Claim #630 Date Filed: 3/12/2013

The Debtor has listed your claim on Schedule F as a General Unsecured claim in the amount of $1,774.40.
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.

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

DEADLINE FOR FILING CLAIMS: 5:00 P.M. (PACIFIC TIME), APRIL 1, 2013

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

PROOF OF CLAIM

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

- [X] School Specialty, Inc. (Case No. 13-10125)
- [ ] Delta Education, LLC (Case No. 13-10124)
- [ ] Bird-in-Hand Woodworks, Inc. (Case No. 13-10126)
- [ ] Califone International, Inc. (Case No. 13-10127)
- [ ] Childcraft Education Corp, Inc. (Case No. 13-10128)
- [ ] Classroomdirect.com, LLC (Case No. 13-10129)
- [ ] Frey Scientific, Inc. (Case No. 13-10130)
- [ ] Premier Agendas, Inc. (Case No. 13-10131)
- [ ] Sax Arts & Crafts, Inc. (Case No. 13-10132)
- [ ] Sportime, LLC (Case No. 13-10133)

NOTE: *This form should not be used to make a claim for an administrative expense* ***(other than a claim asserted under 11 U.S.C. § 503(b)(9))*** *arising after the commencement of the case. A "request" for payment of an administrative expense* ***(other than a claim asserted under 11 U.S.C. § 503(b)(9))*** *may be filed pursuant to 11 U.S.C § 503.*

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

ALLEN R SHUFFLEBOARD CO INC

Name and address where notices should be sent: NameID: 11314497

ALLEN R SHUFFLEBOARD CO INC
6595 SEMINOLE BLVD
SEMINOLE, FL 33772

Telephone number: 727-399-8877 email: MRSHUFFLE1@AOL.COM

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

Telephone number: email:

- [ ] Check this box if this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

- [ ] 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: $ 1774.40
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: ORDERS, SHIPPED, RECEIVED
(See instruction #2)

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

Nature of property or right of setoff: [ ] Real Estate [ ] Motor Vehicle [ ] Other
Describe:
Value of Property: $_____ **Annual Interest Rate** _____% [ ] Fixed [ ] Variable
(when case was filed)
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $_____ **Basis for perfection:** _____
Amount of Secured Claim: $_____ **Amount Unsecured:** $_____

6. Claim Pursuant to 11 U.S.C. § 503(b)(9): 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.

$_____ (See instruction #6)

7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)

8. 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 8, and the definition of "redacted".)*

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

If the documents are not available, please explain:

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).
- [ ] 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)(__).

Amount entitled to priority:

$_____

* *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*

9. Signature: (See instruction #9)
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: JAMES ALLEN
Title: PRESIDENT
Company: ALLEN R. SHUFFLEBOARD Co.
Address and telephone number (if different from notice address above):

(Signature) James Allen (Date) 3-6-13

Telephone number: 727-399-8877 Email: MRSHUFFLE1@AOL.COM

COURT USE ONLY

RECEIVED
MAR 12 2013
KURTZMAN CARSON CONSULTANTS

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.

13101251302271547240000156

ALLEN R. SHUFFLEBOARD CO., INC.

6595 SEMINOLE BLVD
SEMINOLE, FL 33772

1.800.260.3834

Voice: 727-399-8877
Fax: 727-398-4851
E-Mail: mrshuffle1@aol.com

Invoice

Invoice Number: 39058
Invoice Date: Jan 3, 2013
Page: 1

Sold To:
SCHOOL SPECIALTY, INC.
P.O. BOX 1017
APPLETON, WI 54912-1017

Ship To:
SCHOOL SPECIALTY, INC.
100 PARAGON PARKWAY
MANSFIELD, OH 44903

Customer ID	Customer PO	Payment Terms	
SCHOOL SPECIALTY	2521552	Net 30 Days	
Source	**Shipping Method**	**Ship Date**	**Due Date**
	UPS Third Party	1/3/13	2/2/13

Quantity	Item	Description	Unit Price	Extension
6.00	003584	COMMERCIAL SHUFFLEBOARD SET (4 - 66" Mill Finish Tuffy Cues - Set of Nemar Discs - Rules)	55.45	332.70

Subtotal	332.70
Sales Tax	
Freight	
Total Invoice Amount	332.70
Payment Received	0.00
TOTAL	332.70

ALLEN R. SHUFFLEBOARD CO., INC.

6595 SEMINOLE BLVD
SEMINOLE, FL 33772

1.800.260.3834

Voice: 727-399-8877
Fax: 727-398-4851
E-Mail: mrshuffle1@aol.com

Invoice

Invoice Number: 38852
Invoice Date: Dec 5, 2012
Page: 1

Sold To:
SCHOOL SPECIALTY, INC.
P.O. BOX 1017
APPLETON, WI 54912-1017

Ship To:
SCHOOL SPECIALTY, INC.
100 PARAGON PARKWAY
MANSFIELD, OH 44903

Customer ID	Customer PO	Payment Terms	
SCHOOL SPECIALTY	2503405	Net 30 Days	
Source	Shipping Method	Ship Date	Due Date
	UPS Third Party	12/5/12	1/4/13

Quantity	Item	Description	Unit Price	Extension
8.00	003584	COMMERCIAL SHUFFLEBOARD SET (4 - 66" Mill Finish Tuffy Cues - Set of Nemar Discs - Rules)	55.45	443.60

Subtotal	443.60
Sales Tax	
Freight	
Total Invoice Amount	443.60
Payment Received	0.00
TOTAL	443.60

ALLEN R. SHUFFLEBOARD CO., INC.

6595 SEMINOLE BLVD
SEMINOLE, FL 33772

1.800.260.3834

Voice: 727-399-8877
Fax: 727-398-4851
E-Mail: mrshuffle1@aol.com

Invoice

Invoice Number: 38396
Invoice Date: Sep 26, 2012
Page: 1

Sold To:
SCHOOL SPECIALTY, INC.
P.O. BOX 1017
APPLETON, WI 54912-1017

Ship To:
SCHOOL SPECIALTY, INC.
100 PARAGON PARKWAY
MANSFIELD, OH 44903

Customer ID	Customer PO	Payment Terms	
SCHOOL SPECIALTY	2434538	Net 30 Days	
Source	Shipping Method	Ship Date	Due Date
	UPS Third Party	9/26/12	10/26/12

Quantity	Item	Description	Unit Price	Extension
18.00	003584	COMMERCIAL SHUFFLEBOARD SET (4 - 66" Mill Finish Tuffy Cues - Set of Nemar Discs - Rules)	55.45	998.10

Subtotal	998.10
Sales Tax	
Freight	
Total Invoice Amount	998.10
Payment Received	0.00
TOTAL	998.10