

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID s566

Name of Debtor:
Gulf Packaging, Inc.

Case Number:
15-15249

Amount/Classification
\$2,640.00 Unsecured

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

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

Name and address where notices should be sent:
 36759531000282
FLEENOR PAPER CO.
DEPT. LA24186
PASADENA, CA 91185-4186

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

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

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

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (510) 769-8321 email: Witterale@fleenor.com

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

Fleenor Company Inc.
Dept LA 24186
Pasadena, CA 91185-4186

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

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

Court Claim Number (if known):

Filed on:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 2,640.00

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

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

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

2. BASIS FOR CLAIM: Goods sold
(See instruction #2)

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

1364 (PO#)

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: \$ 2,640.00

RECEIVED

JUL 13 2015

BMC GROUP

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

Amount entitled to priority: \$

You MUST specify the priority of the claim:

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

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

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).

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

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).

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



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7. DOCUMENTS: Attached are redacted copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and definition of "redacted").

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

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

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

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

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

8. SIGNATURE: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Ed Jay
Title: Controller
Company: Flecor Company, Inc.

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


(Signature)

7-9-15
(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.

AGED TRIAL BALANCE WITH OPTIONS - DETAIL
 Fleenor Paper Company
 Receivables Management

Ranges:
 Customer ID: GULFPAC-SAC - GULFPAC-SAC
 Customer Class: First - Last
 Salesperson ID: First - Last
 Sales Territory: First - Last

User-Defined 1:
 Customer Name: First - Last
 Short Name: First - Last
 Posting Date: First - Last

ZIP Code:
 State:
 Telephone:
 First - Last
 First - Last
 First - Last

Account Type: Open Item
 Customer: by Customer ID
 Document: by Document Number

Exclude: Credit Balance, Zero Balance, No Activity, Fully Paid Documents, Unposted Applied Credit Documents, Multicurrency Info

* - Indicates an unposted credit document that has been applied.

Customer: GULFPAC-SAC Name: Gulf Packaging Account Type: Open Item Aged As of: 6/30/2015
 User-Defined 1: Salesperson: TROHAN Credit: \$10,000.00
 Contact: Donna Territory: SOUTHEAST
 Phone: (281) 852-6700 Ext. 0000 Terms: Net 30

| Document Number | Type | Date | Amount | Discount | Writeoff | 0-45 | 46 - 60 | 61-90 | 91+ Days | Balance |
|----------------------|------|-----------|------------|----------|----------|------|---------|-------|------------|------------|
| 119171 | SLS | 3/30/2015 | \$2,640.00 | | | | | | \$2,640.00 | \$2,640.00 |
| Totals: | | | | | | | | | | \$2,640.00 |
| Customer(s) | | | | | | | | | | |
| 1 | | | | | | | | | | \$0.00 |
| Grand Totals: | | | | | | | | | | \$2,640.00 |

Remit Payment To:
FLEENOR COMPANY, INC.
 DEPT LA 24186
 Pasadena, CA 91185-4186
 Phone: (510) 769-8321
 Fax: (510) 769-8195

EMAILED

3/31 JS

| | |
|---------|-----------|
| Invoice | 119171 |
| Date | 3/30/2015 |
| Page | 1 |

Bill To:

Gulf Packaging
 7720 FM 1960 East
 Humble TX 77346

Ship To:

Gulf Packaging
 2527 Fairway Park Drive
 Houston TX 77092

| Customer ID | Purchase Order No. | Salesperson ID | Shipping Method | Payment Terms | Req Ship Date | Master No. | |
|-------------|--------------------|----------------|-----------------|--|---------------|------------|------------|
| GULFAC-SAC | H31384 | TROHAN | WILL CALL | Net 30 | 3/30/2015 | 100,675 | |
| Ordered | Shipped | B/O | Item Number | Description | Discount | Unit Price | Ext. Price |
| 40 | 40 | 0 | T-27205 | 48" Movers Roll (4K) 4 Tissue, 1 30# Kra | \$0.0000 | \$29.0000 | \$1,160.00 |
| 4,000 | 4,000 | 0 | T-25140 | Rolled Eco/News @ 25#/Bun @2000/Plt | \$0.0000 | \$0.3700 | \$1,480.00 |

| | | | |
|-----|--------|----------------|-------------------|
| COD | \$0.00 | Subtotal | \$2,640.00 |
| | | Misc | \$0.00 |
| | | Tax | \$0.00 |
| | | Freight | \$0.00 |
| | | Trade Discount | \$0.00 |
| | | Total | \$2,640.00 |

Thank You For Your Business!

