

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

PROOF OF CLAIM / REQUEST FOR PAYMENT OF ADMINISTRATIVE EXPENSE

YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s930 Amount/Classification: \$3,328.56 Unsecured

COPY

Name of Debtor: AgFeed USA, LLC

Case Number: 13-11761

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

COURT USE ONLY

Name and address where notices should be sent:

ANIMAL HEALTH INTERNATIONAL, INC. 1117 WEST MAIN MANCHESTER, IA 52057-2304

RECEIVED

MAR 03 2014

BMC GROUP

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

Court Claim Number: (if known)

Filed on:

Telephone number: email:

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

ANIMAL HEALTH INTERNATIONAL INC PO BOX 1240 GREELEY, CO 80632-1240

Telephone number: (703) 378-2028 email: CECELIA.POOL@ANIMALHEALTHINTERNATIONAL.COM

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: \$ 3,328.56

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: GOODS SOLD

3. Last four digits of any number by which creditor identifies debtor: 7910

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: \$ 3,328.56

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)

Amount entitled to priority: \$

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)( )

\*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 adj. 6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9):

AgFeed POC 00494

<p><b>1a. Amount of Administrative Claim arising after Date Case Filed:</b> State the total amount owed pursuant to section 503(b), <u>excluding</u> any amounts owed under section 503(b)(9), on account of claims arising from the period from July 15, 2013, through the September 12, 2013 (the "Closing Date"), solely with respect to AgFeed USA, LLC and any other Debtor (excluding Debtor AgFeed Industries, Inc.).</p> <p><b>2. Basis for Claim:</b> State the type of debt or how it was incurred. Examples include goods sold, money loaned, services provided, 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 any interested party objects to the claim.</p> <p><b>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:</b> State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.</p> <p><b>3a. Debtor May Have Scheduled Account As:</b> 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.</p>	<p><b>9. Date and Signature:</b> 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 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, 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.</p>
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**DEFINITIONS**

<p><b>Debtor</b> A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p> <p><b>Creditor</b> A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101(10).</p> <p><b>Claim</b> A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.</p> <p><b>Proof of Claim</b> A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Debtors' claims agent, BMC Group, Inc., at the applicable following address:</p> <p><u>REGULAR MAIL:</u> BMC GROUP, INC. ATTN: AGFEED USA, LLC CLAIMS PROCESSING PO BOX 3020 CHANHASSEN, MN 55317-3020</p> <p><u>MESSENGER/OVERNIGHT DELIVERY</u> BMC GROUP, INC. ATTN: AGFEED USA, LLC CLAIMS PROCESSING 18675 LAKE DRIVE EAST CHANHASSEN, MN 55317</p> <p><b>Secured Claim Under 11 U.S.C. § 506(a)</b> A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim.</p>	<p>Examples of liens on property include a mortgage on real estate or a security's interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p> <p><b>Unsecured Claim</b> An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.</p> <p><b>Claim Entitled to Priority Under 11 U.S.C. § 507(a)</b> Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.</p> <p><b>Administrative Claim</b> An administrative claim is a claim of the type described in sections 503 and 507 of title 11 of the United States Code. Among other things, these sections provide that certain types of claims are entitled to administrative expense priority, including, without limitation: (i) the action, necessary costs and expenses of preserving the estate, including wages, salaries, or commissions for services rendered after the commencement of the bankruptcy case; (ii) certain taxes and penalties related thereto; (iii) compensation and reimbursement of certain officers; (iv) the actual, necessary expenses incurred by (a) certain creditors, (b) a creditor, an indenture trustee, an equity security holder, or a committee representing any such entities, in making a substantial contribution to a debtor's chapter 11 case, (c) a custodian, and (v) compensation for services rendered by an indenture trustee. Claims alleged to be entitled to an administrative expense pursuant to 11 U.S.C. § 503(b)(9) should be listed in item 6 of the form, but not in item 1a.</p>	<p><b>Administrative Claim Under 11 U.S.C. § 503(b)(9)</b> Claims that are based upon facts or circumstances arising or occurring after the date of the Bankruptcy filing and that qualify as an administrative expense under section 503(b)(9) (excluding 503(b)(9) of the Bankruptcy Code).</p> <p><b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.</p> <p><b>Evidence of Perfection</b> Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.</p> <p><b>ACKNOWLEDGMENT OF FILING OF CLAIM</b></p> <p><b>Acknowledgment of Filing of Claim</b> To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (<a href="http://www.pacer.psc.uscourts.gov">www.pacer.psc.uscourts.gov</a>) for a small fee to view your filed proof of claim.</p> <p><b>Offers to Purchase a Claim</b> Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i>), and any applicable orders of the bankruptcy court.</p>
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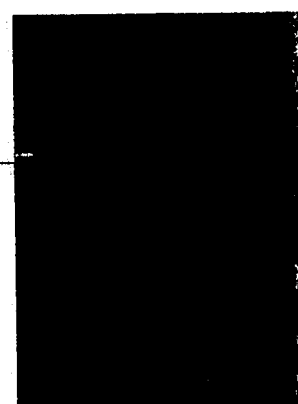
**Parties**

