

Fill in this information to identify the case:

Debtor 1 JAGGED PEAK

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: District of Nevada

Case number BK-S-19-15960

RECEIVED
 DEC 03 2019
 BMC GROUP

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? MH EQUIPMENT CO
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>MH EQUIPMENT CO/KARIN DALY</u> Name</p> <p><u>8901 N. INDUSTRIAL RD</u> Number Street</p> <p><u>PEORIA IL 61615</u> City State ZIP Code</p> <p>Contact phone <u>309-579-8035</u></p> <p>Contact email <u>KDALY@MHEQUIPMENT.COM</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>SAME</u> Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____

JAGGED PEAK Ct ID



00053

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2 3 2 5

7. How much is the claim? \$ 8,657.39. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
RENTAL, GOODS AND SERVICES

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ 8,657.39 (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

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

Amount entitled to priority

\$ _____

Up to \$3,025* 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 \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, 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 subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/26/2019
MM / DD / YYYY

Signature Karin S. Dalry

Print the name of the person who is completing and signing this claim:

Name KARIN S DALY
First name Middle name Last name

Title A/R

Company MH EQUIPMENT CO
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 8901 N. INDUSTRIAL RD
Number Street

PEORIA IL 61615
City State ZIP Code

Contact phone 309-579-8035 Email KDALY@MHEQUIPMENT.COM

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer
 X62325

I N V O I C E

Invoice
 410S27

Pg
 1

CASH/CHECK

7/29/19

Reprint

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 JAGGED PEAK
 5389 E PROVIDENT DR
 *** DO NOT MAIL***
 CINCINNATI OH 45246

813-637-6900 X215

813-637-6900 X215

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer P.O.
041		HY	J30XMT	F160N02371V	X61515	8,368	410	.

Ord	Ship	B/O	Description	Each	Amount
				Closed	7/29/19

<NO BRAKES
 DIAGNOSE BRAKE MASTER CYLINDER
 REPLACE BRAKE MASTER CYLINDER.
 CAUSE:
 CORRECTION: CHECKED UNIT AND DETERMINED UNIT IN NOT
 BRAKING PROPERLY. REMOVED COMPONENTS AS NEEDED AND
 DETERMINED MASTER CYLINDER WAS BAD. REPLACED CYLINDER,
 FILLED, FLUSHED, BLEED AND ADJUSTED BRAKE SYSTEM. TESTED
 UNIT. RETURNED TO SERVICE. PRESSURE WASHED AREA.
 INSPECTED UNIT FOR OTHER POTENTIAL PROBLEMS AND QUOTED

1	1		HY 0026758	FLUID-BR G2H	N	9.40	9.40
1	1		HY 4086265	MASTER C H1F		165.47	165.47
			TOTAL PARTS				174.87
	1		PICK UP & DELIVERY			360.00	360.00
	1		FIRM PRICE - LABOR			595.00	595.00
			SUPPLIES				41.65

CONTINUED

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer
 X62325

I N V O I C E

Invoice
 410S27

Pg
 2

CASH/CHECK

7/29/19

Reprint

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 JAGGED PEAK
 5389 E PROVIDENT DR
 *** DO NOT MAIL***
 CINCINNATI OH 45246

813-637-6900 X215

813-637-6900 X215

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer	P.O.
041		HY	J30XMT	F160N02371V	X61515	8,368	410	.	

Ord	Ship	B/O	Description	Each	Amount
			OHIO NONTAXABLE ON FILE		N/C

Labor may include van-related charge.

Weight	1.9 lb	Total	1,171.52
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MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer X62325 Invoice R07470 Pg 1
 Document K06353 ***CASH/CHECK*** Reprint
 7/30/19

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 KAZ
 JAGGED PEAK
 9271 MERIDIAN WAY
 *** DO NOT MAIL***
 WEST CHESTER OH 45069
 UNITED STATES

813-637-6900 X215

866-345-5835

Ship Via TRUCKING

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer P.O.
041							285	VERBAL/KAZ

Ord	Ship	Description	Each	Amount
	Taken By	41 CRAIG RUDOLPH	Ordered	6/24/19
	Terms		Vendor	

