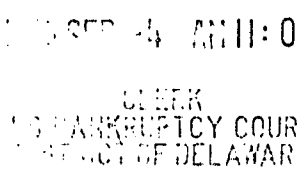


UNITED STATES BANKRUPTCY COURT		District of Delaware	PROOF OF CLAIM
Name of Debtor: AGFEED USA, LLC aka M2 P2, LLC		Case Number: 13-11761	 <p style="text-align: center;">COURT USE ONLY</p> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
NOTE: <i>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.</i>			
Name of Creditor (the person or other entity to whom the debtor owes money or property): XEROX CORPORATION			
Name and address where notices should be sent: XEROX CORP. 1303 RIDGEVIEW DRIVE - 450 LEWISVILLE, TX 75057		Telephone number: (972) 420-5963 email: vanessa.adams@xerox.com	<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.
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____			
1. Amount of Claim as of Date Case Filed: \$ <u>1,545.66</u>		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED SEP 12 2013 BMC GROUP </div>	
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>see attached</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 \$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"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	Amount entitled to priority: \$ _____
<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"/> 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 4/1/13 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 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, 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:

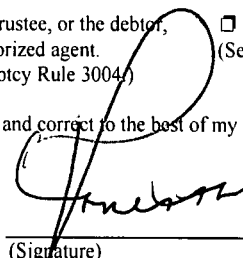
8. Signature: (See instruction #8)

Check the appropriate box.

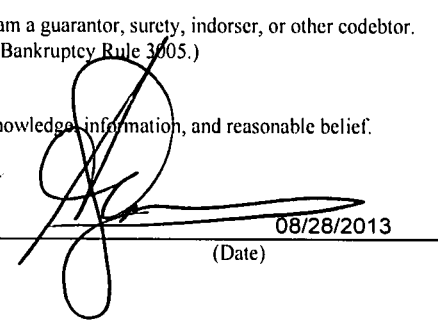
- I am the creditor.
- I am the creditor's authorized agent. (Attach copy of power of attorney, if any.)
- I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004)
- I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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

Print Name: Vanessa Adams
 Title: Bankruptcy Coord./ Mediator
 Company: Xerox Corp.
 Address and telephone number (if different from notice address above):



 (Signature)



 (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.



Risk Recovery Department
 Xerox Corporation
 Vanessa O. Adams
 Post Office Box 660506
 Dallas, Texas 75266-9937
 Telephone: 972-420-5963

Customer Name : AGFEED USA, LLC aka M2 P2, LLC **\$ 1,545.66**

Total Due:

Customer Number / Serial Number	Invoice Number	Invoice Date	Invoice Amount	Principle Balance	Fair Market Value
719926230	A66532453	02/20/13	\$ 146.11		
	C66907707	03/02/13	\$ 164.42		
	67554158	04/20/13	\$ 164.42		
	67970812	05/03/13	\$ 164.42		
	68250130	06/01/13	\$ 164.42		
	68925707	07/02/13	\$ 165.94		
719926248	66896528	03/02/13	\$ 157.19		
	67542297	04/20/13	\$ 157.19		
	C68049954	05/18/13	\$ 157.19		
	68250129	06/01/13	\$ 157.19		
	68507840	06/08/13	\$ (110.20)		
	68507841	06/08/13	\$ (99.82)		
	68735583	07/01/13	\$ 157.19		
			\$ 1,545.66	\$ -	\$ -



Direct Inquiries and Correspondence To: THE EASY WAY
XEROX CORPORATION
CUSTOMER BUSINESS CENTER
P O BOX 660501
DALLAS, TX 75266-0501

TO ORDER SUPPLIES
 CALL OUR TOLL
 FREE NUMBER
 1-800-822-2200

Purchase Order Number

Special Reference

Contract Number

PAYABLE ON RECEIPT
 Terms and Conditions of Payment

Telephone: 888-339-7887
 www.xerox.com/eSupportCentre

Ship To/Installed At
 M2 P2, LLC

 STE 215
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill to:
 M2P2 CONSTRUCTION

