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):

AMERICAN OUTDOOR PRODUCTS

Name and address where notices should be sent: NameID: 11320326

AMERICAN OUTDOOR PRODUCTS
6350 GUNPARK DRIVE
BOULDER, CO 80301

Telephone number: email:

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: $ 183.00

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: 4912

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:

9. Signature: (See instruction #9)

Check the appropriate box.

- [X] 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: Ana Porras
Title: Accounts Receivable
Company: American Outdoor Products

Ana Porras (Signature) 03/13/13 (Date)

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

~~[illegible]~~
303 800 1405
Telephone number: Email: Porras@backpackerspantry.com

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 18 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.

AMERICAN OUTDOOR PRODUCTS, INC
Backpacker's Pantry,
Astronaut Foods, Colorado Spice
6350 Gunpark Drive
Boulder, CO 80301
303 581-0518 Fax 303-581-9288

INVOICE NO 158981
INV DATE 01/24/13
DUE DATE SEE TERMS
TERMS Net 30

PAGE 1 REP 160

CUSTOMER PO NO.	PICK NO.	FOB	SHIP VIA
2538995	115656	Collect	UPS Collect

CUSTOMER ASCH54912
School Specialty, Inc. ^
Attn: Accounts Payable
P.O. Box 1017
Appleton, WI 54912-1017

SHIP TO
School Specialty, Inc. - Mansfield
100 Paragon Parkway

Mansfield, OH 44903

ITEM DESCRIPTION / ITEM NO	ORDERED	SHIPPED	DISC %	UNIT PRICE	TOTAL
Astro Ice Cream 1300017	50 cs	2	2 %	91.50	183.00

60 YEARS OF EXCELLENCE
1951 TO 2013

MERCHANDISE TOTAL	183.00
Non Deductible Frt or other Fees	.00
Sales Taxes	.00
Dedct this frm TOTAL INV if paid on time	.00
TOTAL INVOICE US DOLLARS	183.00

AMERICAN OUTDOOR PRODUCTS, INC
Astronaut Foods, Backpacker's Pantry
Colorado Spice, Salamander
6350 Gunpark Drive
Boulder, CO 80301
303-581-0518 fax 303-581-9288

Picking Ticket # 115656
Order Date 01/23/13 Page # 1
Ship Date 01/25/13 Rep 160
Input Cancel Date
Terms Net 30 FOB
Ship Via See SIS File PREPAID
Customer ASCH54912
PO Number 2538995

SPECIAL INSTRUCTIONS

SHIP TO 920-882-5805

School Specialty, Inc. ^
Attn: Accounts Payable
P.O. Box 1017
Appleton, WI 54912-1017

School Specialty, Inc. - Mansfield
100 Paragon Parkway

Mansfield, OH 44903

ITEM	DESCRIPTION		QUANTITY ORDERED	SHIPPED	SEQ NO
1300017	Astro Ice Cream	50 cs	2	2	1

PICK TICKET	115656-0	SHIP DATE	01/24/13
TRACK	1Z80E2880310628398	CARRIER	UPS
PKG FRGT	0.00	TOT PKG(S)	2
PKG SCALE WGT	4.65	SHPMNT FRGT:	0.00
COD	0.00	SHPMT ACT WGT	9.30

115656

School Specialty Inc
W6316 Design Drive
Greenville WI 54942

PO Number	Rev #	DC	Date	Page #
2538995	0	075	23-JAN-13	1 of 1

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

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

Supplier: AMERICAN OUTDOOR PRODUCTS INC
6350 GUNPARK DR
BOULDER CO 80301
United States

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

Buyer: CRAIG HAMM	FOB:	Acct Number:
Phone: 920-243-5531	Freight Terms: Parcel	
Fax: 920-882-4536	Via:	
Email: CRAIG.HAMM@SCHOOLSPECIALTY.COM		

Quantity	Our Item / Your Item	UOM / Item Description	Delivery Requested By	Unit Price	Extended	Line No
100	564950 1300019	EACH ASTRONAUT ICE CREAM EA	06-FEB-13	$1.8300	$183.00	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 that the Delivery Requested by dates specified in the body of this Purchase Order can be met.

Total $ 183.00 **USD**

SSI_DOMESTIC_PO 12-MAR-A