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

Claim #366 Date Filed: 2/28/2013

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):
Aisha Habibi

Name and address where notices should be sent:
Aisha Habibi
PO Box 701
Savage, MD 20763
Telephone number: 410 949 0319 email: aisheskhalid@gmail.com

Name and address where payment should be sent (if different from above):
same as 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: $ 114

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: Stocks owned
(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):**
2607	Aisha Khalid (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.

13101251302280000000000054

☒ 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: Aisha Habibi
Title: _____
Company: _____

Aisha Habibi 2/20/13
(Signature) (Date)

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

Telephone number: 410 949 0319 Email: aisheskhalid@gmail.com

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.

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
FEB 28 2013
KURTZMAN CARSON CONSULTANTS

Bill Details

View bill details | Billing history | View bill & usage reports | Payment activity | Change billing address | Payment options

Account 418014655325

Billing Period December 25, 2012 - January 24, 2013 Print | Paper bill (PDF)

Bill-At-A-Glance Play online bill video

Previous Balance	$215.62
Payment - 01/20 - Thank You!	-$215.62
Adjustments	$0.00
Balance	$0.00
New Charges ?	$275.27

Amount to be Debited ? **$275.27**

Your Bank Account will be Debited by Feb 20, 2013

This total does not reflect any activity after 01/24/2013
Payments applied after the billing cycle are reflected in the Current Balance section.

Additional bill information

Get the details on fees, payment methods, and promotions, and review the options we offer for controlling your account.

Bill Details

Wireless

You have gone over your plan limit

Shared Group Plans

FamilyTalk Nation 1400 with Rollover- Includes $9.99 Each Additional Line, 1,400 Shared Anytime Minutes with Rollover, Nationwide Long Distance & Roaming, Unlimited Mobile to Mobile calling to/from other AT&T Mobiles, Unlimited Shared Night (9pm-6am) & Weekend calling, Call Forward Feature, Caller ID, Call Wait, Conference Call Feature, Mobile Purchases & Downloads Detail, Basic Voice Mail Feature, (Additional Minutes $0.40 each).

Family Messaging Unlimited with Mobile to Any Mobile Calling- Includes Unlimited domestic text, picture, video and instant messages and unlimited calling to/from any other domestic mobile phone.

Group 2 Usage Summary - Dec 25 thru Jan 24

Wireless Numbers On Account

AISHA KHALID 410-294-6507 Usage details

Monthly Charges - Jan 25 thru Feb 24	$140.99
Other Charges and Credits ?	

Voice Usage Summary

Statement for Account # 864-198970

01/01/13 - 01/31/13

Account Positions

vestment Description	Symbol/ CUSIP	Quantity	Current Price	Market Value	Purchase Date	Cost Basis	Average Cost	Unrealized Gain(Loss)	Estimated Income	Yie
tocks - Cash										
EDICAL MARIJUANA INC OM	MJNA	1,690	0.224	378.56	05/29/12	84.95	0.05	293.61	-	-
ANDORA MEDIA INC OM	P	10	11.52	115.20	05/29/12	114.80	11.48	0.40	-	-
ARKWAY PROPERTIES IC (MD) M	PKY	10	15.84	158.40	05/24/12	103.47	10.35	54.93	4.50	2.8
ATRIOT COAL ORPORATION OM	PCXCQ	10	0.092	0.92	05/24/12	23.99	2.40	(23.07)	-	-
CHOOL SPECIALTY INC OM	SCHS	40	0.103	4.12	05/24/12	118.40	2.96	(114.28)	-	-
IRIUS XM RADIO INC OM	SIRI	20	3.14	62.80	05/17/12	38.00	1.90	24.80	-	-
D AMERITRADE OLDING CORP OM	AMTD	2	19.39	38.78	05/22/12	34.56	17.28	4.22	0.72	1.9
EEKAY TANKERS LTD OM	TNK	10	2.86	28.60	05/30/12	42.00	4.20	(13.40)	4.00	14.0
RAVELZOO INC OM	TZOO	5	21.92	109.60	05/29/12	116.90	23.38	(7.30)	-	-
OPHARM ONCOLOGY IC OM	ZIOP	20	3.97	79.40	05/22/12	97.18	4.86	(17.78)	-	-
YNGA INC OM	ZNGA	1	2.71	2.71	05/18/12	7.80	7.80	(5.09)	-	-
otal Stocks				**$2,178.65**		**$1,850.09**		**$328.56**	**$11.47**	**0.5**
utual Funds - Cash										
ANGUARD IV GR FD	VDIGX	6.289	$ 17.52	$ 110.18	05/24/12	$ 149.99	$ 23.85	$ (39.81)	$ 2.31	2.1
otal Mutual Funds				**$110.18**		**$149.99**		**$(39.81)**	**$2.31**	**2.1**
otal Cash Account				**$2,288.83**		**$2,000.08**		**$288.75**	**$13.78**	**0.6**

