

Fill in this information to identify the case:

Debtor 1 Supply Source Enterprises Inc.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 24-11054

RECEIVED  
2024 JUN -3 AM 10:10  
CLERK  
US BANKRUPTCY COURT  
DISTRICT OF DELAWARE

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 of 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

1. Who is the current creditor? Uline  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Uline</u> Name <u>12575 Uline Drive</u> Number Street <u>Pleasant Prairie WI 53158</u> City State ZIP Code Contact phone <u>888-884-6910</u> Contact email <u>arbankruptcy@uline.com</u>	 Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____

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Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
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4. Does this claim amend one already filed?  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  No  
 Yes. Who made the earlier filing? \_\_\_\_\_



**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: 1 4 7 0

7. How much is the claim? \$ 3,118.48. 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.  
Goods Sold

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 amounts 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

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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)?

No

Yes. Check one:

Amount entitled to priority

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

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_

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). \$ \_\_\_\_\_

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). \$ \_\_\_\_\_

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ \_\_\_\_\_

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ \_\_\_\_\_

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.

**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:

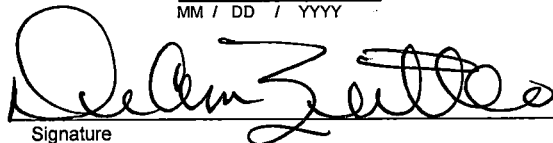
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment 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 a 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 05/22/2024  
MM / DD / YYYY

  
Signature

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

Name DeAnn Zeitler  
First name Middle name Last name

Title AR Specialist

Company Uline  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 12575 Uline Drive  
Number Street

Pleasant Prairie WI 53158  
City State ZIP Code

Contact phone 888-884-6910 Email arbankruptcy@uline.com

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Cust#	Invoice#	Invoice Date	Due
79718	176924982	4/15/2024	\$ 752.62
1470	177405393	4/25/2024	\$1,818.48
1470	177612724	5/1/2024	\$ 547.38
<b>Total</b>			<b>\$3,118.48</b>



1-800-295-5510  
 uline.com  
 PO Box 88741 • Chicago, IL 60680-1741

DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738  
 INVOICE #: 176924982  
 ORDER #: 17517404

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 1999

**SOLD TO:** SUPPLY SOURCE GLOBAL  
 DBA IMPACT PRODUCTS LLC  
 PO BOX 449  
 GUILFORD CT 06437-0449

**SHIP TO:** IMPACT PRODUCTS LLC  
 1759 SHERIDAN ST  
 RICHMOND IN 47374-1811

CUSTOMER NO.		PURCHASE ORDER NO.		SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
79718		LISA		DAYTON FREI	04/15/24	04/15/24	NET 30 DAYS	04/15/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENDED PRICE	
36	EA		S-13780	ULINE TUFF WIPES® - 75 CT		11.00	396.00	
4	CT		S-7128	ULINE DELUXE C-FOLD TOWELS		41.00	164.00	

ORDER PLACED BY: LISA STEEL  
 INTERNET PRO #: 00027873848

SUB-TOTAL 560.00	SALES TAX 49.24	SHIPPING/HANDLING 143.38	AMOUNT DUE \$ 752.62
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PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
SUPPLY SOURCE GLOBAL	79718	176924982	04/15/24	752.62

AMOUNT ENCLOSED  
 IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_  
 EXPLAIN DIFFERENCES ON REVERSE SIDE

IMPORTANT – PLEASE DETACH AND RETURN THIS PORTION TO ENSURE PROPER CREDIT

MAKE CHECK PAYABLE AND MAIL TO:

**ULINE**  
 ATTN: ACCOUNTS RECEIVABLE  
 PO Box 88741  
 Chicago IL 60680-1741



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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738  
 INVOICE #: 177405393  
 ORDER #: 18207664

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 1999

**SOLD TO:** SUPPLY SOURCE  
 PO BOX 449  
 GUILFORD CT 06437-0449

**SHIP TO:** SAFETY ZONE  
 385 LONG HILL RD  
 GUILFORD CT 06437-1800

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
1470	GEORGE	J.P. EXPRES	04/25/24	04/25/24	NET 30 DAYS	04/25/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
200	EA		S-18344	12 X 12 X 12" LIGHTWEIGHT 32 ECT CORRUGATED BOXES	.94	188.00
200	EA		S-19070	13 X 13 X 13" LIGHTWEIGHT 32 ECT CORRUGATED BOXES	1.25	250.00
200	EA		S-19073	15 X 15 X 15" LIGHTWEIGHT 32 ECT CORRUGATED BOXES	1.64	328.00
250	EA		S-4723	17 X 13 X 13" CORRUGATED BOXES	2.09	522.50
100	EA		S-19851	22 X 14 X 12" LIGHTWEIGHT 32 ECT CORRUGATED BOXES	1.70	170.00
20	EA		S-4796	22 X 14 X 6" CORRUGATED BOXES	2.59	51.80
1	EA		H-10882	JOB SITE LIGHT THIS ITEM AT NO CHARGE	.00	.00

ORDER PLACED BY: GEORGE CHAMBRELLI  
 INTERNET PRO #: 070079033

SUB-TOTAL 1,510.30	SALES TAX 108.58	SHIPPING/HANDLING 199.60	AMOUNT DUE \$ 1,818.48
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PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
SUPPLY SOURCE	1470	177405393	04/25/24	1,818.48

AMOUNT ENCLOSED  
 IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_  
 EXPLAIN DIFFERENCES ON REVERSE SIDE

IMPORTANT - PLEASE DETACH AND RETURN THIS PORTION TO ENSURE PROPER CREDIT

MAKE CHECK PAYABLE AND MAIL TO:

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 PO Box 88741  
 Chicago IL 60680-1741



1-800-295-5510

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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 177612724

ORDER #: 17768482

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 1999

**SOLD TO:** SUPPLY SOURCE  
PO BOX 449  
GUILFORD CT 06437-0449

**SHIP TO:** SAFETY ZONE  
385 LONG HILL RD  
GUILFORD CT 06437-1800

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
1470	GEORGE	UPS COLLECT	05/01/24	05/01/24	NET 30 DAYS	05/01/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
6	EA		S-20213	KRAFT PAPER DISPENSER BOX - 12" X 1,500'	31.00	186.00
1	PK		S-24334	EXTRA STRENGTH MAGNETS - CLEAR	20.00	20.00
24	RL		S-2492	PRESSURE SENSITIVE KRAFT TAPE - 3" X 60 YDS	12.80	307.20
1	EA		H-11045	BLACKSTONE GRIDDLE TOOL SET THIS ITEM AT NO CHARGE	.00	.00

ORDER PLACED BY: GEORGE CHAMBRELLI  
INTERNET

SUB-TOTAL 513.20	SALES TAX 32.68	SHIPPING/HANDLING 1.50	AMOUNT DUE \$ 547.38
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PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
SUPPLY SOURCE	1470	177612724	05/01/24	547.38

AMOUNT ENCLOSED  
IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_  
EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK PAYABLE AND MAIL TO:

**ULINE**  
ATTN: ACCOUNTS RECEIVABLE  
PO Box 88741  
Chicago IL 60680-1741

IMPORTANT - PLEASE DETACH AND RETURN THIS PORTION TO ENSURE PROPER CREDIT