Rental Contract K06353
 Period: 7/22/19 Thru 8/18/19

1	1	YA OP0301517	1,120.00	1,120.00
		OS030BF-24 E826N03653N		
YALE ORDER PICKER				
F: EU: NA DP: NA				
F: RQ: KAZ RD: 7/22/19 TY: LT				
WITH BATTERY MODEL 12-125-17, S/N GBX2266				
RATES BASED ON 8HRS (DAY) 40HRS (5 DAY WEEK)				
160 HRS (4 WEEKS) OVERTIME CHARGES WILL APPLY				
CUSTOMER IS RESPONSIBLE FOR ALL DAMAGES				
INCLUDING TIRES, KEYS. CLEANING, FUEL CHARGES				
MAY APPLY. CUSTOMER MUST CALL TO END RENTAL.				
2% OF RENT-\$25 MAX ENVIRONMENTAL FEE APPLIES				
THANK YOU FOR YOUR BUSINESS!				
OHIO NONTAXABLE				N/C
UNDER X62325				

CONTINUED

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer
 X62325
 Document
 K06353

I N V O I C E

Invoice
 R07470

Pg
 2

CASH/CHECK

7/30/19

Reprint

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 KAZ
 JAGGED PEAK
 9271 MERIDIAN WAY
 *** DO NOT MAIL***
 WEST CHESTER OH 45069
 UNITED STATES

813-637-6900 X215

866-345-5835

Ship Via TRUCKING

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer P.O.
041							285	VERBAL/KAZ

Ordr	Ship	Description	Each	Amount
------	------	-------------	------	--------

Electronic invoices are now available! Contact our
 Accts. Receivable dept. at wsmith@mhequipment.com.

Total 1,120.00

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer
 X62325

I N V O I C E

Invoice
 410072

Pg
 1

CASH/CHECK

8/08/19

Reprint

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 JAGGED PEAK
 9271 MERIDIAN WAY
 *** DO NOT MAIL***
 WEST CHESTER OH 45069

813-637-6900 X215

866-345-5835

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer	P.O.
041		HY	N45ZR	C264N02557G	LS0016578	4,872	410	.	

Ord	Ship	B/O	Description	Each	Amount
				Closed	8/08/19

<UNIT WILL CONTINUE TO DRIVE WHEN YOU RETURN HANDLE TO
 <NETURAL AT TIMES AND HANDLE IS GETTING HOT OVERTIME
 DIAGNOSE BATTERY - TRACTION
 DIAGNOSE CONTROLLER
 CAUSE:
 CORRECTION: SERVICE CALL AND CK OUT UNIT FOR AT TIMES WHEN
 DRIVE FORWARD AND REVERSE WILL CONTINUE TO GO AFTER
 RETURNING CONTROL HANDLE TO NEUTRAL POSTION CK TRACTION
 BATTERY VOLTAGE 37.45 VOLTS NO LOAD 32.83 VOLTS LOADED A
 4.62 VOLT DROP THIS WILL CAUSE CONTROLLER ISSUES THIS
 VOLTAGE PROBLEM NEEDS FIXED FIRST THEN RETEST

1	FUEL CHARGE	10.00	10.00
1	CUSTOMER SERVICE CHARGE	65.00	65.00
	LABOR		799.50
	SUPPLIES		55.97

OHIO NONTAXABLE

N/C

CONTINUED

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer
 X62325

I N V O I C E

Invoice
 410072

Pg
 2

CASH/CHECK

8/08/19

Reprint

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 JAGGED PEAK
 9271 MERIDIAN WAY
 *** DO NOT MAIL***
 WEST CHESTER OH 45069

813-637-6900 X215

866-345-5835

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer	P.O.
041		HY	N45ZR	C264N02557G	LS0016578	4,872	410	.	

Ordr	Ship	B/O	Description	Each	Amount
			UNDER X62325		

Labor may include van-related charge.

Total 930.47

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer
 X62325
 Document
 K06756

I N V O I C E

Invoice
 R07N34
 8/14/19

Pg
 1
 Reprint

CASH/CHECK

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 KAS
 JAGGED PEAK
 9271 MERIDIAN WAY
 *** DO NOT MAIL***
 WEST CHESTER OH 45069
 UNITED STATES

813-637-6900 X215

513-830-0079

Ship Via TRUCKING

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer P.O.
041							410	VERBAL/KAZ

Ord	Ship	Description	Each	Amount
		Taken By 41 CRAIG RUDOLPH Terms	Ordered 7/25/19 Vendor	
		Rental Contract K06756 Period: 7/25/19 Thru 8/21/19		
1	1	YA SPR049654 NR045EA-36 C861N03758K YALE NARROW AISLE F: EU: NA DP: NA F: RQ: KAZ RD: 8/22/19 TY: LT WITH BATTERY MODEL 18D-25-13, S/N 1519W107	1,360.00	1,360.00
1	1	HY PR0601501 B60ZHD A262N01773K HYSTER WALKIE RIDER PALLE TRK F: EU: NA DP: NA F: RQ: KAZ RD: 8/22/19 TY: LT WITH BATTERY PR0601201	516.00	516.00
	1	PICK UP & DELIVERY RATES BASED ON 8HRS (DAY) 40HRS (5 DAY WEEK) 160 HRS (4 WEEKS) OVERTIME CHARGES WILL APPLY CUSTOMER IS RESPONSIBLE FOR ALL DAMAGES INCLUDING TIRES, KEYS. CLEANING, FUEL CHARGES MAY APPLY. CUSTOMER MUST CALL TO END RENTAL. 2% OF RENT-\$25 MAX ENVIRONMENTAL FEE APPLIES	360.00	360.00

