

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 MESSENGER/OVERNIGHT DELIVERY BMC GROUP, INC. ATTN: AGFEED USA, LLC CLAIMS PROCESSING 18675 LAKE DRIVE EAST CHANHASSEN, MN 55317	PROOF OF CLAIM / REQUEST FOR PAYMENT OF ADMINISTRATIVE EXPENSE YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID: s762 Amount/Classification: \$575.80 Unsecured
Name of Debtor: AgFeed USA, LLC Case Number: 13-11761		COURT USE ONLY
Name of Creditor (the person or other entity to whom the debtor owes money or property):		
Name and address where notices should be sent: 32353332000293 PANHANDLE TELEPHONE COOPERATIVE, INC. PO BOX 1188 603 S MAIN STREET GUYMON, OK 73942		<div style="font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">OCT 15 2013</div> <div style="font-size: 1.5em; font-weight: bold;">BMC GROUP</div>
Telephone number: <u>580-338-2556</u> email: <u>norma.green@ptci.net</u>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		<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.
1. Amount of Claim as of Date Case Filed: \$ <u>62.52</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.		
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: \$ <u>62.52</u> (See instruction #1a)		
2. Basis for Claim: <u>Cellular telephone Service</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>8141</u>	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: <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)		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: \$ <u>62.52</u>
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 adjustment.		
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): _____ (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.

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 best of my knowledge, information, and reasonable belief.

Print Name:

Norma Green

Title:

CR Collections Rep

Company:

PCT

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

Norma Green 10-10-13
(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 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.

As of Oct 10, 2013 balance is \$62.52 for services
September 1st through September 11, 2013

Co: 1 Acct # 22570 (580) 523-1641 01 HERITAGE FARMS EAST UP EQPT BY LINE Demand Statement

Display all transaction dates				Beg. Bal.:	0.00	Total Due:	-440.45	Display Options			Subscriber Line Paymer	
Date	Charged No.	T	Description	Balance	B	Total	Amount	Fed	State	County	City	Fran.
2013 09/12	(580) 539-1982 01	CR	USA 1000 MINUTES	217.01	*	-43.84	-41.17	0.00	-1.85	-0.82	0.00	0.00
2013 09/12	(580) 539-1982 01	CR	UNLIMITED TEXT MESSAGING	205.21	*	-11.80	-11.08	0.00	-0.50	-0.22	0.00	0.00
2013 09/12	(580) 539-1982 01	CR	GOVERNMENT AND REGULATORY FEE	204.17	*	-1.04	-0.95	-0.03	-0.04	-0.02	0.00	0.00
2013 09/12	(580) 539-1991 02	CR	USA SHARE	190.69	*	-13.48	-12.66	0.00	-0.57	-0.25	0.00	0.00
2013 09/12	(580) 539-1991 02	CR	GOVERNMENT AND REGULATORY FEE	189.65	*	-1.04	-0.95	-0.03	-0.04	-0.02	0.00	0.00
2013 09/12	(580) 617-0247 01	CR	AIR CARD INTERNET ACCESS 4 GB	161.78	*	-27.87	-27.87	0.00	0.00	0.00	0.00	0.00
2013 09/30	(580) 523-1641 01	C	TEXT MESSAGES	165.13	*	3.35	3.15	0.00	0.14	0.06	0.00	0.00
2013 09/30	(580) 539-1982 01	C	TEXT MESSAGES	165.13	*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2013 09/30	(580) 539-1982 01	C	KB Home Internet Usage	165.26	*	0.13	0.13	0.00	0.00	0.00	0.00	0.00
2013 09/30	(580) 539-1991 02	C	TEXT MESSAGES	165.26	*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2013 09/30	(580) 539-1991 02	C	KB Home Internet Usage	165.36	*	0.10	0.10	0.00	0.00	0.00	0.00	0.00
2013 09/30	(580) 617-0247 01	C	GB Home Internet Usage	165.36	*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2013 09/30	(580) 523-1641 01	C	FEDERAL USF AIRTIME/MONTHLY	163.74	*	-1.62	-1.62	0.00	0.00	0.00	0.00	0.00
2013 09/30	(580) 539-1982 01	C	FEDERAL USF AIRTIME/MONTHLY	163.03	*	-0.71	-0.71	0.00	0.00	0.00	0.00	0.00
2013 09/30	(580) 539-1991 02	C	FEDERAL USF AIRTIME/MONTHLY	163.58	*	0.55	0.55	0.00	0.00	0.00	0.00	0.00
2013 09/30	(580) 523-1641 01	C	OKLAHOMA USF-CELLULAR	163.48	*	-0.10	-0.10	0.00	0.00	0.00	0.00	0.00
2013 09/30	(580) 539-1982 01	C	OKLAHOMA USF-CELLULAR	163.49	*	0.01	0.01	0.00	0.00	0.00	0.00	0.00
2013 09/30	(580) 539-1991 02	C	OKLAHOMA USF-CELLULAR	163.48	*	-0.01	-0.01	0.00	0.00	0.00	0.00	0.00
2013 10/02	(580) 523-1641 01	A	ADJUSTMENT MONTHLY CHR/AIRTIM	141.75		-21.73	-20.40	0.00	-0.92	-0.41	0.00	0.00
2013 10/02	(580) 539-1982 01	A	ADJUSTMENT MONTHLY CHR/AIRTIM	87.76		-53.99	-50.70	0.00	-2.28	-1.01	0.00	0.00
2013 10/02	(580) 539-1991 02	A	ADJUSTMENT MONTHLY CHR/AIRTIM	62.84		-24.92	-23.40	0.00	-1.05	-0.47	0.00	0.00
2013 10/10	(580) 539-1991 02	A	ADJUSTMENT MONTHLY CHR/AIRTIM	62.52		-0.32	-0.30	0.00	-0.01	-0.01	0.00	0.00



