

UNITED STATES BANKRUPTCY COURT Middle District of Tennessee		Administrative Expense PROOF OF CLAIM
Name of Debtor: Oreck Corporation	Case Number: 13-04006	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> FILED 2013 DEC 19 AM 9:10 MIDDLE DISTRICT COURT USE ONLY </div>
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): United Parcel Service, Inc.		
Name and address where notices should be sent: Lawrence Schwab/Kenneth Law Blalson, Bergan & Schwab, a Professional Corporation 2600 El Camino Real, Suite 300, Palo Alto, CA 94306		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Telephone number: (850) 857-9500 email: Klaw@bbslaw.com		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> 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.
Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>2,709.94</u>		<div style="border: 1px solid black; padding: 5px;"> RECEIVED DEC 20 2013 BMC GROUP </div>
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.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement showing interest or charges.		
2. Basis for Claim: <u>See Attachment 1</u> (See instruction #2)		
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 related documents, and provide the requested information.		Amount of arrearage and other charges, as of the date case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		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.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> 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).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,606* of deposits toward purchases, leases, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	<input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(2):
		Amount entitled to priority: \$ <u>2,709.94</u>
*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 raising 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 nursing 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. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (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: Kenneth T. Law, Esq.
Title: Attorney for Creditor
Company: Bialson, Bergen & Schwab, P.C.
Address and telephone number (if different from notice address above):

 12/12/13
(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. §§ 1342 and 1371.

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) 3602(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(e) and (f). 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 3001. If the claim is filed electronically, FRBP 3005(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 3001(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 service, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

**Attachment 1 to Administrative Expense Proof of Claim
of United Parcel Service, Inc.**

Debtor: ORECK CORPORATION
Creditor: UNITED PARCEL SERVICE, INC.

Case Number: 13-04006

Amount of Claim: Not less than \$2,709.94

Statement of Administrative Expense Claim

Oreck Corporation (the "Debtor") is liable to United Parcel Service, Inc. (the "Creditor") in the amount of not less than \$2,709.94 (the "Claim") for amounts payable under the terms of that certain *UPS Incentive Program Agreement* (the "Contract"). A true and accurate copy of the Contract is available upon request from the Creditor, but is not attached hereto due to the confidentiality provisions contained within Paragraph 7.6 of the Contract.

To date, no notice that the Contract has been rejected pursuant to 11 U.S.C. §365, or otherwise terminated, has been served on Creditor and, accordingly, Creditor asserts that the Debtor is obligated to make all payments that become due and owing pursuant to the Contract according to the terms of the Contract.

Further, Creditor represents that \$2,709.94 of the Claim has accrued from and after May 6, 2013 (the "Petition Date") to date. Additional amounts will continue to accrue through the end of the term of the Contract and all such amounts, subject to 11 U.S.C. §507(b), constitute administrative expenses and, therefore, all such amounts are entitled to priority in payment as permitted by 11 U.S.C. §507.

A summary of the Claim is set forth below. True and accurate copies of the Invoices are attached hereto as EXHIBITS A and are incorporated herein as is fully set forth.

Invoice No.	Ship Date	Invoice Date	Base Amount
886804866	5/8/2013	5/17/2013	\$1,443.26
886804881	5/8/2013	5/17/2013	\$1,266.68
			<u>\$2,709.94</u>

This Proof of Claim is filed to protect the Creditor from forfeiture of its Claim. The execution and filing of this Proof of Claim is not: (a) a waiver or release of the Creditor's rights against any other entity or person liable for all or part of the Claim; (b) a consent by the Creditor to the jurisdiction of this Court with respect to any proceeding commenced in this case against or otherwise involving the Creditor; (c) a waiver of the right to withdraw the reference with respect to the subject matter of the Proof of Claim, any objection or other proceedings commenced with respect thereto or any other proceeding commenced in this case against or otherwise involving the Creditor; or (d) an election of remedy which waives or otherwise affects any other remedy. The Creditor expressly reserves its rights to file other Proofs of Claim or requests for allowance and payment of any administrative expense with respect to the Claim set forth herein or otherwise (which proof of claim or request, if so filed, shall not be deemed to supersede this claim), to amend or supplement this Proof of Claim in any respect, including with respect to the filing of an amended claim or to file additional Proofs of Claim for claims not covered by this claim. Notwithstanding anything contained in this Proof of Claim, Creditor expressly reserves its rights in respect to the Claim set forth herein or any other claims, cause of action, chose in action, and preserves all rights including, without limitation, to assert its rights against any third party whatsoever.

