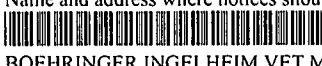


<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE</b>	<u>REGULAR MAIL:</u> BMC GROUP, INC. ATTN: AGFEED USA, LLC CLAIMS PROCESSING PO Box 3020 CHANHASSEN, MN 55317-3020  <u>MESSENGER/OVERNIGHT DELIVERY</u> BMC GROUP, INC. ATTN: AGFEED USA, LLC CLAIMS PROCESSING 18675 LAKE DRIVE EAST CHANHASSEN, MN 55317	<b>PROOF OF CLAIM / REQUEST FOR PAYMENT OF ADMINISTRATIVE EXPENSE</b>  <b>YOUR CLAIM IS SCHEDULED AS:</b> Schedule/Claim ID: s796 Amount/Classification: \$749.00 Unsecured
Name of Debtor: AgFeed USA, LLC      Case Number: 13-11761		<b>COURT USE ONLY</b>  <input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name of Creditor (the person or other entity to whom the debtor owes money or property):		
Name and address where notices should be sent:  32353332000934 BOEHRINGER INGELHEIM VET MEDICA INC 2621 N BELT HIGHWAY ST. JOSEPH, MO 64506-2002  Telephone number: _____ email: _____		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   <b>OCT 09 2013</b> </div>  <b>BMC GROUP</b>  <input type="checkbox"/> 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.
Name and address where payment should be sent (if different from above):  Telephone number: _____ email: _____		
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>749.00</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. If all or part of the claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete item 6.		
<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.		
<b>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:</b> \$ _____ (See instruction #1a)		
<b>2. Basis for Claim:</b> <u>Services for diagnostic testing.</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  <u>7961</u>	<b>3a. Debtor may have scheduled account as:</b>  <u>N/A</u> (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  <u>N/A</u> (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> 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.		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b>  \$ _____  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount of Unsecured:</b> \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
<b>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.</b>		
<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).  <b>Amount entitled to priority:</b>  \$ _____
<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 adjustment.		
<b>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9):</b> _____ (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: Nancy VerHagen  
 Title: Gen. Oper. Mgr.  
 Company: Bankruptcy Ingleton & Medora Inc  
 Address and telephone number (if different from notice address above): \_\_\_\_\_ (Signature) Nancy VerHagen (Date) 10-4-13

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 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.

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.

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.

10/04/13 11:09:43

A/R INQUIRY

CKATES

R0019D3

PARENT: 747961000

AGFEED USA

AMES, IA

# Sel: P 747961000

AGFEED USA

AMES, IA

Total Due: \$

749.00

SHIP TO Invoice#	BILL TO Inv.Date	Invoice Amount DISC\$(IF PAID WITHIN TRM DT)	DISC DT Dsc Day	TRM DTE Trm Day	COMMENTS
747961000	747961000	\$107.00	2013/06/26	2013/07/26	130130 / Kaptur
900363854	2013/06/26	\$ .00	000	030	
747961000	747961000	\$321.00	2013/07/09	2013/08/08	130359 / Kaptur
900364361	2013/07/09	\$ .00	000	030	
747961000	747961000	\$321.00	2013/07/10	2013/08/09	129991 / Kaptur
900364450	2013/07/10	\$ .00	000	030	



BOEHRINGER INGELHEIM  
 2621 N. BELT HIGHWAY  
 ST. JOSEPH, MISSOURI  
 64506-2002  
 816-233-2571

INVOICE DATE      INVOICE NO.  
 6/26/2013      900363854

PAGE 1

PLEASE REMIT TO:

BOEHRINGER INGELHEIM VETMEDICA, INC.  
 PO Box 5849  
 CAROL STREAM, IL 60197-5849

IMPORTANT:

CLAIMS FOR LOSS OR DAMAGE MUST BE MADE IN ACCORDANCE WITH THE CURRENT DISTRIBUTOR LOGISTICS POLICY (EXHIBIT D). SELLER MAKES NO WARRANTY, EXPRESS OR IMPLIED, EXCEPT THAT THE PRODUCTS SOLD SHALL BE MERCHANTABILITY.

