

**UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE**

**PROOF OF CLAIM**

Name of Debtor:  
**ROLL AND HOLD**

Case Number:  
**09-13101**

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):  
**MH EQUIPMENT**

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

**MH EQUIPMENT  
P.O. BOX 50, MOSSVILLE, IL 61552**

Court Claim Number: \_\_\_\_\_  
(If known)

Telephone number:  
**(309) 579-8035**

Filed on: \_\_\_\_\_

**RECEIVED  
NOV 19 2009  
BMC GROUP**

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

**SAME AS ABOVE**

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.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 799.08

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.

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.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

2. Basis for Claim: GOODS AND SERV.  
(See instruction #2 on reverse side.)

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).

3. Last four digits of any number by which creditor identifies debtor: X40119

3a. Debtor may have scheduled account as: \_\_\_\_\_  
(See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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:  Real Estate  Motor Vehicle  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: \$ 799.08

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).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(\_\_\_\_).

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. (See definition of "redacted" on reverse side.)

Amount entitled to priority:

\$ \_\_\_\_\_

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

\*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.

If the documents are not available, please explain:

**FOR COURT USE ONLY**

Date:  
**11/17/2008**

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.

*Karin S. Daly / Karin Daly 11-17-09*



AR040 S05 CUSTOMER INVOICE DETAIL

11/17/09 Term 30  
7:48 Re1 7.03

Customer X40119 ROLL & HOLD WAREHOUSING Balance 799.08  
708-922-2016

Date	Invoice	Br S D	P.O. Number	Balance
		Reference	Date Description	Amount
6/08/09	T60183	031 W	STEVE	170.67
	T60183	031 T60183	6/08/09 INVOICE	170.67
6/08/09	T60184	031 W	STEVE	127.88
	T60184	031 T60184	6/08/09 INVOICE	127.88
6/29/09	T60644	031 W	STEVE	500.53
	T60644	031 T60644	6/29/09 INVOICE	500.53

[R]estart, [N]otes Maintenance, or [E]xit E