

Your claim can be filed electronically on KCC's (dba Verita Global) website at <https://www.veritaglobal.net/supplysource>

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)

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

1. Who is the current creditor? Galasso Trucking Service, Inc.
 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?**
Galasso Trucking Service, Inc.
 Name
2840 East Hedley Street
 Number Street
Philadelphia PA 19137
 City State ZIP Code
USA
 Country
 Contact phone: 215-535-4731
 Contact email: rich@galassotrucking.com

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

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
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Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____

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: F 4 3 4

7. How much is the claim? \$ 7,074.02 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.
Services Performed - delivery

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.)
 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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KURTZMAN CARSON CONSULTANTS

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 22 2024
MM / DD / YYYY

Richard L Galasso
Signature

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

Name Richard L Galasso
First name Middle name Last name

Title President

Company Galasso Trucking Service, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2840 East Hedley Street
Number Street

Philadelphia PA 19137 USA
City State ZIP Code Country

Contact phone 215-535-4731 Email rich@galassotrucking.com

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JUL 29 2024

CURTIS CARSON CONSULTANTS

Customer: SAF434 SAFETY ZONE LLC

Contact:

Salesperson:

Terms: Net 30 Days

Phone:

04/02/24 201472IN	1428.85	1428.85	1428.85
04/03/24 201502IN	1265.55	1265.55	1265.55
04/03/24 201506IN	1428.85	1428.85	1428.85
04/04/24 201530IN	1265.55	1265.55	1265.55
04/09/24 201656IN	266.67	266.67	266.67
04/09/24 201658IN	76.50	76.50	76.50
04/26/24 202062IN	1342.05	1342.05	1342.05
		<hr/>	<hr/>
		7074.02	7074.02
		<hr/>	<hr/>
Totals:			



TRUCKING SERVICE, INC.

www.galassotrucking.com

2840 E. Hedley St.
Philadelphia, PA 19137

Phone: 215-535-4731 Fax: 215-533-8107

Shipper: GLO303 Office Copy
GLOBAL CONTAINER TERMINAL
302 4TH PORT JERSEY BLVD
JERSEY CITY, NJ 07303

201472IN



Date 04/02/2020 Page 1 of 1

Bill To: SAF434
SAFETY ZONE LLC
PO BOX 449
GUILFORD, CT 06437

Consignee: SIN520
SINGER
150 SOUTH TWIN VALLEY RD
ELVERSON, PA 19520

Purchase Order Number	Method of Pay:	Container	Terms
A1980149	COLLECT	YMMU4070066	Net 30 Days

HZ	Pieces	Item Description	Weight	Rate	Charges
	1	CONT STC GLOVES *** Fuel Surcharge *** PORT SURCHARGE CHASSIS CHARGES SEAL NUMBER _____ BROKEN BY _____ REF L01-162728	37736		855.00 359.10 100.00 114.75
	1	Totals for this Invoice	37736		1,428.85

Signature	Loader	Driver	Date	Time In	Time Out
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Galasso

TRUCKING SERVICE, INC.

www.galassotrucking.com

2840 E. Hedley St.
Philadelphia, PA 19137
Phone: 215-535-4731 Fax: 215-533-8107Shipper: GLO303 Office Copy
GLOBAL CONTAINER TERMINAL
302 4TH PORT JERSEY BLVD
JERSEY CITY, NJ 07303

201502IN



Date 04/03/2024 Page 1 of 1

Bill To: SAF434
SAFETY ZONE LLC
PO BOX 449
GUILFORD, CT 06437Consignee: PEN114
PENN JERSEY PAPER
9355 BLUE GRASS ROAD
PHILADELPHIA, PA 19114

Purchase Order Number	Method of Pay	Container	Terms
7087896	COLLECT	TCNU4696696	Net 30 Days

HZ	Pieces	Item Description	Weight	Rate	Charges
	1	CONT STC GLOVES	39548		740.00
		*** Fuel Surcharge ***			310.80
		PORT SURCHARGE			100.00
		CHASSIS CHARGES			114.75
		SEAL NUMBER _____			
		BROKEN BY _____			
		REF LO1-162956			
	1	Totals for this Invoice	39548		1,265.55

Signature	Loader	Driver	Date	Time In	Time Out
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Philadelphia, PA 19137
Phone: 215-535-4731 Fax: 215-533-8107Shipper: GLO303 Office Copy
GLOBAL CONTAINER TERMINAL
302 4TH PORT JERSEY BLVD
JERSEY CITY, NJ 07303**201506IN**

Date 04/03/2024 Page 1 of 1

Bill To: SAF434
SAFETY ZONE LLC
PO BOX 449
GUILFORD, CT 06437Consignee: SIN520
SINGER
150 SOUTH TWIN VALLEY RD
ELVERSON, PA 19520

