



<b>UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION</b>		<b>PROOF OF CLAIM</b>	 <b>YOUR CLAIM IS SCHEDULED AS:</b> Schedule/Claim ID s434 Amount/Classification \$3,593.71 Unsecured
Name of Debtor: <b>Gulf Packaging, Inc.</b>		Case Number: <b>15-15249</b>	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.  <b>THIS SPACE IS FOR COURT USE ONLY</b>
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):			THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent:  36759531000582 <b>SHANNON PACKAGING CO. 14375 TELEPHONE AVE CHINO, CA 91710</b>			
Creditor Telephone Number <b>(909) 591-8768</b> email: <b>Shannon@Shannonpkg.com</b>			
Name and address 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 to indicate that this claim amends a previously filed claim. <b>Court Claim Number (if known):</b> _____ Filed on: _____
Payment Telephone Number ( ) email:			
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <u>3,593.71</u>			
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.			
<input type="checkbox"/> 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.			
<b>2. BASIS FOR CLAIM:</b> <u>Goods Sold (Flexible Packaging, custom made)</u> (See instruction #2)			
<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> _____		<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. SECURED CLAIM:</b> (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.		Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____	
<b>Nature of property or right of setoff:</b> Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		Basis for Perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____	
<b>RECEIVED JUN 19 2015 BMC GROUP</b>			
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a).</b> 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: \$ _____			
<b>You MUST specify the priority of the claim:</b>			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).	
<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"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	
<input type="checkbox"/> 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).		<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. CREDITS:</b> 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**  
  
**00189**

**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: SHANNON WATSH  
Title: GENERAL COUNSEL  
Company: SHANNON PACKAGING COMPANY  
Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_

[Signature]  
(Signature)

6/16/15  
(Date)

Telephone number: 909) 591-8768      email: Shannon@Shannonpkj.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.

I N V O I C E

From:

Shannon Packaging Co.  
14375 Telephone Ave  
Chino, CA 91710  
(909) 591-8768 / (909) 591-1409 FAX

Invoice #76381

Date 12/18/14  
Cust PO# 3774  
Cust ID 15863

Sold To:

GULF PACKAGING  
AKA GULF (VERNON LOCATION)  
1040 MARYLAND AVE STE 030  
DOLTON, IL 60419  
(708) 849-8100

Ship To:

Will Call

Terms N30

Contact CRYSTAL

Date Shipped 12/18/14  
Ship Via W/C

Qty	Ship	B/O	Description	Price	Unit	Total
5.00	5.00	0.00	*STOCK SHANVAC 285 14X20 OD VACUUM FLAT	113.89	1000	569.45
CUSTOMER TO WILL CALL						

Thank you for your business

+/-10% delivered quantity for unprinted items  
+/-20% delivered quantity for printed items

Item Total	\$	569.45
Shipping & Handling	\$	0.00
Tax	\$	0.00
<b>Inv Total</b>		<b>569.45</b>

See [www.shannonpkg.com](http://www.shannonpkg.com) for warranty statement.

I N V O I C E

From:

Invoice #76382

Shannon Packaging Co.  
14375 Telephone Ave  
Chino, CA 91710  
(909) 591-8768 / (909) 591-1409 FAX

Date 12/18/14  
Cust PO# PAID TRIAL  
Cust ID 15863

Sold To:

Ship To:

GULF PACKAGING  
AKA GULF (VERNON LOCATION)  
1040 MARYLAND AVE STE 030  
DOLTON, IL 60419  
(708) 849-8100

Will Call

Terms N30

Contact PAUL

Date Shipped 12/18/14  
Ship Via W/C

Qty	Ship	B/O	Description	Price	Unit	Total
100.00	100.00	0.00	7X9 OD 5MIL NYLON POLY BIAX NP500 3 SEAL POUCH- SIDE & BOTTOM .375 (SAMPLES)  MUST BE MACHINE RUN ON MACHINE 9  WILL CALL	1.25	EACH	125.00

Thank you for your business

+/-10% delivered quantity for unprinted items  
+/-20% delivered quantity for printed items

Item Total	\$	125.00
Shipping & Handling	\$	0.00
Tax	\$	0.00
<b>Inv Total</b>		<b>125.00</b>

See [www.shannonpkg.com](http://www.shannonpkg.com) for warranty statement.

