



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor <b>AgFeed Usa dba M2P2</b>	Case Number 13-11761	
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</i>		
Name of Creditor (the person or entity to whom the debtor owes money or property): <b>W W GRAINGER INC</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim No Filed on	
Name and addresses where notices should be sent: <b>ATTN: SPECIAL COLLECTIONS DEPT WW GRAINGER INC MES17862116035 7300 N MELVINA NILES IL 60714</b>	<b>RECEIVED</b> <b>SEP 30 2013</b> <b>BMC GROUP</b>	
Name and addresses where payment should be sent (if different from above):	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
<b>1. Amount of Claim as of the Date Case Filed: \$2751.24.</b> If all or part of your claim is secured or entitled to priority, complete Item 5 <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a).</b> If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim: <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 \$10,950*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, 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). <input type="checkbox"/> Up to \$2,425* 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) (___).  <b>Amount entitled to priority: 19,050.51</b>  <i>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>	
<b>2. Basis for Claim: See Attached</b> (See instruction #2 on reverse side.)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>		
<b>4. Secured Claim</b> (See instruction #4 on reverse side.)  Check the appropriate box if your claim is secured by a lien on property or a right of setoff 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 Value of Property: _____ Annual Interest Rate: _____ Amount of arrearage and other charges as of time case filed included in secured claim, if any: _____ Basis of perfection: _____ Amount of Secured Claim: _____ Amount Unsecured: _____		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>7. Documents:</b> Attach 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. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b>  If these documents are not available, please explain: _____		
Date: 09/27/2013	Signature:  The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  <b>Cindi Deutschmann</b> <b>Special Collections Spvr</b> 	<b>FOR COURT USE</b>   <b>AgFeed POC</b>  00023

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S



FOR THE ONES WHO GET IT DONE

7300 North Melvina Ave  
Niles, IL 60714-3998

# STATEMENT

M2P2  
510 S 17TH ST ST 104  
AMES IA 50010-8197

Statement Date 09/27/2013

Document Number	Purchase Order	Doc Type	Document Date	Net Due Date	Amount
9172788953	PON-00004097	01	06/20/2013	07/20/2013	578.14
9173062770	PON-00004108	01	06/20/2013	07/20/2013	64.16
9173936155	PON-00004160	01	06/21/2013	07/21/2013	237.56
9184115773	000004291	01	07/05/2013	08/04/2013	84.25
9184115781	00004293	01	07/05/2013	08/04/2013	45.49
9184115799	0004290	01	07/05/2013	08/04/2013	247.65
9184115815	00004292	01	07/05/2013	08/04/2013	176.22
9184115823	00004294	01	07/05/2013	08/04/2013	45.49
9190357096	00004330	01	07/12/2013	08/11/2013	711.30

Document Type: 01=Invoice; 04=Corporate Debit; 06=Residual Item;  
11=Credit Memo; 14=Corporate Credit; 15=Incoming Payment; 16=Residual Item

<b>TOTAL</b>	<b>2,190.26</b>
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FOR THE ONES WHO GET IT DONE

7300 North Melvina Ave  
Niles, IL 60714-3998

# STATEMENT

SBT PRODUCTION LLC/TRIOAK FOODS  
510 S 17TH ST, STE 104  
AMES IA 50010-8197

Statement Date 09/27/2013

Document Number	Purchase Order	Doc Type	Document Date	Net Due Date	Amount
9150749522	00003852	01	05/24/2013	06/23/2013	560.98
Document Type: 01=Invoice; 04=Corporate Debit; 06=Residual Item; 11=Credit Memo; 14=Corporate Credit; 15=Incoming Payment; 16=Residual Item					

**TOTAL** 560.98

**GRAINGER.**

W.W. Grainger, Inc.  
7300 N. Melvina Avenue  
Niles, IL 60714-3998  
Tel: 847-647-7200  
Fax: 847-647-9345

Date: 09/27/2013

Re: Case Number: 13-11761

BMC

Attn: Agfeed USA llc Claims Processing

po box 3020

Chanhassen, MN 55317-3020

Agfeed USAdba M2P2

510 S 17<sup>th</sup> St ste 104

Ames , IA 50010-8197

Dear Sir or Madam:

Please find enclosed our proof of claim and itemized statement in subject bankruptcy reflecting the balance due of \$,2,751.24. Kindly enter our claim and send acknowledgement back in the enclosed prepaid envelope. Thank you.

Sincerely,

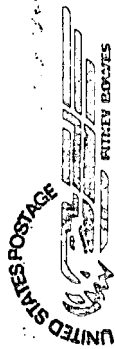
Cindi Deutschmann

Special Collections Division

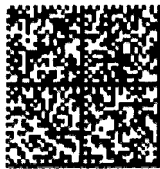
**GRAINGER®**

W.W. Grainger, Inc.  
7300 N. Melvina Avenue  
Niles, IL 60714-3998

RETURN SERVICE REQUESTED



02 TM  
0004285103  
\$ 00.66<sup>0</sup>  
SEP 27 2013  
MAILED FROM ZIP CODE 60714



RECEIVED

SEP 30 2013

BMC GROUP

