| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE | REGULAR MAIL:<br>BMC GROUP, INC.<br>ATTN: AGFEED USA, LLC CLAIMS PROCESSING<br>PO BOX 3020<br>CHANHASSEN, MN 55317-3020<br><br>MESSENGER/OVERNIGHT DELIVERY<br>BMC GROUP, INC.<br>ATTN: AGFEED USA, LLC CLAIMS PROCESSING<br>18675 LAKE DRIVE EAST<br>CHANHASSEN, MN 55317 | **PROOF OF CLAIM / REQUEST FOR PAYMENT OF ADMINISTRATIVE EXPENSE** |
|---|---|---|

Name of Debtor: AgFeed Industries, Inc. | Case Number: 13-11762

Name of Creditor (the person or other entity to whom the debtor owes money or property):

**COURT USE ONLY**

Name and address where notices should be sent:

Jean H Leung
19 Devoes Lane
E. Brunswick, NJ 08816

Telephone number: 7323909145 email: ams9696@netzero.com

RECEIVED
NOV 01 2013
BMC GROUP

☐ 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):

Telephone number: email:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach a copy of statement giving particulars.

**1. Amount of Claim as of Date Case Filed:** $7.00

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.
If all or part of the claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete item 6.

☐ 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.

**1a. Amount of Administrative Claim (*see* Definitions) solely with respect to AgFeed USA, LLC or any other Debtor (excluding Debtor AgFeed Industries, Inc.) arising from the period from July 15, 2013, through September 12, 2013:** $_____
(See instruction #1a)

**2. Basis for Claim:** $1410.99
(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):** |
|---|---|---|
| _ _ _ _ | _____<br>(See instruction #3a) | _____<br>(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 or ☐ 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 of 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 $12,475*) 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 $2,775* 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).

☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__)

**Amount entitled to priority:**
$_____

AgFeed POC
00158
AgFeed POC

**Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustm*

**6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9):** _____
(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, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(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:

**9. Signature:** (See instruction #9)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ 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 best of my knowledge, information, and reasonable belief.

Print Name: Jean H Leung
Title:
Company:
Address and telephone number (if different from notice address above):

(Signature) 10/29/13 (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.

## 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 debtor's full name, and the bankruptcy 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.

| | |
|---|---|
| AgFeed USA, LLC | 13-11761 |
| AgFeed Industries, Inc. | 13-11762 |
| Genetics Land, LLC | 13-11776 |
| Genetics Operating, LLC | 13-11769 |
| Heritage Farms, LLC | 13-11767 |
| Heritage Land, LLC | 13-11768 |
| M2P2 AF JV, LLC | 13-11774 |
| M2P2 Facilities, LLC | 13-11770 |
| M2P2 General Operations, LLC | 13-11772 |
| MGM, LLC | 13-11771 |
| Midwest Finishing, LLC | 13-11775 |
| New Colony Farms, LLC | 13-11766 |
| New Colony Land Company, LLC | 13-11773 |
| New York Finishing, LLC | 13-11764 |
| Pork Technologies, LC | 13-11765 |
| TS Finishing, LLC | 13-11763 |

If your claim is against multiple Debtors, complete a separate form for each Debtor.

**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, 5, and 6. Check the box if interest or other charges are included in the claim.

**1a. Amount of Administrative Claim arising after Date Case Filed:**
State the total amount owed pursuant to section 503(b), *excluding* any amounts owed under section 503(b)(9), on account of claims arising from the period

**3b. Uniform Claim Identifier:**
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optical 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. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9):**
State the value of any goods received by the debtor within 20 days before the date of commencement in which the goods have been sold to the debtor in the ordinary course of the debtor's business.

**7. 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.

**8. 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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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.

