

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: s818 Amount/Classification: \$66.00 Unsecured

Name of Debtor: AgFeed USA, LLC

Case Number: 13-11761

Name of Creditor (the person or other entity to whom the debtor owes money or property):

COURT USE ONLY

GOBINS INC

Name and address where notices should be sent:

32353332001005

GOBINS, INC. 615 N SANTA FE AVE PO BOX 715 PUEBLO, CO 81002

Telephone number: (719) 586-1224 email: JUDIF@GOBINS.COM

RECEIVED OCT 28 2013 BMC GROUP

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):

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.

Telephone number: email:

1. Amount of Claim as of Date Case Filed: \$84.87

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.

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: \$84.87

2. Basis for Claim: MONTHLY SERVICE CONTRACT ON COPIER AND OFFICE SUPPLIES

3. Last four digits of any number by which creditor identifies debtor:

8 5 0 4

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: Real Estate Motor Vehicle Other Describe:

Value of Property: \$

Annual Interest Rate % Fixed or 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: \$

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.

Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

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).

Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

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).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).

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):

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: JUDI FERGUSON
 Title: ACCOUNTS RECEIVABLE
 Company: GOBIN'S INC
 Address and telephone number (if different from notice address above):

Judi Ferguson 10-23-13
 (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.

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".)

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STATEMENT OF ACCOUNT
AS OF
10/23/13



Federal ID# 84-0683368

Pueblo Canon City Alamosa La Junta Lamar Salida Colorado Springs

To ensure proper credit to your account please return this pay stub with your payment.

Customer Information:

ACCOUNT # 18504
AG FEED INDUSTRIES

510 S 17TH ST #104
AMES , IA 50010

PAGE # 1

18504
AG FEED INDUSTRIES
PAY STUB
10/23/13
TERMS:
NET 30

INVOICE #	DATE	ACTION	CHECK/PO#	AMOUNT	BALANCE
2644711-0	06/25/13	INVOICE	728222	66.00	66.00
2651243-0	07/25/13	INVOICE	728222	66.00	66.00
2662792-0	08/28/13	INVOICE		17.87	17.87
2672525-0	09/25/13	INVOICE	728222	66.00	66.00
INTEREST08	08/30/13	FINANCE CHARGE		1.00	1.00
INTEREST09	09/30/13	FINANCE CHARGE		1.98	1.98

INVOICE #	BALANCE
2644711-0	66.00
2651243-0	66.00
2662792-0	17.87
2672525-0	66.00
INTEREST08	1.00
INTEREST09	1.98

STATEMENT

*** THANK YOU FOR YOUR BUSINESS ***

1 TO 30	31 TO 60	61 TO 90	OVER 90	TOTAL DUE
67.98	18.87	66.00	66.00	218.85

TOTAL: 218.85

QUESTIONS: PLEASE CALL JUDI AT 1-800-840-4376 OPTION #5 OR 719-544-4148

TERMS: NET 30 Finance charges are 1.5% on invoices not paid within 30 days. Minimum charge is \$1.00

REMIT TO:
GOBIN'S, INC.
PO BOX 715
PUEBLO, COLORADO 81002

GOBIN'S, INC.
 108 SOUTH 5TH STREET
 LAMAR CO 81052
 FEIN: 84-0683368

PO #728222

07/25/13 2651243-0
 SALESMAN 510 TIME 15:17:30
 WRITER 6 PAGE 1
 PHONE NUMBER 719-336-4727

CUSTOMER: 18504-

CHARGE
 INVOICE

SHIPPING ADDRESS
 AG FEED INDUSTRIES

AG FEED INDUSTRIES

REPRINT

510 S 17TH ST #104
 AMES IA 50010

109 W. LEE AVE STE 13
 LAMAR CO 81052

ITEM NUMBER	CO. DESCRIPTION	ORDER QTY	BACK QTY	SHIP QTY	REG. PRICE	DISC %	NET PRICE	EXTENDED PRICE
A0R7011	MIN BH361, BUNDLED PACKAGE SYSTEM #7011007826 BH361 P.O. # 728222 ANY QUESTIONS, PLEASE CALL KAREN @ 336-4727 CONTRACT DATES 08/26/11 TO 08/25/13 CONTRACT SMT SERVICE WITH TONER THANKS FOR DOING BUSINESS WITH GOBINS, INC.	1		1	66.000 EA	N	66.000	66.00
					SERIAL # 7011007826 ;OFFICE			

PLEASE REMIT TO: PO BOX 715, PUEBLO, CO 81002

SUB-TOTAL 66.00

TERMS: NET 30. FINANCE CHARGE 1.5% PER MO.

TOTAL 66.00

GOBIN'S, INC.
 108 SOUTH 5TH STREET
 LAMAR CO 81052
 FEIN: 84-0683368

PO #

08/28/13 2662792-0
 SALESMAN 510 TIME 15:17:40
 WRITER 434 PAGE 1
 PHONE NUMBER 719-336-4727

CUSTOMER: 18504-

CHARGE
 INVOICE

SHIPPING ADDRESS
 AG FEED INDUSTRIES

AG FEED INDUSTRIES

REPRINT

510 S 17TH ST #104
 AMES IA 50010

109 W. LEE AVE STE 13
 LAMAR CO 81052

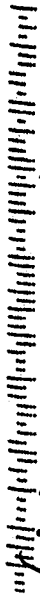
ITEM NUMBER	CO. DESCRIPTION	ORDER QTY	BACK QTY	SHIP QTY	REG. PRICE	DISC %	D T	NET PRICE	EXTENDED PRICE
00118	UNV RUBBERBANDS, SIZE 18, 1LB	2		2	13.590	PK 38.6	*	8.340	16.68

PLEASE REMIT TO: PO BOX 715, PUEBLO, CO 81002

SUB-TOTAL 16.68

TERMS: NET 30. FINANCE CHARGE 1.5% PER MO.

TAX 1.19
 TOTAL 17.87



0508 0206341555

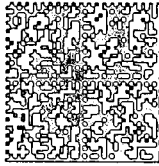
RECEIVED

OCT 28 2013

BMC GROUP

Gobin's INC.
Business Solutions

P.O. Box 715
Pueblo, CO 81002-0715



UNITED STATES POSTAGE



PITNEY BOWES

\$ 000.46⁰⁰

02 1P

0003208303 OCT 24 2013

MAILED FROM ZIP CODE 81003

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

