

FILED

2007 NOV -9 PM 12:47

U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO
AKRON

In re:) Case No.: No. 06-51848
)
 CEP Holdings, LLC, et al.,) Claim # 631
)
 Debtors)
)
)

Dear Your Honor,

My name is Lan Meng. I worked for CEP from August 1998 to July 2006 as a CAE engineer.

During the year 2006, before I was laid off by CEP at end of July, I put \$2175.00 into my flexible spending account while I worked for CEP. I never got chance to get reimbursement from this account even though I has enough medical expenses. I filled the claim and sent it to the court on 2/27/07 (Tuesday) by Express Mail. I attached may claim form and receipts. The mail was next day delivery service. The court should have received it on 2/28/07 noon. From the United State Bankruptcy Court for the Northern District of OHIO Eastern Division, my claim was listed as late filed claims, marked as POC filed 3/2/07. I have objection on marking my claim as late filed. I would like the court to re-evaluate my claim.

I am looking forward to hearing from you.

Sincerely, yours

Dated this 7th day of November, 2007

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

PROOF OF CLAIM

Name of Debtor:

Case Number:

NOTE: Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses 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(a).

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.

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor and Address:

11722611000620
LAN MENG
-43077 BROOKSTONE DR.
NOVI, MI 48377
LAN MENG
17222 Orchard Ridge
Winchville, ME 04818

Creditor Telephone Number (248) 449-2806 (H)

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

S.S. Last 4 digits 8110

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

1. BASIS FOR CLAIM

- Goods sold Personal injury/wrongful death
 Services performed Taxes
 Money loaned Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries, and compensation (fill out below)

Last four digits of your SS #: 8110

Unpaid compensation for services performed from: _____ to _____
(date) (date)

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 case filed.

See reverse side for important explanations.

UNSECURED NONPRIORITY 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 if c) none or only part of your claim is entitled to priority.

UNSECURED PRIORITY CLAIM

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

Amount entitled to priority \$ _____

Specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
 Wages, salaries, or commissions (up to \$10,000)*, 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).
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
 Up to \$2,225* 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).

SECURED CLAIM

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

Brief description of collateral:

Real Estate Motor Vehicle Other _____

Value of Collateral: \$ _____

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

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

SECTION 503(b)(9) CLAIM \$

Check this box if your claim is for the 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)). Include the amount of such claim in the space for "Amount entitled to priority" above.

5. TOTAL AMOUNT OF CLAIM \$

AT TIME CASE FILED: _____ + _____ + \$2775.00 = \$2195.00
(unsecured) (secured) (priority) (Total)

If all or part of your claim is secured, entitled to unsecured priority, or 503(b) 9 administrative treatment also complete item 4 above.

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.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, Eastern Standard Time on March 1, 2007 for Non-Government Claimants OR on or before March 19, 2007 for Governmental Units.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO:
BMC Group
Attn: CEP Holdings, LLC, et al.
PO Box 903
El Segundo, CA 90245-0903

BY HAND OR OVERNIGHT DELIVERY TO:
BMC Group
Attn: CEP Holdings, LLC, et al.
1330 East Franklin Ave
El Segundo, CA 90245

DATE 2/25/07 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):

LAN MENG



EB 119351681 US



Customer Co
Label 11-B, March

UNITED STATES POSTAL SERVICE®

Post Office To Address

PO ZIP Code	Days of Delivery	Post Office
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee
Time Accepted	Scheduled Time of Delivery	Postage & Fees
Flat Rate or Weight	Priority Mail	Special Services

Mo. Day	Time	Employee Signature
Mo. Day	Time	Post Office Signature
Mo. Day	Time	Employee Signature
Mo. Day	Time	Post Office Signature

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. **WAIVER OF SIGNATURE (Domestic Mail Only)**
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT) PHONE ()

1000
1700
White

TO: (PLEASE PRINT) PHONE ()