Account Activity

Trade Date	Settle Date	Acct Type	Transaction/ Cash Activity*	Description	Symbol/ CUSIP	Quantity	Price	Amount	Balanc
5/22/12	05/25/12	Cash	Buy - Securities Purchased	TD AMERITRADE HOLDING CORP COM	AMTD	2	17.28	(34.56)	(34.5
5/22/12	05/25/12	Cash	Buy - Securities Purchased	FACEBOOK INC COM	FB	4	32.64	(130.56)	(165.1
5/22/12	05/25/12	Cash	Buy - Securities Purchased	ACADIA PHARMACEUTICALS INC COM	ACAD	50	1.4399	(72.00)	(237.1
5/22/12	05/25/12	Cash	Buy - Securities Purchased	AMICUS THERAPEUTICS INC COM	FOLD	10	4.5786	(45.79)	(282.9
5/22/12	05/25/12	Cash	Buy - Securities Purchased	ANTHERA PHARMACEUTICALS INC COM	ANTH	50	1.8599	(93.00)	(375.9
5/22/12	05/25/12	Cash	Buy - Securities Purchased	ARQULE INC COM	ARQL	10	5.5899	(55.90)	(431.8
5/22/12	05/25/12	Cash	Buy - Securities Purchased	AUXILIUM PHARMACEUTICALS INC COM	AUXL	2	19.1599	(38.32)	(470.1
5/22/12	05/25/12	Cash	Buy - Securities Purchased	BIOMARIN PHARMACEUTICAL INC COM	BMRN	1	37.9599	(37.96)	(508.0
5/22/12	05/25/12	Cash	Buy - Securities Purchased	CHEMOCENTRYX INC COM	CCXI	5	12.3999	(62.00)	(570.0
5/22/12	05/25/12	Cash	Buy - Securities Purchased	GERON CORP COM	GERN	20	1.4099	(28.20)	(598.2
5/22/12	05/25/12	Cash	Buy - Securities Purchased	ZIOPHARM ONCOLOGY INC COM	ZIOP	20	4.859	(97.18)	(695.4
5/24/12	05/25/12	Cash	Buy - Securities Purchased	VANGUARD SPECIALIZED PORTFOL DIV GR FD	VDIGX	6.289	15.90	(149.99)	(845.4
5/25/12	05/25/12	Cash	Journal - Other	REDEMPTION FDIC INSURED DEPOSIT ACCOUNT	-	-	0.00	845.46	0.(
5/24/12	05/30/12	Cash	Buy - Securities Purchased	ARCELORMITTAL CL A CL A NY REGISTRY	MT	3	14.1699	(42.51)	(42.5
5/24/12	05/30/12	Cash	Buy - Securities Purchased	PATRIOT COAL CORPORATION COM	PCX	10	2.399	(23.99)	(66.5
5/24/12	05/30/12	Cash	Buy - Securities Purchased	SCHOOL SPECIALTY INC COM	SCHS	40	2.9599	(118.40)	(184.9

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

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Delaware		PROOF OF CLAIM
Name of Debtor: School Specialty, INC	Case Number: 13-10125	
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 to11 U.S.C. § 503.*		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Aisha Habibi		COURT USE ONLY
Name and address where notices should be sent: POST OFFICE BOX 701 Savage, Maryland 20763 Telephone number: 410-949-0319 email: aishaskhalid@gmail.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): Same as 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: $_____

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.

Value of Property: $_____ **Amount of Secured Claim:** $_____

Annual Interest Rate_____**%** ❒Fixed or ❒Variable **Amount Unsecured:** $_____
(when case was filed)

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.

U.S.C. §507(a)(1)(A) or (a)(1)(B). earned within 180 days before the case was filed or the employee benefit plan –

❒ Up to $2,600* of deposits toward ❒ Taxes or penalties owed to governmental units – ☒ Other – Specify $_____

*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 this proof of claim. (See instruction #6)

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.

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: Aisha Habibi
Title:
Company:
Address and telephone number (if different from notice address above):
PO Box 701
Savage, MD 20763
Telephone number: 410 949 0319 email: aishaskhalid@gmail.com

Aisha Habibi 2/20/13
(Signature) (Date)

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

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other

3b. Uniform Claim Identifier:

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