

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>UNITED STATES BANKRUPTCY COURT</b><br><b>NORTHERN DISTRICT OF ILLINOIS</b><br><b>EASTERN DIVISION</b>  |  | <b>PROOF OF CLAIM</b>   |  | <br><b>YOUR CLAIM IS SCHEDULED AS:</b><br>Schedule/Claim ID    §171<br>Amount/Classification<br>\$19,646.00 Unsecured<br><div style="font-size: 24px; margin-top: 10px;">20,924.32</div>   |  |
| Name of Debtor:<br><b>Gulf Packaging, Inc.</b>  |  | Case Number:<br><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.<br><br>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.<br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><br><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):  |  |   |  |  |  |
| Name and address where notices should be sent:<br><br><b>WESTERN PLASTICS</b><br><b>PO BOX 1636</b><br><b>CALHOUN, GA 30703</b>   |  | 36759531001503<br><br><div style="font-size: 18px;">706 625 5260    gschultz@wplastics.com</div>  |  | If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b>   |  |
| Creditor Telephone Number (    )    email:  |  | <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.  |  |  |  |
| Name and address where payment should be sent (if different from above):<br><br><div style="font-size: 18px;">Same as Above</div>   |  | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.<br>Court Claim Number (if known):<br>Filed on:   |  |  |  |
| Payment Telephone Number (    )    email:   |  | 1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$   |  | RECEIVED<br><div style="font-size: 24px; margin-top: 10px;">JUN 22 2015</div> BMC GROUP  |  |
| If all or part of your claim is secured, complete item 4.<br>If all or part of your claim is entitled to priority, complete item 5.<br><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.  |  | 2. BASIS FOR CLAIM: <u>Goods Sold</u><br>(See instruction #2)   |  |  |  |
| 3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:<br><u>0544, 0545, 0548</u>   |  | 3a. Debtor may have scheduled account as:<br>(See instruction #3a)  |  |  |  |
| 4. SECURED CLAIM: (See instruction #4)<br>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.<br>Nature of property or right of setoff:<br>Describe:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Property: \$ _____<br>Annual Interest Rate: _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable<br>(when case was filed)   |  | Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____<br>Basis for Perfection: _____<br>Amount of Secured Claim: \$ _____<br>Amount Unsecured: \$ _____ |  | 3b. Uniform Claim Identifier (optional):<br>(See instruction #3b)  |  |
| 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.<br>Amount entitled to priority: \$ _____   |  |   |  |  |  |
| You MUST specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).<br><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).<br><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).<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).<br><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. 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**  
  
 00217

**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: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address and telephone number (if different from notice address above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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, there may be exceptions to these general rules.

### ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

#### Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's full name, and the case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

#### 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 and 5. Check the box if interest or other charges are included in the claim.

#### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

#### 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

#### 3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

#### 3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 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 your 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. 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.

#### 7. 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.

#### 8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

### DEFINITIONS

#### DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

#### CREDITOR

A creditor is a person, corporation, or other entity to whom the debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101(10).

#### CLAIM

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101(5). A claim may be secured or unsecured.

#### PROOF OF CLAIM

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed in section #7 above.

#### SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court

judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

#### UNSECURED CLAIM

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

#### CLAIM ENTITLED TO PRIORITY Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

#### REDACTED

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

#### EVIDENCE OF PERFECTION

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

### INFORMATION

#### OFFERS TO PURCHASE A CLAIM

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. §101 *et seq.*), and any applicable orders of the bankruptcy court.

#### Date-Stamped Copy

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the second page of this form.

*Please read - important information: upon completion of this claim form, you are certifying that the statements herein are true.*

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING [www.bmcgroup.com/GPI](http://www.bmcgroup.com/GPI)

Run Date : 05/29/15

Sys Date : 05/29/15

Age Date: 05/31/15 All Invoices

# Western Plastics, Inc.

## A/R Aged Receivables Report

Inside Reps

Page:

1

Time: 01:41:49 PM

10548

to 10548

Cust No. / Name

| Inv Date                                    | Tr | Invoice No | Orig Amt         | Open Amt        | Current         | 30-44 days  | 45-59 days          | 60-89 days     | Over 89 days           | Days |
|---|----|------------|------------------|-----------------|-----------------|-------------|---------------------|----------------|------------------------|------|
| <b>10548 GULF PACKAGING INC.-HUMBLE, TX</b> |    |            |                  |                 |                 |             |                     |                |                        |      |
| Division: 00                                |    |            | Default Division |                 | Contact:        |             | Phone: 817 261-3635 |                | Cr Limit \$: 25,000.00 |      |
|   |    |            |                  |                 | SalesPerson: JB |             | John Barton         |                | Limit Days: 30         |      |
| 12/12/14                                    | IN | 388156     | 2064.00          | 2064.00         |                 |             |                     |                | 2064.00                | 170  |
| 12/16/14                                    | IN | 388532     | 1728.00          | 1728.00         |                 |             |                     |                | 1728.00                | 166  |
| 02/10/15                                    | IN | 393601     | 2064.00          | 2064.00         |                 |             |                     |                | 2064.00                | 110  |
| 02/20/15                                    | IN | 394650     | 2119.20          | 2119.20         |                 |             |                     |                | 2119.20                | 100  |
| 03/05/15                                    | IN | 395842     | 3225.60          | 3225.60         |                 |             |                     | 3225.60        |                        | 87   |
| <b>Totals - GULF PACKAGING INC.-HUMBL</b>   |    |            |                  | <b>11200.80</b> | <b>0.00</b>     | <b>0.00</b> | <b>0.00</b>         | <b>3225.60</b> | <b>7975.20</b>         |      |
| <b>Report Totals:</b>                       |    |            |                  | <b>11200.80</b> | <b>0.00</b>     | <b>0.00</b> | <b>0.00</b>         | <b>3225.60</b> | <b>7975.20</b>         |      |

**INVOICE**

2399 US 41 HWY SW  
P.O. Box 1636  
Calhoun, GA 30703-1636  
Tel - 706-625-5260  
Fax - 706-625-0003

|              |          |
|--------------|----------|
| Page         | 1        |
| Invoice No.  | 388156   |
| Invoice Date | 12/12/14 |
| Due Date     | 01/11/15 |

Bill To:

Sold To: Customer No.: **10548**

**GULF SYSTEMS INC.**  
**7720 F.M. 1960 EAST**  
**HUMBLE, TX 77346**

Ship To **36890****PRIME CONDUIT**

**6500 S. INTERPACE ST.**  
**OKLAHOMA CITY, OK 73135**

Tel: **817 261-3635** Fax: **817 861-2685**

|                |                        |
|----------------|------------------------|
| F.O.B.         | Shipping Method        |
| <b>PREPAID</b> | <b>AVERITT EXPRESS</b> |

| Customer PO                               | Salesperson |     |     | Terms       |             |                  |            | Order No |           |
|---|-------------|-----|-----|-------------|-------------|------------------|------------|----------|-----------|
| 0003207                                   | JB          | NBG | NOR | NET 30 DAYS |             |                  |            | 551461   |           |
| Description                               |             |     |     | Qty Ordered | Qty Shipped | Qty Back Ordered | Unit Price | Disc %   | Extension |
| FILM STRCH AUTO BAND 3x80x3000 BULK WJR05 |             |     |     | 320         | 320         | 0                | 6.45       |          | 2,064.00  |
| SHIPPING PALLETS SPLT                     |             |     |     | 1           | 1           | 0                |            |          |           |

CARRIER PRO# 0052445004


SHIP 12/12/14 NO DELIVERY APPT NEEDED

|                 |               |                     |             |              |                 |
|-----------------|---------------|---------------------|-------------|--------------|-----------------|
| Subtotal        | Less Discount | Shipping & Handling | Sales Tax   | Less Deposit | Balance Due     |
| <b>2,064.00</b> | <b>0.00</b>   | <b>0.00</b>         | <b>0.00</b> | <b>0.00</b>  | <b>2,064.00</b> |

**Thank You For Your Order**  
YOUR COMPETITIVE SOURCE  
FOR "CORELESS" STRETCHWRAP

Visit our website at: [www.wplastics.com](http://www.wplastics.com)

