

Fill in this information to identify the case:

Debtor Impact Products, LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 24-11055

**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

1. Who is the current creditor?	<u>20/20 CUSTOM MOLDED PLASTICS LTD</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>20/20 CUSTOM MOLDED PLASTICS LTD</u> <u>14620 SELWYN DRIVE</u> <u>HOLIDAY CITY, OH 43543</u>	
	Contact phone <u>419-485-2020</u>	Contact phone _____
	Contact email <u>cadams@2020cmp.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 0111 ____

7. How much is the claim? \$ 140716.80. 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 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 entitled to administrative priority 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.

\$ 140716.80

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 07/18/2024
MM / DD / YYYY

/s/Chad Adams
Signature

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

Name Chad Adams
First name Middle name Last name

Title President

Company 20/20 Custom Molded Plastics LTD
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



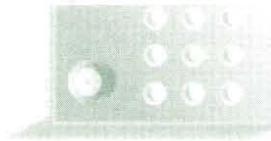
Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 927-7078 | International 001-310-823-9000

Debtor: 24-11055 - Impact Products, LLC District: District of Delaware		
Creditor: 20/20 CUSTOM MOLDED PLASTICS LTD 14620 SELWYN DRIVE HOLIDAY CITY, OH, 43543 Phone: 419-485-2020 Phone 2: Fax: 419-485-1619 Email: cadams@2020cmp.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: goods sold	Last 4 Digits: Yes - 0111	Uniform Claim Identifier:
Total Amount of Claim: 140716.80	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): Yes: 140716.80 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: Chad Adams on 18-Jul-2024 11:01:22 a.m. Eastern Time Title: President Company: 20/20 Custom Molded Plastics LTD		

HC
20/20 Custom Molded Plastics, Ltd.

14620 Selwyn Drive
Holiday City, Ohio 43543
(419) 485-2020 • Fax (419) 485-1619



INVOICE NO.	PAGE
167059	1
INVOICE DATE	
03/21/2024	

BILL TO:

Supply Source
2840 Centennial Road

Toledo OH 43617

SHIP TO:

THE SAFETY ZONE
385 LONG HILL RD

GUILFORD CT 06437

CUSTOMER NO.	SALES REP	20/20 CMP S.O. NUMBER	CUSTOMER P.O. NUMBER	SHIP VIA	PPD/COL	
000111	100	SO 031156	250225	WILLIS DAY	Prepaid	
ITEM NUMBER	DESCRIPTION	CUSTOMER PART NO.	QTY. SHIPPED	UNIT PRICE	UOM	EXTENDED PRICE

111-6850-013			448	63.000	EA	28,224.00
6850 Janitors Cart						
PO# 250225		SO 031156				
BOL# 228533						

COMMENTS:

TERMS: NET 60

SALE AMOUNT	28,224.00
SHIPPING/FREIGHT	0.00
SALES TAX	0.00
TOTAL	28,224.00
AMOUNT RECEIVED	0.00
BALANCE DUE	28,224.00

HC
20/20 Custom Molded Plastics, Ltd.

14620 Selwyn Drive
Holiday City, Ohio 43543
(419) 485-2020 • Fax (419) 485-1619



INVOICE NO.	PAGE
167060	1
INVOICE DATE	
03/21/2024	

BILL TO:

Supply Source
2840 Centennial Road

Toledo OH 43617

SHIP TO:

PALMER LOGISTICS
4311 MALONE DRIVE

PASADENA TX 77507

CUSTOMER NO.	SALES REP	20/20 CMP S.O. NUMBER	CUSTOMER P.O. NUMBER	SHIP VIA	PPD/COL	
000111	100	SO 031157	250226	WILLIS DAY	Prepaid	
ITEM NUMBER	DESCRIPTION	CUSTOMER PART NO.	QTY. SHIPPED	UNIT PRICE	UOM	EXTENDED PRICE

111-6850-013			448	63.000	EA	28,224.00
6850 Janitors Cart						
PO# 250226		SO 031157				
BOL# 228534						

COMMENTS:

TERMS: NET 60

SALE AMOUNT	28,224.00
SHIPPING/FREIGHT	0.00
SALES TAX	0.00
TOTAL	28,224.00
AMOUNT RECEIVED	0.00
BALANCE DUE	28,224.00

HC
20/20 Custom Molded Plastics, Ltd.