119171

FLEENOR PAPER COMPANY
8718 W. Little York
Houston Tx 77040
Suite 150

Order ODR-CA101574

Date 3/26/2015 OU

Page 1

Bill To:
Gulf Packaging
7720 FM 1960 East
Humble TX 77346

Ship To:
Gulf Packaging
2527 Fairway Park Drive
Houston TX 77092

(281) 852-6700 Ext: 0000

| PO Number | Customer ID | Shipping Method | Req Ship Date | Master No |
|-----------|-------------|-----------------|---------------|-----------|
| H31384 | GULFPAC-SAC | WILL CALL | 3/27/2015 | 100.675 |

| Ordered | UOM | Shipped | Item Number | Description |
|---|------|---------|-------------|--|
| 58 | Roll | 40 Roll | T-27205 | 48" Movers Roll (4K) 4 Tissue, 1 30# Kraft |
| 4,000 | LB | 4,000 # | T-25140 | Rolled Eco/News @ 25#/Bun @2000/Plt |
| **PLEASE GIVE THEM EVERYTHING WE HAVE ON THE FLOOR OF T-27205** | | | | |

Filled By: *[Signature]*

COD \$:

Received By: *Al Armando*

Date: *03-30-15*

PHW

GULF PACKAGING

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

Drop Ship Order

P.O. Number: H31384
Order Date: 3/13/2015
Entered By: rwidner
Vendor Number: 30-FLEPAP
Confirm To: Rose

| Vendor: FLEENOR PAPER 8718 W. LITTLE YOURK #150 HOUSTON, TX 77040 Phone: (713) 996-7577 Fax: (713) 996-7578 | | | Ship To: JOHNNIE T. MELIA MOVING & STOR 2527 FAIRWAY PARK DRIVE DOT NOT DEL BETWEEN 11:AM-1:PM HOUSTON, TX 77092 | | | | |
|--|------|--|--|-------------|---------------|------------|--|
| <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p>Will call 3/27</p> </div> | | | Customer PO #: | | JTM 31215 | | |
| | | | Required Date | Ship VIA | F.O.B. | Terms | |
| 3/20/2015 | | PREPAID FRT | | Net 30 Days | | | |
| Item Code | Unit | Ordered | Received | Backordered | Unit Cost | Amount | |
| 3091020 Vendor Item: 27205 48" X 250' MOVERS ROLL 4 LAYERS FLAT TISSUE + 1 LAYER KRAFT 40 RLS/ SKID | RL | 40,000 58 on floor | 0.000 Whse: D30 | 0.000 | 29.0000 ✓ | \$1,160.00 | |
| 3091029 25140 24 X 36 25# BUNDLE NEWSPRINT 80 BDL/SKID | BDL | 80,000 160.00 4,000 #'s | 0.000 Whse: D30 | 0.000 | 9.2500 .37 | \$740.00 | |
| ***** PLEASE CONFIRM COST AND ETA TO poconfirmation@gulfpackaging.com OR FAX 817-795-2041 WITHIN 24 HOURS. ***** | | | | | | | |
| CUSTOMER REQUIRES THEIR P.O.# JTM 31215 & H31384** BE REFERENCED ON ALL SHIPPING DOCUMENTS. | | | | | | | |
| * DO NOT DELIVER BETWEEN 11am - 1pm * | | | | | | | |
| CONFIRMATION REQUIRED FROM ALL VENDORS WITHIN 24 HOURS AND MUST CONTAIN ESTIMATED SHIPPING DATE. WE WILL HOLD FIRMLY TO PRICE AS SHOWN ON PURCHASE ORDER UNLESS OTHERWISE APPROVED IN WRITING. IF SHIPPED PRIOR TO CONFIRMATION AND OUR INSTRUCTIONS HAVE NOT BEEN FOLLOWED ORDER MAY BE REFUSED OR ACCEPTED AT OUR DISCRETION AND YOU MAY BE SUBJECT TO A SHORTPAY AND/OR A MERCHANDISE PICKUP. | | | | | | | |
| VENDORS - PLEASE REVIEW OUR DESCRIPTIONS AND ADVISE IF OUR ITEM DESCRIPTION MATCHES YOUR ROLLS PER CASE, CASES PER SKID, UNITS PER BUNDLE, BUNDLES PER SKID, UNITS PER BOX, BOXES PER MASTER CASE, ETC. WE WOULD APPRECIATE YOUR HELP IN CORRECTING OUR INFORMATION. THANK YOU -GULF PACKAGING | | | | | | | |

Thanks
Rose

| | |
|----------------|------------|
| Net Order: | \$1,900.00 |
| Sales Tax: | \$0.00 |
| Freight: | \$0.00 |
| Order Total: | \$1,900.00 |
| Less Prepaid: | \$0.00 |
| Order Balance: | \$1,900.00 |