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.)**

- ☑ 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):

AKRO-MILS

Name and address where notices should be sent: NameID: 11315276

AKRO-MILS
~~PO BOX 1029~~ 1293 S. Main Street
AKRON, OH ~~44309~~ 44301

Telephone number: 330-761-4331 email: mhall@akro-mils.com

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

Telephone number: email:

Date Stamped Copy Returned
No self addressed stamped envelope
No copy to return

☐ 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: $ 225.95

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:	**3a. Debtor may have scheduled account as:**	**3b. Uniform Claim Identifier (optional):**
5499	(See instruction #3a)	(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:

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: Michelle Hall
Title: A/R
Company: Akro-Mils

Michelle Hall (Signature) 3/11/13 (Date)

Address and telephone number (if different from notice address above):

Telephone number: Email:

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*

COURT USE ONLY

RECEIVED
MAR 15 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.

STATEMENT

AKRO-MILS®
A Myers Industries Company

P.O.Box 989 ■ Akron, Ohio 44309-0989
Telephone (330) 253-5592 ■ Fax (330) 761-6264

Account Number	Statement Date	Page	Terms
5499	3/05/13	1	Net 30 days

SCHOOL SPECIALTY
P.O. BOX 1017

APPLETON WI 54912-1017

ACH Payments To:

J.P. Morgan Chase Bank, NA
Chicago, IL
RT: 071000013
Account: 758685119
Beneficiary: Akro-Mils

Date	Type	Invoice Number	Date Due	P.O. Number	Payments/Adjust	Balance Due
12/05/12	Invoice	4672298	1/04/13	2499505		225.95

Current	30 - 59 Days	60 - 89 Days	90 + Days	TOTAL ACCOUNT BALANCE
$.00	$225.95	$.00	$.00	$225.95

Mail Checks To:
Akro-Mils
24293 Network Place
Chicago, IL 60673-1242

Remit Wire Transfers To: J.P. Morgan Chase Bank
New York, NY
RT: 021000021
Account: 758685119
Beneficiary: Akro-Mils, Swift: CHASUS33

REV 9/08

AKRO-MILS
A Myers Industries Company

TELEPHONE: (330) 253-5593
FAX: (330) 761-6264
D-U-N-S 416-4224 * FEDERAL SUPPLY NO.01717

** REPRINT ** ORIGINAL INVOICE

INVOICE

ACCOUNT NUMBER	CUSTOMER ORDER NUMBER	TERMS	INVOICE DATE	INVOICE NUMBER
5499	2499505	Net 30 days	12/05/12	4672298

DATE SHIPPED	VENDOR NUMBER	SHIPPED VIA / CARRIER	F.O.B.	
12/05/12	01807	UPS THIRD PARTY COLLECT UPS THIRD PARTY COLLECT	04	1-COLLECT 2-PREPAID DESTINATION 3-PREPAID AND ADD 4-THIRD PARTY BILLING

ORDER#	BOL#	PRO#	TRAILER#
842509	1077414	1Z4872070310684637	

SOLD TO
SCHOOL SPECIALTY
P.O. BOX 1017
APPLETON, WI 54912-1017

SHIP TO
DAVID HART CAREER CENTER
HESTER RUSSEL
PO# 131104525
2101 LAKEVIEW RD
MEXICO, MO 65265-1358

QTY ORDER	QTY SHIP	UNITS	STOCK NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
4	4	CS	30250BLUE	BIN BL 6PK	59.460	237.84
			FULL ORDER TRADE ALLOWANCE	5% Catalog Allowance		11.89-
				SUB TOTALS		225.95

REP	CARTON	WEIGHT
82	.000	76.00

SHIPPING & HANDLING (NO DISCOUNT ALLOWED)	$.00
INVOICE TOTAL	$225.95

RGN 12

ACH Payments to:
J.P. Morgan Chase Bank, NA
Chicago IL
RT: 071000013
Account: 758685119
Beneficiary: Akro-Mils

Remit Checks To:
Akro-Mils
24293 Network Place
Chicago, IL 60673-1242

Remit Wire Transfers To:
J.P. Morgan Chase Bank, NA
New York, NY
RT: 021000021
Account: 758685119
Beneficiary: Akro-Mils, Swift CHASUS33

A6-30 (REV. 9/08)

School Specialty
Career & Technical Education

BRODHEAD GARRETT

BRODHEAD GARRETT
PO BOX 8101
MANSFIELD OH 44901

Corporate FID# 39-0971239

& 42509

PO Number	Rev #	DC	Date	Page #
2499505	0	111	29-NOV-12	1 of 1

THE ABOVE PURCHASE ORDER AND REVISION # MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND CORRESPONDENCE.