Please Send Remittance To  
**Western Plastics, Inc.**  
**P.O. Box 1636**  
**Calhoun, GA 30703-1636**

|  |       |  |        |   |      |   |                          |  |                 |
|--|-------|--|--------|---|------|---|--------------------------|--|-----------------|
| <b>AVERITT</b><br>THINK RED INSTEAD<br>averittexpress.com<br>P.O. BOX 3145<br>COOKEVILLE, TN 38502-3145<br>AVRT DUNS<br>05-649-2606  |       |  |        | <br>0052445004  |      |   |                          | DELIVERY RECEIPT<br>NO.<br>005-2445004<br>PAGE:<br>1 OF 1<br>TERMS<br>PREPAID  |                 |
| DATE<br>12/12/14   |       | P.O.#<br>0003207   |        | SHIPPER REF #<br>388156   |      |   |                          |  |                 |
| CONSIGNEE:<br>PRIME CONDUIT<br>6500 S INTERPACE RD<br>OKLAHOMA CITY, OK 73135  |       |  |        | 0351668<br>SHIPPER:<br>WESTERN PLASTICS<br>2399 US 41 SW<br>CALHOUN, GA 30701   |      | 1820768<br>SPECIAL INSTRUCTIONS:<br>**DO NOT DOUBLE STACK** |                          |  |                 |
| CONSIGNEE CONTACT:   |       |  |        | CONSIGNEE PHONE NUMBER:   |      |   |                          |  |                 |
| ORIGIN   | DEST. | TRAILER  | O SCAC | ORIG. CARRIER FB#   | DATE | TH  | D SCAC                   | CONSIGNEE HOURS  | RECEIVING HOURS |
| CHA  | OKC   | L538479  |        |   |      | D   |                          | -  | -               |
| UNITS  | HM    | DESCRIPTION OF ARTICLES  |        |   |      | CLASS   | WEIGHT IN LBS            | RATE   | CHARGES         |
| 321  |       | DRVR SIGNED FOR: 1 SWS<br>FILM STRETCH<br>SORT AND SEG CHGS<br>RATED AS CLASS 55<br>RATED WITH DEFICIT WEIGHT<br>FUEL SURCHARGE<br>Shipper's number...0052445004<br>TOTAL HANDLING UNITS: 1<br>TOTAL PIECES: 321 |        |   |      |   | 971<br><br>29<br><br>971 |  |                 |
| AE Pro#: 005-2445004   |       |  |        |   |      |   |                          |  |                 |
| Date: 17-16-14 Seal No: _____<br>Skids Del: 1 PCS Del: _____<br>STRETCHWRAP INTACT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A<br>COLOR: <input type="checkbox"/> BLUE <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> OTHER _____<br>Time in: 1001 Time out: 1009<br>Delay Time (hh:mm) _____<br>Driver Signature: _____ |       |  |        | <b>ADDITIONAL SERVICES PERFORMED</b><br><input type="checkbox"/> INSIDE DELIVERY <input type="checkbox"/> LIFT GATE<br><input type="checkbox"/> RESIDENTIAL DELIVERY <input type="checkbox"/> CONSTRUCTION SITE<br><input type="checkbox"/> NON COMMERCIAL DELIVERY <input type="checkbox"/> SORT & SEGREGATE<br><input type="checkbox"/> SECURITY INSPECTION<br>(Initial to Acknowledge Receipt of the Above Services)<br>ADDITIONAL CHARGES MAY APPLY<br>ABOVE SHIPMENT RECEIVED IN GOOD ORDER EXCEPT WHERE NOTED<br>Print Name: Ray Van Buskirk<br>Signature: Ray Van Buskirk<br>Company Name: _____ |      |   |                          | <b>THIS IS NOT AN INVOICE</b><br>For Customer Service Assistance Call 1-800-283-7488<br>Liability of Averitt Express is limited to its governing tariffs<br>TOTAL FREIGHT CHARGES<br>COLLECT C.O.D. FEE<br>TOTAL COLLECT DUE<br>C.O.D. AMOUNT (IN ADDITION TO TOTAL SHOWN ABOVE) |                 |

# WESTERN PLASTICS

## INVOICE

2399 US 41 HWY SW  
P.O. Box 1636  
Calhoun, GA 30703-1636  
Tel - 706-625-5260  
Fax - 706-625-0003

|              |          |
|--------------|----------|
| Page         | 1        |
| Invoice No.  | 388532   |
| Invoice Date | 12/16/14 |
| Due Date     | 01/15/15 |

Bill To:

Sold To: Customer No.: 10548

GULF SYSTEMS INC.  
7720 F.M. 1960 EAST  
HUMBLE, TX 77346

Ship To 42897

DXP-SMART SOURCE-TULSA WINCH  
11135 SOUTH JAMES  
PO# 3638446  
JENKS, OK 74037

261-3635

Tel: 817 261-3635 Fax: 817 861-2685

|         |                 |
|---------|-----------------|
| F.O.B.  | Shipping Method |
| PREPAID | AVERITT EXPRESS |

| Customer PO                              |  | Salesperson |     | Terms       |             |                  | Order No   |         |           |
|--|--|-------------|-----|-------------|-------------|------------------|------------|---------|-----------|
| T177080                                  |  | JB          | NBG | NOR         | NET 30 DAYS |                  |            | 552561  |           |
| Description                              |  |             |     | Qty Ordered | Qty Shipped | Qty Back Ordered | Unit Price | Disc. % | Extension |
| FILM PALLET STRCH WRAP 20x150x3000 WMF30 |  |             |     | 40          | 40          | 0                | 43.20      |         | 1,728.00  |
| SHIPPING PALLETS SPLT                    |  |             |     | 1           | 1           | 0                |            |         |           |

CARRIER PRO# 0052445009

|          |               |                     |           |              |             |
|----------|---------------|---------------------|-----------|--------------|-------------|
| Subtotal | Less Discount | Shipping & Handling | Sales Tax | Less Deposit | Balance Due |
| 1,728.00 | 0.00          | 0.00                | 0.00      | 0.00         | 1,728.00    |


**Thank You For Your Order**  
YOUR COMPETITIVE SOURCE  
FOR "CORELESS" STRETCHWRAP

Visit our website at: [www.wplastics.com](http://www.wplastics.com)

Please Send Remittance To  
**Western Plastics, Inc.**  
P.O. Box 1636  
Calhoun, GA 30703-1636

0052445009 AE

0001

|   |  |                  |  |  |  |   |  |   |  |       |  |                      |  |                 |  |                 |  |
|---|--|------------------|--|--|--|---|--|---|--|-------|--|----------------------|--|-----------------|--|-----------------|--|
| <b>AVERITT</b><br>THINK RED INSTEAD<br>averittexpress.com   |  |                  |  | <br>0052445009   |  |   |  | DELIVERY RECEIPT<br>NO. 005-2445009<br>PAGE: 1 OF 1<br>TERMS PREPAID  |  |       |  |                      |  |                 |  |                 |  |
| P.O. BOX 3145<br>COOKEVILLE, TN 38502-3145<br>AVRT DUNS: 05-649-2808  |  |                  |  |  |  |   |  |   |  |       |  |                      |  |                 |  |                 |  |
| DATE<br>12/16/14  |  | P.O.#<br>T177080 |  | SHIPPER REF #<br>388532  |  |   |  |   |  |       |  |                      |  |                 |  |                 |  |
| CONSIGNEE:<br>TULSA WINCH<br>11135 S JAMES AVE<br>PO BOX 1130<br>JENKS, OK 74037  |  |                  |  | 0355734<br>SHIPPER:<br>WESTERN PLASTICS<br>2399 US 41 SW<br>CALHOUN, GA 30701  |  | 1820768<br>SPECIAL INSTRUCTIONS:<br>**DO NOT DOUBLE STACK** |  |   |  |       |  |                      |  |                 |  |                 |  |
| CONSIGNEE CONTACT:<br>NAN PER PERRY WINKLEMAN   |  |                  |  | CONSIGNEE PHONE NUMBER:<br>0-918-663-5744  |  |   |  |   |  |       |  |                      |  |                 |  |                 |  |
| ORIGIN DEST.  |  | TRAILER          |  | O SCAC   |  | ORIG. CARRIER FB#   |  | DATE  |  | TH    |  | D SCAC               |  | CONSIGNEE HOURS |  | RECEIVING HOURS |  |
| CHA TUL   |  | 541223           |  |  |  |   |  |   |  | D     |  |                      |  | 7.30 - 16.00    |  | 7.30 - 16.00    |  |
| UNITS   |  | HM               |  | DESCRIPTION OF ARTICLES  |  |   |  |   |  | CLASS |  | WEIGHT IN LBS        |  | RATE            |  | CHARGES         |  |
| 41  |  |                  |  | DRVR SIGNED FOR: SLC<br>FILM<br>SORT AND SEG CHGS<br>RATED AS CLASS 55<br>FUEL SURCHARGE<br>Shipper's number...0052445009<br>TOTAL HANDLING UNITS: 1<br>TOTAL PIECES: 41   |  |   |  |   |  |       |  | 1,490                |  |                 |  |                 |  |
| 40 rolls  |  |                  |  |  |  |   |  |   |  |       |  | 1,490                |  |                 |  |                 |  |
| 1 skid  |  |                  |  |  |  |   |  |   |  |       |  |                      |  |                 |  |                 |  |
|   |  |                  |  |  |  |   |  |   |  |       |  | AE Pro#: 005-2445009 |  |                 |  |                 |  |
| Date: 12-18-14 Seal No: _____<br>Skids Del: 13 PCS Del: _____<br>STRETCHWRAP INTACT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A<br>COLOR: <input type="checkbox"/> BLUE <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> OTHER _____<br>Time in: 1225 Time out: 1230<br>Delay Time (hh:mm) _____<br>Driver Signature: <u>AG</u> |  |                  |  | ADDITIONAL SERVICES PERFORMED<br><input type="checkbox"/> INSIDE DELIVERY <input type="checkbox"/> LIFT GATE<br><input type="checkbox"/> RESIDENTIAL DELIVERY <input type="checkbox"/> CONSTRUCTION SITE<br><input type="checkbox"/> NON COMMERCIAL DELIVERY <input type="checkbox"/> SORT & SEGREGATE<br><input type="checkbox"/> SECURITY INSPECTION<br>(Initial to Acknowledge Receipt of the Above Services)<br>ADDITIONAL CHARGES MAY APPLY |  |   |  | THIS IS NOT AN INVOICE<br>For Customer Service Assistance Call 1-800-283-7488<br>Liability of Averitt Express is limited to its governing tariffs<br>TOTAL FREIGHT CHARGES _____<br>COLLECT C.O.D. FEE _____<br>TOTAL COLLECT DUE _____<br>C.O.D. AMOUNT (IN ADDITION TO TOTAL SHOWN ABOVE) _____ |  |       |  |                      |  |                 |  |                 |  |
| ABOVE SHIPMENT RECEIVED IN GOOD ORDER EXCEPT WHERE NOTED<br>Print Name: <u>Kevin Kitzmiller</u><br>Signature: <u>[Signature]</u><br>Company Name: <u>TUGS</u>   |  |                  |  |  |  |   |  |   |  |       |  |                      |  |                 |  |                 |  |