Creditor asserts the following additional claims including, without limitation, (i) the right to claim administrative expense priority for any unsecured portion of the Claim; (ii) interest, attorneys' fees and costs which continue to accrue and be incurred; (iii) rights to estimate contingent and assert additional claims if contingent claims are estimated and/or liquidated; and (iv) any other claim Creditor may have against the Debtor relating to or

**Attachment 1 to Administrative Expense Proof of Claim
of United Parcel Service, Inc.**

incidental to any loans made by Creditor to the Debtor (collectively, the "Additional Claims"). Notwithstanding anything to the contrary as may be set forth in the Proof of Claim, Creditor expressly reserves and preserves all rights with regard to the Additional Claims.

EXHIBIT A

UPS FREIGHT LTL

UPS Freight

REMIT TO:

28013 NETWORK PLACE
CHICAGO, IL 60673-1280

COPY OF PAST DUE FREIGHT BILL

SHIP DATE	ORIGIN	DESTINATION	FREIGHT BILL NO.		Net Amount Due			
05-08-2013	NSH	FON	886904868		\$ 1,443.26 USD			
CONSIGNEE: 03016680 COSTCO WHOLESALE STORE 950 11800 RIVERSIDE DR MIRA LOMA, CA 91762			P.O. NO. 009900506958		Payment Due			
SHIPPER: 09267809 ORECK MFG CO STE C 2119 BURTON BRANCH RD ALGOOD, TN 38501			BILL TO: 00284680 ORECK MFG CO STE C 2119 BURTON BRANCH RD ALGOOD, TN 38501		ON RECEIPT			
			ADV SCAC	PROP	DATE	BEY SCAC		
PCS	HM	PKG	DESCRIPTION	WEIGHT	NMFC	CLASS	RATE	CHARGES
80		BX	VACUUM AND ACCESSORIES	2.152	000085-00	85	195.04	4,210.17
			78.00% DISCOUNT				78.00	-3,293.93
			002940 LTL FUEL ADJUSTMENT				29.40	272.31
			004350 NOTIFICATION CHARGES					43.50
			020121 INSIDE DELIVERY CHARGE					201.21
			311 CUBIC FEET					
			APPOINTMENT DELIVERY					
			202262 BILL LADING #					
			UPGF 8180-0008901					
			UPGF 560 07/16/12 CN 255448					
PREVIOUSLY INVOICED ON: 09/23/13 P4605278 1443.26 05/19/13 P1671018 1443.26 07/22/13 P4648774 1443.26 05/17/13 21878013 1443.26								
80			TOTAL	2.152				1,443.26 PPD
			AMOUNT DUE					
			PAST DUE NOTICE NBR 04					

If you have questions regarding this invoice, please contact Customer Service at 1-800-333-7400.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Carrier: UPS PASTOR Shipper: DABCO C&S 312 Print Date: 25/03/13
 PNO: 1805883826 3/12 : 3575.3 Seigh Date: 25/03/13
 Ref: 2017261291 Pkg: 2017261291

Vehicles: Serial:

From: CRUICK GERMARD 5183
2119C BENTON BRANCH RD
ALLEGED TO 32366

To: CRUICK 812A LISA 05707 110
CRUICK 812A LISA 05707 110339/0439963
11668 RIVERSIDE DR
812A LISA, CA 91752

INSTRUMENTAL

Inside Delivery

82 SUPCS 121 4 PALLETS

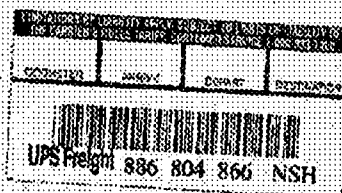
For Pkg	128PC #	Description	Qty	Ugt
55	AND 10	FIGURE AND ACCESSORIES	55.8	2152

Reflected :
as :
Eas : 2132
Discussed :
Service :
lots :

7288420

205
206
207
208

Casus 2



This document is tendered as an individual Bill of Lading, all terms and conditions of the straight Bill of Lading and applicable tariff and classifications in effect as of the date hereon apply.