14620 Selwyn Drive
Holiday City, Ohio 43543
(419) 485-2020 • Fax (419) 485-1619



INVOICE NO.	PAGE
167078	1
INVOICE DATE	
03/22/2024	

BILL TO:

Impact Products, LLC
2840 Centennial Road

Toledo OH 43617

SHIP TO:

Supply Source
5214 OLD LOUISVILLE RD
STE B
POOLER GA 31322

CUSTOMER NO.	SALES REP	20/20 CMP S.O. NUMBER	CUSTOMER P.O. NUMBER	SHIP VIA	PPD/COL		
000111	511	SO 026736	2022 R3	WILLIS DAY	Prepaid		
ITEM NUMBER	DESCRIPTION		CUSTOMER PART NO.	QTY. SHIPPED	UNIT PRICE	UOM	EXTENDED PRICE

111-6C635-003	6B/2635-3B			14	43.200	EA	604.80
	6B/2635-3B Combo - Blue						
	PO# 250227	SO	026736				
	BOL# 228535						
111-6850-013				432	63.000	EA	27,216.00
	6850 Janitors Cart						
	PO# 250227	SO	031158				
	BOL# 228535						

COMMENTS:

TERMS: NET 60

SALE AMOUNT	27,820.80
SHIPPING/FREIGHT	0.00
SALES TAX	0.00
TOTAL	27,820.80
AMOUNT RECEIVED	0.00
BALANCE DUE	27,820.80

HC
20/20 Custom Molded Plastics, Ltd.

14620 Selwyn Drive
Holiday City, Ohio 43543
(419) 485-2020 • Fax (419) 485-1619



INVOICE NO.	PAGE
167217	1
INVOICE DATE	
03/25/2024	

BILL TO:

Supply Source
2840 Centennial Road

Toledo OH 43617

SHIP TO:

Supply Source
5214 OLD LOUISVILLE RD
STE B
POOLER GA 31322

CUSTOMER NO.	SALES REP	20/20 CMP S.O. NUMBER	CUSTOMER P.O. NUMBER	SHIP VIA	PPD/COL		
000111	100	SO 031159	250228	WILLIS DAY	Prepaid		
ITEM NUMBER	DESCRIPTION		CUSTOMER PART NO.	QTY. SHIPPED	UNIT PRICE	UOM	EXTENDED PRICE

111-6850-013				448	63.000	EA	28,224.00
6850 Janitors Cart							
PO# 250228		SO	031159				
BOL# 228536							

COMMENTS:

TERMS: NET 60

SALE AMOUNT	28,224.00
SHIPPING/FREIGHT	0.00
SALES TAX	0.00
TOTAL	28,224.00
AMOUNT RECEIVED	0.00
BALANCE DUE	28,224.00

HC
20/20 Custom Molded Plastics, Ltd.

14620 Selwyn Drive
Holiday City, Ohio 43543
(419) 485-2020 • Fax (419) 485-1619



INVOICE NO.	PAGE
167823	1
INVOICE DATE	
04/08/2024	

BILL TO:

Supply Source
2840 Centennial Road

Toledo OH 43617

SHIP TO:

THE SAFETY ZONE
1759 SHERIDAN ST

RICHMOND IN 47374

CUSTOMER NO.	SALES REP	20/20 CMP S.O. NUMBER	CUSTOMER P.O. NUMBER	SHIP VIA	PPD/COL	
000111	100	SO 031153	250222	WILLIS DAY	Prepaid	
ITEM NUMBER	DESCRIPTION	CUSTOMER PART NO.	QTY. SHIPPED	UNIT PRICE	UOM	EXTENDED PRICE

111-6850-013			448	63.000	EA	28,224.00
6850 Janitors Cart						
PO# 250222		SO 031153				
BOL# 229042						

COMMENTS:

TERMS: NET 60

SALE AMOUNT	28,224.00
SHIPPING/FREIGHT	0.00
SALES TAX	0.00
TOTAL	28,224.00
AMOUNT RECEIVED	0.00
BALANCE DUE	28,224.00