B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Middle District of Tennessee		PROOF OF CLAIM
Name of Debtor: Oreck Corporation **§503(b)(9) Claim**	Case Number: 13-4006	
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): Zhao Hui Filters (US) Inc.		COURT USE ONLY
Name and address where notices should be sent: Todd A. Atkinson, Esq. Ulmer & Berne LLP 1660 West 2nd Street, Suite 1100, Cleveland, Ohio 44113-1448 Telephone number: (216) 583-7162 email: tatkinson@ulmer.com RECEIVED		☐ 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): AUG 21 2013 BMC GROUP 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: $ 238,345.57

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 (see attached invoices)
(See instruction #2) Value of goods received by the debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9).

3. Last four digits of any number by which creditor identifies debtor:	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 $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).

☐ 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)(2).

Amount entitled to priority:
$ 238,345.57

*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
06-00197

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: Todd A. Atkinson (Ohio # 77374)
Title: Counsel for Creditor
Company: Ulmer & Berne LLP
Address and telephone number (if different from notice address above):
1660 West 2nd Street, Suite 1100
Cleveland, Ohio 44113-1448

(Signature) 8/19/13 (Date)

Telephone number: (216) 583-6172 email: tatkinson@ulmer.com

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.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION

In re:	)	Chapter 11
	)	Case No. 11-17843
ORECK CORPORATION, *et al.*,	)	
	)	Judge Lundin
565 Marriott Dr., Suite 300	)	(Jointly Administered)
Nashville, TN 37214	)	
	)	
Debtors.	)	

ADDENDUM TO PROOF OF CLAIM

Zhao Hui Filters (US) Inc. ("ZHF") and the Debtors are parties to a certain Supply and License Agreement (the "Agreement") dated October 28, 2009, whereby ZHF agreed to supply and the Debtors agreed to purchase specialized "key" component products for use in one or more of the Debtors' vacuum cleaner products. Because all of the Debtors are parties to the Agreement, ZHF files this proof of claim in each of the Debtors' bankruptcy cases. ZHF seeks only one recovery of its claim.

AMOUNT ENTITLED TO ADMINISTRATIVE EXPENSE UNDER 11 U.S.C. § 503(b)(9)

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
4/23/2013	05229

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004567	Net 30	5/23/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
75378-01	Short Collar Hypo, Bulk	3,520		0.20	704.00

Total	$704.00
Payments/Credits	$0.00
Balance Due	$704.00

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
4/23/2013	05230

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004673	Net 30	5/23/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
CCPK25	CCPK25 Non Hypo 25 Pack	384		4.79	1,839.36
CCPK8	Bag Pack, 8 pk CC Non-Hypo	4,032		1.508	6,080.26
CCPK8DW	Hypo, 8 pack	4,224		2.288	9,664.51
CYPK8OF	Bags, Odor Control, CY Fltr 8pk	192		6.345	1,218.24
PKBB12OF	Buster B Odor Free 12 pk	2,160		3.24	6,998.40
PKIM765	PKIM765 Ironman 5 pack	2,070		1.26	2,608.20
PK80009	Short Non Hypo, 9 pack	544		1.85	1,006.40
PK80009DW	PK80009DW Short Hypo 9 pack	384		2.24	860.16

Total	$30,275.53
Payments/Credits	$0.00
Balance Due	$30,275.53

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
4/23/2013	05231

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004586	Net 30	5/23/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
PK800025DW	Short Hypo 25 Pack	384		6.22	2,388.48
PK80009DW	PK80009DW Short Hypo 9 pack	768		2.24	1,720.32

Total	$4,108.80
Payments/Credits	$0.00
Balance Due	$4,108.80

AVERITT 004 3069996

Customer Pro Copy — OUR DRIVING FORCE IS PEOPLE

BILL OF LADING - Original-Not Negotiable

AVERITT THINK RED INSTEAD

Name Fastenal Express Warehouse
Address 1198 Salem Rd
City Cookeville State TN ZIP 38506
Customer No.

