

<b>UNITED STATES BANKRUPTCY COURT</b>		District of Delaware	<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Blitz USA</b>		Case Number: <b>11-13603 (PJW)</b>	
NOTE: <i>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.</i>			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>AIS Container Handling</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent: <b>AIS Container Handling / Attn: Kathy Smith 7000 Dutton Industrial Drive Dutton, Michigan 49316</b>		Court Claim Number: _____ (If known)	
Telephone number: <b>(616) 554-1000</b>		Filed on: _____	
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 your claim. Attach copy of statement giving particulars.	
Telephone number:		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <u>813.39</u>		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <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 filing of the bankruptcy petition or cessation of the debtor's business, 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: \$ _____	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.			
If all or part of your claim is entitled to priority, complete item 5.			
<input 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>Goods Sold</u> (See instruction #2 on reverse side.)			
3. Last four digits of any number by which creditor identifies debtor: <u>0724</u>			
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff 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 _____ %  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: \$ _____			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:			

Date: 03/12/2012 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

*Kathy Smith* Accounts Receivable

*Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §*

FOR COURT USE ONLY

RECEIVED

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KURTZMAN CARSON CONSULTANTS





**CONTAINER  
HANDLING**

7000 Dutton Industrial Drive / Dutton, MI 49316  
 800.253.4621 / 616.554.1000 / 616.554.1008 fax  
 www.aiscontainerhandling.com

Invoice No 0000062036

Customer 000724

**Bill to : BLITZ USA INC  
 404 26TH AVE NW  
 MIAMI OK 74354  
 USA**

**Ship to : BLITZ USA INC  
 404 26TH AVE NW  
 MIAMI OK 74354  
 USA**

Phone (918)540-1515

Fax (918)542-1380

Customer PO Number	Invoice Date	Terms	FOB	Ship Via	Salesperson	
P0107839	11/02/2011	FREIGHT DUE ON RECPT	DUTTON, MI	VSF	DS	
Item	Part / Rev / Description / Details		Quantity	Unit Price	Discount	Extended Price
000010	%%[To: 9185421380 , Accounts Payable ,BLITZ USA INC FREIGHT Rev NS U/M EA SO #13806 - FREIGHT DUE ON SHIPPER #13806080911		1.000	813.390	0.00	813.39
				Total Item Price		813.39
				Shipping		0.00
				Sales Tax		0.00
				<b>Total Inv Price</b>		<b>US\$ 813.39</b>
			%%[SEND]			