

UNITED STATES BANKRUPTCY COURT District of Delaware	PROOF OF CLAIM 09-13099
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Name of Debtor: <u>ADS Logistics</u>	Case Number: <u>09-13099</u>
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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense 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): <u>New Pig Corp</u>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Name and address where notices should be sent: <u>New Pig Corp</u> <u>One Park Ave</u> <u>Tipton PA 16684</u> Telephone number: _____	

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Name and address where payment should be sent (if different from above): Telephone number: _____	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
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1. Amount of Claim as of Date Case Filed: <u>\$ 2,118.09</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.
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2. Basis for Claim: <u>goods sold</u> <small>(See instruction #2 on reverse side.)</small>	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
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3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a on reverse side.)</small>	<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
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4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate: % _____ Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____
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6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. <i>(See instruction 7 and definition of "redacted" on reverse side.)</i> DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
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Date: <u>9/30/09</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>Sharon Specht</u> <u>Sharon Specht</u> <u>accounting rep</u>	FOR COURT USE ONLY
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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §



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Tipton, PA 16684-0304

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CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE
4393055	20264627-00	06/16/09

Ordered by

ROLL & HOLD
2515 S HOLT RD
INDIANAPOLIS, IN 46241

Bill To

ROLL & HOLD
9200 CALUMET AVE STE N300
MUNSTER, IN 46321

Ship To

ROLL & HOLD
2515 S HOLT RD
INDIANAPOLIS, IN 46241

TERMS	CUSTOMER PURCHASE ORDER NUMBER	ORDER DATE	SHIPPED VIA	DATE SHIPPED	PAGE
Net 30 Days	VERB ROY ENRIGHT	06/16/09	PITT-OHIO	06/16/09	1

LINE	ITEM/DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY BACKORDERED	UNIT PRICE	TOTAL
	DIVERSION CONTRARY TO U.S. LAW IS PROHIBITED CONTACT: ROY ENRIGHT - PHONE: 3174869177 Congruntulations! As a Blue Ribbon Customer, you saved with your PIG® Preferred Discount of 10% off the lowest list price on PIG® Absorbents, Wipers, Kits and PPE Safety. If you have any questions about the Blue Ribbon program, call Misty, your Blue Ribbon Account Sales Manager, at 1-800-HOT-4PIG (468-4744). Your total cost savings for this order is \$225.60.					
1	MAT251 PIG UNIVERSAL HVY-WT MAT 10X13IN 100/DISP	48	48	0	42.30	2030.40
						2030.40
						87.69
						2118.09

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