Name 2H Filters
Address 2000 Alabama Rd
City Richmond State OH ZIP 44694
Customer No.
Shipper's Reference No.
Consignee's Refrence/PO No.

CONSIGNEE
Name Oneck Mfg
Address NEW Salem Rd
City Cookeville State TN ZIP 38506
Telephone
Customer No.

TERMS
FREIGHT CHARGES: ☐ Prepaid ☐ Collect
Freight Prepaid unless Collect box is marked

C.O.D.
COD AMT. $ Cash or Certified Funds ☐ (CCF)
COD Fee: PPD ☐ Collect ☐ Customer Check ☐ (COA)
Remit to:
Street
City State ZIP

ALWAYS LIST HAZARDOUS MATERIALS FIRST IN DESCRIPTION OF ARTICLES COLUMN

NO. PIECES	HM	(KIND OF PACKAGE) Description of Articles, Special Marks and Exceptions (Subject to Correction) C-01 C-04	NMFC #	CLASS Subject to Correction	WEIGHT Subject to Correction
1		Part# 75378-01 PO# 3000 4567 Qty 3520 - 16 ctn			
2		Part# CCPK25 PO# 3000 4573 Qty 384 - 32 ctn			
3		Part# CCPK8 PO# 3000 4573 Qty 4032 - 112 ctn			
4		Part# CYPK80F PO# 3000 4573 Qty 192 - 16 ctn			
5		Part# PKBB20F PO# 3000 4573 Qty 8160 - 51 ctn			
6		Part# CCPK8 DW PO# 3000 4573 Qty 4224 - 176 ctn			
7		Part# PK1M 76S PO# 3000 4573 Qty 2070 - 15 ctn			
8		Part# PK80009 DW PO# 3000 4573 Qty 384 - 16 ctn			
9		Part# PK80009 PO# 3000 4573 Qty 544 - 16 ctn			
10		Part# CCPK20F PO# 3000 4573 Qty 4416 - 368 ctn			
11		Part# PK80002 SDW PO# 3000 4580 Qty 384 - 48 ctn			
12		Part# PK80009 DW PO# 3000 4580 Qty 768 - 32 ctn			
13		Part# PO# Qty			
14		Part# PO# Qty			

ADDITIONAL SHIPMENT INFORMATION 4-19-13 TOTAL

(1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding ____ per ____."

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

FOR FREIGHT COLLECT SHIPMENTS: If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

Signature of Consignor

(2) Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

NOTE: (3) Carrier liability shall be limited to a maximum of $0.00 per pound per article, subject to published values as provided in tariff 100 Series and Item 100 Rules, the lower of which shall apply. In absence of published values, liability shall be limited to $0.00 per pound per article, unless a greater value is declared in writing by the consignor at the time of shipment and an additional charge is paid for the greater value. The agreed or declared value of the property is specifically stated by the consignor to be not exceeding $0.00 per ____. The carrier's maximum liability for each package lost, damaged or destroyed by a common carrier motor vehicle shall be $0.00 per shipment. The party making the declaration of $0.00 per package or per pound per package or per shipment is responsible for and agrees to pay the difference between the declared value and the actual value of the property. The carrier may assess a charge based on the declared value. Such charge is governed by the carrier's applicable tariffs.

(4) Consignee's right to inspect shipment: If this shipment is to be delivered to the consignee without recourse on the consignor, the consignee shall have the right to inspect the shipment in the presence of the carrier's agent prior to signing the delivery receipt.

SHIPPER SIGNATURE _____ DATE _____ PICKUP TIME _____
(TO BE SIGNED BY REPRESENTATIVE OF SHIPPER)
DRIVER SIGNATURE _____ DATE _____ No. OF HANDLING UNITS _____
(If over 25 units, use Tally on back of Part 2)

PFF0011 Rev. 6/06

100776 CUSTOMER

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
4/29/2013	05241

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004592	Net 30	5/29/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
PK800025	Short Non-Hypo 25 Pack	1,728		4.96	8,570.88

Total	$8,570.88
Payments/Credits	$0.00
Balance Due	$8,570.88

VERITT 004 3069033

FREIGHT BILL OF LADING - Original-Not Negotiable

VERITT THINK RED INSTEAD

Name Veritt Express Warehouse
Address 1199 Salem Rd
City Cookeville State TN ZIP 38506
Customer No.

