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<b>UNITED STATES BANKRUPTCY COURT Delaware Bankruptcy Court (Wilmington)</b>	<b>PROOF OF CLAIM</b>
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Name of Debtor: AGFEED USA LLC	Case Number: 13-11761-BLS	
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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 to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): Colorado Department of Revenue	
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Name and address where notices should be sent: Colorado Department of Revenue 1375 Sherman St, Rm 504 Denver CO 80261-0004  Telephone number: 303-866-3711      email: dor_tac_bankruptcy@state.co.us	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known)  Filed on: _____
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Name and address where notices should be sent (if different from above):   Telephone number: _____      email: _____	<input type="checkbox"/> 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.
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<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>161,056.00</u>  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.  <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Use grid below that itemizes interest or charges.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b>  <b>'AUG 29 2013'</b>  <b>BMC GROUP</b> </div>
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**2. Basis for Claim:** The grounds of liability is tax due under Colorado Statutes as Revised (See instruction #2)

<b>3. Last four digits of any number by which creditor identifies debtor:</b> 8748	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
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<b>4. Secured Claim (See instruction #4)</b> 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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ <u>161,056.00</u>  <b>Amount Unsecured:</b> \$ <u>0.00</u>
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**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.**

<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> 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).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).
<input type="checkbox"/> 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).	<input checked="" 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:**  
\$ 0.00

\*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, judgements, 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: Alex Sisneros

Title: Tax Compliance Agent

Company: Colorado Department of Revenue

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

/s/ Alex Sisneros  
(Signature)

15-Aug-2013  
(Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

*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.

# STATE OF COLORADO

Colorado Department of Revenue  
1375 Sherman St  
Denver, CO 80261-0004



Aug 15, 2013

AGFEED USA LLC  
1615 GOLDEN ASPEN DR STE 107  
AMES IA 50010-8098

Account: 02833833  
Letter: L0337962304  
Source: TPC

UNITED STATES BANKRUPTCY COURT  
FOR THE  
Delaware Bankruptcy Court (Wilmington)

Case #: 13-11761-BLS  
Chapter #: Chapter 11  
Filing Date: 07/15/2013

IN THE MATTER OF: AGFEED USA LLC

75-3088748

1. The undersigned, whose business address is 1375 Sherman Street, Denver, Colorado 80261, is an agent of the Department of Revenue, Tax Audit & Compliance Division, and is authorized to make this proof of claim on behalf of the State of Colorado, Department of Revenue.
2. The debtor is indebted to the State of Colorado in the amount of \$161,056.00, as stated below, as of the petition date.
3. The grounds of liability is tax due under Colorado Statutes as Revised.

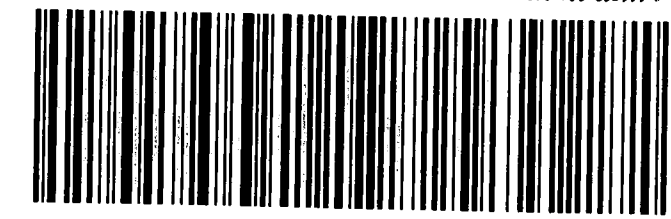
ID	Tax Type	Filing	Assessed	Tax Amount	Penalty	Interest	Period Status	Comment
75-3088748	Withholding	12/31/2010	1/18/2011	\$48,203.00	\$23,521.00	\$8,804.00	Secured Claim	
75-3088748	Withholding	12/31/2010	4/22/2013	\$48,203.00	\$23,521.00	\$8,804.00	Secured Claim	
75-3088748	Withholding	03/29/2013		-	-	-	Secured Unassessed	UNASSESED

Total Secured: \$161,056.00      Total Priority: \$0.00      Total General: \$0.00      Total Claim: \$161,056.00

TO THE EXTENT THE DEPARTMENT'S CLAIM IS NOT SECURED, THE CLAIM IS A PRIORITY CLAIM

PLEASE SEND PAYMENT OR CORRESPONDENCE TO:  
Colorado Department of Revenue  
1375 Sherman Street, Room 504  
Attention: Bankruptcy Unit  
Denver, Colorado 80261      Phone (303)866-3711

Penalty for presenting fraudulent claim  
Fine of not more than \$500,000 or imprisonment for not more than 5  
Years or both, Title 18 USC 152 and 3571



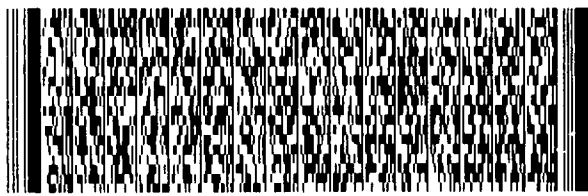
Emp# 111763 20AUG13 ILGA 519C1/0989/93AB

55317  
MN-US  
MSP

MX H FBLA

55317 -us  
THU - 29 AUG 3:00P  
STANDARD OVERNIGHT  
FedEx  
TRK# 5696 8209 2287

RETURNS MON-FRI  
STANDARD OVERNIGHT  
TRK# 5696 8209 2287



17-1317-005H12

ST1C1/0989/CF60

OSH/ CLAIMS PROCESSING  
18675 LAKE DRIVE EAST  
CHANHASSEN MN 55317  
BMG GROUP  
AUG 29 2013  
RECEIVED  
REF: OSH CLAIMS  
(952) 404-6722

SHIP DATE: 26AUG13  
ACTWGT: 1.0 LB MAN  
CAD: 807436/CAFE2608  
BILL SENDER

Comp: OSH/ CLAIMS PRO Date: 26AUG13  
Name: OSH  
Add: 18675 LAKE DRI State: MN  
City: CHANHASSEN Zip: 55317  
Reference: OSH CLAIMS