 STE 104
 510 S 17TH ST
 AMES IA
 50010-8197

04/20/13
 Invoice Date
 067554158
 Invoice Number
 717757603
 Customer Number

W7120P WC7120P PRINTR/STD SER.# XMK-290105
 BASE CHARGE APRIL

155.63

	METER READ	METER READ	NET COPIES
METER USAGE	02-27-13 TO	04-18-13	
TOTAL BLACK	29468	29468	0
TOTAL COLOR	3551	3551	0
METER CHARGES			
TOTAL BLACK	0		
BLACK BILLABLE PRINTS	0	.014200	.00
TOTAL COLOR	0		
COLOR BILLABLE PRINTS	0	.087300	.00

NET PRINT CHARGE .00

1 LNE FAX LAN IFAX SER.# FAX1LN INCL

SUB TOTAL 155.63

COLORADO TAX 2.9000% 4.51

GRAND JUNCTION COL TAX 2.7500% 4.28

TOTAL 164.42

** ALLOWANCE PRORATED FOR 051 DAYS

INVOICE FOR THE PERIODIC PAYMENT ON YOUR XEROX AGREEMENT
 THIS AGREEMENT INCLUDES EQUIPMENT, MAINTENANCE AND SUPPLY CHARGES

DUPLICATE INVOICE

XEROX FEDERAL IDENTIFICATION # 16-046-8020

Please detach the payment portion and return with your remittance

Ship To/Installed At
 M2 P2, LLC

Bill To
 M2P2 CONSTRUCTION

Send Payment To:
XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA
91109-7405

STE 215
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

STE 104
 510 S 17TH ST
 AMES IA
 50010-8197

For Xerox Use Only

PLEASE PAY THIS AMOUNT ->

\$164.42

00-495-2792 717757603 067554158 04/20/13

RR008694 C 1027110

03 6R8B B219 D W0210 5TC4 2 115

202100008070060 067554158 16442 717757603

Customer Information

Invoice

Payment



Direct Inquiries and Correspondence To: THE EASY WAY
XEROX CORPORATION
CUSTOMER BUSINESS CENTER
P O BOX 660501
DALLAS, TX 75266-0501

TO ORDER SUPPLIES
 CALL OUR TOLL
 FREE NUMBER
 1-800-822-2200

Purchase Order Number
 Special Reference
 Contract Number
 PAYABLE ON RECEIPT
 Terms and Conditions of Payment

Telephone: 888-339-7887
 www.xerox.com/eSupportCentre

Ship To/Installed At
 M2 P2, LLC
 STE 215
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill to:
 M2P2 CONSTRUCTION
 STE 104
 510 S 17TH ST
 AMES IA
 50010-8197

05/03/13
 Invoice Date
 067970812
 Invoice Number
 717757603
 Customer Number

Customer Information

Invoice

W7120P WC7120P PRINTR/STD SER.# XMK-290105
 BASE CHARGE MAY 155.63
 METER READ METER READ NET COPIES
 METER USAGE 02-27-13 TO 04-24-13
 TOTAL BLACK 28788 28788 0
 TOTAL COLOR 3463 3463 0
 METER CHARGES
 TOTAL BLACK 0
 BLACK BILLABLE PRINTS 0 .014200 .00
 TOTAL COLOR 0
 COLOR BILLABLE PRINTS 0 .087300 .00
 NET PRINT CHARGE .00
 1 LNE FAX LAN IFAX SER.# FAX1LN INCL
 SUB TOTAL 155.63
 COLORADO TAX 2.9000% 4.51
 GRAND JUNCTION COL TAX 2.7500% 4.28
 TOTAL 164.42

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DUPLICATE INVOICE
XEROX FEDERAL IDENTIFICATION # 16-046-8020

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 STE 215
 744 HORIZON CT
 GRAND JUNCTION CO
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Bill To
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 STE 104
 510 S 17TH ST
 AMES IA
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PASADENA, CA
91109-7405

Payment

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00-495-2792 717757603 067970812 05/03/13
 RR004235 C 1027110
 03 6R8B B219 D U7320 5TC4 2115
 202100008070060 067970812 16442 717757603