Name Z H Filters
Address 2000 Auburn Rd
City Richmond State OH ZIP 44694
Customer No.

Shipper's Reference No.
Consignee's Reference/PO No.

CONSIGNEE
Name Oreck Mfg
Address 1400 Salem Rd
City Cookeville State TN ZIP 38506
Telephone
Customer No.

TERMS
FREIGHT CHARGES: ☐ Prepaid ☐ Collect
Freight Prepaid unless Collect box is marked

C.O.D.
COD AMT. $ Cash or Certified Funds ☐ (CCH)
COD Fee: PPD ☐ Collect ☐ Customer Check ☐ (CCK)
Remit to:
Street
City State ZIP

ALWAYS LIST HAZARDOUS MATERIALS FIRST IN DESCRIPTION OF ARTICLES COLUMN

NO. OF PIECES	B TU	(KIND OF PACKAGE) Description of Articles, Special Marks and Exceptions (Subject to Correction)	NMFC #	CLASS Subject to Correction	WEIGHT Subject to Correction
1)		Part # FK800085 PO# 3400[illegible]92 Qty 1728 - 3144 etc			
2)		Part # PO# Qty		96 16x12	
3)		Part # PO# Qty			
4)		Part # PO# Qty			
5)		Part # PO# Qty			
6)		Part # PO# Qty			
7)		Part # PO# Qty			
8)		Part # PO# Qty			
9)		Part # PO# Qty			
10)		Part # PO# Qty			
11)		Part # PO# Qty			
12)		Part # PO# Qty			
13)		Part # PO# Qty			
14)		Part # PO# Qty			
TOTAL		ADDITIONAL SHIPMENT INFORMATION 4-23-13			TOTAL

RECEIVED APR 4675205 4

SHIPPER SIGNATURE _____ DATE _____ PICKUP TIME _____
(MUST BE SIGNED BY REPRESENTATIVE OF SHIPPER)
DRIVER SIGNATURE _____ DATE _____ No. OF HANDLING UNITS _____
(If over 25 units, see Tally on Back of Part 2)

CUSTOMER

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
4/29/2013	05242

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004613	Net 30	5/29/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
75379-01	Short Collar Non-Hypo, Bulk	640		0.165	105.60

Total	$105.60
Payments/Credits	$0.00
Balance Due	$105.60

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
4/29/2013	05243

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004614	Net 30	5/29/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
CCPK25DW	Hypo, 25 Pack	384		7.24	2,780.16
CCPK25OH	CCPK25OH	384		19.00	7,296.00
CYPK8OF	Bags, Odor Control, CY Fltr 8pk	192		6.345	1,218.24
CCPK8OH	CCPK8OH Insight HEPA 8 Pack	1,920		6.15	11,808.00
LWPK6OH	LWPK6OH Magnesium 6pk	2,048		5.16	10,567.68
PKBB12DW	Buster B SSB Disposable Bag 12 Pack	4,500		1.06	4,770.00

Total	$38,440.08
Payments/Credits	$0.00
Balance Due	$38,440.08

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
4/29/2013	05244

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004615	Net 30	5/29/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
PKBB12OF	Buster B Odor Free 12-pk	3,600		3.24	11,664.00
PK800025	Short Non-Hypo 25 Pack	576		4.96	2,856.96
PK80009	Short Non Hypo, 9 pack	1,632		1.85	3,019.20

Total	$17,540.16
Payments/Credits	$0.00
Balance Due	$17,540.16

AVERITT 004 3068582

RAIGHT BILL OF LADING - *Original-Not Negotiable*

VERITT THINK RED INSTEAD

Name Averitt Express Warehouse
Address 1198 Salem Rd
City Cookeville State TN ZIP 38506
Customer No.

