUNCH | TOTAL |
|-----------|------------|---------|----------|---------------|-------|
| Monday | 10-31-2012 | 9:00a | 6:00P | 1 | 8 |
| Tuesday | 11-1-2012 | 9:00a | 6:00P | 1 | 8 |
| Wednesday | 11-2-2012 | 9:00a | 6:00P | 1 | 8 |
| Thursday | 11-3-2012 | 9:00a | 6:00P | 1 | 8 |
| Friday | 11-4-2012 | off | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| | | | | Total Hours | 32.00 |
| | | | | Regular Hours | 32 |
| | | | | OT Hours | |

By my signature, I certify that I worked the above hours on the designated dates. I also certify that no accident or injury was sustained while working on the above assignment unless so noted and reported in compliance with Automation policy.

EMPLOYEE SIGNATURE

Isaiah John Grayley