Direct Inquiries and Correspondence To: THE EASY WAY
XEROX CORPORATION
CUSTOMER BUSINESS CENTER
P O BOX 660501
DALLAS, TX 75266-0501

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 CALL OUR TOLL
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Purchase Order Number

Special Reference

Contract Number

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 M2 P2, LLC

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 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill to:
 M2P2 CONSTRUCTION

 STE 104
 510 S 17TH ST
 AMES IA
 50010-8197

06/01/13
 Invoice Date
 068250130
 Invoice Number
 717757603
 Customer Number

Customer Information

W7120P WC7120P PRINTR/STD SER.# XMK-290105
 BASE CHARGE JUNE

155.63

	METER READ	METER READ	NET COPIES
METER USAGE	04-24-13 TO	05-20-13	
TOTAL BLACK	28788	28788	0
TOTAL COLOR	3463	3463	0
METER CHARGES			
TOTAL BLACK	0		
BLACK BILLABLE PRINTS	0	.014200	.00
TOTAL COLOR	0		
COLOR BILLABLE PRINTS	0	.087300	.00

NET PRINT CHARGE .00

1 LNE FAX LAN IFAX SER.# FAX1LN INCL

SUB TOTAL 155.63

COLORADO TAX 2.9000% 4.51

GRAND JUNCTION COL TAX 2.7500% 4.28

TOTAL 164.42

INVOICE FOR THE PERIODIC PAYMENT ON YOUR XEROX AGREEMENT
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Invoice

DUPLICATE INVOICE

XEROX FEDERAL IDENTIFICATION # 16-046-8020

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Ship To/Installed At
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 STE 215
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill To
 M2P2 CONSTRUCTION

 STE 104
 510 S 17TH ST
 AMES IA
 50010-8197

Send Payment To:
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P.O. BOX 7405
PASADENA, CA
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Payment

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\$164.42

00-495-2792 717757603 068250130 06/01/13

RF076284 C 1027110

03 6R8B B219 D W0210 5TC4 2 115

202100008070060 068250130 16442 717757603



Direct Inquiries and Correspondence To: THE EASY WAY
XEROX CORPORATION
CUSTOMER BUSINESS CENTER
P O BOX 660501
DALLAS, TX 75266-0501

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Purchase Order Number

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Ship To/Installed At
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 STE 215
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill to:
 M2P2 CONSTRUCTION

 STE 104
 510 S 17TH ST
 AMES IA
 50010-8197

07/02/13
Invoice Date
 068925707
Invoice Number
 717757603
Customer Number

Customer Information

W7120P	WC7120P PRINTR/STD	SER.# XMK-290105	
BASE CHARGE		JULY	155.63
	METER READ	METER READ	NET COPIES
METER USAGE	05-20-13 TO	06-20-13	
TOTAL BLACK	28788	28797	9
TOTAL COLOR	3463	3478	15
METER CHARGES			
TOTAL BLACK	9		
BLACK BILLABLE PRINTS	9	.014200	.13
TOTAL COLOR	15		
COLOR BILLABLE PRINTS	15	.087300	1.31
	NET PRINT CHARGE		1.44
1 LNE FAX LAN IFAX	SER.# FAX1LN		INCL
	SUB TOTAL		157.07
COLORADO	TAX 2.9000%		4.55
GRAND JUNCTION COL	TAX 2.7500%		4.32
	TOTAL		165.94

INVOICE FOR THE PERIODIC PAYMENT ON YOUR XEROX AGREEMENT
 THIS AGREEMENT INCLUDES EQUIPMENT, MAINTENANCE AND SUPPLY CHARGES
 TOTAL OF INVOICE MAY VARY ACCORDING TO METER USAGE BILLED

DUPLICATE INVOICE
XEROX FEDERAL IDENTIFICATION # 16-046-8020

Please detach the payment portion and return with your remittance

Ship To/Installed At
 M2 P2, LLC

 STE 215
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill To
 M2P2 CONSTRUCTION

 STE 104
 510 S 17TH ST
 AMES IA
 50010-8197

Send Payment To:
XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA
91109-7405

Payment

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00-495-2792 717757603 068925707 07/02/13