CONSIGNEE
Name Oneek mfg
Address 1400 Salem Rd
City Cookeville State TN ZIP 38501
Telephone
Customer No.

Name ZH Filters
Address 2000 Auburn Rd
City Richmond State OH ZIP 44122
Customer No.

TERMS
FREIGHT CHARGES: ☐ Prepaid ☐ Collect
Freight Prepaid unless Collect box is marked

Shipper's Reference No.
Consignee's Reference/PO No.

C.O.D.
COD AMT. $ Cash or Certified Funds ☐ (CCR)
COD Fee: PPD ☐ Collect ☐ Customer Check ☐ (CCK)
Remit to:
Street
City State ZIP

ALWAYS LIST HAZARDOUS MATERIALS FIRST IN DESCRIPTION OF ARTICLES COLUMN

NO. OF PIECES	HM	(KIND OF PACKAGE) Description of Articles, Special Marks and Exceptions (Subject to Correction)	C-04-C-01	NMFC #	CLASS Subject to Correction	WEIGHT Subject to Correction
1		Part# PK33X9-01	1) Part# PKB3120F			
		PO# 3000-4614	PO# 3006-4615			
		Qty CAR - 2 CTN 18x2x32	Qty 3,000 - 420 CTN			
2)		Part# CCPK8-50N	2) Part# PKCC025			
		PO# 3000-4614	PO# 3000-4615			
		Qty 384 - 48 CTN	Qty 576 - 48 CTN			
3)		Part# CCPK250N	3) Part# PK8009			
		PO# 3000-4614	PO# 3000-4615			
		Qty 384 - 96 CTN	Qty 1632 - 48 CTN			
4)		Part# CC-PK80N	4) Part#			
		PO# 3000-4614	PO#			
		Qty 1920 - 160 CTN	Qty			
5)		Part# CCPK50F	5) Part#			
		PO# 3000-4614	PO#			
		Qty 192 - 16 CTN	Qty			
6)		Part# LUPK60N	6) Part#			
		PO# 3000-4614	PO#			
		Qty 2048 - 128 CTN	Qty			
7)		Part# PKPB12300	7) Part#			
		PO# 3000-4614	PO#			
		Qty 2560 - 80 CTN	Qty			
TOTAL		ADDITIONAL SHIPMENT INFORMATION: 4-25-13				TOTAL

Matthew Wadsworth 4-25-13

NOTE: (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

FOR PREPAID COLLECT SHIPMENTS: If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier may make delivery of this shipment without payment of freight and all other lawful charges.

Signature

NOTE: (2) Liability Limitation for loss or damage on this shipment may be applicable. See UBC Section 1-7(5)(6)(7)(A) and (B).

NOTE: (3) Carrier liability shall be limited to a maximum of $4.00 per pound per article, subject to minimum values as provided in the NMFC 100 Series and NMFT 100 Series. The liability of carrier shall not exceed the actual loss or damage to the property, or $100,000.00, whichever shall be the lesser amount of actual loss sustained. Unless otherwise declared below. There will be a charge for excess valuation of $1.00 for each $100.00 value in excess of the total maximum valuation subject to a minimum excess valuation charge of $50.00 per shipment. The party responsible for payment of the freight charges will be responsible for excess valuation charges. In no event shall such charges exceed $50.00 per pound per package or $100,000.00 per shipment, whichever is less. $ _____ Excess valuation requested.

NOTE: (4) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360.