# WESTERN PLASTICS

## INVOICE

2399 US 41 HWY SW  
P.O. Box 1636  
Calhoun, GA 30703-1636  
Tel - 706-625-5260  
Fax - 706-625-0003

|              |          |
|--------------|----------|
| Page         | 1        |
| Invoice No.  | 393601   |
| Invoice Date | 02/10/15 |
| Due Date     | 03/12/15 |

Bill To:

Sold To: Customer No.: 10548

GULF SYSTEMS INC.  
7720 F.M. 1960 EAST  
HUMBLE, TX 77346

Ship To 36898

PRIME CONDUIT - OKC, OK  
6500 S. INTERPACE ST.  
OKLAHOMA CITY, OK 73135

Tel: 817 261-3635 Fax: 817 861-2685

| F.O.B   | Shipping Method |
|---------|-----------------|
| PREPAID | AVERITT EXPRESS |

| Customer PO                               |  | Salesperson |     | Terms       |             |                  | Order No.  |        |           |
|---|--|-------------|-----|-------------|-------------|------------------|------------|--------|-----------|
| T24638                                    |  | JB          | NBG | NOR         | NET 30 DAYS |                  |            | 557791 |           |
| Description                               |  |             |     | Qty Ordered | Qty Shipped | Qty Back Ordered | Unit Price | Disc % | Extension |
| FILM STRCH AUTO BAND 3x80x3000 BULK WJR05 |  |             |     | 320         | 320         | 0                | 6.45       |        | 2,064.00  |
| SHIPPING PALLETS SPLT                     |  |             |     | 2           | 2           | 0                |            |        |           |


CARRIER PRO# 005-2438351  
SHIP ASAP!

| Subtotal | Less Discount | Shipping & Handling | Sales Tax | Less Deposit | Balance Due |
|----------|---------------|---------------------|-----------|--------------|-------------|
| 2,064.00 | 0.00          | 0.00                | 0.00      | 0.00         | 2,064.00    |

**Thank You For Your Order**  
YOUR COMPETITIVE SOURCE  
FOR "CORELESS" STRETCHWRAP

Visit our website at: [www.wplastics.com](http://www.wplastics.com)

Please Send Remittance To  
Western Plastics, Inc.  
P.O. Box 1636  
Calhoun, GA 30703-1636

|  |       |   |        |   |      |  |               |  |                 |
|--|-------|---|--------|---|------|--|---------------|--|-----------------|
| <b>AVERITT</b><br>THINK RED INSTEAD<br>averittexpress.com  |       |   |        | <br><b>0052438351</b>   |      |  |               | <b>DELIVERY RECEIPT</b><br>NO.<br><b>005-2438351</b><br>PAGE:<br><b>1 OF 1</b><br>TERMS<br><b>PREPAID</b>  |                 |
| P.O. BOX 3145<br>COOKEVILLE, TN 38502-3145<br>AVRT DUNS<br>05-649-2806   |       |   |        |   |      |  |               |  |                 |
| DATE<br><b>2/10/15</b>   |       | P.O.#<br><b>T24638</b>  |        | SHIPPER REF #<br><b>393601</b>  |      |  |               |  |                 |
| CONSIGNEE:<br><b>PRIME CONDUIT</b><br><b>6500 S INTERPACE RD</b><br><b>OKLAHOMA CITY, OK 73135</b>   |       |   |        | SHIPPER:<br><b>WESTERN PLASTICS</b><br><b>2399 US 41 SW</b><br><b>CALHOUN, GA 30701</b>   |      | SPECIAL INSTRUCTIONS:<br><b>**DO NOT DOUBLE STACK**</b>          |               |  |                 |
| CONSIGNEE CONTACT:<br>0351668  |       |   |        | CONSIGNEE PHONE NUMBER:<br>1820768  |      |  |               |  |                 |
| ORIGIN   | DEST. | TRAILER   | O SCAC | ORIG. CARRIER FB#   | DATE | TH   | D SCAC        | CONSIGNEE HOURS  | RECEIVING HOURS |
| CHA  | OKC   | 483681  |        |   |      |  | D             | -  | -               |
| UNITS  | HM    | DESCRIPTION OF ARTICLES   |        |   |      | CLASS  | WEIGHT IN LBS | RATE   | CHARGES         |
| 322  |       | DRVR SIGNED FOR: SLC<br>FILM<br>SORT AND SEG CHGS<br>RATED AS CLASS 55<br>FUEL SURCHARGE<br>Shipper's number...0052438351<br>TOTAL HANDLING UNITS: 2<br>TOTAL PIECES: 322 |        |   |      |  | 1,021         |  |                 |
|  |       |   |        |   |      |  | 1,021         |  |                 |
| AE Pro#: 005-2438351   |       |   |        |   |      |  |               |  |                 |
| Date: <u>2-12-15</u> Seal No: _____<br>Skids Del: <u>2</u> PCS Del: _____<br>STRETCHWRAP INTACT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A<br>COLOR: <input type="checkbox"/> BLUE <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> OTHER _____<br>Time in: <u>935</u> Time out: <u>1000</u><br>Delay Time (hh:mm) <u>20 min</u><br>Driver Signature: <u>Rick</u> |       |   |        | <b>ADDITIONAL SERVICES PERFORMED</b><br><input type="checkbox"/> INSIDE DELIVERY <input type="checkbox"/> LIFT GATE<br><input type="checkbox"/> RESIDENTIAL DELIVERY <input type="checkbox"/> CONSTRUCTION SITE<br><input type="checkbox"/> NON COMMERCIAL DELIVERY <input type="checkbox"/> SORT & SEGREGATE<br><input type="checkbox"/> SECURITY INSPECTION<br>(Initial to Acknowledge Receipt of the Above Services)<br>ADDITIONAL CHARGES MAY APPLY |      |  |               | <b>THIS IS NOT AN INVOICE</b><br>For Customer Service Assistance Call 1-800-283-7488<br>Liability of Averitt Express is limited to its governing tariffs |                 |
|  |       |   |        | ABOVE SHIPMENT RECEIVED IN GOOD ORDER EXCEPT WHERE NOTED<br>Print Name: <u>Mike Riley</u><br>Signature: <u>Mike Riley</u><br>Company Name: <u>Prime Conduit</u>   |      | TOTAL FREIGHT CHARGES<br>COLLECT C.O.D. FEE<br>TOTAL COLLECT DUE |               |  |                 |
|  |       |   |        |   |      | C.O.D. AMOUNT (IN ADDITION TO TOTAL SHOWN ABOVE)                 |               |  |                 |

# WESTERN PLASTICS

## INVOICE

2399 US 41 HWY SW  
P.O. Box 1636  
Calhoun, GA 30703-1636  
Tel - 706-625-5260  
Fax - 706-625-0003

|              |          |
|--------------|----------|
| Page         | 1        |
| Invoice No   | 394650   |
| Invoice Date | 02/20/15 |
| Due Date     | 03/22/15 |

Bill To:

Sold To: Customer No.: 10548

GULF SYSTEMS INC.  
7720 F.M. 1960 EAST  
HUMBLE, TX 77346

Ship To 43603

GULF SYSTEMS INC.

