

ID: 26166945

PIN: nzEk7tvJ

United States Bankruptcy Court for the District of Delaware

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

- SSE Intermediate, Inc. (Case No. 24-11052)    
  Supply Source Enterprises, Inc. (Case No. 24-11054)    
  The Safety Zone, LLC (Case No. 24-11056)  
 SSE Buyer, Inc. (Case No. 24-11053)    
  Impact Products, LLC (Case No. 24-11055)

The Debtor has listed your claim on Schedule F (E/F Part 2) as a General Unsecured claim in the amount of \$1,050.00. If you agree with this characterization and amount, you do not need to complete and return this form. If you disagree, please complete and return this form accordingly.

**Modified 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**

NameID: 15504803

1. Who is the current creditor? Banana Products  
 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? **Where should notices to the creditor be sent?**  
Banana Products  
111 CONGRESS AVE #500  
AUSTIN, TX 78701  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
 Address \_\_\_\_\_  
 Contact phone (512)430-1851  
 Contact email BANANA@BANANAPRODUCTS.COM

**Where should payments to the creditor be sent? (if different)**  
 Name \_\_\_\_\_  
 Number \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Country \_\_\_\_\_  
 Contact phone \_\_\_\_\_  
 Contact email \_\_\_\_\_

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: \_\_\_\_\_

7. How much is the claim? \$ \$ 1,050.00 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.  
INVOICE FOR PRODUCTS DROPSHIPED FOR IMPACT

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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**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)?

No

Yes. Check all that apply:

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.

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.

\$ \_\_\_\_\_

**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 07/27/2024  
MM / DD / YYYY

[Signature]  
Signature

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

Name PATRICK JOSEPH BROGAN  
First name Middle name Last name

Title FOUNDER / CEO

Company BANANA PRODUCTS, LLC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 111 CONGRESS AVE #500  
Number Street

AUSTIN, TX 78701  
City State ZIP Code Country

Contact phone (512) 430-1851 Email PBROGAN@BANANAPRODUCTS.COM

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UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PAYMENT REQUEST FORM
Debtor against which claim is asserted: (check one) <input type="checkbox"/> SSE Intermediate, Inc. (Case No. 24-11052) <input type="checkbox"/> Impact Products, LLC (Case No. 24-11055) <input type="checkbox"/> SSE Buyer, Inc. (Case No. 24-11053) <input type="checkbox"/> The Safety Zone, LLC (Case No. 24-11056) <input type="checkbox"/> Supply Source Enterprises, Inc. (Case No. 24-11054)		<b>Administrative Expense Claim Request</b>
<b>NOTE: This form should only be used by claimants asserting an Administrative Expense Claim against one of the above Debtors pursuant to 11 U.S.C. § 503 arising during the period from May 21, 2024 through and including July 26, 2024. This form should not be used for any claims arising under §503(b)(9), which should be filed using the modified Official Form 410.</b>		<b>THIS SPACE IS FOR COURT USE ONLY.</b>
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Banana Products</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ <i>(If known)</i>  <b>Filed on:</b> _____
Name and address where notices should be sent: <b>Banana Products</b> <b>111 CONGRESS AVE #500</b> <b>AUSTIN, TX 78701</b>		
Telephone number: _____ Email address: _____		
Name and address where payment should be sent (if different from above):		
<b>IMPORTANT: Please list the name and address of any property related to your claim (if applicable).</b> Property Name: _____ Property Address: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your Administrative Expense Claim. Attach copy of statement giving particulars.
Telephone number: _____ Email address: _____		
<b>1. Basis for Claim:</b> _____ (See instruction #1 on reverse side.)		
<b>2. Last four digits of any number by which Creditor identifies Debtor:</b> _____		
<b>3. TOTAL AMOUNT OF ADMINISTRATIVE EXPENSE CLAIM:</b> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		<b>\$</b> _____ <b>(Total)</b>
<b>4. BRIEF DESCRIPTION OF CLAIM (attach any additional information):</b>		
<b>5. Credits:</b> The amount of all payments on this claim has been credited for the purpose of completing this Payment Request Form.		<b>THIS SPACE IS FOR COURT USE ONLY.</b>
<b>6. Supporting Documents:</b> Attached are redacted copies of any documents that support the Administrative Expense Claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A).  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
<b>DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your Payment Request Form, enclose a stamped, self-addressed envelope and copy of this Payment Request Form, or you may view your claim information by visiting the website of the Claims Agent ( <a href="http://www.veritaglobal.net/supplysource">www.veritaglobal.net/supplysource</a> ).		
<b>IF SENT BY MAIL, HAND DELIVERY, OR OVERNIGHT COURIER, SEND TO:</b>  <b>Supply Source Claims Processing Center</b> <b>c/o KCC dba Verita Global</b> <b>222 N. Pacific Coast Hwy., Ste. 300</b> <b>El Segundo, CA 90245</b>	<b>IF FILING ELECTRONICALLY:</b>  <b>Complete this Payment Request Form.</b>  <b>Request a PIN through the "Submit Electronic Proof of Claim (ePOC)" link at <a href="http://www.veritaglobal.net/supplysource">www.veritaglobal.net/supplysource</a>.</b>  <b>Complete electronic proof of claim and attach Payment Request Form as Supporting Documentation (step 10).</b>	
<b>Date:</b> _____	<b>Signature:</b> the person filing this Payment Request Form must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this Payment Request Form and state address and telephone number if different from the notice address above.	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Banana Products, LLC  
111 Congress Ave #500  
Austin, TX 78701 USA  
+15124301851  
pbrogan@bananaproducts.com  
www.bananaproducts.com