SHIPPER SIGNATURE _____ DATE _____ PICKUP TIME _____
(MUST BE SIGNED BY REPRESENTATIVE OF SHIPPER)
DRIVER SIGNATURE _____ DATE _____ No. OF HANDLING UNITS _____
(If over 25 units, use Tally on back of Part 2)

CUSTOMER

PFR011 Rev. 6/09

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
4/29/2013	05255

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004580	Net 30	5/29/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
Poly Bags - ...	Poly Bag LWPK6OH	800		0.145	116.00

Total	$116.00
Payments/Credits	$0.00
Balance Due	$116.00

Suzanne Greulich

From: Donna Hastings <DHastings@ORECK.com>
Sent: Friday, April 26, 2013 2:05 PM
To: Suzanne Greulich
Subject: RE: Poly for LWPK6OH
Attachments: 20130426120259.pdf

Here is the paperwork. We did receive.

Thanks,

Donna Hastings

From: Suzanne Greulich [mailto:sg@zhfilters.com]
Sent: Wednesday, April 24, 2013 8:07 AM
To: Donna Hastings
Subject: FW: Poly for LWPK6OH

Hi Donna
Here is the track number #: H941 7460 824 for the poly.
Attached is the pack slip for the item. Can you send me a copy of the signed pack slip once received. I always send those with the invoices.
Thanks, Sue

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
5/6/2013	05269

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004648	Net 30	6/5/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
75379-01	Short Collar Non-Hypo, Bulk	640		0.165	105.60
76135-01	76135-01 Odor Hepa Bulk	8,000		0.75	6,000.00

Total	$6,105.60
Payments/Credits	$0.00
Balance Due	$6,105.60

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
5/6/2013	05270

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004647	Net 30	6/5/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
CCPK25DW	Hypo, 25 Pack	384		7.24	2,780.16
CCPK4OH	CCPK4OH Insight HEPA 4 Pack	384		3.10	1,190.40
CCPK8DW	Hypo, 8 pack	10,368		2.288	23,721.98
LWPK25OH	LWPK25OH Magnesium 25pk	64		21.25	1,360.00
LWPK6OH	LWPK6OH Magnesium 6pk	2,560		5.16	13,209.60
PK800025	Short Non-Hypo 25 Pack	1,152		4.96	5,713.92
PK800025DW	Short Hypo 25 Pack	384		6.22	2,388.48
PK80009DW	PK80009DW Short Hypo 9 pack	384		2.24	860.16

Total	$51,224.70
Payments/Credits	$0.00
Balance Due	$51,224.70

MERITT 004 3069040

BILL OF LADING - Original-Not Negotiable

MERITT THINK RED INSTEAD

Name: Meritt Express Warehouse
Address: 1199 Salem Rd
City: Cookeville State: TN ZIP: 38506
Customer No.:

Name: ZH Filters
Address: 2000 Auburn Rd
City: Richmond State: OH ZIP: 44122
Customer No.:

Shipper's Reference No.:
Consignee's Reference/PO No.:

CONSIGNEE
Name: Oneck Mfg
Address: 1400 Salem Rd
City: Cookeville State: TN ZIP: 38506
Telephone:
Customer No.:

TERMS
FREIGHT CHARGES: ☐ Prepaid ☐ Collect
Freight Prepaid unless Collect box is marked

C.O.D.
COD AMT. $ _____ Cash or Certified Funds ☐ (CCF)
COD Fee: PPD ☐ Collect ☐ Customer Check ☐ (CCK)
Remit to:
Street
City State ZIP

