UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

PROOF OF CLAIM

Name of Debtor: **Gulf Packaging, Inc.**

Case Number: **15-15249**

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.

RECEIVED
JUN 29 2015
BMC GROUP

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

Name and address where notices should be sent:

36759533000947

DEVELOPMENTAL SERVICES CENTER
1304 W BRADLEY AVE
CHAMPAIGN, IL 61821-2035

Sburner@dsc-illinois.org

Creditor Telephone Number (217) 356-9176 email: djones@dsc-illinois.org

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

THIS SPACE IS FOR COURT USE ONLY

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

Payment Telephone Number ( ) email:

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

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

Court Claim Number (if known): _____

Filed on: _____

1. AMOUNT OF CLAIM AS OF DATE CASE FILED $ 642.60

If all or part of your claim is secured, complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM: (See instruction #2) Services Performed - Repacking Stretch Film

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 6150

3a. Debtor may have scheduled account as: _____ (See instruction #3a)

3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)

4. SECURED CLAIM: (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: Describe:

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Value of Property: $ _____

Annual Interest Rate: _____ % ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: $ _____

Basis for Perfection: _____

Amount of Secured Claim: $ _____

Amount Unsecured: $ _____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

Amount entitled to priority: $ _____

You MUST specify the priority of the claim:

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

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to $12,475*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

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

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

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).

** 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
00242

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 providedin this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Scott Burner
Title: Accounting Mgr
Company: Developmental Services Center

Scott Burner (Signature) 6/22/15 (Date)

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

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.

HISTORICAL

Developmental Services Center
1304 W. Bradley Ave.
Champaign IL 61821-2035

INVOICE	111916
Type	
Date	3/5/2015
Page	1

Bill to:

Gulf Great Lakes Pkg
1040 Maryland Ave.
Dolton IL 60143

Ship to:

Gulf Great Lakes Pkg
1040 Maryland Ave.
Dolton IL 60143

Purchase Order ID	Customer ID	Salesperson ID	Shipping Method	Payment Terms ID
CH 4890	1G150		LOCAL DELIVERY	Net 30 days

Quantity	Item Number	Description	U Of M	Discount	Unit Price	Ext. Price
630	010- 89615	repack stretch film	Each	$0.00000	$0.51000	$321.30

Subtotal	$321.30
Misc	$0.00
Tax	$0.00
Freight	$0.00
Trade Discount	$0.00
Total	$321.30

HISTORICAL

Developmental Services Center
1304 W. Bradley Ave.
Champaign IL 61821-2035

INVOICE	112137
Type	
Date	3/31/2015
Page	1

Bill to:

Gulf Great Lakes Pkg
1040 Maryland Ave.
Dolton IL 60143

Ship to:

Gulf Great Lakes Pkg
1040 Maryland Ave.
Dolton IL 60143

Purchase Order ID	Customer ID	Salesperson ID	Shipping Method	Payment Terms ID
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Subtotal	$321.30
Misc	$0.00
Tax	$0.00
Freight	$0.00
Trade Discount	$0.00
Total	$321.30