SOLD TO:

747961-000  
 AGFEED USA  
 510 S 17TH ST  
 STE 104  
 AMES, IA 50010-8197

SHIP TO:

747961-000  
 AGFEED USA  
 510 S 17TH ST  
 STE 104  
 AMES, IA 50010-8197

PRODUCT	DESCRIPTION	QUANTITY	LIST PRICE	DISCOUNT	F	AMOUNT
SO# 900363854-000 REF#	SC 01		NET DUE - 30 DAYS			
	130130 / Kaptur / Barlow Boar Stud	RECD 6/11				
273311	DIAGNOSTIC SUBMISSION FEE	1	.000	.00%		.00
274411	POOL SAMPLES	2	1.000	.00%		2.00
273611	PRRS ELISA TESTING SAME DAY	10	5.000	.00%		50.00
274811	MULTIPLEX NA-EU PRRS PCR	2	27.500	.00%		55.00
						NET DUE 7/26/2013 TOTAL \$107.00



**Boehringer  
Ingelheim**

BOEHRINGER INGELHEIM  
2621 N. BELT HIGHWAY  
ST. JOSEPH, MISSOURI  
64506-2002  
816-233-2571

INVOICE DATE      INVOICE NO.  
7/09/2013      900364361

PAGE      1

**PLEASE REMIT TO:**

BOEHRINGER INGELHEIM VETMEDICA, INC.  
PO Box 5849  
CAROL STREAM, IL 60197-5849

**IMPORTANT:**

CLAIMS FOR LOSS OR DAMAGE MUST BE MADE IN  
ACCORDANCE WITH THE CURRENT DISTRIBUTOR LOGISTICS  
POLICY (EXHIBIT D). SELLER MAKES NO WARRANTY, EXPRESS  
OR IMPLIED, EXCEPT THAT THE PRODUCTS SOLD SHALL BE  
MERCHANTABLE.

**SOLD TO:**

747961-000  
AGFEED USA  
510 S 17TH ST  
STE 104  
AMES, IA 50010-8197

**SHIP TO:**

747961-000  
AGFEED USA  
510 S 17TH ST  
STE 104  
AMES, IA 50010-8197

PRODUCT	DESCRIPTION	QUANTITY	LIST PRICE	DISCOUNT	F	AMOUNT
SO# 900364361-000 REF#	SC 01					
	130359 / Kaptur / Barlow Iso Exit	RECD 6/21				
273311	DIAGNOSTIC SUBMISSION FEE	1	.000	.00%		.00
274411	POOL SAMPLES	6	1.000	.00%		6.00
273611	PRRS ELISA TESTING SAME DAY	30	5.000	.00%		150.00
274811	MULTIPLEX NA-EU PRRS PCR	6	27.500	.00%		165.00
						NET DUE 8/08/2013 TOTAL \$321.00



BOEHRINGER INGELHEIM  
 2621 N. BELT HIGHWAY  
 ST. JOSEPH, MISSOURI  
 64506-2002  
 816-233-2571

INVOICE DATE      INVOICE NO.  
 7/10/2013      900364450

PAGE 1

PLEASE REMIT TO:

BOEHRINGER INGELHEIM VETMEDICA, INC.  
 PO Box 5849  
 CAROL STREAM, IL 60197-5849

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SOLD TO:

747961-000  
 AGFEED USA  
 510 S 17TH ST  
 STE 104  
 AMES, IA 50010-8197

SHIP TO:

747961-000  
 AGFEED USA  
 510 S 17TH ST  
 STE 104  
 AMES, IA 50010-8197

PRODUCT	DESCRIPTION	QUANTITY	LIST PRICE	DISCOUNT	F	AMOUNT
SO# 900364450-000 REF#	SC 01		NET DUE - 30 DAYS			
129991	/ Kaptur / Barlow Iso Entry /5-7 DAYS PRE FARM ENTRY RECD 6/04					
273311	DIAGNOSTIC SUBMISSION FEE	1	.000	.00%		.00
274411	POOL SAMPLES	6	1.000	.00%		6.00
273611	PRRS ELISA TESTING SAME DAY	30	5.000	.00%		150.00
274811	MULTIPLEX NA-EU PRRS PCR	6	27.500	.00%		165.00
						NET DUE 8/09/2013 TOTAL \$321.00



**Boehringer  
Ingelheim**

Boehringer Ingelheim  
Vetmedica, Inc.  
2621 North Belt Highway  
St. Joseph, Missouri 64506-2002

KANSAS CITY 640

Hester

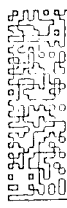
07 OCT 2013 7:17

10/07/2013

US POSTAGE \$05.40

PRIORITY MAIL

CATB-012



ZIP 64506  
011D1161987C

RECEIVED

OCT 09 2013

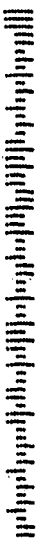
BMC GROUP

*BMC Group, Inc*

*Attn: Ac-Feed USA, LLC Claims Processing*

*P.O. Box 3020*

*Charlottesville, MN 55317-3020*



55317302020

