IN THE UNITED STATES BANKRUPTCY COURT
FOR THE Middle District of Tennessee/Nashville

IN RE: Oreck Homecare, LLC

(CASE NO. 13-04012/13-04006
(
(PROCEEDINGS UNDER CHAPTER 11
(
(JUDGE Keith M Lundin
(

NOTICE OF WITHDRAWAL OF PROOF OF CLAIM

Now comes the State of Ohio, Bureau of Workers' Compensation, and respectfully notifies the Court of dismissal of its proof of claim in the above-captioned case filed on 9/5/2013, in the amount of $9,314.65. The claim is being withdrawn because it has been satisfied.

By: Jill Whitworth

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NOTICE AND CERTIFICATION

The undersigned certifies that the foregoing Notice of withdrawal of Proof of Claim was served by ordinary U.S. mail, upon William L Norton III, Attorney for Debtor, PO Box 340025, Nashville, TN 37203 on 1/16/2014.

By: Jill Whitworth

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FILED
2014 JAN 22 AM 9:2
U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF T

U.S. Bankruptcy Court

MIDDLE DISTRICT OF TENNESSEE

Notice of Electronic Claims Filing

The following transaction was received from GOODALL, AVA on 9/5/2013 at 11:57 AM CDT

File another claim

Case Name: Oreck Corporation
Case Number: 3:13-bk-04006
Creditor Name: Ohio Bureau of Workers' Compensation
PO Box 15567
Columbus, OH 43215-0567
Claim Number: 232 Claims Register
Amount Claimed: $9314.65
Amount Secured:
Amount Priority: $9314.65

The following document(s) are associated with this transaction:

Document description: Main Document
Original filename:H:\oreckhomecarellc.pdf
Electronic document Stamp:
[STAMP bkecfStamp_ID=992623805 [Date=9/5/2013] [FileNumber=15698335-0]
[54b8f32c3c81a6cea40852d73a17ee6843257e44b7f5fba61c0ac554c3761ac24e8c
d81bf0d5292cdaa74c0be02d743b33fc5d431aaee7c33d6cf27375cb139f]]

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3344 EAST CAMELBACK ROAD SUITE 105
PHOENIX, AZ 85018

CHRISTOPHER F GRAHAM on behalf of Interested Party Oreck Acquisition Holdings LLC
McKenna Long & Aldridge LLP
230 Park Ave Ste 1700
New York, NY 10169

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY
33 SOUTH STATE STREET
CHICAGO, IL 60603

INTEGRATED MEDIA SOLUTIONS LLC
650 5TH AVE
FLOOR 35
NEW YORK, NY 10019

STEVEN W KELLY on behalf of Creditor AmCap Northpoint LLC
SILVER & DE BOSKEY
1801 YORK ST
DENVER, CO 80206

KIOP Enfield, LLC
,

Kir Augusta I 044, LLC
,

Knotice

Jonathon L Grimm, President & CFO
526 South Main Street Ste 705
Akron, OH 44311

PETER M LEE on behalf of Creditor BNSF LOGISTICS INTERNATIONAL INC
BNSF RAILWAY CORP
2500 LOU MENK DRIVE
FT WORTH, TX 76131

DANIEL J MCGUIRE on behalf of Interested Party Black Diamond Commercial Finance, LLC
WINSTON & STRAWN LLP
35 W WACKER DRIVE
CHICAGO, IL 60601

PALM BEACH COUNTY TAX COLLECTOR
%JAMES M BRAKO, ESQ.
OFFICE OF THE TAX COLLECTOR
PO BOX 3715
WEST PALM BEACH, FL 33402

PKI Olympia Square, LLC
,

Pinellas County Tax Collector
PO Box 4006
Seminole, FL 33775-4006

RONALD L ROWLAND on behalf of Creditor RECEIVABLE MANAGEMENT SERVICE
DUN & BRADSTREET
C/O RECEIVABLE MANAGEMENT SERVICES
307 INTERNATIONAL CIRCLE STE 270
HUNT VALLEY, MD 21030

Riverplace Shopping Center, LLC
,

YIFAN SANCHEZ on behalf of Creditor PSJ Inc
SANCHEZ DANIELS & HOFFMAN LLP
333 West Wacker Drive
Suite 500
Chicago, IL 60606