RR006574 C 1027110

03 6R8B B219 D U7320 5TC4 2115

202100008070060 068925707 16594 717757603



Direct Inquiries and Correspondence To: THE EASY WAY
XEROX CORPORATION
CUSTOMER BUSINESS CENTER
P O BOX 660501
DALLAS, TX 75266-0501

Purchase Order Number

Special Reference

Contract Number

PAYABLE ON RECEIPT
 Terms and Conditions of Payment

Telephone: 888-339-7887
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Ship To/Installed At
 M2 P2, LLC

 STE 350
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill to:
 M2P2 CONSTRUCTION

 104
 510 S 17TH ST STE
 AMES IA
 50010-8197

03/02/13
 Invoice Date
 066896528
 Invoice Number
 716539978
 Customer Number

Customer Information

W7120P WC7120P PRINTR/STD SER.# XMK-101753
 BASE CHARGE MARCH 148.79

	METER READ	METER READ	NET COPIES
METER USAGE	01-30-13 TO	02-27-13	
TOTAL BLACK	58809	58809	0
TOTAL COLOR	18059	18059	0
METER CHARGES			
TOTAL BLACK	0		
BLACK BILLABLE PRINTS	0	.013900	.00
TOTAL COLOR	0		
COLOR BILLABLE PRINTS	0	.095700	.00
NET PRINT CHARGE			.00
1 LNE FAX LAN IFAX	SER.# FAX1LN		INCL
SCANNING OPTIONS KT	SER.# SCANOPTNS		INCL
	SUB TOTAL		148.79
COLORADO	TAX 2.9000%		4.31
GRAND JUNCTION COL	TAX 2.7500%		4.09
	TOTAL		157.19

Invoice

INVOICE FOR THE PERIODIC PAYMENT ON YOUR XEROX AGREEMENT
 THIS AGREEMENT INCLUDES EQUIPMENT, MAINTENANCE AND SUPPLY CHARGES

DUPLICATE INVOICE

XEROX FEDERAL IDENTIFICATION # 16-046-8020

Please detach the payment portion and return with your remittance

Ship To/Installed At
 M2 P2, LLC

 STE 350
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill To
 M2P2 CONSTRUCTION

 104
 510 S 17TH ST STE
 AMES IA
 50010-8197

Send Payment To:
XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA
91109-7405

Payment

For Xerox Use Only PLEASE PAY THIS AMOUNT -> \$157.19

00-495-2792 716539978 066896528 03/02/13
 RR005272 C 1120100
 03 6R8B B219 D V7330 5TC4 2 115
 202100008070060 066896528 15719 716539978



Direct Inquiries and Correspondence To: THE EASY WAY
XEROX CORPORATION
CUSTOMER BUSINESS CENTER
P O BOX 660501
DALLAS, TX 75266-0501

TO ORDER SUPPLIES
 CALL OUR TOLL
 FREE NUMBER
 1-800-822-2200

Purchase Order Number
 Special Reference
 Contract Number

Telephone: 888-339-7887
 www.xerox.com/eSupportCentre

PAYABLE ON RECEIPT
 Terms and Conditions of Payment

Ship To/Installed At
 M2 P2, LLC
 STE 350
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill to:
 M2P2 CONSTRUCTION
 104
 510 S 17TH ST STE
 AMES IA
 50010-8197

04/20/13
 Invoice Date
 067542297
 Invoice Number
 716539978
 Customer Number

W7120P WC7120P PRINTR/STD SER.# XMK-101753
 BASE CHARGE APRIL

148.79

	METER READ	METER READ	NET COPIES
METER USAGE	02-27-13 TO	04-18-13	
TOTAL BLACK	58809	58809	0
TOTAL COLOR	18059	18059	0
METER CHARGES			
TOTAL BLACK	0		
BLACK BILLABLE PRINTS	0	.013900	.00
TOTAL COLOR	0		
COLOR BILLABLE PRINTS	0	.095700	.00
NET PRINT CHARGE			.00
1 LNE FAX LAN IFAX	SER.# FAX1LN		INCL
SCANNING OPTIONS KT	SER.# SCANOPTNS		INCL
	SUB TOTAL		148.79
COLORADO	TAX 2.9000%		4.31
GRAND JUNCTION COL	TAX 2.7500%		4.09
	TOTAL		157.19