CONTINUED

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer
 X62325
 Document
 K06756

I N V O I C E

Invoice
 R07N34

Pg
 2

CASH/CHECK

8/14/19

Reprint

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 KAS
 JAGGED PEAK
 9271 MERIDIAN WAY
 *** DO NOT MAIL***
 WEST CHESTER OH 45069
 UNITED STATES

813-637-6900 X215

513-830-0079

Ship Via TRUCKING

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer P.O.
041							410	VERBAL/KAZ

Ordr	Ship	Description	Each	Amount
		THANK YOU FOR YOUR BUSINESS! OHIO NONTAXABLE UNDER X62325		N/C

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 Accts. Receivable dept. at wsmith@mhequipment.com.

Total 2,236.00

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer X62325 Invoice R07R32 Pg 1
 Document K06353 ***CASH/CHECK*** Reprint
 8/19/19

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 KAZ
 JAGGED PEAK
 9271 MERIDIAN WAY
 *** DO NOT MAIL***
 WEST CHESTER OH 45069
 UNITED STATES

813-637-6900 X215

866-345-5835

Ship Via TRUCKING

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer P.O.
041							285	VERBAL/KAZ

Order	Ship	Description	Each	Amount
	Taken By	41 CRAIG RUDOLPH	Ordered	6/24/19
	Terms		Vendor	

Rental Contract K06353
 Period: 8/19/19 Thru 9/15/19

1	1	YA OP0301517	1,120.00	1,120.00
		OS030BF-24 E826N03653N		
YALE ORDER PICKER F: EU: NA DP: NA F: RQ: KAZ RD: 7/22/19 TY: LT WITH BATTERY MODEL 12-125-17, S/N GBX2266 RATES BASED ON 8HRS (DAY) 40HRS (5 DAY WEEK) 160 HRS (4 WEEKS) OVERTIME CHARGES WILL APPLY CUSTOMER IS RESPONSIBLE FOR ALL DAMAGES INCLUDING TIRES, KEYS. CLEANING, FUEL CHARGES MAY APPLY. CUSTOMER MUST CALL TO END RENTAL. 2% OF RENT-\$25 MAX ENVIRONMENTAL FEE APPLIES THANK YOU FOR YOUR BUSINESS! OHIO NONTAXABLE UNDER X62325				

N/C

CONTINUED

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer
 X62325
 Document
 K06353

I N V O I C E

Invoice
 R07R32
 8/19/19

Pg
 2
 Reprint

CASH/CHECK

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 KAZ
 JAGGED PEAK
 9271 MERIDIAN WAY
 *** DO NOT MAIL***
 WEST CHESTER OH 45069
 UNITED STATES

813-637-6900 X215

866-345-5835

Ship Via TRUCKING

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer P.O.
041							285	VERBAL/KAZ

Ordr	Ship	Description	Each	Amount
------	------	-------------	------	--------

Electronic invoices are now available! Contact our
 Accts. Receivable dept. at wsmith@mhequipment.com.

Total 1,120.00

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer
 X62325

I N V O I C E

Invoice
 41PL36

Pg
 1

CASH/CHECK

9/10/19

Reprint

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 JAGGED PEAK
 9271 MERIDIAN WAY
 *** DO NOT MAIL***
 WEST CHESTER OH 45069

813-637-6900 X215

866-345-5835

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer	P.O.
041		HY	R30XMS2	D174N02862C	000003612	5,739	410	.	

Ord	Ship	B/O	Description	Each	Amount
				Closed	9/10/19

<UNIT STOPS TRAVEL IN FWD FULL THROTTEL
 DIAGNOSE FAULT CODES.
 CLEAR FAULT CODES.
 CALIBRATE CONTROL HANDLE
 CAUSE: THROTTLE OUT OF CALIBRATION HIGH VOLTAGE
 CORRECTION: CK FOR FAULT CODES 739E PRESENT PERFORM
 THROTTLE CALIBRATION AND RETEST OK OPERATION AS SHOULD

1	FUEL CHARGE	10.00	10.00
1	CUSTOMER SERVICE CHARGE	65.00	65.00
	LABOR		120.00
	SUPPLIES		8.40

OHIO NONTAXABLE N/C
 UNDER X62325

Labor may include van-related charge.