SSC Associates Limited Partnership
,

TCPF Limited Partnership
C/O Commerce Group
Martin E O'Boyle
1280 West Newport Center Drive
Deerfield Beach, FL 33442

Tovah Corporation
c/o Foster Pepper PLLC
1111 3rd Ave., #3400

Seattle, WA 98101

UrbanCal Oakland Plaza, LLC

,

PAUL M WEISER on behalf of Creditor B M TONKIN INC
16435 N SCOTTSDALE RD SUITE 440
SCOTTSDALE, AZ 85254-1754

James F Wallack on behalf of Creditor PK I Rainbow Promenade LLC
Goulson & Storrs PC
400 Atlantic Avenue
Boston, MA 02110-3333

Paul Wearing
Special Handling Group-MD NC317
IBM Credit LLC
6303 Barfield Rd
Atlanta, GA 30328

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT Middle District of Tennessee/Nashville		PROOF OF CLAIM
Name of Debtor: Oreck Homecare, LLC	Case Number: 13-04012/13-04006	
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): Ohio Bureau of Workers' Compensation		COURT USE ONLY
Name and address where notices should be sent: Ohio Bureau of Workers' Compensation PO Box 15567 Columbus, Ohio 43215-0567 Telephone number: 614-466-6600 email:		☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (*If known*) Filed on: _____
Name and address where payment should be sent (if different from above): Same as above Telephone number: email:		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: $9,314.65

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

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

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

2. Basis for Claim: Taxes – workers' compensation premiums due pursuant to Ohio Revised Code 4123.35.
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 1254561	**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 the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____

Annual Interest Rate _____% ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $_____

Basis for perfection: _____

Amount of Secured Claim: $_____

Amount Unsecured: $_____

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.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to $11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4).	☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).	**Amount entitled to priority:**
☐ Up to $2,600* 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 – 11U.S.C. §507 (a)(8).	☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(_).	$9,314.65

**Amounts are subject to adjustment on 4/1/13 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)

7. Documents: Attached are **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. 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. *(See instruction #7. and the definition of "redacted".)*

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

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent. (Attach copy of power of attorney, if any.) ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Jill Whitworth
Title: Staff Attorney
Company: Ohio Bureau of Workers' Compensation
Address and telephone number (if different from notice address above):

/S/ Jill Whitworth 9/5/2013
(Signature) (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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
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.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor
A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor
A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim
A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim
proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)
A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim
An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)
Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted
A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim
To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. A The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

MEMORANDUM

To: Bankruptcy File
From: Legal, Bankruptcy Unit

Policy No. 1254561
Name of Debtor Oreck Home Care LLC
Date: 9/5/2013

	Amount	
Priority Amount:		
Premium Billings within 3 years of bankruptcy:		
Estimated Premium 1/1/2013-5/10/2013	$ 9,324.65	
Total Priority Premium:		$ 9,324.65
NonPriority Amount:		
Premium Billings over 3 years old:		
Total NonPriority Premium:		$ -
Penalty Billings:		
Total Penalty Billings:		$ -
Misc. Credits:		
Credit Security Deposit	$ (10.00)	
Total Credits:		$ (10.00)
Total NonPriority Balance:		$ (10.00)
Grand Total:		$ 9,314.65

Employer: ORECK HOME CARE LLC **Policy #:** 1254561-0
OhioBWC - Employer - Service: (Payroll period transaction history) - Search

Payroll period 2013
First/Second half 01/01 to 06/30
search

Payroll transactions

Transaction date	Description	Manual class	Payroll $	Rate	Amount	Start date / End date
9/4/2013	Payroll Current	8017	$218,340.00	0.042707	$9,324.65	01/01/2013 / 06/30/2013
	Total:		$218,340.00		$9,324.65	

Rate transactions

Transaction date	Manual class	Payroll $	Previous rate	Revised rate	Amount	Start date / End date
--------- NO RECORDS FOUND---------						

Retrospective transactions

Transaction date	Description	Amount	Start date / End date
--------- NO RECORDS FOUND---------			

Enter policy number | Demographic information | Coverage history | Elective coverage
Payroll reports | Payroll history | Accounts receivable balance | AR transaction history
Payroll period transaction history | Coverage certificate reprint