PO Box 1188
Guymon, OK 73942

Address Service Requested

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

INVOICE SUMMARY

Amount Due \$163.48 Statement Date October 01, 2013 Due Date October 18, 2013

Account Number 22570 Main Number 580-523-1641

Previous Balance \$706.37
Payments Received \$573.49

Balance Forward \$132.88

Line Summary

Cellular Services 580/523-1641 -\$1.98
Cellular Services 580/539-1982 \$38.92
Cellular Services 580/539-1991 \$21.53
Cellular Services 580/617-0247 -\$27.87

Total Current Charges \$30.60

Total Amount Due By October 18, 2013 \$163.48

Check Out Our
New Bill Format...

We Made It
Easier To Read
Just For You!

To Reach Customer Service: Monday - Friday 8:00 am to 5:30 pm.
Saturday 8:00 am to 12:00 pm.

Call: 338-2556 or 800-562-2556
Write: P.O. Box 1188, Guymon, OK 73942
Email: comments@ptsi.net

Notice of Disconnect Date

The total amount due listed above must be paid in full in our office by **5:00 pm on October 23, 2013***. Please see the back of this page for details.

Please detach and return this portion with your payment



PO Box 1188
Guymon, OK 73942

INVOICE INFORMATION

Payment Due Date October 18, 2013
Account Number 22570

Total Amount Due \$163.48

Make check payable to PTCI

Amount Paid: \$ _____

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

PTCI
P.O. Box 1188
Guymon, OK 73942-1188



00002257000163489



Customer Name
Heritage Farms East

Monthly Services
Oct 01, 2013 - Oct 30, 2013

Invoice
22570

Statement Date
Oct 01, 2013

Amount Due
\$163.48

+ Other Charges & Credits

CELLULAR SERVICES

TEL# 580/523-1641

	Qty	Amount
Partial Month Credit	1	-\$41.17
Removed 09/12/13 Usa 1000 Minutes Thru 09/30/13		
Partial Month Credit	1	-\$0.95
Removed 09/12/13 Government And Regulatory Fee Thru 09/30/13		
31 Text Messages		\$3.15
Federal Usf Airtime/Monthly		-\$1.62
Oklahoma Usf-Cellular		-\$0.10
Federal taxes		-\$0.03
State taxes		-\$1.75
County taxes		-\$0.78
TOTAL		-\$43.25

CELLULAR SERVICES

TEL# 580/539-1982- HERITAGE FARMS EAST

	Qty	Amount
Partial Month Credit	1	-\$41.17
Removed 09/12/13 Usa 1000 Minutes Thru 09/30/13		
Partial Month Credit	1	-\$11.08
Removed 09/12/13 Unlimited Text Messaging Thru 09/30/13		
Partial Month Credit	1	-\$0.95
Removed 09/12/13 Government And Regulatory Fee Thru 09/30/13		

