

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>AgFeed USA, LLC</b>		Case Number: <b>13-11761(BLS)</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>GOLDMAN KURLAND + MOHIDIN LLP (GKMLLP)</b>		<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>16133 VENTURA BLVD. SUITE 880, ENCINO, CA 91436</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Telephone number: <b>(818) 784-9000</b>	email: <b>AHMED@GKMLLP.COM</b>	
Name and address where payment should be sent (if different from above): <b>Same as above</b>		<b>RECEIVED</b>  <b>JUL 30 2013</b>  <b>BMC GROUP</b>
Telephone number:	email:	
1. Amount of Claim as of Date Case Filed: <u>\$ 312,231</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 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>Professional Services performed as a registered public accounting firm.</u> (See instruction #2)		
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.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		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 \$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).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Amount entitled to priority: \$ _____
<input type="checkbox"/> 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).	<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)(____). \$ _____
*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 c		
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, 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:

**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. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

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: AHMED MOHIDIN

Title: PARTNER

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

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

16133 VENTURA BLVD. STE 880  
EMERSON, CA 91436

Ahmed Mohidin  
(Signature)

7/24/2013  
(Date)

Telephone number: (818) 784-9000 email: AHMED@GKMLLP.COM

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 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.

**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, 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.



ID: 6  
Invoice: 32598  
Date: 05/31/2013  
Due Date: Upon Receipt

16133 Ventura Blvd. ■ Suite 880 ■ Encino, CA 91436 ■ (818) 784-9000

AGFEED INDUSTRIES, INC.  
RM 1603 BLOCK A #357 BAYI AVE, CAI  
FU PLAZA  
NANCHANG JIANGXI

CHINA 330006

For professional service rendered as follows:

*Word done in connection with the special committee investigation and related restatements (April 16, 2013 through June 4, 2013)* **\$7,700.00**

New Charges	<u>\$7,700.00</u>
Prior Balance	304,531.30
<b>Invoice Total</b>	<b><u><u>\$312,231.30</u></u></b>

Please return this portion with payment.

AGFEED INDUSTRIES, INC.

Amount Due: \$312,231.30

Amount Enclosed: \$ \_\_\_\_\_

ID: 6  
Invoice: 32598  
Date: 05/31/2013  
Due Date: Upon Receipt



ID: 6  
Invoice: 32591  
Date: 04/30/2013  
Due Date: Upon Receipt

16133 Ventura Blvd. ■ Suite 880 ■ Encino, CA 91436 ■ (818) 784-9000

AGFEED INDUSTRIES, INC.  
RM 1603 BLOCK A #357 BAYI AVE, CAI  
FU PLAZA  
NANCHANG JIANGXI

CHINA 330006

For professional service rendered as follows:

*Work done in connection with the special committee investigation and related restatements (March 15, 2013 through April 15, 2013)* **\$33,950.00**

New Charges	<u>\$33,950.00</u>
Prior Balance	270,581.30
<b>Invoice Total</b>	<b><u><u>\$304,531.30</u></u></b>

Please return this portion with payment.

AGFEED INDUSTRIES, INC.

Amount Due: \$304,531.30

Amount Enclosed: \$ \_\_\_\_\_

ID: 6  
Invoice: 32591  
Date: 04/30/2013  
Due Date: Upon Receipt



ID: 6  
Invoice: 31808  
Date: 03/31/2013  
Due Date: Upon Receipt

16133 Ventura Blvd. ■ Suite 880 ■ Encino, CA 91436 ■ (818) 784-9000

AGFEED INDUSTRIES, INC.  
RM 1603 BLOCK A #357 BAYI AVE, CAI  
FU PLAZA  
NANCHANG JIANGXI

CHINA 330006

For professional service rendered as follows:

*Work done in connection with the special committee investigation and related restatement issues (February 15, 2013 through March 15, 2013)* **\$67,325.00**

New Charges	<u>\$67,325.00</u>
Prior Balance	<u>203,256.30</u>
<b>Invoice Total</b>	<b><u><u>\$270,581.30</u></u></b>

Please return this portion with payment.

AGFEED INDUSTRIES, INC.

Amount Due: \$270,581.30

Amount Enclosed: \$ \_\_\_\_\_

ID: 6  
Invoice: 31808  
Date: 03/31/2013  
Due Date: Upon Receipt



ID: 6  
Invoice: 31635  
Date: 02/28/2013  
Due Date: Upon Receipt

16133 Ventura Blvd. ■ Suite 880 ■ Encino, CA 91436 ■ (818) 784-9000

AGFEED INDUSTRIES, INC.  
RM 1603 BLOCK A #357 BAYI AVE, CAI  
FU PLAZA  
NANCHANG JIANGXI

CHINA 330006

For professional service rendered as follows:

*Work done in connection with the special committee investigation and related restatement issues (January 15, 2013 through February 15, 2013)* **\$12,050.00**

New Charges	<u>\$12,050.00</u>
Prior Balance	<u>216,206.30</u>
Invoice Total	<u><b>\$228,256.30</b></u>

Please return this portion with payment.

