

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM


YOUR CLAIM IS SCHEDULED AS:

In re:
Allotech International LLC

Case Number:
09-12448 (KG)

Schedule/Claim ID s2003
Amount/Classification
\$747.44 Unsecured

NOTE: See Reverse for List of Debtors/Case Numbers/ important details. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

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.

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.

Name of Creditor and Address: the person or other entity to who the debtor owes money or property

 18533730004953
FASSE PAINT COMPANY, INC
215 PINE STREET
SHEBOYGAN FALLS, WI 53085

Check this box if you are the debtor or trustee in this case.

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.

Creditor Telephone Number **920 467-7840**

RECEIVED

THIS SPACE IS FOR COURT USE ONLY

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

AUG 28 2009

Check this box to indicate that this claim amends a previously filed claim.
Claim Number (see reverse):

Payment Telephone Number **920 467-7840**

BMC GROUP

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **758.65**

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not 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:
Filed Chapter 11

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: **7724**
3a. Debtor may have scheduled account as:

4. SECURED CLAIM (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information
Nature of property or right of setoff:
 Real Estate Motor Vehicle Other _____
Secured Claim Amount: \$ _____
Unsecured Claim Amount: \$ _____
Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____
Amount of arrearage and other charges at time case filed included in secured claim, Basis for Perfection: _____

5. PRIORITY CLAIM
 Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
Unsecured Priority Claim Amount: \$ _____
Include ONLY the priority portion of your unsecured claim here.
You MUST specify the priority of the claim:
 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
 Wages, salaries, or commissions (up to \$10,950*), 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).
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
 Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).
* Amounts are subject to adjustment on 4/1/10 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.

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See definition of "redacted" on reverse side.)
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:
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on September 10, 2009 for Non-Governmental Claimants OR on or before January 11, 2010 for Governmental Units.
BY MAIL TO:
J.L. French Automotive Castings, Inc.
Attn: BMC Group, Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020
BY HAND OR OVERNIGHT DELIVERY TO:
J.L. French Automotive Castings, Inc.
Attn: BMC Group, Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

THIS SPACE FOR COURT USE ONLY

JL French Auto Castings

00067

DATE
8-26-09

SIGNATURE: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
Karin Fasse

STATEMENT

F R O M FASSE PAINT COMPANY, INC.
 215 PINE STREET
 SHEBOYGAN FALLS, WI 53085
 (920) 467-7840

STATEMENT DATE
 07/31/2009

J. L. FRENCH CORPORATION
 P.O. BOX 1024
 SHEBOYGAN, WI 53082-1024

ACCOUNT NUMBER
 (920) 458-7724
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REFERENCE DATE	REFERENCE	CODE	CUSTOMER REF	CHARGES	CREDITS	BALANCE

*PAST DUE, PLEASE REMIT						

06/19/09	2-93809	I	124811	747.44		747.44
07/31/09	17231	S		11.21		11.21

A - Adjustment
 I - Invoice
 S - Service Charge
 RE - Recurring Invoice
 C - Credit Memo
 F - Future Billing
 P - Payment

NET 30TH
TERMS

\$758.65
TOTAL DUE

0-30	31-60	61-90	91-120	120+
11.21	747.44	0.00	0.00	0.00