# Invoice



BILL TO
Impact Products 2840 Centennial Rd Toledo, OH 43617 (419) 841-2891

SHIP TO
R J SCHINNER POP1319063 (419)841-2891 25000 S Schulte Rd Tracy CA US 95377

INVOICE #	DATE	TOTAL DUE	TERMS	ENCLOSED
3360	09/12/2022	USD 210.00	Net 45	

<b>SHIP DATE</b> 09/13/2022	<b>SHIP VIA</b> FEDEX Ground	<b>TRACKING NO.</b> 277861307415	<b>P.O. NUMBER</b> A07968
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	DESCRIPTION	QTY	RATE	AMOUNT
<b>Kids Face Mask</b>	Kids Face Mask, 50/bx, 3000/cs	3,000	0.07	210.00

For bank information to ACH or Wire, please email  
pbrogan@bananaproducts.com

BALANCE DUE

**USD 210.00**

Banana Products, LLC  
111 Congress Ave #500  
Austin, TX 78701  
www.bananaproducts.com  
(512) 430-1851

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111 Congress Ave #500  
Austin, TX 78701 USA  
+15124301851  
pbrogan@bananaproducts.com  
www.bananaproducts.com

# Invoice



BILL TO
Impact Products 2840 Centennial Rd Toledo, OH 43617 (419) 841-2891

SHIP TO
DH BERTENTHAL PO42456 (412) 221-4747 210 West Bridge Drive Morgan PA US 15064

INVOICE #	DATE	TOTAL DUE	TERMS	ENCLOSED
3428	10/17/2022	USD 840.00	Net 45	

<b>SHIP DATE</b> 10/18/2022	<b>SHIP VIA</b> UPS Ground	<b>TRACKING NO.</b> 1Z4979290399780874	<b>P.O. NUMBER</b> A08102
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DESCRIPTION	QTY	RATE	AMOUNT
<b>Kids Face Mask</b> Kids Face Mask, 50/bx, 3000/cs	12,000	0.07	840.00

For bank information to ACH or Wire, please email  
pbrogan@bananaproducts.com

BALANCE DUE

**USD 840.00**

Banana Products, LLC  
111 Congress Ave #500  
Austin, TX 78701  
www.bananaproducts.com  
(512) 430-1851