

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

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>District of Delaware</b>	<b>PROOF OF CLAIM</b>
Name of Debtor: <b>AqFeed USA LLC</b> aka M2 P2, LLC		Case Number: <b>13-11761</b>	NOV -1 PM 12:15 CLERK US BANKRUPTCY COURT DISTRICT OF DELAWARE  <b>COURT USE ONLY</b>
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): <b>WEX BANK</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Name and address where notices should be sent: <b>WEX BANK</b> <b>PO BOX 639</b> <b>PORTLAND, ME 04104</b>  Telephone number: <b>(207) 523-7012</b> email: <b>BANKRUPTCY@WEXINC.COM</b>			
Name and address where payment 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.	
1. Amount of Claim as of Date Case Filed: \$ <u>20,591.15</u>		<b>RECEIVED</b>  <b>NOV 07 2013</b>  <b>BMC GROUP</b>	
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 type="checkbox"/> 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: <u>Fuel Credit Card Purchases</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor:  <b>1 0 2 4</b>	3a. Debtor may have scheduled account as: <u>Enterprise Fleet</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (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: <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)		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 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.			
<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"/> 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 type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).	
		<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: \$ _____	
*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			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruct			



**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:


**8. Signature:** (See instruction #8)

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.      I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.)     (See Bankruptcy Rule 3004.)     (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: Claire Clonan  
 Title: Director Receivables Recovery Management  
 Company: Wex Bank  
 Address and telephone number (if different from notice address above): \_\_\_\_\_

  
 (Signature)

10/25/13  
 (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 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.



# INVOICE/STATEMENT

ACCOUNT NUMBER		CLOSING DATE
XXXXXXXXXX1024		
INVOICE NUMBER		NEW BALANCE
		20,591.15
MINIMUM PAYMENT	AMOUNT ENCLOSED	PAYMENT DUE UPON RECEIPT. PAYMENTS RECEIVED AFTER THIS DATE SUBJECT TO LATE FEES.
20,591.15		

M 2 P 2 LLC  
 510 S17TH ST  
 STE 104  
 AMES, IA 50010

NEW STREET \_\_\_\_\_ ADDRESS CHANGES \_\_\_\_\_  
 NEW CITY, STATE, ZIP \_\_\_\_\_  
 NEW TELEPHONE ( ) \_\_\_\_\_

WEX BANK  
 PO BOX 6293  
 CAROL STREAM, IL 60197-6293

TO ENSURE PROPER CREDIT, MAIL THIS PORTION WITH YOUR PAYMENT TO THIS ADDRESS.

ACCOUNT NUMBER	CREDIT LIMIT	CREDIT AVAILABLE	DAYS THIS BILL PERIOD	BILLING DATE	PAYMENT DUE DATE	MINIMUM PAYMENT DUE
XXXXXXXXXX1024						20,591.15

## WRIGHT EXPRESS® INVOICE/STATEMENT

DATE		TRANSACTION DESCRIPTION	CHARGES	PAYMENTS/ CREDITS
MONTH	DAY			
6	30	Fuel and other Charge Card Purchases through 7/15/2013	7,158.32	
		Inv #33468234 Fuel and other Charge Card Purchases	13,432.83	

PURCHASES, RETURNS AND PAYMENTS MADE JUST PRIOR TO BILLING DATE MAY NOT APPEAR UNTIL NEXT MONTHS INVOICE STATEMENT

### SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND TERMS

PREVIOUS BALANCE	(+)LATE FEE	(+)CURRENT PURCHASES	(-)PAYMENTS	(+/-)ADJUSTMENTS	(=)NEW BALANCE
					20,591.15

DIRECT PAYMENT TO:  
 WEX BANK  
 PO BOX 6293  
 CAROL STREAM, IL 60197-6293

The late fee determined by applying a monthly periodic rate of	Which is an ANNUAL PERCENTAGE RATE of	To the balance subject to late fee for this period which is

PLEASE INCLUDE TOP PORTION WITH YOUR PAYMENT

Comp: OSH/ CLAIMS PRO Date : 26Aug13  
Name : OSH Weight : 1 LBS  
Add : 18675 LAKE DRI State : MN  
City : CHANHASSEN Zip : 55317

Reference: OSH CLAIMS

Svc: STANDARD OVERNIGHT Master 5696 8209 2173  
TRK: 5696 8209 2232

ORIGIN ID: LGBA (302) 252-3673  
LISA M. CICONTE  
USBC DISTRICT OF DELAWARE  
824 NORTH MARKET STREET  
3RD FLOOR  
WILMINGTON, DE 19801  
UNITED STATES US

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

BILL SENDER

TO OSH  
OSH/ CLAIMS PROCESSING  
18675 LAKE DRIVE EAST

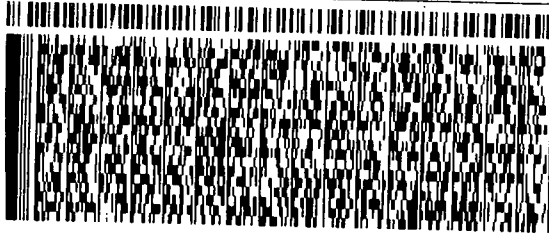
RECEIVED

NOV 07 2013

BMC GROUP

CHANHASSEN MN 55317  
(952) 404-5722  
REF: OSH CLAIMS

512C1/0698/1760



FedEx  
Express



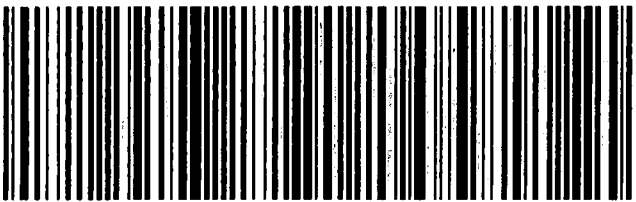
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TRK# 0221 5696 8209 2232

RETURNS MON - FRI  
THU - 07 NOV AA  
STANDARD OVERNIGHT

XH FBLA

55317  
MN-US  
MSP



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