



<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 s978 Amount/Classification \$3,501.00 Unsecured
Name of Debtor: <b>Gulf Packaging, Inc.</b>		Case Number: <b>15-15249</b>	<p>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.</p> <p>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p style="text-align: center;"><b>THIS SPACE IS FOR COURT USE ONLY</b></p> <p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p><b>Court Claim Number (if known):</b> _____</p> <p>Filed on: _____</p>
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):			<p>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.</p> <p>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p style="text-align: center;"><b>THIS SPACE IS FOR COURT USE ONLY</b></p> <p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p><b>Court Claim Number (if known):</b> _____</p> <p>Filed on: _____</p>
Name and address where notices should be sent:  36759531000581 <b>SHAMROCK PAPER COMPANY</b> <b>NUMBER ONE CONVENT STREET</b> <b>SAINT LOUIS, MO 63104</b>  <b>314-241-2370</b> <b>rbliss@shamrockpaper.com</b>			
Creditor Telephone Number ( )      email:			
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.	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p><b>Court Claim Number (if known):</b> _____</p> <p>Filed on: _____</p>
Payment Telephone Number ( )      email:			
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <u>5141.00</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</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.			
Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		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: \$ _____	
Value of Property: \$ _____  Annual Interest Rate: _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable (when case was filed)		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;"><b>JUN 19 2015</b></p> <p style="margin: 0;"><b>BMC GROUP</b></p> </div>	
<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) ( _____ ).	
<small>* 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.</small>			
<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**  
  
 00191

**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.**

<b>BY MAIL TO:</b> BMC Group, Inc. Attn: Gulf Packaging, Inc. Claims Processing PO Box 90100 Los Angeles, CA 90009	<b>BY MESSENGER OR OVERNIGHT DELIVERY TO:</b> BMC Group, Inc. Attn: Gulf Packaging, Inc. Claims Processing 300 N. Continental Blvd., #570 El Segundo, CA 90245
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**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.       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 the best of my knowledge, information, and reasonable belief.

Print Name: Richard C. Bliss  
Title: Vice President  
Company: SHAMROCK PAPER COMPANY  
Address and telephone number (if different from notice address above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

 June 16, 2015  
(Signature) (Date)

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.

# GULF PACKAGING

4774 Park 370 Blvd Suite 1B  
Hazelwood, MO 63042  
(800) 338-5076

## Purchase Order

Send Invoices To:  
Gulf Packaging, Inc.  
1040 Maryland Avenue Suite  
#005  
Dolton, IL 60419  
or Email to  
gppap@gulfpackaging.com

P.O. Number: 0004893  
Order Date: 1/29/2015  
Required Date: 1/29/2015  
Vendor Number: 55-0011800  
Confirm To: mwilliams@gulfpackaging.c

Vendor	Ship To
SHAMROCK PAPER COMPANY NUMBER ONE CONVENT STREET Saint Louis, MO 63104 Phone: 314-241-2370 Fax: 314-241-9230	Gulf Packaging, Inc. 4774 Park 370 Blvd Suite 1B Hazelwood, MO 63042

Required Date	Ship Via	Destination	Terms
1/29/2015	CPU - OUR TRUCK	DESTINATION	Net 30 Days

Item Code	Unit	Ordered	Received	Backordered	Unit Cost	Amount
CALL WAYNE @ 314.387.9089 WHEN ORDER IS READY FOR PICK UP						
384248091	EACH	900.000	0.000	0.000	3.8900	\$3,501.00
42" x 48" .200 CHIPBOARD						
Vendor Item: 42 X 48 .200 CHIP						
THANK YOU, MIKE WILLIAMS						
CONFIRM TO MWILLIAMS@GULFPACKAGING OR FAX TO 314.387.9085						

\*\*\*PLEASE FAX CONFIRMATION OF ORDER WITHIN 24 HOURS OF RECEIPT TO  
314-569-0685 OR EMAIL TO: [stl.purchasing@gulfpackaging.com](mailto:stl.purchasing@gulfpackaging.com)\*\*\*  
\*\*\*IF ANY DISCREPANCIES IN PRICING ARE NOT ACKNOWLEDGED, THE UNIT  
PRICE SHOWN WILL BE THE PRICE PAID ON ANY INVOICES IN CORRELATION TO  
THIS PO NUMBER\*\*\*

Net Order:	\$3,501.00
Sales Tax:	\$0.00
Freight:	\$0.00
Order Total:	\$3,501.00
Less Prepaid:	\$0.00
Order Balance:	\$3,501.00

# Shamrock Paper Co., Inc.

1 Convent Street  
St. Louis, MO 63104

Phone # 314-241-2370

Fax # 314-241-9230

Invoice

Invoice

87155

Bill to

Gulf Packaging  
4774 Park 370 Blvd, Suite 1B  
Hazelwood, MO 63042  
(E)