Ship To:DAVIS HART CAREER CENTER
Attention: HESTER, RUSSEL
Your PO#: 131104525
2101 LAKEVIEW RD
MEXICO MO 65265-1358
United States

Supplier: AKRO-MILS
24293 NETWORK PL
CHICAGO IL 60673-1242
United States

Bill To:SCHOOL SPECIALTY INC
PO BOX 1017
APPLETON WI 54912-1017
United States

Buyer: BG DIRECTS TEAM	FOB:	Acct Number:
Phone: Email or Fax Please	Freight Terms: FOB	Delivery Date(s): **SEE DATE(S) BELOW**
Fax: 419-589-1413	Via:	Our SO Number: 22438473
Email: BGDIRECT@BRODHEADGARRETT.COM		

Quantity	Our Item / Your Item	UOM / Item Description	Unit Price	Extended	Line No
4	593339 30-250 BLUE	EACH BINS STORAGE STACKING POLYPROPYLENE BLUE PACK OF 6 30-250	**Do Not Deliver Before 09-NOV-12** $59.4500	$237.80	1

REF CONTACT NAME RUSSELL HESTER
REF CONTACT PH# 573 581 5684
REF CUST PO# 131104525

Mark for: HESTER, RUSSEL

CBOEREMA 2012-11-28
2499505
1 20842 50900 1

Routing Instructions:
Ship via School Specialty 2012/2013 Routing Guide.

To obtain your copy of the 2012/2013 Routing Guide, please call 855-223-8017 or contact SSIRouting@CHRobinson.com.

Corporate transportation must approve routing deviations. Bill of Lading copy MUST accompany invoice. Bills payable upon order completion; terms discounted from date of invoice. Our PO number MUST appear on Bill of Lading with instructions for carrier to place on Freight Bill and mark as such. Failure to do so will incur a chargeback of $50.

Terms and Conditions:
Standard Terms and Conditions of Purchase are an integral part of this Purchase Order and are herein incorporated by this reference. All prices and amounts on this order are expressed in USD.
Please formally acknowledge receipt of Purchase Order and estimated delivery date(s); take note of the Do Not Deliver Before date(s) in the body of this Purchase Order.

Total $ 237.80 USD

SSI_DIRECT_PO712-JUL-A

MADE IN USA

SHIPPING ORDER

Akro-Mils
BOX 989 , AKRON OH, 44309

BILL TO:

SCHOOL SPECIALTY
P.O. BOX 1017

APPLETON WI 54912-1017

SHIP TO:

DAVID HART CAREER CENTER
HESTER RUSSEL
PO# 131104525
2101 LAKEVIEW RD
MEXICO MO 65265-1358

DATE RECEIVED	SHIPPING NO.
12/05/2012	842509-00

F.O.B.	CUSTOMER NUMBER
04	2499505

CUSTOMER P.O. NUMBER
131104525

CANCEL DATE	SHIP VIA	REQUEST SHIP DATE
12/04/2012	XXXX	11/30/2012

S.O. # 842509-00

1 00842 50900 3

Special Instructions
SHIP CH ROBINSON 855.223.8017
****FOR ALL DROP SHIPMENTS,*******
UPS 3RD PARTY R9137F
is FOB 04 * use routing in data base
SHIP CH ROBINSON

MASTER CARTONS	QUANTITY ORDERED	QUANTITY SHIPPED	UNITS	STOCK NUMBER	CUBE	DESCRIPTION	CUSTOMER ITEMID	POUNDS CASE	POUNDS
4	24	24	EA	30250BLUE	25.32	BIN BL 6PK		19.002	76.008

NUMBER OF CARTONS	TOTAL CUBE	TOTAL WEIGHT
4	25.3200	76.0080