801 EAST FRONTON STREET  
BROWNSVILLE, TX 75823

Tel: 817 261-3635 Fax: 817 861-2685

|         |                 |
|---------|-----------------|
| F.O.B   | Shipping Method |
| PREPAID | CONWAY EXPRESS  |

| Customer PO                                      | Salesperson |     |             | Terms       |                  |            | Order No |           |
|--|-------------|-----|-------------|-------------|------------------|------------|----------|-----------|
| B02192015VL                                      | JB          | NBG | NOR         | NET 30 DAYS |                  |            | 559383   |           |
| Description                                      |             |     | Qty Ordered | Qty Shipped | Qty Back Ordered | Unit Price | Disc %   | Extension |
| FILM TINTED MACH GRADE 20x115x4000 BLUE BLM20115 |             |     | 40          | 40          | 0                | 52.98      |          | 2,119.20  |
| SHIPPING PALLETS SPLT                            |             |     | 1           | 1           | 0                |            |          |           |

CARRIER PRO# 185-679045  
SHIP 2/20/15 HOT RUSH!

|          |               |                     |           |              |             |
|----------|---------------|---------------------|-----------|--------------|-------------|
| Subtotal | Less Discount | Shipping & Handling | Sales Tax | Less Deposit | Balance Due |
| 2,119.20 | 0.00          | 0.00                | 0.00      | 0.00         | 2,119.20    |

**Thank You For Your Order**  
YOUR COMPETITIVE SOURCE  
FOR "CORELESS" STRETCHWRAP

Visit our website at: [www.wplastics.com](http://www.wplastics.com)

Please Send Remittance To  
Western Plastics, Inc.  
P.O. Box 1636  
Calhoun, GA 30703-1636

Con-way  
FREIGHT

WWW.CON-WAY.COM/FREIGHT



DELIVERY  
RECEIPT

PRO NUMBER

REFER TO THIS NUMBER

|                           |                 |               |             |         |        |                    |            |
|---------------------------|-----------------|---------------|-------------|---------|--------|--------------------|------------|
| EQUIP. NUMBER<br>641-6649 | DATE<br>2/20/15 | ORIGIN<br>NRG | OUR REVENUE | ADVANCE | BEYOND | DESTINATION<br>LHG | 185-679045 |
|---------------------------|-----------------|---------------|-------------|---------|--------|--------------------|------------|

|                               |          |                          |                 |    |
|-------------------------------|----------|--------------------------|-----------------|----|
| CONSIGNEE<br>GULF SYSTEMS INC | BRN<br>1 | SHIPERS NUMBER<br>559383 | PO# B02192015VL | ZU |
|-------------------------------|----------|--------------------------|-----------------|----|

801 E FRONTON ST  
BROWNSVILLE, TX 78520-5136

PRO NUMBER  
185-679045

SHIP TO  
GULF SYSTEMS INC

2399 HIGHWAY 41 SOUTH SW  
CALHOUN, GA 30701-3346

BILL TO



| # PCS | HM | DESCRIPTION OF ARTICLES AND MARKS  | WEIGHT (LBS) | RATE | TOTAL CHARGES |
|-------|----|--|--------------|------|---------------|
| 1     |    | SKD FILM OR SHEETING NOT-COMES IN<br>MANY COLORS IN BOXES 156830 CLASS<br>55 | 1472         |      |               |
|       |    | PLT PALLET WEIGHT 156830 CLASS 55  | 50           |      |               |
| 1     |    | TOTAL  | 1522         |      | PPD           |
|       |    | SO# 559383   |              |      |               |
|       |    | 1 SKD STC 40 PCS SLC   |              |      |               |

*Arvelio Garza*

☐ INSIDE DELIVERY ☐ LIFT GATE SERVICE ☐ RESIDENTIAL DELIVERY ☐ CONSTRUCTION/UTILITY SITE

|   |                           |   |                                      |                 |
|---|---------------------------|---|--------------------------------------|-----------------|
| SHRINK WRAP<br>INTACT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | DELIVERED TIME<br>PCS 107 | CONSIGNEE SIGNATURE<br><i>Arvelio Garza</i> | PRINT CONSIGNEE NAME<br>GULF SYSTEMS | DATE<br>2/24/15 |
|---|---------------------------|---|--------------------------------------|-----------------|

RECEIVED 1 PIECES ABOVE  
DESCRIBED FREIGHT IN GOOD  
ORDER EXCEPT AS NOTED.

DRIVER *Arvelio Garza* 02/24/15  
SUBJECT TO THE TERMS AND CONDITIONS HEREIN, AND TARIFF CNWY 199 IN EFFECT ON DATE OF SHIPMENT

1

# WESTERN PLASTICS

## INVOICE

|              |          |
|--------------|----------|
| Page         | 1        |
| Invoice No   | 395842   |
| Invoice Date | 03/05/15 |
| Due Date     | 04/04/15 |

2399 US 41 HWY SW  
P.O. Box 1636  
Calhoun, GA 30703-1636  
Tel - 706-625-5260  
Fax - 706-625-0003

Bill To:

Sold To: Customer No.: 10548

GULF SYSTEMS INC.  
7720 F.M. 1960 EAST  
HUMBLE, TX 77346

Ship To 43768

GULF SYSTEMS INC. DALLAS  
918 113TH STREET  
SUITE D  
ARLINGTON, TX 76011

Tel: 817 261-3635 Fax: 817 861-2685

|         |                 |
|---------|-----------------|
| F.O.B.  | Shipping Method |
| PREPAID | CONWAY EXPRESS  |

| Customer PO                                  | Salesperson |     |             | Terms       |                  |            | Order No |           |
|--|-------------|-----|-------------|-------------|------------------|------------|----------|-----------|
| 0006119                                      | JB          | NBG | NOR         | NET 30 DAYS |                  |            | 560735   |           |
| Description                                  |             |     | Qty Ordered | Qty Shipped | Qty Back-Ordered | Unit Price | Disc %   | Extension |
| FILM TINTED MACH GRADE 30x80x5000BLACK BKM30 |             |     | 48          | 48          | 0                | 67.20      |          | 3,225.60  |
| SHIPPING PALLETS SPLT                        |             |     | 2           | 2           | 0                |            |          |           |

CARRIER PRO# 317-224644  
CALL DENISE 817-261-3635 EXT.1302 FOR DELIVERY APPT. REC HRS  
9:00AM - 2:00PM

| Subtotal | Less Discount | Shipping & Handling | Sales Tax | Less Deposit | Balance Due |
|----------|---------------|---------------------|-----------|--------------|-------------|
| 3,225.60 | 0.00          | 0.00                | 0.00      | 0.00         | 3,225.60    |

**Thank You For Your Order**  
YOUR COMPETITIVE SOURCE  
FOR "CORELESS" STRETCHWRAP

Visit our website at: [www.wplastics.com](http://www.wplastics.com)

Please Send Remittance To  
Western Plastics, Inc.  
P.O. Box 1636  
Calhoun, GA 30703-1636

**Con-way**  
FREIGHT

WWW.CON-WAY.COM/FREIGHT

**DELIVERY  
RECEIPT****PRO NUMBER**

REFER TO THIS NUMBER

| EQUIP. NUMBER | DATE    | ORIGIN | OUR REVENUE | ADVANCE | BEYOND | DESTINATION | PRO NUMBER |
|---------------|---------|--------|-------------|---------|--------|-------------|------------|
| 313-9898      | 3/05/15 | NRG    |             |         |        | LFW         | 317-224644 |