** ALLOWANCE PRORATED FOR 051 DAYS

INVOICE FOR THE PERIODIC PAYMENT ON YOUR XEROX AGREEMENT
 THIS AGREEMENT INCLUDES EQUIPMENT, MAINTENANCE AND SUPPLY CHARGES

DUPLICATE INVOICE

XEROX FEDERAL IDENTIFICATION # 16-046-8020

Please detach the payment portion and return with your remittance

Ship To/Installed At
 M2 P2, LLC

Bill To
 M2P2 CONSTRUCTION

Send Payment To:
XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA
91109-7405

STE 350
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

104
 510 S 17TH ST STE
 AMES IA
 50010-8197

For Xerox Use Only

PLEASE PAY THIS AMOUNT ->

\$157.19

00-495-2792 716539978 067542297 04/20/13

RR005836 C 1120100

03 6R8B B219 D W0210 5TC4 2 115

202100008070060 067542297 15719 716539978

Customer Information

Invoice

Payment



Direct Inquiries and Correspondence To: THE EASY WAY
XEROX CORPORATION
CUSTOMER BUSINESS CENTER
P O BOX 660501
DALLAS, TX 75266-0501

TO ORDER SUPPLIES
 CALL OUR TOLL
 FREE NUMBER
 1-800-822-2200

Purchase Order Number
 Special Reference
 Contract Number

Telephone: 888-339-7887
 www.xerox.com/eSupportCentre

PAYABLE ON RECEIPT
 Terms and Conditions of Payment

Ship To/Installed At
 M2 P2, LLC
 STE 350
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill to:
 M2P2 CONSTRUCTION
 104
 510 S 17TH ST STE
 AMES IA
 50010-8197

06/01/13
 Invoice Date
 068250129
 Invoice Number
 716539978
 Customer Number

W7120P	WC7120P PRINTR/STD	SER.# XMK-101753	
BASE CHARGE		JUNE	148.79
	METER READ	METER READ	NET COPIES
METER USAGE	04-30-13 TO	05-20-13	
TOTAL BLACK	59577	59577	0
TOTAL COLOR	18407	18407	0
METER CHARGES			
TOTAL BLACK	0		
BLACK BILLABLE PRINTS	0	.013900	.00
TOTAL COLOR	0		
COLOR BILLABLE PRINTS	0	.095700	.00
	NET PRINT CHARGE		.00
1 LNE FAX LAN IFAX	SER.# FAX1LN		INCL
SCANNING OPTIONS KT	SER.# SCANOPTNS		INCL
	SUB TOTAL		148.79
COLORADO	TAX 2.9000%		4.31
GRAND JUNCTION COL	TAX 2.7500%		4.09
	TOTAL		157.19

** ALLOWANCE PRORATED FOR 020 DAYS

INVOICE FOR THE PERIODIC PAYMENT ON YOUR XEROX AGREEMENT
 THIS AGREEMENT INCLUDES EQUIPMENT, MAINTENANCE AND SUPPLY CHARGES

DUPLICATE INVOICE

XEROX FEDERAL IDENTIFICATION # 16-046-8020

Please detach the payment portion and return with your remittance

Ship To/Installed At
 M2 P2, LLC
 STE 350
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill To
 M2P2 CONSTRUCTION
 104
 510 S 17TH ST STE
 AMES IA
 50010-8197

Send Payment To:
XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA
91109-7405

For Xerox Use Only PLEASE PAY THIS AMOUNT -> \$157.19

00-495-2792	716539978	068250129	06/01/13
RF076283 C	1120100		
03 6R8B B219		D W0210 5TC4 2115	
202100008070060	068250129	15719	716539978

Customer Information

Invoice

Payment



Direct Inquiries and Correspondence To: THE EASY WAY
XEROX CORPORATION TO ORDER SUPPLIES
CUSTOMER BUSINESS CENTER CALL OUR TOLL
P O BOX 660501 FREE NUMBER
DALLAS, TX 75266-0501 1-800-822-2200