Shipper Signature [Signature] Date 5-8-13
Driver Signature [Signature] Date 5-8

Case 3:13-bk-04006 Claim 295-1 Filed 12/19/13 Desc Main Document Page 7 of 9

UPS FREIGHT LTL

UPS Freight
REMIT TO:
 28013 NETWORK PLACE
 CHICAGO, IL 60673-1280



COPY OF PAST DUE FREIGHT BILL

SHIP DATE		ORIGIN	DESTINATION	FREIGHT BILL NO.		Net Amount Due		
05-08-2013		NSH	PHO	888804881		\$1,266.68 USD		
CONSIGNEE: 00870806 COSTCO WHOLESALE 6400 W SHERMAN ST TOLLESON, AZ 85353				P.O. NO. 009360506534		Payment Due		
				B/L NO. ORECK		ON RECEIPT		
				ADV SCAC	PRO#	DATE	REV SCAC	
SHIPPER: 08287809 ORECK MFG CO STE C 2119 BURTON BRANCH RD ALGOOD, TN 38501				BILL TO: 09284880 ORECK MFG CO STE C 2119 BURTON BRANCH RD ALGOOD, TN 38501				
PCS	HM	PKG	DESCRIPTION	WEIGHT	NMFC	CLASS	RATE	CHARGES
60		BX	VACUUMS NAD ACCESSORIES 73.00% DISCOUNT 002940 LTL FUEL ADJUSTMENT 004350 NOTIFICATION CHARGES 015091 INSIDE DELIVERY CHARGE 360 CUBIC FEET APPOINTMENT DELIVERY 202253 BILL LADING # UPGF 8180 0006961 UPGF 560 07/16/12 C N 326013 ***** PREVIOUSLY INVOICED ON: 05/23/13 P4835278 1266.68 08/19/13 P4671018 1266.68 07/22/13 P4646774 1266.68 05/17/13 21979013 1266.68 *****	1.614	000005 00	65	233.37 78.00 29.40	3,766.59 -2,937.94 243.62 43.50 150.91
60			TOTAL AMOUNT DUE PAST DUE NOTICE NBR 04	1.614				1,266.68 PPD

If you have questions regarding this invoice, please contact Customer Service at 1-800-333-7400.

BILL OF LADING

Carrier: UPS FREIGHT
PO#: 896804881Shipper: DEXTER CO# 602 Print Date: 05/08/13
P/O: 292253 Ship Date: 05/08/13

Ref#: 2037162301

PO#: 896804881

Vehicles:

Seal:

From: DEXTER RESEARCHING
2110C SUTTON SQUARE RD
ALBANY TN 38406To: COSTCO TOLLESON DEPOT (1833914)
COSTCO TOLLESON DEPOT (1833914)
8100 S SHREVESS ST
TOLLESON, AZ 85352

Instructions:

Inside Delivery

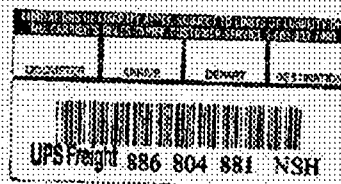
60 EDGES ON 6 PALLETS

Item	Description	Qty	Unit
60	EDGES	60	EA
60	EDGES	60	EA

Item	Description	Qty	Unit
60	EDGES	60	EA
60	EDGES	60	EA

Item	Description	Qty	Unit
60	EDGES	60	EA
60	EDGES	60	EA

Comments:



This document is rendered as an individual Bill of Lading. All terms and conditions of the original Bill of Lading and applicable tariff and classifications in effect as of the date herein apply.

Shipper Signature: *Shirley St. Hill* Date: 5-8-13Driver Signature: *[Signature]* Date: 5-8-13

60 on 60

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: (5208073)	Claim No: 295	Status:
UNITED PARCEL SERVICE, INC.	<i>Original Filed</i>	<i>Filed by:</i> CR
LAWRENCE	<i>Date:</i> 12/19/2013	<i>Entered by:</i> ced
SCHWAB/KENNETH LAW	<i>Original Entered</i>	<i>Modified:</i>
BIALSON, BERGEN & SCHWAB, PC	<i>Date:</i> 12/19/2013	
2600 EL CAMINO REAL, STE 300		
PALO ALTO, CA 94306		
Amount claimed: \$2709.94		
Priority claimed: \$2709.94		

History:

Details	<u>295-</u>	12/19/2013 Claim #295 filed by UNITED PARCEL SERVICE, INC., Amount claimed: \$2709.94 (ced)
	<u>1</u>	

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*	\$2709.94
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	\$2709.94	
Administrative		