B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT _____ **DISTRICT OF** Delaware

PROOF OF CLAIM

Name of Debtor: School Specialty, PO Box 1017, Appleton, WI 54912

Case Number: 13-10125

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FEB 07 2013
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NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property): American Easel, LLC

COURT USE ONLY

Name and address where notices should be sent: American Easel, LLC, Attn: Tammy Forcier, 340 Thelma Ln NE, Salem, OR 97301

Telephone number: 503-361-2414 email: tammy@americaneasel.com

❒ Check this box if this claim amends a previously filed claim.

Court Claim Number:_____ (*If known*)

Filed on:_____

Name and address where payment should be sent (if different from above):

Telephone number: email:

❒ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: $ $3186.59

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

❒Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: Goods sold
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 7738

3a. Debtor may have scheduled account as: _____ (See instruction #3a)

3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $_____

Nature of property or right of setoff: ❒Real Estate ❒Motor Vehicle ❒Other **Describe:**

Basis for perfection: _____

Value of Property: $_____

Amount of Secured Claim: $_____

Annual Interest Rate_____% ❒Fixed or ❒Variable **(when case was filed)**

Amount Unsecured: $_____

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

❒ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

❒ Wages, salaries, or commissions (up to $11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4).

❒ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

Amount entitled to priority:

❒ Up to $2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

❒ Taxes or penalties owed to governmental units – 11U.S.C. §507 (a)(8).

❒ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

$_____

**Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Credits. The amount of all payments on this claim has been credited for the purpose of making t



7. Documents: Attached are **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. If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. *(See instruction #7, and the definition of "**redacted**".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

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If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. (Attach copy of power of attorney, if any.) ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Tammy Forcier
Title: member
Company: American Easel, LLC
Address and telephone number (if different from notice address above):

Tammy 2/5/13
(Signature) (Date)

Telephone number: email:

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 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
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.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



Invoice

340 Thelma Lane NE • Salem, OR 97301
(503) 361-2414 • Fax (503) 361-1275 • 1-877-765-9549
www.americaneasel.com

Date	Invoice #
12/20/2012	76675

Bill To	Ship To
School Specialty P.O. Bo 1017 Appleton, WI 54912-1017	La Tierra Montessori School State Road 68 Building 854 Alcalde, NM 87511 Attn: Michelle Quintana

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2450893	2% 10 Net 30	1/19/2013	WKS-D	12/20/2012	

Qty	Item	Description	Rate	Amount
5	AE1500	Baby 'H' Frame Easel 'Natural' 1z119yf40350678388	26.80	134.00

Payments/Credits	$0.00
Total	$134.00
Balance Due	$134.00



Invoice

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(503) 361-2414 • Fax (503) 361-1275 • 1-877-765-9549
www.americaneasel.com

Date	Invoice #
12/20/2012	76674

Bill To

School Specialty
P.O. Bo 1017
Appleton, WI 54912-1017

Ship To

Bridges Inc
7 Clinton Avenue
Jamestown, RI 02835-1203

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2502733	2% 10 Net 30	1/19/2013	WKS-D	12/20/2012	

Qty	Item	Description	Rate	Amount
1	AE1500	Baby 'H' Frame Easel 'Natural' 1z119yf40351636573	26.80	26.80

Payments/Credits	$0.00
Total	$26.80
Balance Due	$26.80

American Easel, llc

340 Thelma Lane NE • Salem, OR 97301
(503) 361-2414 • Fax (503) 361-1275 • 1-877-765-9549
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Invoice

Date	Invoice #
12/20/2012	76676

Bill To	Ship To
School Specialty P.O. Bo 1017 Appleton, WI 54912-1017	Grant Line Elem School 4811 Grant Line Road New Albany, IN 47150-8801

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2517591	2% 10 Net 30	1/19/2013	WKS-D	12/20/2012	

Qty	Item	Description	Rate	Amount
1	AE3500	Deluxe Paint Station 1z119yf40350906434	96.50	96.50

Payments/Credits	$0.00
Total	$96.50
Balance Due	$96.50



Invoice

340 Thelma Lane NE • Salem, OR 97301
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Date	Invoice #
12/20/2012	76677

Bill To	Ship To
School Specialty P.O. Bo 1017 Appleton, WI 54912-1017	Maxwell Elem. School 301 Woodland Ave Lexington, KY 405083

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2419035	2% 10 Net 30	1/19/2013	WKS-D	12/20/2012	

Qty	Item	Description	Rate	Amount
5	AE1500	Baby 'H' Frame Easel 'Natural' 1z119yf40350887849	26.80	134.00

Payments/Credits	$0.00
Total	$134.00
Balance Due	$134.00



Invoice

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Date	Invoice #
12/18/2012	76661

Bill To	Ship To
School Specialty P.O. Box 1017 Appleton, WI 54912-1017	Burnside Elementary School 5001 Learning Lane Red Wing, MN 55066-9224 Attn: Joyce Peterson

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2514028	2% 10 Net 30	1/17/2013	WKS-D	12/18/2012	

Qty	Item	Description	Rate	Amount
1	AE5400	Yahzi Oak Easel 1z119yf40350121424	44.50	44.50

Payments/Credits	$0.00
Total	$44.50
Balance Due	$44.50



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www.americaneasel.com

Date	Invoice #
12/21/2012	76680

Bill To

School Specialty
P.O. Box 1017
Appleton, WI 54912-1017

Ship To

Bart Fuhrman
Attn: Sample Order/Mtn House HS
Your PO#: BFUHRMAN12182012
1373 Meadow Ct
Healdsburg, CA 95448-3347

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2516608	2% 10 Net 30	1/20/2013	WKS-D	12/21/2012	