**Debtor**

AgFeed USA, LLC  
510 South 17th Street  
Suite 104  
Ames, IA 50010  
STORY-IA  
Tax ID / EIN: xx-xxx8748  
aka M2 P2, LLC

**Represented By**

Donald J. Bowman, Jr.  
Young, Conaway, Stargatt & Taylor  
1000 North King Street  
Wilmington, DE 19801  
302-571-6600  
Email: bankfilings@ycst.com  
Robert S. Brady  
Young, Conaway, Stargatt & Taylor  
1000 North King Street  
Wilmington, DE 19801  
usa  
302-571-6600  
Fax : 302-571-1253  
Email: bankfilings@ycst.com



*MAILED PROOF OF  
CLAIM TO THIS ADDRESS  
ON 10-8-13. [Signature]*

**U.S. Trustee**

United States Trustee  
844 King Street, Room 2207  
Lockbox #35  
Wilmington, DE 19899-0035  
302-573-6491

**Docket**

- Jul 15 #1** Chapter 11 Voluntary Petition . Fee Amount \$1213. Filed by AgFeed USA, LLC. (Brady, Robert) (Entered: 07/15/2013)
- Jul 15** Judge Christopher S. Sontchi added to case. (LA) (Entered: 07/15/2013)
- Jul 15 #2** The transcriber has requested a standing order for all hearings in this case for the period 7/15/2013 to 7/29/2013. To obtain a copy of a transcript contact the transcriber, Reliable, Telephone number (302)654-8080. (BJM) (Entered: 07/15/2013)
- Jul 15 #3** Motion for Joint Administration Filed By AgFeed USA, LLC (Attachments: # 1 Exhibit A)(Bowman, Donald) (Entered: 07/15/2013)
- Jul 15 #4**

Animal Health  
INTERNATIONAL



February 27, 2014

Honorable Christopher S. Sontchi  
United States Bankruptcy Court  
824 Market St, 3<sup>rd</sup> Floor  
Wilmington DE 19801

RE: AgFeed USA LLC  
Case No. 13-11761

Dear Sir:

On October 8, 2013, after receiving notice to file a Proof of Claim on the above-mentioned case, I filled out and mailed our Proof of Claim to the United States Trustee's office in Wilmington, Delaware. I completely missed the mailing instructions at the top of the Proof of Claim instructing where the Proof of Claim was to be mailed. As such, my Proof of Claim never reached BMC Group by the General Bar Date.

I would ask the Court's indulgence and request that our Proof of Claim, though late, be accepted and treated as though received in a timely manner. It was an honest mistake on my part and was just brought to my attention today by my Manager.

Thank you for your consideration in this matter.

Respectfully,

Bonnie Adelman

Credit/Collections

Phone: (866)221-1867 Ext. 3349

[www.animalhealthinternational.com](http://www.animalhealthinternational.com)

822 7th Street, Suite 740 • Greeley, CO 80631 • Phone (970) 353-2600 • Fax (970) 356-4623



PO Box 1240  
Greeley, CO 80632-1240

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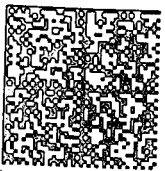
BMC GROUP

BMC GROUP INC.

ATTN: ASSETS USA, LLC CLAIMS PROCESSING

PO box 3020

CHATHAMSSEN MI 55317-3020



U.S. POSTAGE PITNEY BOWES



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