Ship to

DATE

3/2/2015

VIA

Pick Up

P.O. Number

4893 partial

TERMS

Net-30

Quantity

Description

Price

Amount

300

1 Skid, .200 Pasted Chipboard  
Sheets, 42 x 48

3.89

1,167.00

PLEASE PAY FROM THIS INVOICE  
NO STATEMENT WILL BE ISSUED

Total

\$1,167.00

# Shamrock Paper Co., Inc.

1 Convent Street  
St. Louis, MO 63104

Phone # 314-241-2370

Fax # 314-241-9230

## Invoice

Invoice #

87192

Bill to

Ship to

Gulf Packaging  
4774 Park 370 Blvd, Suite 1B  
Hazelwood, MO 63042  
(E)

DATE

3/9/2015

VIA

Pick Up

P.O. Number

4893

TERMS

Net-30

Quantity

Description

Price

Amount

600

2 Skids, .200 Pasted Chipboard  
Sheets, 42 x 48 @ \$3.89/sheet  
Order Complete

3.89

2,334.00

PLEASE PAY FROM THIS INVOICE  
NO STATEMENT WILL BE ISSUED

**Total**

\$2,334.00

# GULF PACKAGING

## Purchase Order

BILL TO :  
7720 F.M. 1960 EAST  
HUMBLE, TX 77346  
(281) 852-6700

P.O. Number: 0005945  
Order Date: 2/27/2015  
Entered By: mwilliams  
Vendor Number: 55-0011800  
Confirm To:

Vendor	Ship To
SHAMROCK PAPER COMPANY NUMBER ONE CONVENT STREET Saint Louis, MO 63104 Phone: 314-241-2370 Fax: 314-241-9230	Gulf Packaging, Inc. 4774 Park 370 Blvd Suite 1B Hazelwood, MO 63042

Required Date	Ship Via	FOB	Terms
2/27/2015	CPU - OUR TRUCK	DESTINATION	Net 30 Days

Item Code	Unit	Ordered	Received	Backordered	Unit Cost	Amount
WILL PICK UP MONDAY MORNING						
4544801	M	4.000	0.000 Whse: 550	0.000	410.0000	\$1,640.00
48" x 40" .020 Chip Board Dry Finish Chip board, 2000 sheets / unit"						
2m SHEETS / UNIT						
THANK YOU, MIKE WILLIAMS						
CONFIRM TO MWILLIAMS@GULFPACKAGING OR FAX TO 314.387.9085						
CONFIRMATION REQUIRED FROM ALL VENDORS WITHIN 24 HOURS AND MUST CONTAIN ESTIMATED SHIPPING DATE. WE WILL HOLD FIRMLY TO PRICE AS SHOWN ON PURCHASE ORDER UNLESS OTHERWISE APPROVED IN WRITING. IF SHIPPED PRIOR TO CONFIRMATION AND OUR INSTRUCTIONS HAVE NOT BEEN FOLLOWED ORDER MAY BE REFUSED OR ACCEPTED AT OUR DISCRETION AND YOU MAY BE SUBJECT TO A SHORT PAY AND/OR A MERCHANDISE PICKUP.						
VENDORS - PLEASE REVIEW OUR DESCRIPTIONS AND ADVISE IF OUR ITEM DESCRIPTION MATCHES YOUR ROLLS PER CASE, CASES PER SKID, UNITS PER BUNDLE, BUNDLES PER SKID, UNITS PER BOX, BOXES PER MASTER CASE, ETC. WE WOULD APPRECIATE YOUR HELP IN CORRECTING OUR INFORMATION. THANK YOU -GULF PACKAGING						

Net Order:	\$1,640.00
Sales Tax:	\$0.00
Freight:	\$0.00
Order Total:	\$1,640.00
Less Prepaid:	\$0.00
Order Balance:	\$1,640.00

# Shamrock Paper Co., Inc.

1 Convent Street  
St. Louis, MO 63104

## Invoice

Invoice #

87156

Phone # 314-241-2370

Fax # 314-241-9230

Bill to

Ship To

Gulf Packaging  
4774 Park 370 Blvd, Suite 1B  
Hazelwood, MO 63042  
(E)

DATE

3/2/2015

VIA

Pick Up

P.O. Number

5945

TERMS

Net-30

Quantity

Description

Price

Amount

4,000

2 Skids, .020 Plain Chipboard  
Sheets, 40" x 48" @ \$410.00/M

0.41

1,640.00

PLEASE PAY FROM THIS INVOICE  
NO STATEMENT WILL BE ISSUED

✓  
**Total**

\$1,640.00