

RECEIVED

JAN 13 2020

BMC GROUP

Trade Global, LLC

BK-S-19-195960-MKN

BK-S-19-15961-MKN

Fill in this information to identify the case:

Debtor 1 Jagged Peak, Inc

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of Nevada

Case number BK-S-19-15959-MKN

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? LCS INC
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>LCS INC</u> Name _____</p> <p><u>PO BOX 414</u> Number Street _____</p> <p><u>St Henry OH 45883</u> City State ZIP Code _____</p> <p>Contact phone <u>419-678-8600</u> Contact email <u>lcs@lcsincorporated.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>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
---	---

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 Ctl ID



00072

PROOF OF CLAIM FILING INFORMATION FOR

JAGGED PEAK, INC.

(LEAD CASE)

CASE NO. 19-15959

U.S. BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA

Debtor Name	Case Number
Jagged Peak, Inc.	19-15959
TradeGlobal, LLC	19-15960
TradeGlobal North America Holding, Inc.	19-15961

General Bar Date: January 15, 2020

Governmental Bar Date: March 16, 2020

You may file your completed and executed Proof of Claim as follows:

If by regular mail, send to:

**BMC Group, Inc.
Attn: Jagged Peak Claims Processing
PO Box 90100
Los Angeles, CA 90009**

If by messenger or overnight delivery, send to:

**BMC Group, Inc.
Attn: Jagged Peak Claims Processing
3732 West 120th Street
Hawthorne, CA 90250**

Once filed, a "Filed" stamped copy of the proof of claim will be returned to the claimant Within three (3) business days of docketing IF the claimant encloses a stamped, self-addressed envelope with a copy of the proof of claim.

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: _____

7. How much is the claim? \$ 62,680.00. 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.
Service on Material Handling Products

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: \$ 62,680.⁰⁰ (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: \$ 62,680.⁰⁰

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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).

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 01/01/2020
MM / DD / YYYY

Daniel R Lennartz
Signature



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

Name Daniel Robert Lennartz
First name Middle name Last name

Title President

Company LCS INC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 411 Stachler Drive
Number Street

St Henry OH 45883
City State ZIP Code

Contact phone 419-678-8600 Email dan@lcsincorporated.com



LCS Inc.
 P.O. Box 414
 St. Henry, OH 45883

Phone # 419-678-8600 Fax # 419-678-8611

Invoice

Date	Invoice #
9/18/2019	5066-0920

Bill To
TradeGlobal, LLC/Jagged Peak 5389 E Provident Drive Cincinnati, OH 45246

Ship To
TradeGlobal, LLC/Jagged Peak 5389 E Provident Drive Cincinnati, OH 45246

P.O. No.	Terms
	Net 10

Quantity	Description	Rate	Amount
	Total labor and rental needed to take down approximately 100 bays of racking at Provident then move and reinstall approximately 35 bays at Meridian as needed	30,250.00	30,250.00

Thank you for your business.	Total	\$30,250.00
------------------------------	--------------	-------------



LCS Inc.
 P.O. Box 414
 St. Henry, OH 45883

Phone # 419-678-8600 Fax # 419-678-8611

Invoice

Date	Invoice #
9/18/2019	5066-0919

Bill To
TradeGlobal, LLC/Jagged Peak 5389 E Provident Drive Cincinnati, OH 45246

Ship To
TradeGlobal, LLC/Jagged Peak 5389 E Provident Drive Cincinnati, OH 45246

P.O. No.	Terms
	Net 10

Quantity	Description	Rate	Amount
	Total to take down the put to lite system including shelving and conveyer as per your request	24,875.00	24,875.00
	**Price includes re-erected 4 bays of the shelving at Meridian	0.00	

Thank you for your business.	Total	\$24,875.00
------------------------------	--------------	-------------



LCS Inc.
 P.O. Box 414
 St. Henry, OH 45883

Phone # 419-678-8600 Fax # 419-678-8611

Invoice

Date	Invoice #
9/18/2019	5066-0918

Bill To
TradeGlobal, LLC/Jagged Peak 5389 E Provident Drive Cincinnati, OH 45246

Ship To
TradeGlobal, LLC/Jagged Peak 5389 E Provident Drive Cincinnati, OH 45246

P.O. No.	Terms
	Net 10

Quantity	Description	Rate	Amount
	Total to move the bag sorter to Meridian as needed	3,990.00	3,990.00

Thank you for your business.	Total	\$3,990.00
------------------------------	--------------	------------



LCS Inc.
 P.O. Box 414
 St. Henry, OH 45883

Phone # 419-678-8600 Fax # 419-678-8611

Invoice

Date	Invoice #
9/6/2019	5066-0906

Bill To
TradeGlobal, LLC/Jagged Peak 5389 E Provident Drive Cincinnati, OH 45246

Ship To

P.O. No.	Terms
	Net 10

Quantity	Description	Rate	Amount
	Total to supply 100 slats with bearings to get the spirals up again	1,790.00	1,790.00
	Total for 2 men to service and lube the sprial as requested	890.00	890.00

Thank you for your business.	Total	\$2,680.00
------------------------------	--------------	------------



LCS Inc.
 P.O. Box 414
 St. Henry, OH 45883

Phone # 419-678-8600 Fax # 419-678-8611

Invoice

Date	Invoice #
8/22/2019	5066-0822

Bill To
TradeGlobal, LLC/Jagged Peak 5389 E Provident Drive Cincinnati, OH 45246

Ship To

P.O. No.	Terms
	Net 10

Quantity	Description	Rate	Amount
	Spiral Repair Total to repair the spiral for Cole Haan using parts from the other sorter	1,320.00	1,320.00

Thank you for your business.

Total

\$1,320.00

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

Creditor: (10966767) LCS, Inc. PO Box 414 Saint Henry, OH 45883	Claim No: 58 Original Filed Date: 01/13/2020 Original Entered Date: 01/13/2020	Status: Filed by: CR Entered by: BMC GROUP, INC. (1) Modified:
---	---	---

Amount claimed: \$62680.00

History:

[Details](#) [58-1](#) 01/13/2020 Claim #58 filed by LCS, Inc., Amount claimed: \$62680.00 (BMC GROUP, INC. (1))

Description: (58-1) Services Performed

Remarks: (58-1) ClaimsAgent Recvd: 01/13/2020

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*	\$62680.00
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		