CONSIGNEE

GULF SYSTEMS INC

SGW  
3

SHIPPER'S NUMBER

SN# 395842

PO# 0006119

MAA

918 113TH ST STE D  
ARLINGTON, TX 76011-5411

PRO NUMBER

317-224644

SHIPPER

GULF SYSTEMS INC

BILL TO

2399 HIGHWAY 41 SOUTH SW  
CALHOUN, GA 30701-3346

| # PCS | HM | DESCRIPTION OF ARTICLES AND MARKS  | WEIGHT (LBS) | RATE | TOTAL CHARGES |
|-------|----|--|--------------|------|---------------|
| 2     |    | PLT FILM OR SHEETING NOI-COMES IN<br>MANY COLORS IN BOXES 156830 CLASS<br>55 | 2304         |      |               |
|       |    | PLT PALLET WEIGHT 156830 CLASS 55  | 231          |      |               |
|       |    | CBR REWEIGH OF SHIPMENT FEE  |              |      |               |
|       |    | DNC DEST NOTIFICATION  |              |      |               |
| 2     |    | TOTAL  | 2535         |      | PPD           |
|       |    | CUS 10548, SAL JOHN BARTON, SQ# 560735                                       |              |      |               |

☐ INSIDE DELIVERY☐ LIFT GATE SERVICE☐ RESIDENTIAL DELIVERY☐ CONSTRUCTION/UTILITY SITE

|  |                    |               |  |                                      |                 |
|--|--------------------|---------------|--|--------------------------------------|-----------------|
| SHRINK WRAP<br>INTACT?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | DELIVERED<br>2 PCS | TIME<br>14:40 | CONSIGNEE SIGNATURE<br><i>Johna Hutcherson</i> | PRINT/CONSIGNEE NAME<br><i>Johna</i> | DATE<br>3/10/15 |
|--|--------------------|---------------|--|--------------------------------------|-----------------|

RECEIVED 2 PIECES ABOVE  
DESCRIBED FREIGHT IN GOOD  
ORDER EXCEPT AS NOTED.DRIVER Johna Hutcherson 3/10/15 PAGE 1 OF 2  
SUBJECT TO THE TERMS AND CONDITIONS HEREIN, AND TARIFF CNWY 199 IN EFFECT ON DATE OF SHIPMENT

1



WWW.CON-WAY.COM/FREIGHT

DELIVERY  
RECEIPT

PRO NUMBER

REFER TO THIS NUMBER

EQUIP. NUMBER

DATE

ORIGIN

OUR REVENUE

ADVANCE

BEYOND

DESTINATION

CONTINUATION BILL

PAGE 2 OF 2

317-224644

CONSIGNEE

SHIPPER'S NUMBER

PRO NUMBER

SHIPPER

BILL TO



| # PCS. | HM | DESCRIPTION OF ARTICLES AND MARKS  | WEIGHT (LBS) | RATE | TOTAL CHARGES |
|--------|----|--|--------------|------|---------------|
|        |    | 2 PLT STC 48 PCS SLC<br>CALL DENISE 817-261-3635 EXT 1302<br>FOR DELIVERY APPT |              |      |               |

☐ INSIDE DELIVERY☐ LIFT GATE SERVICE☐ RESIDENTIAL DELIVERY☐ CONSTRUCTION/UTILITY SITESHRINK WRAP  
INTACT?  
☐ YES ☐ NO ☐ N/ADELIVERED  
TIME  
PCS

CONSIGNEE SIGNATURE

PRINT CONSIGNEE NAME

DATE / /

RECEIVED \_\_\_\_\_ PIECES ABOVE  
DESCRIBED FREIGHT IN GOOD  
ORDER EXCEPT AS NOTED.DRIVER \_\_\_\_\_  
SUBJECT TO THE TERMS AND CONDITIONS HEREIN, AND TARIFF CNWY 100 IN EFFECT ON DATE OF SHIPMENT

1

Run Date : 05/29/15

Sys Date : 05/29/15

Age Date: 05/31/15 All Invoices

# Western Plastics, Inc.

## A/R Aged Receivables Report

Inside Reps

Page: 1

Time: 02:00:32 PM

10545 to 10545

| Cust No. / Name                    |           |                               |                  |              |         |                     |            |              |              |      |  |
|------------------------------------|-----------|-------------------------------|------------------|--------------|---------|---------------------|------------|--------------|--------------|------|--|
| Inv Date                           | Ip        | Invoice No                    | Orig Amt         | Open Amt     | Current | 30-44 days          | 45-59 days | 60-89 days   | Over 89 days | Days |  |
| 10545                              |           | GULF PACKAGING INC.-HAZELWOOD |                  | Contact:     |         | Phone: 314 569-2596 |            | Cr Limit \$: | 5,000.00     |      |  |
|                                    | Division: | 00                            | Default Division | SalesPerson: | JB      | John Barton         |            | Limit Days:  | 0            |      |  |
| 01/23/15                           | IN        | 391856                        | 2744.32          | 2744.32      |         |                     |            |              | 2744.32      | 128  |  |
| 03/23/15                           | IN        | 397729                        | 4112.00          | 4112.00      |         |                     |            | 4112.00      |              | 69   |  |
| Totals - GULF PACKAGING INC.-HAZEL |           |                               |                  | 6856.32      | 0.00    | 0.00                | 0.00       | 4112.00      | 2744.32      |      |  |
| Report Totals:                     |           |                               |                  | 6856.32      | 0.00    | 0.00                | 0.00       | 4112.00      | 2744.32      |      |  |



**INVOICE**

2399 US 41 HWY SW  
P.O. Box 1636  
Calhoun, GA 30703-1636  
Tel - 706-625-5260  
Fax - 706-625-0003

|              |          |
|--------------|----------|
| Page         | 1        |
| Invoice No.  | 391856   |
| Invoice Date | 01/23/15 |
| Due Date     | 02/22/15 |

Bill To:

Sold To: Customer No.: **10545****GULF PACKAGING INC.****4774 PARK 370 BLVD****SUITE 1B****HAZELWOOD, MO 63042**Ship To **43257****GOEDECKE CONSTRUCTION EQUIP  
AND SUPPLIES****812 EAST TAYLOR AVE  
SAINT LOUIS, MO 63147**Tel: **314 569-2596** Fax: **314 569-0685**

|         |                   |
|---------|-------------------|
| F.O.B.  | Shipping Method   |
| PREPAID | ROADRUNNER TRANSP |

| Customer PO                             | Salesperson |     |             | Terms       |                  |            | Order No |           |
|---|-------------|-----|-------------|-------------|------------------|------------|----------|-----------|
| SL23037                                 | JB          | NBG | NOR         | NET 30 DAYS |                  |            | 556203   |           |
| Description                             |             |     | Qty Ordered | Qty Shipped | Qty Back Ordered | Unit Price | Disc %   | Extension |
| FILM PALLET STRCH WRAP 40x80x5000 WMF45 |             |     | 32          | 32          | 0                | 85.76      |          | 2,744.32  |
| SHIPPING PALLETS SPLT                   |             |     | 2           | 2           | 0                |            |          |           |

CARRIER PRO# 338990195  
SHIP ATTN: TOM PO A51043  
NO DELIVERY APPT NEEDED

| Subtotal | Less Discount | Shipping & Handling | Sales Tax | Less Deposit | Balance Due |
|----------|---------------|---------------------|-----------|--------------|-------------|
| 2,744.32 | 0.00          | 0.00                | 0.00      | 0.00         | 2,744.32    |

**Thank You For Your Order**  
YOUR COMPETITIVE SOURCE  
FOR "CORELESS" STRETCHWRAP

Visit our website at: [www.wplastics.com](http://www.wplastics.com)

Please Send Remittance To  
**Western Plastics, Inc.**  
P.O. Box 1636  
Calhoun, GA 30703-1636

SE REMIT PROMPTLY TO:

UNNER TRANSPORTATION SERVICES  
 309066  
 IL 60680-9066  
 MER SERVICE: 404/361-3900



WWW.RRTS.COM

RDFS EIN 39-1452112

PRO NO.

338990195

SHIP DATE

1/23/15

PAGE 1 OF 1

DELIVER

**S** GULF PACKAGING INC  
**H** 2399 US HWY 41 SW  
**P** CALHOUN, GA 30701  
**R**

**C** GOEDECKE  
**O** 812 E TAYLOR AVE  
**N** SAINT LOUIS, MO 63147  
**S**

lo: 391856  
 fest23901381

P.O.No: SL23037  
 See Addl references below.