AGFEED INDUSTRIES, INC.

Amount Due: \$228,256.30

Amount Enclosed: \$ \_\_\_\_\_

ID: 6  
Invoice: 31635  
Date: 02/28/2013  
Due Date: Upon Receipt



ID: 6  
 Invoice: 31434  
 Date: 01/31/2013  
 Due Date: Upon Receipt

16133 Ventura Blvd. ■ Suite 880 ■ Encino, CA 91436 ■ (818) 784-9000

AGFEED INDUSTRIES, INC.  
 RM 1603 BLOCK A #357 BAYI AVE, CAI  
 FU PLAZA  
 NANCHANG JIANGXI

CHINA 330006

For professional service rendered as follows:

*Work done in connection with the special committee investigation and related restatement issues (December 15, 2013 through January 15, 2013)* **\$42,225.00**

*Please make payment with a wire transfer to the following account:*

**Bank Name: East West Bank**  
**Bank Address: 18321 Ventura Blvd., Suite 100**  
**Tarzana, CA 91356**

**Account Name: Goldman Kurland and Mohidin LLP**  
**Account Number: 82701459**

**Bank ABA Number: 322070381 (Domestic Wire)**  
**SWIFT Code: EWBKUS66XXX (International Wire)**

	New Charges	\$42,225.00
	Prior Balance	198,981.30
	<b>Invoice Total</b>	<b>\$241,206.30</b>

Please return this portion with payment.

**AGFEED INDUSTRIES, INC.**

**Amount Due: \$241,206.30**

**Amount Enclosed: \$ \_\_\_\_\_**

ID: 6  
 Invoice: 31434  
 Date: 01/31/2013  
 Due Date: Upon Receipt



ID: 6  
 Invoice: 31158  
 Date: 12/31/2012  
 Due Date: Upon Receipt

16133 Ventura Blvd. ■ Suite 880 ■ Encino, CA 91436 ■ (818) 784-9000

AGFEED INDUSTRIES, INC.  
 RM 1603 BLOCK A #357 BAYI AVE, CAI  
 FU PLAZA  
 NANCHANG JIANGXI

CHINA 330006

For professional service rendered as follows:

<i>Work done in connection with the special committee investigation and related restatement issues (November 15, 2012 through December 15, 2012)</i>	<b>\$52,450.00</b>
<i>Travel related expenses for GKM staff in relation to the special committee investigation and restatement issues</i>	<b>\$309.47</b>

*Please make payment with a wire transfer to the following account:*

**Bank Name: East West Bank**  
**Bank Address: 18321 Ventura Blvd., Suite 100**  
**Tarzana, CA 91356**

**Account Name: Goldman Kurland and Mohidin, LLP**

**Account Number: 82701459**  
**Bank ABA Number: 322070381 (Domestic Wire)**  
**SWIFT Code: EWBKUS66XXX (International Wire)**

New Charges	\$52,759.47
Prior Balance	181,221.83
<b>Invoice Total</b>	<b>\$233,981.30</b>

Please return this portion with payment.

**AGFEED INDUSTRIES, INC.**

**Amount Due: \$233,981.30**

**Amount Enclosed: \$ \_\_\_\_\_**

ID: 6  
 Invoice: 31158  
 Date: 12/31/2012  
 Due Date: Upon Receipt





ID: 6  
 Invoice: 31021  
 Date: 11/30/2012  
 Due Date: Upon Receipt

16133 Ventura Blvd. ■ Suite 880 ■ Encino, CA 91436 ■ (818) 784-9000

AGFEED INDUSTRIES, INC.  
 RM 1603 BLOCK A #357 BAYI AVE, CAI  
 FU PLAZA  
 NANCHANG JIANGXI

CHINA 330006

For professional service rendered as follows:

<i>Work done in connection with the special committee investigation and related restatement issues (October 15, 2012 through November 15, 2012)</i>	<b>\$84,875.00</b>
<i>Travel related expense for GKM staff in relation to the special committee investigation and restatement issues</i>	<b>\$4,166.30</b>

**Please make payment with wire transfer to the following account:**

**Bank Name: East West Bank**  
**Bank Address: 18321 Ventura Blvd., Suite 100**  
**Tarzana, CA 91356**

**Account Name: Goldman Kurland and Mohidin, LLP**

**Account Number: 82701459**  
**Bank ABA Number: 322070381 (Domestic)**  
**SWIFT Code: EWBKUSXXX (International)**

New Charges	\$89,041.30
Prior Balance	92,180.53
<b>Invoice Total</b>	<b>\$181,221.83</b>

**Please return this portion with payment.**

**AGFEED INDUSTRIES, INC.**

**Amount Due: \$181,221.83**

**Amount Enclosed: \$ \_\_\_\_\_**

ID: 6  
 Invoice: 31021  
 Date: 11/30/2012  
 Due Date: Upon Receipt



ID: 6  
Invoice: 30865  
Date: 10/31/2012  
Due Date: Upon Receipt

16133 Ventura Blvd. ■ Suite 880 ■ Encino, CA 91436 ■ (818) 784-9000

AGFEED INDUSTRIES, INC.  
RM 1603 BLOCK A #357 BAYI AVE, CAI  
FU PLAZA  
NANCHANG JIANGXI

CHINA 330006

For professional service rendered as follows:

*Work done in connection with the special committee investigation and related restatement issues (September 16, 2012 through October 15, 2012)* **\$85,700.00**

*Travel related expenses for GKM staff in relation to the special committee investigation and restatement issues* **\$6,480.53**

*Please make payment with a wire transfer to the following account:*

**Bank Name: East West Bank**  
**Bank Address: 18321 Ventura Blvd., Suite 100**  
**Tarzana, CA 91356**

**Account Name: Goldman Kurland and Mohidin, LLP**

**Account Number: 82701459**  
**Bank ABA Number: 322070381 (Domestic Wire)**  
**SWIFT Code: EWBUS66XXX**

New Charges	\$92,180.53
Prior Balance	63,569.00
<b>Invoice Total</b>	<b>\$155,749.53</b>

Please return this portion with payment.

AGFEED INDUSTRIES, INC.

Amount Due: \$155,749.53

Amount Enclosed: \$ \_\_\_\_\_

ID: 6  
Invoice: 30865  
Date: 10/31/2012  
Due Date: Upon Receipt



ID: 6  
Invoice: 30533  
Date: 09/30/2012  
Due Date: Upon Receipt

16133 Ventura Blvd. ■ Suite 880 ■ Encino, CA 91436 ■ (818) 784-9000

AGFEED INDUSTRIES, INC.  
RM 1603 BLOCK A #357 BAYI AVE, CAI  
FU PLAZA  
NANCHANG JIANGXI

CHINA 330006

For professional service rendered as follows:

*Work done in connection with the special committee investigation and related restatement issues (August 15, 2012 through September 15, 2012)* **\$63,569.00**

New Charges	<u>\$63,569.00</u>
Prior Balance	0.00
<b>Invoice Total</b>	<b><u><u>\$63,569.00</u></u></b>

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Please return this portion with payment.

AGFEED INDUSTRIES, INC.

Amount Due: \$63,569.00

Amount Enclosed: \$ \_\_\_\_\_

ID: 6  
Invoice: 30533  
Date: 09/30/2012  
Due Date: Upon Receipt

**FedEx** NEW Package  
**Express** US Airbill  
 Tracking Number **8008 9997 2584**

1 From

Date **7/25/13**

Sender's Name **Ahmed Nordin** Phone **SIV 751 9000**

Company **Baldman Kurrod and Associates**

Address **11123 Vortura Blvd Ste 880** Dept./Room/State/Room

City **Tucson** State **CA** ZIP **91226**

2 Your Internal Billing Reference

3 To

Recipient's Name **A Fedol Claims Processors** Phone **899 901-0100**

Company **PLC Insurance**

Address **1875 Lake Dr E.** Dept./Room/State/Room

City **Maplewood** State **MN** ZIP **55217**

Address Use this line for the HQD location address or for continuation of your shipping address.

- HOLD Weekday**  
 Fedex person services  
 Fedex First Overnight
- HOLD Saturday**  
 Fedex Priority Overnight and  
 Fedex 2Day to select locations.

Form ID No. **0200**

Recipients Copy

4 Express Package Service \* To most locations.

NOTE: Service order has changed. Please select carefully.

Next Business Day

**FedEx First Overnight**  
 Earliest next business day delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

**FedEx Priority Overnight**  
 Next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

**FedEx Standard Overnight**  
 Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days

**FedEx 2Day AM**  
 Saturday Delivery NOT available.

**FedEx 2Day**  
 Next business afternoon. Thursday shipments will be delivered on Friday unless SATURDAY Delivery is selected.

**FedEx Express Saver**  
 Saturday Delivery NOT available.

5 Packaging \* Declared value limit \$500.

**FedEx Envelope\***  **FedEx Pak\***

**FedEx Box**

**BMC GROUP**

6 Special Handling and Delivery Signature Options

**SATURDAY Delivery**  
 NOT available for FedEx Standard Overnight, FedEx 2Day AM, or FedEx Express Saver.

**No Signature Required**  
 Packaging may be left without attaching a signature for delivery.

**Direct Signature**  
 One person at recipient's address may sign for delivery. *Fee applies.*

**Does this shipment contain dangerous goods?**  
 One box must be checked.

**No**  **Yes**  
 As per attached Shipper's Declaration and required by Federal Express Ship Sec.

**Indirect Signature**  
 No one is available at recipient's address, may sign for delivery at residential deliveries only. *Fee applies.*

7 Payment Bill to:

Enter FedEx Acct No. or Credit Card No. below.  Obtain receipt Acct. No.   Recipient  Third Party  Credit Card  Cash/Check

Total Packages  Total Weight  lbs.

Credit Card Auth. **644**

\*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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**JUL 30 2013**

**RECEIVED**