

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM
<p style="text-align: center;">Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)</p> <p> <input checked="" type="checkbox"/> Blitz U.S.A., Inc. (Case No. 11-13603) <input type="checkbox"/> MiamiOK LLC (f/k/a F3 Brands LLC) (Case No. 11-13604) <input type="checkbox"/> Blitz Acquisition, LLC (Case No. 11-13606) <input type="checkbox"/> Blitz Acquisition Holdings, Inc. (Case No. 11-13602) <input type="checkbox"/> LAM 2011 Holdings, LLC (Case No. 11-13605) <input type="checkbox"/> Blitz RE Holdings, LLC (Case No. 11-13607) </p>		
<p>NOTE: Other than claims asserting administrative priority (1) under 11 U.S.C. § 503(b)(9) or (2) arising from or relating to the rejection of executory contracts or unexpired leases, pursuant to section 365 of the Bankruptcy Code (or otherwise related to such rejected agreements), 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).</p>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): ADR SYSTEMS OF AMERICA, LLC		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Name ID: 9990256 <input type="checkbox"/> Check this box if the address differs from the address on the envelope sent to you by the court. ADR SYSTEMS OF AMERICA, LLC 20 N. CLARK ST., STE. 2900 CHICAGO, IL 60602		
Telephone number: _____ email: _____		<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.
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>365.00</u> 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 that itemizes interest or charges.		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 \$2,600* 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"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(____). Amount entitled to priority: \$ _____ * 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
2. Basis for Claim: <u>Mediation services performed</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>1854</u>	3a. Debtor may have scheduled account as: (See instruction #3a)	
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> 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: \$ _____		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before January 11, 2012, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		
8. 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, 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:		
9. Signature: (See instruction #8) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.) (See FRBP 3004.) (See FRBP 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: <u>Marc Becker</u> Title: <u>President</u> Company: <u>ADR Systems of America, LLC</u> Address and telephone number (if different from notice address above): <u>312 960 2260</u> <u>askuby@adrsystems.com</u> <u>7/9/12</u> 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		COURT USE ONLY RECEIVED JUL 13 2012 KURTZMAN CARSON CONSULTANTS





INVOICE

Invoice Date: September 26, 2011
Invoice No: 19739.00-E

To: Blitz, U.S.A., Inc.
404 26th Ave. N.W.
Miami, OK 74354

Re: Tort Mediation Conference held on September 23, 2011.
Hon. Joseph N. Casciato (Ret.)
Case: Bradford White Corporation, J & T Homes, LLC, Lennox International and Allied
Air Enterprises, Inc. and Blitz, USA
Blitz, USA Reference #: VCH00061854

Description	Amount	Credits	Balance
Administrative Fee, per party	\$175.00		
Neutral's Review Time 5 hours @ \$550 per hour, split by 5 parties	\$550.00		
Conference Time 8 hours @ \$550 per hour, split by 5 parties	\$880.00		
Neutral Services Total Fees already split by parties: Your Portion			\$1605.00
Lunch Expenses – Split by parties	\$35.00		
Total Expenses: Your Portion			<u>\$35.00</u>
Subtotal:			\$1640.00
Less Deposit Paid		-\$1275.00	
Total Amount Due by 10/11/2011			\$365.00

***The billing for this mediation has already been divided
Please pay TOTAL AMOUNT DUE***

Please Make Check Payable To: **ADR Systems of America** and include the ADR Systems invoice number on your check. Thank you for choosing ADR Systems of America.

ADR Systems of America TAX ID#36-3977108

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