1000
1700
White

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811



+

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

=====

PLYMOUTH POST OFFICE
PLYMOUTH, Michigan
481709998
2524950170-0098
02/27/2007 (734)453-4669 07:46:30 PM

=====

===== Sales Receipt =====

Product	Sale Unit	Final
Description	Qty Price	Price

=====

EL SEGUNDO CA 90245		14.40
EM PO-Add Flat Rate		
2.10 oz.		
Label #:	EB119351681US	
2nd Day Noon /		
Normal Delivery		

Issue PVI: =====
\$14.40

Total: =====
\$14.40

Paid by:
MasterCard \$14.40
Account #: XXXXXXXXXXXX7894
Approval #: 087143
Transaction #: 235
23903040640

Bill#:1000200157500
Clerk:14

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.
Customer Copy

In re: CEP HOLDINGS, LLC, et al.
OMNIBUS 2: EXHIBIT H - LATE FILED CLAIMS

Creditor Name / Address	Case Number	Claim Number	Total Claim Dollars*	Claim Class**	Reason For Proposed Disallowance
11 CEPT BUSINESS SYSTEMS INC 701 CAMDEN DR BELLEVILLE, OH 44813	06-51847	632	\$2,783,771	(U)	POC FILED 9/2/07
			\$2,175.00 (P) \$330,787.76 (U)		
		Totals			

In re: CEP HOLDINGS, LLC, et al.
OMNIBUS 2: EXHIBIT H - LATE FILED CLAIMS

Creditor Name / Address	Case Number	Claim Number	Total Claim Dollars*	Claim Class**	Reason For Proposed Disallowance
1 ALUCULBE 465 HOME STEAK AVE DAYTON, OH 45418	06-51847	638	\$81.66	(U)	POC FILED 3/2/07
2 ANDRUCO, INC 3801 EAST AVE ARLINGTON, TX 76011	06-51848	645	\$2,360.00	(U)	POC FILED 3/2/07
3 CARROLLS, A TELEFLIX CO 600 N. LEWIS BL LEHIGH, PA 19068-9448	06-51848	634	\$36,207.85	(U)	POC FILED 3/5/07
4 COLTRANE, ARMAN CORPORATION ET AL ATTN: JIM COLTRANE 1001 FISHKILL AVENUE ONE PLANNETLY SHEPPARD NEW YORK, NY 11781	06-51848	643	\$18,357.45	(U)	POC FILED 7/26/07
5 CUSTOMER ENGINEERING UNIT 2880 S.W. 10TH AVE LOUISVILLE, OH 45044	06-51848	636	\$4,750.00	(U)	POC FILED 3/5/07
6 HARTFORD LIFE INSURANCE COMPANY BANKERS BUILDING HARTFORD PLAZA HARTFORD, CT 06115	06-51848	636	UNKNOWN	(U)	POC FILED 4/23/07
7 INTERNATIONAL OUT-GOING SERVICES LTC 100 W BLOOMFIELD RD SUITE 200 BLOOMINGTON, IN 47403	06-51848	637	\$8,207.00	(U)	POC FILED 4/27/07
8 KW PLASTIC SALES & MFGS 1 SANDERS RD TROY, AL 36074-0244	06-51848	644	\$235,596.00	(U)	POC FILED 3/12/07
9 LIQUIDITY SOLUTIONS RE-EDGE SYSTEMS INC 100A REVENUE MANAGEMENT ONE UNIVERSITY PLAZA STE 310 HACKENSACK, NJ 07601	06-51848	643	\$1,427.09	(U)	POC FILED 3/12/07
10 MENA, LLC 17222 CREGGARD RD NORTHVILLE, MI 48168	06-51848	633	\$2,175.00	(P)	POC FILED 9/2/07

*Plus, in certain instances, additional contingencies, unliquidated amounts, interest, penalties and/or fees.
 ** (A) - Administrative (S) - Secured (P) - Priority (U) - Unsecured
 The classification of the claims set forth herein is the classification asserted on the filed proof of claim. The Debtors include such classification for the purpose of identifying the claim to which the objection applies. The inclusion of the classification shall not constitute an acknowledgment by the Debtors that such classification is correct or appropriate.

*Plus, in certain instances, additional contingencies, unliquidated amounts, interest, penalties and/or fees.
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