Spec InstNEVER DOUBLE STACK/PLACE ITEMS ON  
 BREAKDOWN THESE PLTS

ATL Dest: STL - RDFS

| ES                        | HM | DESCRIPTION OF ARTICLES AND SPECIAL MARKS   | ACT CLS | RTD CLS | WEIGHT(LBS) | RATE       |
|---------------------------|----|---|---------|---------|-------------|------------|
| 2                         |    | SKDS STC 32 PCS PLASTIC FILM/SHEETING<br>156830 *35 PCF OR GREATER MUST BE<br>SHOWN ON BOL*<br>PALLET WEIGHT<br>SHIPPER'S LOAD & COUNT<br>Fuel Surcharge<br>CUD:10545<br>SO :556203<br>INV:391856 | 55      |         | 2,048       |            |
|                           |    |   | 55      |         | 100         |            |
|                           |    |   |         | PPD     | 2,148       |            |
| <----- T O T A L S -----> |    |   |         |         |             |            |
|                           |    |   |         |         |             | 338990195D |

IT DESCRIBED ABOVE RECEIVED IN GOOD CONDITION AND SHRINKWRAP/BANDING INTACT EXCEPT AS NOTED

Any Additional Service May Result In Additional  
 Please Initial Services Performed

TE 1/28/15  
 URE *Scott J. Vendetti*  
 NAME *Scott J. Vendetti*

IN DEL \_\_\_\_\_ LIFTGATE \_\_\_\_\_ SORT/SEG \_\_\_\_\_  
 RESID \_\_\_\_\_ OTHER \_\_\_\_\_ CHK# \_\_\_\_\_

CARRIER REGULATIONS REQUIRE PAYMENT WITHIN 15 DAYS - ACCOUNT MUST BE WITHIN CREDIT TERMS TO MAINTAIN APPLICABLE DISCOUNT.

09:08

# WESTERN PLASTICS

## INVOICE

2399 US 41 HWY SW  
P.O. Box 1636  
Calhoun, GA 30703-1636  
Tel - 706-625-5260  
Fax - 706-625-0003

|              |          |
|--------------|----------|
| Page         | 1        |
| Invoice No   | 397729   |
| Invoice Date | 03/23/15 |
| Due Date     | 04/22/15 |

Bill To:

Sold To: Customer No.: 10545

GULF PACKAGING INC.

4774 PARK 370 BLVD

SUITE 1B

HAZELWOOD, MO 63042

Ship To 43850

THE STEELWORKS CORP

1020 NIEDRINGHAUS BLDG#4

PO# VERBAL MIKE

GRANITE CITY, IL 62040

Tel: 314 569-2596 Fax: 314 569-0685

|         |                 |
|---------|-----------------|
| FOB     | Shipping Method |
| PREPAID | DROP SHIP       |

|             |             |             |          |
|-------------|-------------|-------------|----------|
| Customer PO | Salesperson | Terms       | Order No |
| SL30603     | JB NBG NOR  | NET 30 DAYS | 561385   |

| Description                            | Qty Ordered | Qty Shipped | Qty Back Ordered | Unit Price | Disc % | Extension |
|--|-------------|-------------|------------------|------------|--------|-----------|
| FILM PALLET STRCH WRAP 20x100x4500 VCI | 80          | 80          | 0                | 51.40      |        | 4,112.00  |

REC.HRS 6:30AM- 2:00PM NO DELIVERIES DURING BREAK OR LUNCH

|          |               |                     |           |              |             |
|----------|---------------|---------------------|-----------|--------------|-------------|
| Subtotal | Less Discount | Shipping & Handling | Sales Tax | Less Deposit | Balance Due |
| 4,112.00 | 0.00          | 0.00                | 0.00      | 0.00         | 4,112.00    |

**Thank You For Your Order**  
YOUR COMPETITIVE SOURCE  
FOR "CORELESS" STRETCHWRAP

Visit our website at: [www.wplastics.com](http://www.wplastics.com)

Please Send Remittance To  
Western Plastics, Inc.  
P.O. Box 1636  
Calhoun, GA 30703-1636



Pro 326884881

98.8% On-Time Service...

You Can Count on Dayton Freight

Visit Our Website: [daytonfreight.com](http://daytonfreight.com)Consignee THE STEELWORKS CORP  
9999007 1020 NIEDRINGHAUS AVE BLDG 4Shipper WESTERN PLASTICS INC  
0001874 1401 W 94TH ST

GRANITE CITY, IL 62040

BLOOMINGTON, MN 55431

Special S IL 4 Door:39  
Instructions REC HRS 630A-2P

Appt Contact Name

B/L Number  
NSPO Number  
NSOT DFL PU Date  
LKN 3/19/15  
DT Standard Date  
STL 3/23/15

Appt Date

Appt Time

COD Amount

DRC Amount

Partner Carrier

H/U H/M Description

Class Weight LB Rate

Charges

2

SKIDS CLASS 55  
77625655  
QUOTE 2849

2

TOTALS

2,849

PREPAID Payer-WESTERN PLASTICS IN

Consignee initial for services performed not  
otherwise noted on Delivery Receipt

Inside Delivery Liftgate Delivery

Sort/Seg #Pallets Hauled

Limited

Residential

Construction Site

Signature:

Print Name: Tim C. Lissner

Signature: [Signature]

Delivery Receipt  
Driver Copy

Time Out: 4:15 H/O: 2

H/O: 2

Date: 3/23/15

Driver: [Signature]

Page 1 of 1 GS -

Run Date : 05/29/15

Sys Date : 05/29/15

Age Date: 05/31/15 All Invoices

# Western Plastics, Inc.

## A/R Aged Receivables Report

Inside Reps

10544

to 10544

Time: 02:00:23 PM

Cust No / Name

| Inv Date | Inv No | Orig Amt | Open Amt | Current | 30-44 days | 45-59 days | 60-89 days | Over 89 days | Days |
|----------|--------|----------|----------|---------|------------|------------|------------|--------------|------|
|----------|--------|----------|----------|---------|------------|------------|------------|--------------|------|

|                               |                     |                  |                 |                     |      |      |      |              |           |
|-------------------------------|---------------------|------------------|-----------------|---------------------|------|------|------|--------------|-----------|
| 10544                         | GULF PACKAGING INC. |                  | Contact:        | Phone: 708 201-3515 |      |      |      | Cr Limit \$: | 30,000.00 |
|                               | Division: 00        | Default Division | SalesPerson: JB | John Barton         |      |      |      | Limit Days:  | 30        |
| 11/25/14                      | IN 386545           | 2867.20          | 2867.20         |                     |      |      |      | 2867.20      | 187       |
| Totals - GULF PACKAGING INC.: |                     |                  | 2867.20         | 0.00                | 0.00 | 0.00 | 0.00 | 2867.20      |           |

|                |         |      |      |      |      |      |         |
|----------------|---------|------|------|------|------|------|---------|
| Report Totals: | 2867.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2867.20 |
|----------------|---------|------|------|------|------|------|---------|

0.\*

0.\*

2,867.20+

6,856.32+

11,200.80+

003

20,924.32\*\*

# WESTERN PLASTICS

## INVOICE

2399 US 41 HWY SW  
P.O. Box 1636  
Calhoun, GA 30703-1636  
Tel - 706-625-5260  
Fax - 706-625-0003

|              |          |
|--------------|----------|
| Page         | 1        |
| Invoice No   | 386545   |
| Invoice Date | 11/25/14 |
| Due Date     | 12/25/14 |

Bill To:

Sold To: Customer No.: 10544

GULF PACKAGING INC.

1040 MARYLAND AVENUE

c/o GULF PKG - HAZELWOOD  
DOLTON, IL 60419

Ship To 40160

GOEDECKE CONSTRUCTION EQUIP  
AND SUPPLIES

812 EAST TAYLOR AVE  
SAINT LOUIS, MO 63147

Tel: 708 201-3515 Fax: 708 849-8299

|         |                   |
|---------|-------------------|
| F.O.B.  | Shipping Method   |
| PREPAID | ROADRUNNER TRANSP |

| Customer PO                             | Salesperson |     |             | Terms       |                  |            | Order No. |           |
|---|-------------|-----|-------------|-------------|------------------|------------|-----------|-----------|
| SL12648                                 | JB          | NBG | NOR         | NET 30 DAYS |                  |            | 550331    |           |
| Description                             |             |     | Qty Ordered | Qty Shipped | Qty Back Ordered | Unit Price | Disc %    | Extension |
| FILM PALLET STRCH WRAP 40x80x5000 WMF45 |             |     | 32          | 32          | 0                | 89.60      |           | 2,867.20  |
| SHIPPING PALLETS SPLT                   |             |     | 2           | 2           | 0                |            |           |           |

CARRIER PRO# 338232358  
REFERENCE PO# A41836 / SL12648 ON ALL SHIPPING PAPERS  
NO DELIVERY APPT NEEDED

| Subtotal | Less Discount | Shipping & Handling | Sales Tax | Less Deposit | Balance Due |
|----------|---------------|---------------------|-----------|--------------|-------------|
| 2,867.20 | 0.00          | 0.00                | 0.00      | 0.00         | 2,867.20    |

**Thank You For Your Order**  
YOUR COMPETITIVE SOURCE  
FOR "CORELESS" STRETCHWRAP

Visit our website at: [www.wplastics.com](http://www.wplastics.com)

Please Send Remittance To  
Western Plastics, Inc.  
P.O. Box 1636  
Calhoun, GA 30703-1636

USE REMIT PROMPTLY TO:



RUNNER TRANSPORTATION SERVICES  
 X 809066  
 GO IL 60680-9066  
 CARRIER SERVICE: 404/361-3900

WWW.ARTS.COM

RDFS EIN 39-1452112

PRO NO.