Total 203.40

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer X62325 Document K06756
 INVOICE ***CASH/CHECK***
 Invoice R08I96 9/11/19
 Pg 1 Reprint

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 KAS
 JAGGED PEAK
 9271 MERIDIAN WAY
 *** DO NOT MAIL***
 WEST CHESTER OH 45069
 UNITED STATES

813-637-6900 X215

513-830-0079

Ship Via TRUCKING

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer P.O.
041							410	VERBAL/KAZ

Order	Ship	Description	Each	Amount
		Taken By 41 CRAIG RUDOLPH Terms	Ordered 7/25/19 Vendor	
		Rental Contract K06756 Period: 8/22/19 Thru 9/18/19		
1	1	YA SPR049654 NR045EA-36 C861N03758K YALE NARROW AISLE F: EU: NA DP: NA F: RQ: KAZ RD: 8/22/19 TY: LT WITH BATTERY MODEL 18D-25-13, S/N 1519W107	1,360.00	1,360.00
1	1	HY PR0601501 B60ZHD A262N01773K HYSTER WALKIE RIDER PALLE TRK F: EU: NA DP: NA F: RQ: KAZ RD: 8/22/19 TY: LT WITH BATTERY PR0601201 RATES BASED ON 8HRS (DAY) 40HRS (5 DAY WEEK) 160 HRS (4 WEEKS) OVERTIME CHARGES WILL APPLY CUSTOMER IS RESPONSIBLE FOR ALL DAMAGES INCLUDING TIRES, KEYS. CLEANING, FUEL CHARGES MAY APPLY. CUSTOMER MUST CALL TO END RENTAL. 2% OF RENT-\$25 MAX ENVIRONMENTAL FEE APPLIES THANK YOU FOR YOUR BUSINESS!	516.00	516.00

CONTINUED

MH EQUIPMENT - CINCINNATI
 106 CIRCLE FREEWAY DRIVE
 CINCINNATI, OHIO 45246
 513/681-2200

Customer
 X62325
 Document
 K06756

I N V O I C E

Invoice
 R08I96
 9/11/19

Pg
 2
 Reprint

CASH/CHECK

Sold To
 JAGGED PEAK
 5389 E PROVIDENT DR
 CINCINNATI OH 45246

Ship To
 KAS
 JAGGED PEAK
 9271 MERIDIAN WAY
 *** DO NOT MAIL***
 WEST CHESTER OH 45069
 UNITED STATES

813-637-6900 X215

513-830-0079

Ship Via TRUCKING

Br	Trk	Make	Model	Serial	Equipment	Meter	Sls	Customer P.O.
041							410	VERBAL/KAZ

Ordr	Ship	Description	Each	Amount
		OHIO NONTAXABLE UNDER X62325		N/C

Electronic invoices are now available! Contact our
 Accts. Receivable dept. at wsmith@mhequipment.com.

 Total 1,876.00

District of Nevada Claims Register

[19-15959-mkn JAGGED PEAK, INC., A NEVADA CORPORATION](#)

Judge: MIKE K. NAKAGAWA **Chapter:** 11
Office: Las Vegas **Last Date to file claims:** 01/15/2020
Trustee: **Last Date to file (Govt):** 03/16/2020

<p><i>Creditor:</i> (11013325) MH EQUIPMENT CO ATTN: KARIN DALY 8901 N INDUSTRIAL RD PEORIA, IL 61615</p>	<p>Claim No: 47 <i>Original Filed</i> <i>Date:</i> 12/04/2019 <i>Original Entered</i> <i>Date:</i> 12/04/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> BMC GROUP, INC. (1) <i>Modified:</i></p>
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Amount claimed: \$8657.39

History:

[Details](#) [47-1](#) 12/04/2019 Claim #47 filed by MH EQUIPMENT CO, Amount claimed: \$8657.39 (BMC GROUP, INC. (1))

Description: (47-1) Services provided and good sold

Remarks: (47-1) ClaimsAgent Recvd: 12/3/2019

Claims Register Summary

Case Name: JAGGED PEAK, INC., A NEVADA CORPORATION
Case Number: 19-15959-mkn
Chapter: 11
Date Filed: 09/16/2019
Total Number Of Claims: 1

Total Amount Claimed*	\$8657.39
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		