Purchase Order Number

Special Reference

Contract Number

PAYABLE ON RECEIPT
Terms and Conditions of Payment

Telephone: 888-339-7887
www.xerox.com/eSupportCentre

Ship To/Installed At
M2 P2, LLC

STE 350
744 HORIZON CT
GRAND JUNCTION CO
81506-3936

Bill to:
M2P2 CONSTRUCTION

104
510 S 17TH ST STE
AMES IA
50010-8197

06/08/13
Invoice Date
068507840
Invoice Number
716539978
Customer Number

Customer Information

W7120P WC7120P PRINTR/STD SER.# XMK-101753
CPC TERM LEASE COMBINED

METER USAGE	11-26-12 TO 12-30-12				
METER 1	53527	56349	2822	.013900	39.23CR
METER 2	16749	17429	680	.095700	65.08CR
			SUB TOTAL		104.31CR
	COLORADO		TAX	2.9000%	3.02CR
	GRAND JUNCTION COL		TAX	2.7500%	2.87CR
			TOTAL		110.20CR

CREDIT TO REVERSE THE METER
CHARGE ON INVOICE 065999269 DUE
TO INCORRECT ESTIMATE
USX24929 130606

Invoice

DUPLICATE INVOICE
XEROX FEDERAL IDENTIFICATION # 16-046-8020

Please detach the payment portion and return with your remittance

Ship To/Installed At
M2 P2, LLC

Bill To
M2P2 CONSTRUCTION

104
510 S 17TH ST STE
AMES IA
50010-8197

Send Payment To:
XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA
91109-7405

STE 350
744 HORIZON CT
GRAND JUNCTION CO
81506-3936

For Xerox Use Only

PLEASE PAY THIS AMOUNT ->

\$110.20CR

00-495-2792	716539978	068507840	06/08/13
RF000596 C		000000-0{ PXX24929	
03 6R8B B219		D **GX** 5TC4 2 015	62
202100008070060	068507840	11020CR	716539978

Payment



Direct Inquiries and Correspondence To: THE EASY WAY
XEROX CORPORATION
CUSTOMER BUSINESS CENTER
P O BOX 660501
DALLAS, TX 75266-0501

TO ORDER SUPPLIES
 CALL OUR TOLL
 FREE NUMBER
 1-800-822-2200

Purchase Order Number

Special Reference

Contract Number

PAYABLE ON RECEIPT
 Terms and Conditions of Payment

Telephone: 888-339-7887
 www.xerox.com/eSupportCentre

Ship To/Installed At
 M2 P2, LLC
 STE 350
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill to:
 M2P2 CONSTRUCTION
 104
 510 S 17TH ST STE
 AMES IA
 50010-8197

06/08/13
 Invoice Date
 068507841
 Invoice Number
 716539978
 Customer Number

W7120P WC7120P PRINTR/STD SER.# XMK-101753
 CPC TERM LEASE COMBINED

METER USAGE	12-30-12 TO 01-30-13				
METER 1	56349	58809	2460	.013900	34.19CR
METER 2	17429	18059	630	.095700	60.29CR
			SUB TOTAL		94.48CR
	COLORADO		TAX	2.9000%	2.74CR
	GRAND JUNCTION COL		TAX	2.7500%	2.60CR
			TOTAL		99.82CR

CREDIT TO REVERSE THE METER
 CHARGE ON INVOICE 066522611 DUE
 TO INCORRECT ESTIMATE
 USX24929 130606

Customer Information

Invoice

DUPLICATE INVOICE

XEROX FEDERAL IDENTIFICATION # 16-046-8020

Please detach the payment portion and return with your remittance

Ship To/Installed At
 M2 P2, LLC
 STE 350
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

Bill To
 M2P2 CONSTRUCTION
 104
 510 S 17TH ST STE
 AMES IA
 50010-8197

Send Payment To:
XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA
91109-7405

