

Section 503(b)(9) Claim

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE NASHVILLE DIVISION		PROOF OF CLAIM		FILED	
Name of Debtor: <u>Oreck Homecare LLC</u>		Case Number: <u>13-04006</u>		2014 OCT 10 AM 9:08 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN	
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(a).				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 13 2014 BMC GROUP </div>	
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>Town of West Hartford CT</u>					
Name and address where notices should be sent: <u>Helene Leffkowitz, Tax Collector</u> <u>50 South Main St. Rm 109</u> <u>West Hartford, CT 06107</u>					
Creditor Telephone Number: <u>(860) 561-7778</u> email: <u>helene@westhartford.org</u>					
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Count Claim Number (if known): _____ Filed on: _____	
Payment Telephone Number: () _____ email: _____					
1. AMOUNT OF CLAIM AS OF DATE CASE FILED <u>\$1,347.60</u>					
If all or part of your claim is secured, complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.					
2. BASIS FOR CLAIM: <u>municipal business personal property tax</u> (See instruction #2)					
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>1328</u>		3a. Debtor may have scheduled account as: _____ (See instruction #9a)		3b. Uniform Claim identifier (optional): _____ (See instruction #9b)	
4. SECURED CLAIM: (See instruction #4)					
Check the appropriate box if your claim is secured by a lien on property or a right of set off. Attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)					
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for Perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____					
5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or 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 administrative expense or priority and state the amount.					
Amount entitled to priority: \$ <u>1,347.60</u>		Amount entitled to administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____			
You MUST specify the priority of the claim: <input type="checkbox"/> Domestic support obligation under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> 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) <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a): _____ <input type="checkbox"/> Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(k)(5)					
*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 #10)					

Oreck POC



06-00306

10-22-2015 26529873.1

7. **DOCUMENTS:** Attached are redacted copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and 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 definition of "redacted").

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

If the documents are not available, please explain.

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

BY MAIL TO:

U.S. Bankruptcy Court
Middle District of Tennessee
Nashville Division
Court Clerk's Office
701 Broadway, Room 170
Nashville, Tennessee 37203

BY MESSENGER OR OVERNIGHT DELIVERY TO:

U.S. Bankruptcy Court
Middle District of Tennessee
Nashville Division
Court Clerk's Office
701 Broadway, Room 170
Nashville, Tennessee 37203

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.
(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: Helene Lefkowitz

Title: Tax Collector

Company: town of West Hartford CT

Address and telephone number (if different from notice address above):

Helene Lefkowitz 10-2-14
(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.

LIST OF DEBTORS:

Debtor Name	Case Number
ORECK CORPORATION	3:13-bk-04006
ASP ORECK, INC.	3:13-bk-04008
ORECK DIRECT, LLC	3:13-bk-04009
ORECK HOLDINGS, LLC	3:13-bk-04010
ORECK HOMECARE, LLC	3:13-bk-04012
ORECK MANUFACTURING CO.	3:13-bk-04013
ORECK MERCHANDISING, LLC	3:13-bk-04015
ORECK SALES, LLC	3:13-bk-04016
VECTEUR, LLC	3:13-bk-04017



(BACK DATE) AS OF 05/06/2013

Circuit Breaker	Account:	Invalid Address	Invalid Address	Invalid Address
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10
11	11	11	11	11
12	12	12	12	12
13	13	13	13	13
14	14	14	14	14
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86	86	86	86	86
87	87	87	87	

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: (5637310)
TOWN OF WEST
HARTFORD CT
HELENE LEFKOWITZ TAX
COLLECTOR
50 SOUTH MAIN ST RM 109
WEST HARTFORD CT
06107

Claim No: 306
Original Filed
Date: 10/10/2014
Original Entered
Date: 10/10/2014

Status:
Filed by: CR
Entered by: jmw
Modified:

Amount claimed: \$1347.60

Priority claimed: \$1347.60

History:

Details 306- 10/10/2014 Claim #306 filed by TOWN OF WEST HARTFORD CT, Amount claimed: \$1347.60 (jmw)

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*	\$1347.60
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	\$1347.60	
Administrative		