

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

REGULAR MAIL:
BMC GROUP, INC.
ATTN: AGFEED USA, LLC CLAIMS PROCESSING
PO Box 3020
CHANHASSEN, MN 55317-3020

MESSENGER/OVERNIGHT DELIVERY
BMC GROUP, INC.
ATTN: AGFEED USA, LLC CLAIMS PROCESSING
18675 LAKE DRIVE EAST
CHANHASSEN, MN 55317

PROOF OF CLAIM / REQUEST FOR PAYMENT OF ADMINISTRATIVE EXPENSE

Name of Debtor: AgFeed USA, LLC Case Number: 13-11761 (BLS)

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

COURT USE ONLY

Name and address where notices should be sent: Jonathan Cole, 13 Highland St, Somersworth, NH 03878 USA
Telephone number: 207 329 0430 email:

Check this box if this claim amends a previously filed claim.

Court Claim Number: (If known)

Filed on:

RECEIVED NOV 25 2013

Name and address where payment should be sent (if different from above): BMC GROUP
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: \$ 726.87

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: \$

2. Basis for Claim: Stock Purchase

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

3a. Debtor may have scheduled account as: (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: 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



\*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 adjustment.

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.)

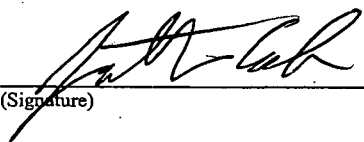
I declare under penalty of perjury that the information provided in this claim is true and correct to best of my knowledge, information, and reasonable belief.

Print Name: Jonathan Cole

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

  
 (Signature)

20 Nov 13  
 (Date)

Telephone number: 207-329-0430 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.

**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

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

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SCOTTRADE INC CUST FBO  
 JONATHAN F COLE ROLLOVER IRA  
 13 HIGHLAND ST  
 SOMERSWORTH NH 03878-2641



Symbol	Account #	Tax Lot #	AT*	Cap*	AI*	Trade Date	Settlement Date
FEED	22246633	20101202XSC9FF3	1	1	4	12/2/2010	12/7/2010
You Bought	Quantity	CUSIP Number	Security Description	Coupon	Office		
	300	00846L101	AGFEED INDUSTRIES	%	28B		
Price	Principal	Commission	State Tax	Misc. Fee*	MF Trans Fee*	Misc Interest	Net Amount
2.3999	719.97	7.00	0.00	0.00	0.00	0.00	726.97

**ADDITIONAL INFORMATION:**

**UNSOLICITED ORDER**

In accordance with your instructions we are confirming the above unsolicited transaction(s) reported on this document for your account, subject to terms listed below. Please retain this confirmation for tax purposes. Notify Scottrade immediately if any information contained in this confirmation is not correct. The agreement controlling this transaction, and the explanation of the symbols are printed below.

**AGREEMENT**

**It is agreed between Scottrade, Inc. ("Scottrade") and the Customer that:**

- All transactions are subject to the rules and regulations of the US Securities and Exchange Commission, the Federal Reserve Board, the Financial Industry Regulatory Authority, or any Market Center, Clearing Agency, or regulatory authority that may have jurisdiction over this transaction.
- All securities carried in a margin account may at any time be hypothecated and commingled with securities carried for the account of other customers and loaned or pledged by Scottrade for a sum not to exceed 140% of the aggregate indebtedness of that margin account.
- The Customer agrees to deliver securities sold and payment for securities bought to Scottrade no later than the settlement date. Otherwise, the securities may be bought in or sold out at the discretion of Scottrade. Failure to meet settlement may also result in the cancellation of this transaction or additional charges added to the account. Customer agrees to accept any liability resulting from any failure to complete the transaction. Pending full payment on purchase, securities may be hypothecated and commingled with other securities so purchased until payment is received.
- On purchases the name of the seller, and on sales the name of the purchaser, date and time of transaction, as well as any additional remuneration received by Scottrade in connection with this transaction, will be provided upon request.
- Should it become apparent that a dividend claim will be forthcoming after the settlement of this transaction, Scottrade reserves the right to withhold the claim amount from any proceeds or amount due.

**EXPLANATION OF CODED SYMBOLS**

**AT\* - Account Type**

0. Broker Dealer
1. Cash
2. General Margin
3. Short
4. Special Subscription
7. Flexible Reinvestment Program™

**CAP\* - Capacity in which the firm acted**

1. As Agent for you we have sold or bought this security.
2. As Principal we have sold to you or bought from you this security.
3. As Agent for another we have sold to you or bought from you this security.
4. As Agent for both buyer and seller.
5. As Principal with commission equivalent charged.

**AI\* - Account Instructions**

1. Transfer and mail security to customer
2. Hold security
3. Safekeep security in customer name
4. Safekeep security in street name
5. Special written instructions
- J. Hold funds in account
- K. Mail check to customer on receipt of security
- L. Apply proceeds to purchase
- M. Special written instructions

Misc. Fee\* - A regulatory transaction fee levied to recover costs associated with fees assessed to the firm by self regulatory organizations. The fee is calculated as a percentage of sale proceeds, and fractional amounts may be rounded up to the next cent. If your confirmation indicates an average price was received, the fee shown is the sum of fees charged to multiple partial fills, rounded up to the next cent.

MF Trans Fee\* - Fees charged related to Mutual Fund transactions will display in this field, which may include the Contingent Deferred Sales Charge, short term redemption fee and/or transaction fees.

**Misc\* - Miscellaneous charges such as:**

- Certificate Fees
- Postage and Handling
- Other

Jonathan Cole  
13 Highland Street  
Somersworth, NH 03878

MANCHESTER NH 030

22 NOV 2013 PM 3 L



RECEIVED  
NOV 25 2013  
BMC GROUP

BMC Group, Inc.  
ATTN: AG Feed USA, LLC Claims Processing  
P.O. Box 3020  
Chgoassen, MN 55317-3020

55317302020