Payment

For Xerox Use Only PLEASE PAY THIS AMOUNT -> \$99.82CR

00-495-2792 716539978 068507841 06/08/13
 RF000597 C 000000-0{ PXX24929
 03 6R8B B219 D **GX** 5TC4 2 015 62
 202100008070060 068507841 9982CR 716539978



Direct Inquiries and Correspondence To: THE EASY WAY
XEROX CORPORATION TO ORDER SUPPLIES
CUSTOMER BUSINESS CENTER CALL OUR TOLL
P O BOX 660501 FREE NUMBER
DALLAS, TX 75266-0501 1-800-822-2200

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 GRAND JUNCTION CO
 81506-3936

Bill to:
 M2P2 CONSTRUCTION

 104
 510 S 17TH ST STE
 AMES IA
 50010-8197

07/01/13
 Invoice Date
 068735583
 Invoice Number
 716539978
 Customer Number

W7120P WC7120P PRINTR/STD SER.# XMK-101753
 BASE CHARGE JULY

148.79

	METER READ	METER READ	NET COPIES
METER USAGE	05-20-13 TO	06-20-13	
TOTAL BLACK	53527	53527	0
TOTAL COLOR	16749	16749	0
METER CHARGES			
TOTAL BLACK	0		
BLACK BILLABLE PRINTS	0	.013900	.00
TOTAL COLOR	0		
COLOR BILLABLE PRINTS	0	.095700	.00
NET PRINT CHARGE			.00
1 LNE FAX LAN IFAX	SER.# FAX1LN		INCL
SCANNING OPTIONS KT	SER.# SCANOPTNS		INCL
	SUB TOTAL		148.79
COLORADO	TAX 2.9000%		4.31
GRAND JUNCTION COL	TAX 2.7500%		4.09
	TOTAL		157.19

INVOICE FOR THE PERIODIC PAYMENT ON YOUR XEROX AGREEMENT
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DUPLICATE INVOICE

XEROX FEDERAL IDENTIFICATION # 16-046-8020

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 M2 P2, LLC

Bill To
 M2P2 CONSTRUCTION

Send Payment To:
XEROX CORPORATION
P.O. BOX 7405
PASADENA, CA
91109-7405

STE 350
 744 HORIZON CT
 GRAND JUNCTION CO
 81506-3936

104
 510 S 17TH ST STE
 AMES IA
 50010-8197

For Xerox Use Only

PLEASE PAY THIS AMOUNT ->

\$157.19

00-495-2792 716539978 068735583 07/01/13

RF063476 C 1120100

03 6R8B B219

D W0210 5TC4 2 115

202100008070060

068735583

15719

716539978

Customer Information

Invoice

Payment

Flight top of FEDEX EXPRESS

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: 8074367CAFE2608

BILL SENDER

TO OSH
OSH/ CLAIMS PROCESSING
18675 LAKE DRIVE EAST

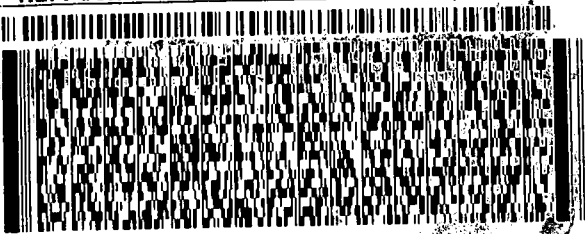
RECEIVED

SEP 12 2013

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

BMC GROUP

512C1/09B9/CT60



FedEx
Express



J12131210050125

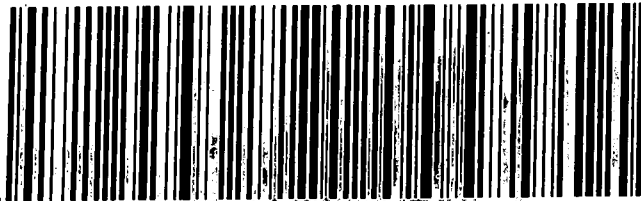
FedEx

THU - 12 SEP AA
STANDARD OVERNIGHT

TRK# 0221 5696 8209 2265

55317
MN-US
MSP

XH FBLA



Emp# 925171 11SEP13 ILGA 519C1/9256/93AB