B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: The Oreck Corporation	Case Number: 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):
The Schwerdtle Stamp Company

Name and address where notices should be sent:
The Schwerdtle Stamp Company
PO Box 1461
Bridgeport, CT 06601

Telephone number: (203) 330-2750 email: sfrancis@schwerdtle.com

RECEIVED
JUN 04 2013
BMC GROUP

FILED
2013 MAY 29 AM 8:44

COURT USE ONLY

☐ 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):

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: $ 144.49

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: Goods Sold / Unpaid Freight
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	**3a. Debtor may have scheduled account as:**	**3b. Uniform Claim Identifier (optional):**
0 3 3 0	(See instruction #3a)	(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 $12,475*) 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 $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).

☐ 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 4/01/16 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)

Oreck POC
06-00031

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, 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 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. ☐ 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: C. Stephen Francis
Title: Controller
Company: The Schwerdtle Stamp Company
Address and telephone number (if different from notice address above):

C Stephen Francis 5/21/2013
(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 and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. 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, 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.

Schwerdtle *Since 1879, the image makers.*

INVOICE

The Schwerdtle Stamp Company
P.O. Box 1461
Bridgeport, CT 06601
U.S.A.

Tel: 800-535-0004 203-330-2750
Fax: 203-330-2760
E-mail: Sales: sales@schwerdtle.com
Art: art@schwerdtle.com

Bill to: Oreck Corporation
1400 Salem Road
Cookeville, TN 38506
Attn: Accounts Payable

Ship to: Oreck Manufacturing.
1400 Salem Road
Cookeville, TN 38506
Elaine Helm

Invoice Number	IV144405	Customer No.	100330
Invoice Date:	02/04/13	P.O. Number	30003479
Our Order No.	SO-153993	Cust. Job No.	
Ship Via	UPS Freight Consignee	Due Date	03/06/13
Ship Date	02/12/13	Terms	Net 30
Sales Rep	53	Package Tracking No.	1Z0180630354550924

Item / Rev. No. / Description		Customer Item No.	Order Qty	Qty.	Disc. %	Net Unit Price	Total Price
121611-005 Oreck AW-1229 B Part 79001 - CANCELED 3-4-13	1	AW-1229B					
022712-001 ORECK Classic Top Cover	1		2	2		62.50	125.00
			2				
			2				

Subtotal: 125.00

Sales Tax: 0.00

Total: [redacted] 125.00

Delivery Service Invoice

Invoice date **May 18, 2013**
Invoice number 0000018063203
Shipper number 018063

Outbound

UPS WorldShip

Pickup Date	Pickup Record	Message Codes	Number of Packages	Published Charge	Incentive Credit	Billed Charge
05/13	9323177290	ag	12	22.79	-0.47	22.32
	9323177301		1	0.00		0.00
05/14	9323177312	ag ab	13	118.58	-15.61	102.97
	9323177323		1	52.50	-12.03	40.47
	9323177334		1	0.00		0.00
05/15	9323177345	ag	11	22.86	-1.76	21.10
	9323177356		1	0.00		0.00
	9323177360		1	0.00		0.00
05/16	9323177371	ag ab	15	48.94	-0.98	47.96
05/17	9323177382	ag	18	82.84	-8.42	74.42
	9323177393		1	27.49	-0.95	26.54
Total UPS WorldShip			75 **Package(s)**	376.00	-40.22	335.78

Chargeback

Pickup Date	Pickup Record	Entry	Tracking Number	Service	ZIP Code	Zone	Weight	Published Charge	Incentive Credit	Billed Charge
02/04	6811961741	1	1Z0180630354550924	Ground Commercial	38506	5	2	7.49	-0.52	6.97
				Customer entered weight			1.2			
				Chargeback Surcharge				12.00		12.00
				Fuel Surcharge				0.56	-0.04	0.52
				Total				20.05	-0.56	[illegible]

Reason: Bill To Account Refused To Pay
Original Bill To Account : 0000046Y8Y
1st ref: 30003479
Sender : SCHWERDTLE STAMP CO
41 BENHAM AVE
BRIDGEPORT CT 06605- 141

Receiver: Oreck Corporation
1400 Salem Road
COOKEVILLE TN 38506

05/13	9323177290	6	1Z0180630360582441	Ground Commercial	34104	6	1	7.00	-0.48	6.52
				Customer entered weight			0.4			
				Fuel Surcharge				0.53	-0.04	0.49
				Total				7.53	-0.52	7.01

Reason : Bill To Account Number is Cancelled
Original Bill To Account : 0000553AV0
1st ref: so156194
Sender :
SCHWERDTLE STAMP CO
41 BENHAM AVE
BRIDGEPORT CT 06605- 141

Receiver: Tony
EPoly Corporation/Flor ida
4506 Mercantile Ave.
NAPLES FL 34104

05/14	9323177312	5	1Z0180630358173594	Ground Commercial	34104	6	1	7.00	-0.48	6.52
				Customer entered weight			0.6			
				Fuel Surcharge				0.53	-0.04	0.49
				Total				7.53	-0.52	7.01

Reason : Bill To Account Number is Cancelled
Original Bill To Account : 0000553AV0
1st ref: so156220
Sender :
SCHWERDTLE STAMP CO
41 BENHAM AVE
BRIDGEPORT CT 06605- 141

Receiver: Tony
EPoly Corporation/Flor ida
4506 Mercantile Ave.
NAPLES FL 34104

MIDDLE DISTRICT OF TENNESSEE
Claims Register

3:13-bk-04006 Oreck Corporation

Judge: Keith M Lundin **Chapter:** 11

Office: Nashville **Last Date to file claims:** 09/13/2013

Trustee: **Last Date to file (Govt):**

Creditor: (5133780) THE SCHWERDTLE COMPANY PO BOX 1461 BRIDGEPORT, CT 06601	**Claim No: 31** *Original Filed Date:* 05/29/2013 *Original Entered Date:* 05/29/2013	*Status:* *Filed by:* CR *Entered by:* sba *Modified:*
Amount claimed: $144.49		

History:

Details	31-1	05/29/2013 Claim #31 filed by THE SCHWERDTLE COMPANY, Amount claimed: $144.49 (sba)

Description:

Remarks:

Claims Register Summary

Case Name: Oreck Corporation
Case Number: 3:13-bk-04006
Chapter: 11
Date Filed: 05/06/2013
Total Number Of Claims: 1

Total Amount Claimed*	$144.49
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		