Purchase Order Number	Method of Pay:	Container	Terms
A1978035	COLLECT	MAGU5682382	Net 30 Days

HZ	Pieces	Item Description	Weight	Rate	Charges
	1	CONT STC GLOVES	40856		855.00
		*** Fuel Surcharge ***			359.10
		PORT SURCHARGE			100.00
		CHASSIS CHARGES			114.75
		SEAL NUMBER _____			
		BROKEN BY _____			
		REF 01-0197011			
Totals for this Invoice			40856		1,428.85

Signature	Loader	Driver	Date	Time In	Time Out
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2840 E. Hedley St.
Philadelphia, PA 19137
Phone: 215-535-4731 Fax: 215-533-8107

Shipper: GLO303 Office Copy
GLOBAL CONTAINER TERMINAL
302 4TH PORT JERSEY BLVD
JERSEY CITY, NJ 07303

201530IN



Date 04/04/2024 Page 1 of 1

Bill To: SAF434
SAFETY ZONE LLC
PO BOX 449
GUILFORD, CT 06437

Consignee: PEN114
PENN JERSEY PAPER
9355 BLUE GRASS ROAD
PHILADELPHIA, PA 19114

Purchase Order Number	Method of Pay:	Container	Terms
7089107	COLLECT	YMMU6375188	Net 30 Days

HZ	Pieces	Item Description	Weight	Rate	Charges
	1	CONT STC DISPOSABLE CAPS	18636		740.00
		*** Fuel Surcharge ***			310.80
		PORT SURCHARGE			100.00
		CHASSIS CHARGES			114.75
		SEAL NUMBER _____			
		BROKEN BY _____			
		REF LOI-162992			
Totals for this Invoice			18636		1,265.55

Signature	Loader	Driver	Date	Time In	Time Out
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2840 E. Hedley St.
Philadelphia, PA 19137

Phone: 215-535-4731 Fax: 215-533-8107

Shipper: GAL137 Office Copy
GALASSO TRUCKING SERVICE, INC
2840 E. HEDLEY STREET
PHILADELPHIA, PA 19137

201656IN



Date 04/09/2024 Page 1 of 1

Bill To: SAF434
SAFETY ZONE LLC
PO BOX 449
GUILFORD, CT 06437

Consignee: SAF434
SAFETY ZONE LLC
PO BOX 449
GUILFORD, CT 06437

Purchase Order Number	Method of Pay:	Container	Terms
A1978035	COLLECT	MAGU5682382	Net 30 Days

HZ	Pieces	Item Description	Weight	Rate	Charges
		2 HRS & 40 MIN DELAY TIME 2 HOURS FREE, THEN \$100 PER HOUR 6AM TO 10:40AM			266.67
		Totals for this Invoice			266.67

Signature	Loader	Driver	Date	Time In	Time Out
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2840 E. Hedley St.
Philadelphia, PA 19137
Phone: 215-635-4731 Fax: 215-633-8107

Shipper: GAL137 Office Copy
GALASSO TRUCKING SERVICE, INC
2840 E. HEDLEY STREET
PHILADELPHIA, PA 19137

201658IN



Date 04/09/2024 Page 1 of 1

Bill To: SAF434
SAFETY ZONE LLC
PO BOX 449
GUILFORD, CT 06437

Consignee: SAF434
SAFETY ZONE LLC
PO BOX 449
GUILFORD, CT 06437

Purchase Order Number	Method of Pay:	Container	Terms
7089107	COLLECT	YMMU6375188	Net 30 Days

HZ	Pieces	Item Description	Weight	Rate	Charges
		CHASSIS CHARGES			76.50
		Totals for this Invoice	0		76.50

Signature	Loader	Driver	Date	Time In	Time Out
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Galasso

TRUCKING SERVICE, INC.

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2840 E. Hedley St.
Philadelphia, PA 19137
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GLOBAL CONTAINER TERMINAL
302 4TH PORT JERSEY BLVD
JERSEY CITY, NJ 07303**202062IN**

Date 04/26/2024 Page 1 of 1

Bill To: SAF434
SAFETY ZONE LLC
PO BOX 449
GUILFORD, CT 06437Consignee: PEN114
PENN JERSEY PAPER
9355 BLUE GRASS ROAD
PHILADELPHIA, PA 19114

Purchase Order Number	Method of Pay:	Container	Terms
7090424	COLLECT	BMOU6148907	Net 30 Days

HZ	Pieces	Item Description	Weight	Rate	Charges
	1	CONT STC GLOVES	43481		740.00
		*** Fuel Surcharge ***			310.80
		PORT SURCHARGE			100.00
		CHASSIS CHARGES			191.25
		SEAL NUMBER _____			
		BROKEN BY _____			
Totals for this Invoice			43481		1,342.05

Signature	Loader	Driver	Date	Time In	Time Out
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