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

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

**PROOF OF CLAIM**

Name of Debtor: SCHOOL SPECIALTY

Case Number: 13-10125(KJC)

RECEIVED
MAR 2 2 2013
KURTZMAN CARSON CONSULTANTS

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):
ALUFOIL PRODUCTS CO., INC.

**COURT USE ONLY**

Name and address where notices should be sent:
ALUFOIL PRODUCTS CO., INC.
135 OSER AVE, SUITE 3, HAUPPAUGE, NY 11788

Telephone number: 631-231-4141 email: sales@alufoil.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

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:** $ $117.40

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:** GOODS SOLD (ref INVOICE # 750018 for PO # 2485166)
(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):** |
|---|---|---|
| — — — — | _____ (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.

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

13101251303220000000021

**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:

RECEIVED

MAR 2 2 2013

KURTZMAN CARSON CONSULTANTS

**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: ELLIOT LENT
Title: VICE PRESIDENT
Company: ALUFOIL PRODUCTS CO. INC.
Address and telephone number (if different from notice address above):
Same

Telephone number: email:

(Signature) 03/17/2013 (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 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.

# Alufoil Products Co., Inc.

135 Oser Avenue, Suite 3
Hauppauge, NY 11788
Phone: 631-231-4141
Fax: 631-231-1435

# *Invoice*

| | |
|---|---|
| Invoice No. | **750018** |
| Invoice Date: | 12/3/2012 |
| Ship Date: | 12/3/2012 |

Bill To:

School Specialty Inc. (Delta Education)
Telephone # 920-882-5822
P.O. Box 1017
Appleton, WI 54912-1017

Ship To:

School Specialty Inc. (Delta Education)
Telephone # 603-889-8899
80 Northwest Blvd
Nashua, NH 03063

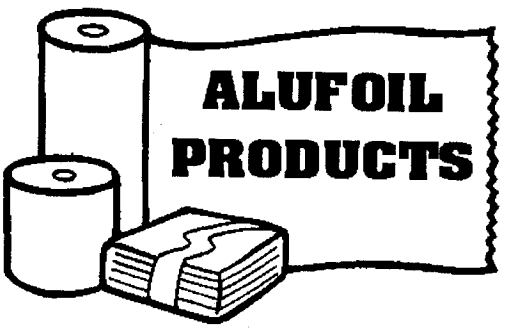
P.O. Number: 2485166

Terms: NET 30 DAYS

Shipped Via: UPS GRD COLLECT

F.O.B.: Hauppauge, NY

| Quantity | Unit | Part No. | Description | Price Each | Amount |
|---|---|---|---|---|---|
| 1,000 | SH | PART#1276764 | 12in X 12in .0006 ALUMINUM FOIL<br>SOFT - TISSUE INTERLEAVED<br>2 PKGS - 500 SHEETS PER PACKAGE<br>.<br>SHIPPED VIA UPS GROUND<br>COLLECT ON ACCOUNT # 047-E6W<br>- PO# 2485166 IN REF. FIELD -<br>.<br>FAX INVOICE TO WILL LEVESQUE<br>@ 603-579-3590 WHEN SHIPPING | 0.1174 | 117.40 |




Phone: 631-231-4141
Fax: 631-231-1435
sales@alufoil.com
www.alufoil.com

We report payment data to D&B.

| | |
|---|---|
| **Subtotal** | $117.40 |
| **Sales Tax (0.0%)** | $0.00 |
| **Total** | $117.40 |
| **Payments/Credits** | $0.00 |
| **Balance Due** | **$117.40** |

School Specialty Inc
W6316 Design Drive
Greenville WI 54942

| PO Number | Rev # | DC | Date | Page # |
|---|---|---|---|---|
| 2485166 | 0 | 088 | 08-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: SCHOOL SPECIALTY INC
80 NORTHWEST BLVD
NASHUA, NH 03063-3000
United States

Supplier: ALUFOIL PRODUCTS CO INC
135 OSER AVE STE 3
HAUPPAUGE NY 11788
United States

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

| | | |
|---|---|---|
| Buyer: WILL LEVESQUE | FOB: | Acct Number: |
| Phone: (603) 579-3559 | Freight Terms: FOB | |
| Fax: (603) 579-3590 | Via: | |
| Email: WILL.LEVESQUE@SCHOOLSPECIALTY.COM | | |

| Quantity | Our Item / Your Item | UOM / Item Description | Delivery Requested By | Unit Price | Extended | Line No |
|---|---|---|---|---|---|---|
| | Please contact kerry Gavin at 603-589-7180 if you have questions. | | | | | |
| 1000 | 1276764<br>1276764 CUSTOM | EACH<br>ALUMINUM FOIL 12" X 12" EACH | 17-DEC-12 | $0.1174 | $117.40 | 1 |

THANK YOU -
WE WILL SHIP ON 12/03/2012
VIA UPS GROUND COLLECT

ELLIOT
11/08/12

**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** $ 117.40 USD