

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s988

Name of Debtor:
Gulf Packaging, Inc.

Case Number:
15-15249

Amount/Classification
\$850.00 Unsecured

NOTE: 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.

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

Name and address where notices should be sent:
 36759531000694
VERSA PAK
 500 STEAGER ROAD
 PO BOX 69
 CELINA, OH 45822

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (419) 586-5466 email: VIL@VERSA-PAK.COM

Name and address where payment should be sent (if different from above):

SAME AS ABOVE

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.

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known):
Filed on: _____

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 850.00
 If all or part of your claim is secured, complete item 4.
 If all or part of your claim is entitled to priority, complete item 5.
 Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM: FOR GOODS PRODUCED
 (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 your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.
 Nature of property or right of setoff: Describe:
 Real Estate Motor Vehicle Other _____
 Value of Property: \$ _____
 Annual Interest Rate: _____ % Fixed or Variable (when case was filed)
 Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____
 Basis for Perfection: _____
 Amount of Secured Claim: \$ _____
 Amount Unsecured: \$ _____

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JUN 15 2015
BMC GROUP

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.
 Amount entitled to priority: \$ _____
 You MUST specify the priority of the claim:
 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
 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).
 Wages, salaries, or commissions (up to \$12,475*), 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).
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).

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)

Gulf Packaging, Inc. POC

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7. DOCUMENTS: Attached are redacted copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and 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 definition of "redacted").
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (NEITHER FAXES NOR E-MAILS WILL BE ACCEPTED) so that it is actually received no later than 5:00 pm, prevailing Central Time on July 31, 2015 for all Entities other than Governmental Units OR no later than 5:00 pm, prevailing Central Time on October 26, 2015 for all Governmental Units.

BY MAIL TO:
BMC Group, Inc.
Attn: Gulf Packaging, Inc. Claims Processing
PO Box 90100
Los Angeles, CA 90009

BY MESSENGER OR OVERNIGHT DELIVERY TO:
BMC Group, Inc.
Attn: Gulf Packaging, Inc. Claims Processing
300 N. Continental Blvd., #570
El Segundo, CA 90245

8. SIGNATURE: (See instruction #8)

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 the best of my knowledge, information, and reasonable belief.

Print Name: VICTOR L. POST
Title: VERSA PRESIDENT
Company: VERSA PAK, LTD.

Victor L. Post
(Signature)

6/8/15
(Date)

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

SAME AS ABOVE

Telephone number: email:

419-586-5466 VIC@VERSA-PAK.COM

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.



Versa Pak LTD.

Invoice

500 Staeger Rd
PO Box 69
Celina, Ohio 45822

Phone: 419-586-5466
Toll free: 866-586-5466
Fax: 419-586-1431

E-mail: sales@versa-pak.com
Web: www.versa-pak.com

Date: 24-Feb-15
Invoice No: 15-0675

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Sold To: Gulf Packaging
1040 Maryland Ave
Ste 005
Dolton, IL
60419

Ship To: Central State Wholesale
33PCR 540
Perryville, MO
63775

Salesperson
Dave Lee

Freight
Prepaid

Ship Via
R & L CARRIERS PO#
40065257 ALEX ROTH

Terms
1% 10 Net 30

PO	Customer	Ordered	Shipped	Complete	Description	Unit Price	U/M	Amount
ST27394	40065257 Alex Roth	20	20		19 x 18.5 x 50 .0017 Clear Poly Bags w/Vents 150 / roll	\$42.50	/Rolls	\$850.00

Subtotal	Total Taxes	Freight	Total Amount
\$850.00			\$850.00

1 1/2% per month (18% per annum)
Finance Charge applied to invoices
past due.

MINIMUM BILLING FEE \$10.00

We hereby certify that these goods were produced in compliance with all applicable requirements of Section 6, 7, and 12 of the Fair Labor Standards Act as amended and of regulations and orders of the United States Department of Labor issued under Section 14 thereof.