+ Other Charges & Credits

CELLULAR SERVICES

TEL# 580/539-1982- HERITAGE FARMS EAST

	Qty	Amount
25 Text Messages		\$0.00
25.275 Kb Home Internet Usage		\$0.13
Federal Usf Airtime/Monthly		-\$0.71
Oklahoma Usf-Cellular		\$0.01
Federal taxes		-\$0.03
State taxes		-\$2.39
County taxes		-\$1.06
TOTAL		-\$57.25

CELLULAR SERVICES

TEL# 580/539-1991

	Qty	Amount
Partial Month Credit	1	-\$12.66
Removed 09/12/13 Usa Share Thru 09/30/13		
Partial Month Credit	1	-\$0.95
Removed 09/12/13 Government And Regulatory Fee Thru 09/30/13		
5 Text Messages		\$0.00
20.920 Kb Home Internet Usage		\$0.10
Federal Usf Airtime/Monthly		\$0.55
Oklahoma Usf-Cellular		-\$0.01
Federal taxes		-\$0.03
State taxes		-\$0.61
County taxes		-\$0.27
TOTAL		-\$13.88

CELLULAR SERVICES

TEL# 580/617-0247- Aircard - Scotty Bromlow

	Qty	Amount
Partial Month Credit	1	-\$27.87
Removed 09/12/13 Air Card Internet Access 4 Gb Thru 09/30/13		
.228 Gb Home Internet Usage		\$0.00
TOTAL		-\$27.87
Total OCC Charges		-\$142.25

PLAN SUMMARY

USA SELECT BONUS 500 SUMMARY OF USAGE

Number	Plan Home Mins	Plan Roam Mins	Mobl To Mobl	Free Night Wkend
580/539-1991	185	0	11	87
Totals	185	0	11	87

Number	Home Over Mins	Home Over Chgs	Roam Over Mins	Roam Over Chgs	Toll Chgs	Total Excl. Tax
580/539-1991	0	0.30	0	0.00	0.00	0.30 <i>ca</i>
Totals	0	\$0.30	0	\$0.00	\$0.00	\$0.30



Customer Name
Heritage Farms East

Monthly Services
Oct 01, 2013 - Oct 30, 2013

Invoice
22570

Statement Date
Oct 01, 2013

Amount Due
\$163.48

PLAN SUMMARY

USA SELECT 1000 MINUTES SUMMARY OF USAGE

Number	Plan Home Mins	Plan Roam Mins	Mobl To Mins	Free Night Wkend
580/523-1641	177	0	39	39
580/539-1982	430	0	71	162
580/539-1991	78	0	0	0
Totals	685	0	110	201

Number	Home Over Mins	Home Over Chgs	Roam Over Mins	Roam Over Chgs	Toll Chgs	Total Excl. Tax
580/523-1641	68	20.40	0	0.00	0.00	20.40
580/539-1982	169	50.70	0	0.00	0.00	50.70
580/539-1991	78	23.40	0	0.00	0.00	23.40
Totals	315	\$94.50	0	\$0.00	\$0.00	\$94.50

CALL DETAIL

Charges for 580/523-1641

No.	Date	Time	Place Called	Area Num	Min	Alr Chg	Toll
			State				1.74
			County				0.77
			Total				\$41.27

CALL DETAIL

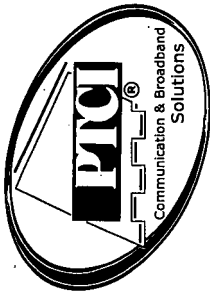
Charges for 580/539-1982

No.	Date	Time	Place Called	Area Num	Min	Alr Chg	Toll
			State				4.06
			County				1.81
			Total				\$96.17

CALL DETAIL

Charges for 580/539-1991

No.	Date	Time	Place Called	Area Num	Min	Alr Chg	Toll
			State				1.50
			County				0.67
			Total				\$35.41



ASA
P.O. Box 1188
603 South Main Street
Guymon, Oklahoma 73942

Hasler

10/10/2013

US POSTAGE

\$00.46⁰



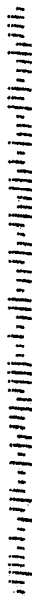
ZIP 73942
011D11626848

RECEIVED

OCT 15 2013

BMC GROUP

BMC GROUP, INC.
ATTN: AGFEED USA, LLC CLAIMS PROCESSING
PO BOX 3020
CHANHASSEN, MN 55317-3020



55317+3020