338232358

SHIP DATE

11/25/14



PAGE 1 OF 1

DELIVERY

S GULF PACKAGING INC  
 H 2399 US HWY 41 SW  
 P CALHOUN, GA 30701  
 R

C GOEDECKE  
 O 812 E TAYLOR AVE  
 N SAINT LOUIS, MO 63147  
 S

No: 386545 P.O.No: A41836 Spec InstNEVER DOUBLE STACK OR BRK DWN PLTS  
 ifes23509681 See Addl references below.

: ATL Dest: STL - RDFS

| ICES | HM | DESCRIPTION OF ARTICLES AND SPECIAL MARKS  | ACT | CLS | RTD | CLS | WEIGHT(LBS) | RATE | C |
|------|----|--|-----|-----|-----|-----|-------------|------|---|
| 2    |    | SKDS STC 32 PCS PLASTIC FILM/SHEETING<br>156830<br>*35 PCF OR GREATER MUST BE SHOWN ON BOL*<br>PALLET WEIGHT<br>SHIPPER'S LOAD & COUNT<br>Fuel Surcharge<br>W & I Results Wgt:2275 Date:11/25/14<br>Serial NO:1509 Oper#:98 Trm:ATL<br>11261403 XWI-WIA AUTO REWEIGH PERFORMED<br>INV:386545 PO :SL12648<br>SO :550331 WT :338232358<br>-----><br>T O T A L S -----><br>338232358D | 55  |     |     |     | 2,175       |      |   |
|      |    |  | 55  |     |     |     | 100         |      |   |
|      |    |  |     |     | PPD |     | 2,275       |      |   |

GHT DESCRIBED ABOVE RECEIVED IN GOOD CONDITION AND SHRINKWRAP/BANDING INTACT EXCEPT AS NOTED

DATE 12/02/14 DATE DELIVERED: 12-2-14



ATURE 12/02/14 TIME DELIVERED: 8:30

ED NAME Victor O. Garbano DRIVER: YNIN

Any Additional Service May Result In Additional  
 Please Initial Services Performed

IN DEL \_\_\_\_\_ LIFTGATE \_\_\_\_\_ SORT/SEG \_\_\_\_\_  
 RESID \_\_\_\_\_ OTHER \_\_\_\_\_ CHK# \_\_\_\_\_

& CARRIER REGULATIONS REQUIRE PAYMENT WITHIN 15 DAYS - ACCOUNT MUST BE WITHIN CREDIT TERMS TO MAINTAIN APPLICABLE DISCOUNT.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>UNITED STATES BANKRUPTCY COURT</b><br><b>NORTHERN DISTRICT OF ILLINOIS</b><br><b>EASTERN DIVISION</b>  |  | <b>PROOF OF CLAIM</b>   |  | <br><b>YOUR CLAIM IS SCHEDULED AS:</b><br>Schedule/Claim ID    s171<br><br>Amount/Classification<br>\$19,645.60 Unsecured   |  |
| Name of Debtor:<br><b>Gulf Packaging, Inc.</b>  |  |   | Case Number:<br><b>15-15249</b>  |   |  |
| <small>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.</small>  |  |   |  |   |  |
| Name of Creditor (the person or other entity to whom the debtor owes money or property):  |  |   |  | 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.<br><br>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.<br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b><br><br><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.<br><br><b>Court Claim Number (if known):</b> _____<br><br><b>Filed on:</b> _____ |  |
| Name and address where notices should be sent:<br><div style="display: flex; align-items: center;">  <div>             36759531001503<br/> <b>WESTERN PLASTICS</b><br/> <b>PO BOX 1636</b><br/> <b>CALHOUN, GA 30703</b> </div> </div>   |  |   |  |   |  |
| Creditor Telephone Number (    )                      email:  |  |   |  |   |  |
| Name and address where payment should be sent (if different from above):  |  |   |  |   |  |
| Payment Telephone Number (    )                      email:   |  |   | <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. |   |  |
|   |  |   |  |   |  |
| <b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ _____<br><br>If all or part of your claim is secured, complete item 4.<br>If all or part of your claim is entitled to priority, complete item 5.<br><br><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><br>(See instruction #2) _____  |  |   |  |   |  |
| <b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b><br>_____  |  | <b>3a. Debtor may have scheduled account as:</b><br>_____<br><small>(See instruction #3a)</small> |  | <b>3b. Uniform Claim Identifier (optional):</b><br>_____<br><small>(See instruction #3b)</small>  |  |
| <b>4. SECURED CLAIM:</b> (See instruction #4)<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           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.<br/><br/> <b>Nature of property or right of setoff:</b><br/> <b>Describe:</b><br/> <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other _____<br/><br/> <b>Value of Property:</b> \$ _____<br/><br/> <b>Annual Interest Rate:</b> _____ %    <input type="checkbox"/> Fixed    or    <input type="checkbox"/> Variable<br/> <small>(when case was filed)</small> </div> <div style="width: 50%;"> <b>Amount of arrearage and other charges, as of time case filed, included in secured claim, if any:</b>    \$ _____<br/><br/> <b>Basis for Perfection:</b> _____<br/><br/> <b>Amount of Secured Claim:</b> \$ _____<br/><br/> <b>Amount Unsecured:</b> \$ _____         </div> </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.<br><br><b>Amount entitled to priority:</b> \$ _____<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>You MUST specify the priority of the claim:</b><br/> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).<br/><br/> <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).<br/><br/> <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).         </div> <div style="width: 50%;"> <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).<br/><br/> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).<br/><br/> <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (    _____    ).         </div> </div> |  |   |  |   |  |
| <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)   |  |   |  |   |  |



**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: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_

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

(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, there may be exceptions to these general rules.

## ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

### Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's full name, and the case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

### 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 and 5. Check the box if interest or other charges are included in the claim.

### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

### 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

### 3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

### 3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 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 your 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. 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.

### 7. 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.

### 8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

## DEFINITIONS

### DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

### CREDITOR

A creditor is a person, corporation, or other entity to whom the debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101(10).

### CLAIM

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101(5). A claim may be secured or unsecured.

### PROOF OF CLAIM

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed in section #7 above.

### SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court

judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

### UNSECURED CLAIM

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

### CLAIM ENTITLED TO PRIORITY Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

### REDACTED

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

### EVIDENCE OF PERFECTION

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

## INFORMATION

### OFFERS TO PURCHASE A CLAIM

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. §101 *et seq.*), and any applicable orders of the bankruptcy court.

### Date-Stamped Copy

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the second page of this form.

*Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.*

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING [www.bmcgroup.com/GPI](http://www.bmcgroup.com/GPI)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

|                                    |   |                         |
|------------------------------------|---|-------------------------|
| In re:                             | ) |                         |
|                                    | ) | Chapter 11              |
|                                    | ) |                         |
| GULF PACKAGING, INC., <sup>1</sup> | ) | Case No. 15-15249 (PSH) |
|                                    | ) |                         |
| Debtor.                            | ) |                         |
|                                    | ) |                         |

**NOTICE OF DEADLINES FOR FILING OF PROOFS OF CLAIM AND  
REQUESTS FOR PAYMENT OF CERTAIN ADMINISTRATIVE EXPENSES TO  
ALL KNOWN CREDITORS AND EQUITY INTEREST HOLDERS**

On May 29, 2015, the Court entered an order in the above-captioned chapter 11 case (the "Bar Date Order") establishing certain deadlines for filing proofs of claim and requests for payment of certain administrative expenses against the above-captioned debtor and debtor in possession (the "Debtor"). By the Bar Date Order, the Court fixed **July 31, 2015 at 5:00 p.m., prevailing Central Time**, as the general claims bar date (the "General Bar Date"). Except as described below, the Bar Date Order requires all Entities, other than Governmental Units, that have or may assert any prepetition Claims against the Debtor, including Claims arising under section 503(b)(9) of the Bankruptcy Code (the "503(b)(9) Claims"), to file proofs of claim with BMC Group, Inc. ("BMC"), the claims and noticing agent in this case, so that their proofs of claim are **actually received** by BMC on or before the General Bar Date. Further, by the Bar Date Order, the Court fixed **October 26, 2015 at 5:00 p.m., prevailing Central Time**, as the governmental unit claims bar date (the "Government Bar Date"). Please note that the terms "Entity," "Governmental Unit" and "Claim" are defined below.

