

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor: Various, Inc.

Case Number: 13-12439

SEP 25 AM 10:14

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property): Office Depot

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent: Office Depot, 6600 N. Military Trail - S413G, Boca Raton, FL 33496 (800) 650-1222

Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.

Last four digits of account or other number by which creditor identifies debtor: 37286325

Check here if this claim replaces or amends a previously filed claim, dated:

- 1. Basis for Claim: Goods sold (checked), Services performed, Money loaned, Personal injury/wrongful death, Taxes, Retiree benefits as defined in 11 U.S.C. § 1114(a), Other, Wages, salaries, and compensation (fill out below), Unpaid compensation for services performed.

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2. Date debt was incurred:

3. If court judgment, date obtained:

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.

Unsecured Nonpriority Claim \$

Secured Claim

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

Unsecured Priority Claim

- Real Estate, Motor Vehicle, Other

Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Value of Collateral: \$

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$

Amount entitled to priority \$ 8,197.44

Specify the priority of the claim:

- Up to \$2,425* 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 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claim at Time Case Filed: \$ 8,197.44 (unsecured) (secured) (priority) (total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. 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.

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

09/18/2013

David Plourde

[Signature]

THIS SPACE IS FOR COURT USE ONLY.

All copies should be submitted on single sided 8 1/2 by 11 paper.

PMGI Holdings POC



00003

Billing Date	Document#	Transaction Type	Balance Due
2013-08-01	669608817001	INV	\$146.55
2013-08-01	669608847001	INV	\$7.39
2013-08-06	670381550001	INV	\$671.94
2013-08-06	670102797001	INV	\$71.83
2013-08-07	670589650001	INV	\$21.20
2013-08-07	670591976001	INV	\$20.65
2013-08-08	670730812001	INV	\$280.68
2013-08-08	670730695001	INV	\$197.62
2013-08-09	670589608001	INV	\$15.98
2013-08-09	670578246001	CM	-\$13.61
2013-08-15	663734259001	INV	\$472.85
2013-08-15	664617557001	INV	\$179.61
2013-08-16	664730998001	INV	\$917.74
2013-08-16	665621119001	INV	\$48.59
2013-08-19	665827400001	INV	\$87.29
2013-08-19	665832154001	INV	\$22.13
2013-08-19	665827323001	INV	\$16.27
2013-08-20	671214354001	INV	\$69.51
2013-08-20	671214431001	INV	\$13.58
2013-08-21	671579335001	INV	\$355.87
2013-08-21	671600591001	INV	\$118.40
2013-08-22	671794830001	INV	\$541.68
2013-08-22	671794883001	INV	\$27.22
2013-08-26	672274178001	INV	\$367.66
2013-08-26	672278738001	INV	\$9.33
2013-08-27	668072181001	INV	\$32.30
2013-08-29	672933492001	INV	\$325.94
2013-08-29	672933732001	INV	\$6.23
2013-08-30	671731611001	CM	-\$79.28
2013-09-03	673331240001	INV	\$1,736.49
2013-09-05	674657183001	INV	\$280.42
2013-09-05	674592497001	INV	\$129.98
2013-09-05	674592579001	INV	\$28.04
2013-09-06	672933731001	INV	\$71.83
2013-09-06	674657339001	INV	\$26.87
2013-09-06	674657128001	INV	\$26.87
2013-09-09	675036496001	INV	\$291.04
2013-09-12	675691411001	INV	\$260.97
2013-09-12	675625605001	INV	\$99.04
2013-09-12	675685390001	INV	\$89.13
2013-09-12	675694027001	INV	\$67.32
2013-09-12	675625640001	INV	\$7.39
2013-09-12	675625641001	INV	\$4.95
2013-09-13	675685344001	INV	\$20.65
2013-09-17	676916840001	INV	\$103.30

Total

\$8,197.44

Clerk of the Court – Bankruptcy
824 Market Street, 3rd Floor
Wilmington, DE 19801

Comp: OSH/ CLAIMS PRO Date : 26Aug13
Name : OSH Weight : 1 LBS
Add : 18675 LAKE DRI State : MN
City : CHANHASSEN Zip : 55317

Reference: OSH CLAIMS

Svc: STANDARD OVERNIGHT Master 5696 8209 2173
TRK: 5696 8209 2184

ORIGIN ID: LGBA (302) 252-3673
LISA M. CICONTE
USBC DISTRICT OF DELAWARE
824 NORTH MARKET STREET
3RD FLOOR
WILMINGTON, DE 19801
UNITED STATES US

SHIP DATE: 26AUG13
ACTWGT: 1.0 LB MAN
CAD: 807436/CAFE2608

BILL SENDER

TO OSH
OSH/ CLAIMS PROCESSING
18675 LAKE DRIVE EAST

RECEIVED

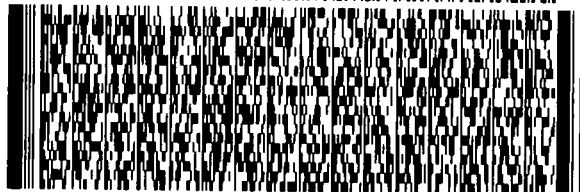
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CHANHASSEN MN 55317

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(952) 404-5722

REF: OSH CLAIMS



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Express



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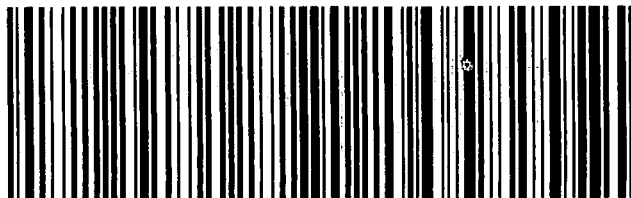
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