ALWAYS LIST HAZARDOUS MATERIALS FIRST IN DESCRIPTION OF ARTICLES COLUMN

NO. OF PIECES	HM	(KIND OF PACKAGE) Description of Articles, Special Marks and Exceptions (Subject to Correction)		HMFC #	CLASS Subject to Correction	WEIGHT Subject to Correction
1		Parts# 95379.01	1) Parts# PK8000235			
		PO# 3000446478	PO# 3000446478			
		Qty 640 - 8 ctn	Qty 384 - 48 ctn			
2		Parts# 96135-01	2) Parts# CCPK85DM			
		PO# 3000446478	PO# 3000446478			
		Qty 8000 - 80 ctn	Qty 384 - 48 ctn			
3		Parts# CCPK40M	3) Parts# PK8000235			
		PO# 3000446477	PO# 3000446477			
		Qty 384 - 16 ctn	Qty 384 - 16 ctn			
4		Parts# CCPK85DM	4) Parts#			
		PO# 3000446477	PO#			
		Qty 10368 - 432 ctn	Qty		6-	
5		Parts# LWPK2504	5) Parts#	LCL		
		PO# 3000446478	PO#			
		Qty 624 - 16 ctn	Qty			
6		Parts# LWPK40M	6) Parts#			
		PO# 3000446477	PO#			
		Qty 2560 - 160 ctn	Qty			
7		Parts# PK8000235	7) Parts#			
		PO# 3000446477	PO#			
		Qty 1152 - 96 ctn	Qty			
TOTAL						TOTAL

ADDITIONAL SHIPMENT INFORMATION: 5-7 13

NOTE: (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

FOR FREIGHT COLLECT SHIPMENTS: If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier may refuse to make delivery of this shipment without payment of freight and all other lawful charges.

Signature of Consignor

NOTE: (2) Liability Limitation for loss or damage on this shipment may be applicable. See UCC 7-309(2) and 7-309(3)(A) and (B).

NOTE: (3) Carrier liability shall be limited to a maximum of $0.00 per pound per article, subject to all applicable rules as provided in the MFIC and Rules and MFIC NO Series. The lowest of which shall apply. The maximum valuation in the absence of the declaration having been placed up to $100,000.00. Insert total dollar amount of valuation applied before. There will be a charge for making valuation of $1.00 for each $100.00 value in excess of the listed maximum limitation subject to a minimum excess valuation charge of $20.00 per shipment. The party responsible for payment of the freight charges will be responsible for valuation calculation, by the owner shall such charges cannot be paid by the package or $100,000.00 per conveyance, whichever is less. $ _____ excess valuation requested.

NOTE: (4) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Rule 41 of MFIC Tariff No. 100.

SHIPPER SIGNATURE _____ DATE _____ PICKUP TIME _____
(MUST BE SIGNED BY REPRESENTATIVE OF SHIPPER)
DRIVER SIGNATURE _____ DATE _____ No. OF HANDLING UNITS _____
(If over 25 units, see Tally on back of Part 2)

MERITT-100778 CUSTOMER MFIC-0011 Rev. 5/09

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
5/6/2013	05271

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004649	Net 30	6/5/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
CCPK25	CCPK25 Non Hypo 25 Pack	384		4.79	1,839.36
CCPK8OH	CCPK8OH Insight HEPA 8 Pack	7,488		6.15	46,051.20
PKIM765	PKIM765 Ironman 5 pack	2,484		1.26	3,129.84

Total	$51,020.40
Payments/Credits	$0.00
Balance Due	$51,020.40

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
5/6/2013	05272

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004652	Net 30	6/5/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
CYPK8OF	Bags, Odor Control, CY Fltr 8pk	192		6.345	1,218.24

Total	$1,218.24
Payments/Credits	$0.00
Balance Due	$1,218.24

AVERITT 004 0242680

OUR DRIVING FORCE IS PEOPLE

STRAIGHT BILL OF LADING - *Original-Not Negotiable*

VERITT THINK RED INSTEAD

1415 West Street • P.O. Box 3148 • Cookeville, TN 38502-3148
1-800-AVERITT (1-800-283-7488) • www.averittexpress.com

Name: Averitt Express Warehouse
Address: 1199 Salem Rd
City: Cookeville State: TN ZIP: 38506
Customer No.:

Name: ZH Filters
Address: 2000 Auburn Rd
City: Richmond State: OH ZIP: 44132
Customer No.:

Shipper's Reference No.:
Consignee's Reference/PO No.:

CONSIGNEE
Name: Oreck Mfg
Address: 1400 Salem Rd
City: Cookeville State: TN ZIP: 38506
Telephone:
Customer No.:

TERMS
FREIGHT CHARGES: ☐ Prepaid ☐ Collect
Freight Prepaid unless Collect box is marked

C.O.D.
COD AMT. $ _____ Cash or Certified Funds ☐ (CCF)
COD Fee: PPD ☐ Collect ☐ Customer Check ☐ (CCK)
Remit to:
Street
City State ZIP

ALWAYS LIST HAZARDOUS MATERIALS FIRST IN DESCRIPTION OF ARTICLES COLUMN

NO. OF PIECES	HM	(KIND OF PACKAGE) Description of Articles, Special Marks and Exceptions (Subject to Correction)	NMFC #	CLASS Subject to Correction	WEIGHT Subject to Correction
1)		Part# CCPK8GH PO# 3000-4649 Qty 7488 - 624 ctn			
2)		Part# CCPK8P5 PO# 3000-4649 Qty 384 - 32 ctn			
3)		Part# PKM26F PO# 3000-4649 Qty 2484 - 18 ctn			
4)		Part# CYPIKMF PO# 3000-4652 Qty 192 - 16 ctn			
5)		Part# PO# Qty			
6)		Part# PO# Qty			
7)		Part# PO# Qty			
8)		Part# PO# Qty			
9)		Part# PO# Qty			
10)		Part# PO# Qty			
11)		Part# PO# Qty			
12)		Part# PO# Qty			
13)		Part# PO# Qty			
14)		Part# PO# Qty			
TOTAL		ADDITIONAL SHIPMENT INFORMATION: Sales 12			TOTAL

NOTE: (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

FOR FREIGHT COLLECT SHIPMENTS: It is expressly agreed that no employee or agent of the carrier is authorized to receive payment of freight and all charges hereon are to be collected by the consignee, unless shown to the contrary. The consignee shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

Signature of Consignee: _____

NOTE: (2) Liability Limitation for loss or damage on this shipment may be applicable. See USC Section 14706(c)(1)(A) and (B).

NOTE: (3) Carrier liability shall be limited to a minimum of $0.50 per pound per article, subject to adjustment under an applicable tariff, but not to exceed $100,000.00, based total dollar amount of valuation stated below. There will be a charge of which shall apply. The declared valuation in excess of the minimum liability per pound up to $100,000.00, based total dollar amount of valuation stated below. There will be a charge for excess valuation of $1.00 for each $100.00 value in excess of the total maximum valuation subject to a minimum excess valuation charge of $50.00 per shipment. The party responsible for payment of the freight charges will be responsible for excess valuation. In no event shall such prepaid excess valuation exceed $100,000.00 per shipment or $100,000.00 per commodity, whichever is less. $ _____ excess valuation requested.

NOTE: (4) Communication regarding special or additional duties or instructions in handling or delivery must be so endorsed and acknowledged by shipper, and transportation will not be subject to terms and conditions of bills of lading set forth in NMFC 100 Series, 1st Issue.

SHIPPER SIGNATURE _____ DATE _____ PICKUP TIME _____
(MUST BE SIGNED BY REPRESENTATIVE OF SHIPPER)
DRIVER SIGNATURE _____ DATE _____ No. OF HANDLING UNITS _____
(If over 26 units, use Tally on back of Part 2)

AVER-100/7/91 CUSTOMER PTEFORM I Rev. 5/09

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 5

Invoice

Date	Invoice #
4/19/2013	05287

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004574	Net 30	5/19/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
CCPK8OH	CCPK8OH Insight HEPA 8 Pack	4,416		6.15	27,158.40

Total	$27,158.40
Payments/Credits	$0.00
Balance Due	$27,158.40

AGENT U04 3069996

Customer Bill Copy — OUR DRIVING FORCE IS PEOPLE

BILL OF LADING - Original-Not Negotiable

THINK RED INSTEAD

Name Asbury Express Northeast
Address 1195 Salem Rd
City Cookeville State TN ZIP 38506
Customer No.

CONSIGNEE
Name Oreck Mfg
Address 1800 Salem Rd
City Cookeville State TN ZIP 38501
Telephone
Customer No.