**9. 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

copy 1 of 2



E*TRADE FINANCIAL
Trading • Investing • Banking • Lending

E*TRADE Securities
Investment Account

# TRADE CONFIRMATION

**Account Number:** 5639-4372
**Account Type:**

E*TRADE Securities LLC
P.O. Box 1542
Merrifield, VA 22116-1542
1-800-ETRADE-1 (1-800-387-2331)
etrade.com

**Account Name:**
JEAN H LEUNG
ROTH IRA ETRADE CUSTODIAN

**Customer Update**
Refer a friend and reward yourself! Earn up to $300 in your E*TRADE Securities Account. Enroll today at www.etrade.com/referafriend.

| TRADE DATE | SETL DATE | MKT / CPT | SYMBOL / CUSIP | BUY / SELL | QUANTITY | PRICE | ACCT TYPE | | |
|---|---|---|---|---|---|---|---|---|---|
| 06/12/08 | 06/17/08 | 6 1 | FEED | BUY | 100 | $14.0599 | Cash | PRINCIPAL | $1,405.99 |
| AGFEED INDUSTRIES INC | | | | | | | | COMMISSION | $5.00 |
| | | | | | | | | NET AMOUNT | $1,410.99 |
| | | | | BUY | 100 | $8.5725 | Cash | PRINCIPAL | $857.25 |
| | | | | | | | | COMMISSION | $5.00 |
| | | | | | | | | NET AMOUNT | $862.25 |

▲ DETACH HERE

JEAN H LEUNG
ROTH IRA ETRADE CUSTODIAN
19 DEVOES LANE
EAST BRUNSWICK NJ 08816-4225

DETACH HERE ▲

**Use This Deposit Slip** **Acct: 5639-4372**

To contribute to your IRA, please use our online Quick Transfer service at www.etrade.com/quicktransfer or this deposit slip.

Check Amount $ _____
Year of Contribution:
_____ 2008
_____ Rollover

Make checks payable to E*TRADE Clearing LLC.
Mail deposits to:

E*TRADE CLEARING LLC
P.O. Box 1542
Merrifield, VA 22116-1542

061220080001 333563943724

E*TRADE FINANCIAL
Trading • Investing • Banking

E*TRADE Securities
Individual Retirement Account

Account Number: XXXX-4372 Statement Period : July 1, 2013 - July 31, 2013 Account Type: ROTH IRA

## ACCOUNT HOLDINGS

### CASH & CASH EQUIVALENTS (36.83% of Holdings)

| DESCRIPTION | OPENING BALANCE | CLOSING BALANCE | PORTFOLIO (%) | AVG BALANCE |
|---|---|---|---|---|
| CASH BALANCE | 0.00 | 180.00 | 1.00 | |
| E*TRADE Bank | 6,472.93 | 6,482.82 | | 6,477.63 |

E*TRADE FINANCIAL Extended Insurance Retirement Sweep Deposit Account (ERDA) is an FDIC-insured bank deposit account at our affiliates E*TRADE Bank and E*TRADE Savings Bank, both of which are wholly owned Federal savings bank subsidiaries of E*TRADE Financial Corporation. IRA, self-directed Keogh and certain other retirement accounts are FDIC-insured up to $500,000 in the aggregate but is not covered by SIPC.

| | | | |
|---|---|---|---|
| TOTAL CASH & CASH EQUIVALENTS | $6,472.93 | $6,662.82 | 36.83% |
| TOTAL CASH & CASH EQUIVALENTS YTD INTEREST (SWEEP ONLY) | $0.42 | | |

### STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (63.17% of Holdings)

| DESCRIPTION | SYMBOL/ CUSIP | ACCT TYPE | QUANTITY | PRICE | TOTAL MKT VALUE | PORTFOLIO (%) | EST. ANNUAL INCOME | EST. ANNUAL YIELD (%) |
|---|---|---|---|---|---|---|---|---|
| AGFEED INDUSTRIES INC | FEEDQ | Cash | 100 | 0.1400 | 14.00 | 0.08 | | |



copy 2082

FROM
Leung
19 Delvoes Lane
E. Brunswick, NJ 08816

USA FIRST-CLASS FOREVER

RECEIVED
NOV 01 2013
BMC GROUP

BMC Group, Inc.
Attn: AgFeed USA, LLC
Claims Processing
P.O. Box 3020
Chanhassen, MN 55317-3020

55317302020