For your convenience, enclosed with this Notice is a proof of claim form, which identifies on its face the amount, nature and classification of your Claim(s), if any, listed in the Debtor's schedules of assets and liabilities filed in these cases (collectively, the "Schedules").

**KEY DEFINITIONS**

As used in this Notice, the term "Entity" has the meaning given to it in section 101(15) of the Bankruptcy Code, 11 U.S.C. §§ 101, *et. seq.* (the "Bankruptcy Code"), and includes all persons, estates, trusts, Governmental Units and the Office of the United States Trustee.

As used in this Notice, the term "Governmental Unit" has the meaning given to it in section 101(27) of the Bankruptcy Code and includes the following: the United States; states; commonwealths; districts; territories; municipalities; foreign states; departments, agencies or instrumentalities of the foregoing (but not including the Office of the United States Trustee while serving as a trustee under the Bankruptcy Code); or other foreign or domestic government.

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<sup>1</sup> The last four digits of the Debtor's tax identification number are 5030.

As used in this Notice, the term "Claim" shall mean, as to or against any of the Debtors and in accordance with section 101(5) of the Bankruptcy Code: (i) any right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured or unsecured; or (ii) any right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured or unsecured.

## **WHO MUST FILE A PROOF OF CLAIM AND THE APPLICABLE BAR DATES**

### ***The Bar Dates***

The Bar Date Order establishes the following bar dates for filing proofs of claim in these cases (collectively, the "Bar Dates"):

The General Bar Date. Pursuant to the Bar Date Order, all Entities, other than Governmental Units, holding Claims (including 503(b)(9) Claims) against the Debtor (whether secured, unsecured priority or unsecured nonpriority) that arose prior to April 29, 2015, are required to file proofs of claim by the General Bar Date (other than Entities excluded from such requirements pursuant to the Bar Date Order).

The Government Bar Date. Pursuant to the Bar Date Order, all Governmental Units holding Claims against the Debtor that arose prior to April 29, 2015, are required to file proofs of claim by the Government Bar Date.

The Rejection Bar Date. Any Entity whose Claim arises out of the Court-approved rejection of an executory contract or unexpired lease may assert claims in connection with the Debtor's rejection of such executory contract or unexpired leases pursuant to section 365 of the Bankruptcy Code. Unless a different deadline has previously been established by an order of the Court, for any claim relating to Debtor's rejection of an executory contract or unexpired lease (a "Rejection Damages Claim") approved pursuant to the entry of an order by this Court (a "Rejection Order"), the Rejection Bar Date for such a claim will be the later of (i) the General Bar Date and (ii) twenty (20) days after the date of the Rejection Order.

The Amended Schedule Bar Date. If, subsequent to the mailing and publication of this Notice, the Debtor amends its Schedules to reduce the undisputed, noncontingent and liquidated amount or to change the nature or classification of a Claim against the Debtor reflected therein, the affected claimant is required to file a proof of claim or amend any previously filed proof of claim in respect of the amended scheduled claim on or before the later of (i) the General Bar Date and (ii) twenty (20) days after the date that notice of the applicable amendment to the Schedules is served on the claimant (the "Amended Schedule Bar Date"). To the extent that the

Debtor amends its Schedules relating to the claim of any creditor, the Debtor will serve notice of both the amendment and the Amended Schedule Bar Date on such affected creditor.

***Entities That Must file Proofs of Claim by the General Bar Date***

Subject to terms described above for holders of Claims subject to the Government Bar Date, the Rejection Bar Date and the Amended Schedule Bar Date, the following Entities must file proofs of claim on or before the General Bar Date if they desire to participate or share in any distribution in this chapter 11 case:

- (a) any Entity whose prepetition Claim against the Debtor is not listed in the applicable Debtor's Schedules or is listed as "disputed," "contingent" or "unliquidated";
- (b) any Entity that believes it holds a prepetition Claim that is a 503(b)(9) Claim; and
- (c) any Entity that believes that its prepetition Claim is improperly classified in the Schedules or is listed in an incorrect amount.

***Entities Not Required to File Proofs of Claim by the General Bar Date***

The Bar Date Order further provides that the following Entities need not file proofs of claim by the General Bar Date:

- (a) any Entity that already has properly filed a proof of Claim against the Debtor in accordance with the procedures described herein;
- any Entity (i) whose Claim against the Debtor is not listed as disputed, contingent and unliquidated in the Schedules and (ii) that agrees with the nature, classification and amount of its Claim as identified in the Schedules;
- any Entity whose Claim against the Debtor previously has been allowed by, or paid pursuant to, an order of the Court;
- any holder of an administrative claim allowable under sections 503(b) and 507(a) of the Bankruptcy Code, *except for* holders of 503(b)(9) Claims; and
- any entity that holds a claim solely against any of the Debtor's non-debtor Affiliates.

***No Requirement to File Proofs of Interest***

Any Entity holding an equity interest in the Debtor (an "Interest Holder"), which interest is based exclusively upon the ownership of common or preferred stock, a membership interest in a limited liability partnership or warrants or rights to purchase, sell or subscribe to such a security or interest (any such security or interest being referred to herein as an "Interest"), need not file a proof of interest on or before the General Bar Date; *provided, however*, that Interest Holders who wish to assert Claims against the Debtor arising out of or relating to the ownership or purchase of an Interest, including Claims arising out of or relating to the sale, issuance or

distribution of the Interest, must file proofs of claim on or before the General Bar Date, unless another exception identified herein applies.

### **CONSEQUENCES OF FAILURE TO FILE PROOF OF CLAIM**

Any Entity that is required to file a proof of claim, but that fails to do so by the applicable Bar Date described in this Notice, may be forever barred, estopped and enjoined from asserting any such claim against the Debtor. This includes all entities holding claims that are (i) not listed in the Debtor's Schedule, (ii) listed in the Debtor's Schedules as contingent, unliquidated or disputed, (iii) in an amount greater than that set forth in the Schedules and (iv) of a different nature or classification than as set forth in the Schedules (with all such claims listed in (i) through (iv) being referred to as "Unscheduled Claims"). Holders of Unscheduled Claims may be barred from voting upon, or receiving distributions under, any plan of reorganization or liquidation in this chapter 11 case in respect of such claims.

**If it is unclear from the Schedules whether your Claim is disputed, contingent or unliquidated as to amount or is otherwise properly listed and classified, you must file a proof of claim on or before the applicable Bar Date.** Any Entity that relies on the information in the Schedules bears responsibility for determining that its Claim is accurately listed therein.

### **PROCEDURE FOR FILING PROOFS OF CLAIM**

A signed original of a completed proof of claim, together with any accompanying or supporting documentation, must be delivered so as to be received no later than 5:00 p.m., prevailing Central Time, on the applicable Bar Date. Proofs of claim may be submitted in person or by courier service, hand delivery or mail at the following address:

If by regular mail:

BMC Group, Inc.  
Attn: Gulf Packaging Claims Processing  
P.O. Box 90100  
Los Angeles, CA 90009

If by messenger or overnight delivery:

BMC Group Inc.  
Attn: Gulf Packaging Claims Processing  
300 N. Continental Blvd., Suite #570  
El Segundo, CA 90245

**Any proof of claim submitted by facsimile or e-mail will not be accepted and will not be deemed filed until the proof of claim is submitted by one of the methods described in the foregoing sentence.** Proofs of claim will be deemed filed only when actually received by BMC. If you wish to receive acknowledgement of BMC's receipt of your proof of claim, you must also submit by the applicable Bar Date and concurrently with submitting your original proof of claim (i) a copy of your original proof of claim and (ii) a self-addressed, stamped return envelope.

Proofs of claim must include all documentation required by Bankruptcy Rules 3001(c) and 3001(d), including an original or a copy of any written document that forms the basis of the Claim or, for secured Claims, evidence that the alleged security interest has been perfected.

### **ADDITIONAL INFORMATION**

If you require additional information regarding the filing of a proof of claim, you may

contact the BMC Group, Inc. at (888) 909-0100. You also may contact BMC directly by writing to BMC Group, Inc., Attn: Gulf Packaging Claims Processing, P.O. Box 90100, Los Angeles, CA 90009 or visit BMC's website at [www.bmcgroup.com/GPI](http://www.bmcgroup.com/GPI). The claims register for the Debtor will be available for review at the website identified above.

Dated: May 29, 2015  
Chicago, Illinois

BY ORDER OF THE COURT  
The Honorable Pamela S. Hollis  
United States Bankruptcy Judge

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**COUNSEL TO THE DEBTOR**