Name ZH Filters
Address 3200 Auburn Rd
City Richmond State OH ZIP 44694
Customer No.
Shipper's Reference No.
Shipper's Reference/PO No.

TERMS
FREIGHT CHARGES: ☐ Prepaid ☐ Collect
Freight Prepaid unless Collect box is marked

C.O.D.
COD AMT. $ Cash or Certified Funds ☐ (CCF)
COD Fee: PPD ☐ Collect ☐ Customer Check ☐ (CCK)
Remit to:
Street
City State ZIP

ALWAYS LIST HAZARDOUS MATERIALS FIRST IN DESCRIPTION OF ARTICLES COLUMN

	HM	(KIND OF PACKAGE) Description of Articles, Special Marks and Exceptions (Subject to Correction) C01 C04	NMFC #	CLASS Subject to Correction	WEIGHT Subject to Correction
1		Part# 73378-01 PO# 30004567 Qty 3520 - 16 ctn	Part# PK80009 DW PO# 3000 4523 Qty 384 - 16 ctn		
2		Part# CCPK25 PO# 30004523 Qty 384 - 32 ctn	Part# PK80009 PO# 3000 4523 Qty 544 - 16 ctn		
3		Part# CCPK8 PO# 30004523 Qty 4032 - 112 ctn	Part# CCPK80H PO# 30004504 Qty 4416 - 368 ctn		
4		Part# CYPK80F PO# 30004523 Qty 192 - 16 ctn	Part# PK80X10 2 SDW PO# 3000 4586 Qty 384 - 48 ctn		
5		Part# PKBB20F PO# 30004523 Qty 8160 - 544 ctn	Part# PK80X189 DW PO# 3000 4586 Qty 768 - 32 ctn		
6		Part# CCPK8 DW PO# 30004523 Qty 4224 - 176 ctn	Part# PO# Qty		
7		Part# PK1M 26S PO# 30004523 Qty 2000 - 1.5 ctn	Part# PO# Qty		
TL		ADDITIONAL SHIPMENT INFORMATION: 4-19-13			TOTAL

SHIPPER SIGNATURE _____ DATE _____ PICKUP TIME _____
(TO BE SIGNED BY REPRESENTATIVE OF SHIPPER)
CARRIER SIGNATURE _____ DATE _____ No. OF HANDLING UNITS _____
(If over 26 units, see Tally on back of Part 2)
PS4001 | Rev. 5/09

CUSTOMER

ZH Filters (US), Inc.

24400 Highpoint Road
Suite 6

Invoice

Date	Invoice #
4/1/2013	05289

Bill To:

Oreck Manufacturing Co. Inc.
Attn: Accounts Payable
565 Marriott Drive, Suite 300
Nashville, TN 37214-5022

Ship To:

Oreck Manufacturing Co. Inc.
1400 Salem Road
Cookeville, TN 38506
USA

P.O. No.	Terms	Due Date	Account #	Project
30004346	Net 30	5/1/2013	4043	

Item	Description	Qty	U/M	Rate	Amount
CCPK8DW	Hypo, 8 pack	768		2.288	1,757.18

Total	$1,757.18
Payments/Credits	$0.00
Balance Due	$1,757.18

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: (5265425) Zhao Hui Filters (US) Inc. c/o Todd A. Atkinson, Esq. Ulmer & Berne LLP 1660 West 2nd Street, Suite 1100 Cleveland, OH 44113-1448	**Claim No: 197** *Original Filed Date:* 08/20/2013 *Original Entered Date:* 08/20/2013	*Status:* *Filed by:* CR *Entered by:* ERIKA R. BARNES *Modified:*
Amount claimed: $238345.57		

History:

Details	197-1	08/20/2013 Claim #197 filed by Zhao Hui Filters (US) Inc., Amount claimed: $238345.57 (BARNES, ERIKA)

Description: (197-1) Goods Sold

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*	$238345.57
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		