Qty	Item	Description	Rate	Amount
1	AE5300	Maestro Oak H Frame Easel 1z119yf40352406515 Did not come through EDI	122.50	122.50

Payments/Credits	$0.00
Total	$122.50
Balance Due	$122.50



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Date	Invoice #
10/8/2012	13420222

Bill To	Ship To
School Specialty P.O. Bo 1017 Appleton, WI 54912-1017	Greenville DC W6316 Design Drive Greenville, WI 54942

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2364308	2% 10 Net 30	11/7/2012	WKS-D	10/8/2012	UPS-collect

Qty	Item	Description	Rate	Amount
4	AE2400-H	Student Tripod Easel Honey Finish	19.50	78.00

Payments/Credits	$0.00
Total	$78.00
Balance Due	$78.00



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Date	Invoice #
12/26/2012	80010

Bill To	Ship To
School Specialty P.O. Bo 1017 Appleton, WI 54912-1017	Greenville DC W6316 Design Drive Greenville, WI 54942

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2492205	2% 10 Net 30	1/25/2013	WKS-D	12/26/2012	UPS-collect

Qty	Item	Description	Rate	Amount
23	AE101	6x8 Birch Print Blocks 1z119yf4035258939	8.95	205.85

Payments/Credits	$0.00
Total	$205.85
Balance Due	$205.85

American Easel, llc

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www.americaneasel.com

Invoice

Date	Invoice #
1/2/2013	80010-1

Bill To	Ship To
Mansfield DC 100 Paragon Parkway Mansfield, OH 44903	Mansfield DC 100 Paragon Parkway Mansfield, OH 44903

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
24958553	2% 10 Net 30	2/1/2013	WKS-D	1/2/2013	UPS-collect

Qty	Item	Description	Rate	Amount
100	AE260C	Thinner Screen in 32oz container with lid 1z119yf40350150698	3.50	350.00

Payments/Credits	$0.00
Total	$350.00
Balance Due	$350.00



Invoice

340 Thelma Lane NE • Salem, OR 97301
(503) 361-2414 • Fax (503) 361-1275 • 1-877-765-9549
www.americaneasel.com

Date	Invoice #
10/19/2012	76274

Bill To	Ship To
Mansfield DC 100 Paragon Parkway Mansfield, OH 44903	Mansfield DC 100 Paragon Parkway Mansfield, OH 44903

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2114047	2% 10 Net 30	11/18/2012	WKS-D	10/19/2012	UPS-collect

Qty	Item	Description	Rate	Amount
24	AE4002	68' Full Standing Tripod 'Dark Walnut Stain'	8.90	213.60

Payments/Credits	$0.00
Total	$213.60
Balance Due	$213.60



Invoice

340 Thelma Lane NE • Salem, OR 97301
(503) 361-2414 • Fax (503) 361-1275 • 1-877-765-9549
www.americaneasel.com

Date	Invoice #
12/6/2012	76529

Bill To	Ship To
School Specialty Salina Division PO Box 1017 Appleton, WI 54912-1017	School Specialty--Salina 3525 S 9th Street Salina, KS 67401

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2492517	2% 10 Net 30	1/5/2013	WKS-D	12/6/2012	

Qty	Item	Description	Rate	Amount
6	AE2400	Student Tripod Easel 1z119yf40350445352	19.50	117.00

Payments/Credits	$0.00
Total	$117.00
Balance Due	$117.00



Invoice

340 Thelma Lane NE • Salem, OR 97301
(503) 361-2414 • Fax (503) 361-1275 • 1-877-765-9549
www.americaneasel.com

Date	Invoice #
11/21/2012	76454

Bill To	Ship To
School Specialty Attn: Accts Payable PO Box 1017 Appleton, WI 54912-1017	Mount Joy DC 1156 Four Star Drive Mount Joy, PA 17552

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2467924	2% 10 Net 30	12/21/2012		11/21/2012	

Qty	Item	Description	Rate	Amount
12	AE1400	Teachers Aid Easel 909236090 ups freight	44.72	536.64

Payments/Credits	$0.00
Total	$536.64
Balance Due	$536.64



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340 Thelma Lane NE • Salem, OR 97301
(503) 361-2414 • Fax (503) 361-1275 • 1-877-765-9549
www.americaneasel.com

Date	Invoice #
12/26/2012	79010

Bill To	Ship To
Mansfield DC 100 Paragon Parkway Mansfield, OH 44903	Mansfield DC 100 Paragon Parkway Mansfield, OH 44903

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
24958553	2% 10 Net 30	1/25/2013	WKS-D	12/26/2012	

Qty	Item	Description	Rate	Amount
15	AE102	8x12 Birch Print Block	17.92	268.80
32	AE500	Table Top Triangle Easel	14.80	473.60

Payments/Credits	$0.00
Total	$742.40
Balance Due	$742.40

American Easel, llc

340 Thelma Lane NE • Salem, OR 97301
(503) 361-2414 • Fax (503) 361-1275 • 1-877-765-9549
www.americaneasel.com

Invoice

Date	Invoice #
12/26/2012	76166

Bill To	Ship To
Mansfield DC 100 Paragon Parkway Mansfield, OH 44903	Mansfield DC 100 Paragon Parkway Mansfield, OH 44903

P.O. No.	Terms	Due Date	Rep	Ship Date	Ship Via
2486414	2% 10 Net 30	1/25/2013	WKS-D	12/26/2012	

Qty	Item	Description	Rate	Amount
26	AE500	Table Top Triangle Easel 1z119yf40351005610	14.80	384.80

Payments/Credits	$0.00
Total	$384.80
Balance Due	$384.80