

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s580

Name of Debtor:
Gulf Packaging, Inc.

Case Number:
15-15249

Amount/Classification
\$873.60 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:
 36759531000309
GLOBAL POLY SOLUTIONS L P
PO BOX 752525
HOUSTON, TX 77275-2525

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 (713) 941-9500 email: plvls@globpoly.com

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

GLOBAL POLY SOLUTIONS
P.O. BOX 752525
HOUSTON TX 77275

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 (713) 941-9500 email: SAME

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 873.60

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: GOODS SOLD
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
5699 A.O.JE

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: \$ _____

RECEIVED

JUL 30 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



00396

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: ELVIS STONE
Title: PRESIDENT
Company: GLOBAL POLY SOLUTIONS
Address and telephone number (if different from notice address above): _____

Elvis Stone 7/24/15
(Signature) (Date)

Telephone number: _____ email: elvis@globalpoly.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Remit to:

GLOBAL POLY
SOLUTIONS
PO BOX 752525
HOUSTON TX 77275-2525

Phone # 713-941-9500

Fax # 713-941-9512

ar@globalpolysolutions.com

Invoice

Invoice Date: 3/10/2015

Invoice No: 14053

Bill To:

GULF PACKAGING
250 PORTWALL #100
HOUSTON TX 77029-1300
accountspayable@gulfpackaging.com

Ship To:

GULF PACKAGING
250 PORTWALL #100
HOUSTON, TX 77029-1300

Fax # (713) 229-0303

Phone # 281-852-6700 ext 1222

P.O. Number	Terms	Due Date:	Rep	Ship Date	Via	F.O.B.
00055699	Net 30 Days	4/9/2015	ELVIS	3/10/2015	Will Call	ORIGIN

Item Code	Description	Order	Prev Inv	Ship	B/O	Rate	Unit	Amount
PB1218-2/1000-RL	12 X 18 - 2 MIL [29]1000/ROLL CLEAR POLY BAG	20	0	21	0	41.60		873.60

THANK YOU FOR YOUR BUSINESS

Total

\$873.60

GLOBAL POLY

SOLUTIONS

9024 SCRANTON ST
HOUSTON TX 77075
713-941-9500 Phone
713-941-9512 Fax

Packing Slip

Date: 3/9/2015

Reference #: 14053

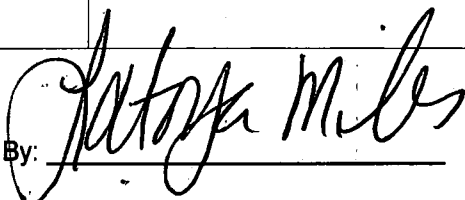
Ship To

GULF PACKAGING
250 PORTWALL #100
HOUSTON, TX 77029-1300

S.O. No.	P.O. No.	Rep	Ship	Via	FOB
8952	00055699	ELVIS	3/9/2015	Will Call	ORIGIN

Item Code	Description	Ordered	PreInv	Unit	B/O	Shipped
PB1218-2/1000-RL	12 X 18 - 2 MIL [29]1000/ROLL CLEAR POLY BAG	20	0		0	21

Received By:



Company: _____

Date: _____

GULF PACKAGING

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

Purchase Order

P.O. Number: 0005699
Order Date: 2/20/2015
Entered By: jlafrance
Vendor Number: 30-GLOSOL
Confirm To:

Vendor:			Ship To:				
GLOBAL POLY SOLUTIONS L.P. P.O. BOX 752525 HOUSTON, TX 77275-2525 Phone: 713-941-9500 Fax: 713-941-9512			Gulf Systems, Inc - Houston 250 PORTWALL, SUITE 100 HOUSTON, TX 77029				
Required Date	Ship VIA	F.O.B.			Terms		
3/20/2015	VENDOR PPD				Net 30 Days		
Item Code	Unit	Ordered	Received	Backordered	Unit Cost	Amount	
601218201 Vendor Item: 3162011 12 X 18 2MIL CLR POLY BAG 1000/RL	RL	20.000	0.000 Whse: 300	0.000	41.6000	\$832.00	
***PO ENTERED BY JACKIE LAFRANCE-IF YOU HAVE ANY QUESTIONS REGARDING ITEM(S) ORDERED OR DELIVERY DATE PLEASE CONTACT JLAFRANCE@GULFPACKAGING.COM OR PHONE 281-852-6700 EXT 1141.							
***** PLEASE CONFIRM COST AND ETA TO poconfirmation@gulfpackaging.com OR FAX 817-795-2041 WITHIN 24 HOURS. *****							
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 -GULFPACKAGING							

Net Order:	\$832.00
Sales Tax:	\$0.00
Freight:	\$0.00
Order Total:	\$832.00
Less Prepaid:	\$0.00
Order Balance:	\$832.00



A-1 Delivery Services, Inc.

P.O. BOX 36906

HOUSTON, TEXAS 77236-6906

PHONE: (713) 664-9999

DATE

3-10-15

CONTROL NUMBER

V310-10623

PURCHASER'S NO.	
SHIPPER'S NO.	

TYPES OF DELIVERY

- RED HOT ASAP
- DIRECT HOT 1 1/2 HR.
- HOT 2 1/2 HR.
- REGULAR 4 HR.
- SAME DAY
- NIGHT, WEEKEND, HOLIDAY

- BILL TO SHIPPER
- BILL TO CONSIGNEE
- BILL TO 3RD PARTY
- COLLECT AT SHIPPER
- COLLECT AT CONSIGNEE

DELIVERY CHARGES

C.O.D. AMOUNT	
BUS / AIR CHARGES	
COD / BUS AIR FEE	
TOTAL	

NO.	PCS	DESCRIPTION	WEIGHT
1	4 X 9		

HAZARDOUS MATERIAL

UN #

BILL TO:

NOT RESPONSIBLE FOR FREIGHT CLAIMS AFTER 72 HRS.
NOT RESPONSIBLE FOR CONCEALED DAMAGE.

\$50 DECLARED VALUE UNLESS SPECIFIED HERE \$

457772

DRIVER: [Signature]

UNITS #

RECEIVED BY SIGNATURE

RECEIVED BY NAME - PLEASE PRINT