

United States Bankruptcy Court For the District of Delaware	<u>THIS SPACE IS FOR COURT USE ONLY</u>																								
<input type="checkbox"/> Blitz Acquisition Holdings, Inc., Case No. 11-13602 (PJW) <input type="checkbox"/> Blitz U.S.A., Inc., Case No. 11-13603 (PJW) <input type="checkbox"/> Blitz RE Holdings, LLC, Case No. 11-13604 (PJW) <input type="checkbox"/> LAM 2011 Holdings, LLC, Case No. 11-13605 (PJW) <input type="checkbox"/> Blitz Acquisition, LLC, Case No. 11-13606 (PJW) <input type="checkbox"/> MiamiOK, LLC f/k/a F3 Brands LLC, Case No. 11-13607 (PJW)																									
<p><u>PROOF OF CLAIM FOR BLITZ PERSONAL INJURY CLAIMS</u></p> <p>In order to assert a Blitz Personal Injury Claim against Blitz U.S.A., et. al (collectively "Blitz U.S.A.") you must complete and execute this Proof of Claim and return it to the Claims Agent by _____, 2013 or be forever barred from asserting the claim. (See Instruction No. 1 for the definition of a Blitz Personal Injury Claim).</p>																									
<input type="checkbox"/> Mark this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a statement providing details. <input type="checkbox"/> Mark this box if your claim replaces a previously filed claim. Date of previously filed claim: _____ <input type="checkbox"/> Mark this box if your claim amends a previously filed claim. Date of previously filed claim: _____ <input type="checkbox"/> Mark this box if you assert that your claim is entitled to priority under 11 U.S.C. § 507(a). Describe basis for priority: _____ <input type="checkbox"/> Mark this box if you assert that your claim is secured under 11 U.S.C. § 506(a). Describe basis for secured claim: _____																									
1. INJURED PERSON (All fields must be completed) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Name (Last, First, Middle):</td><td></td></tr> <tr><td>Contact Person:</td><td></td></tr> <tr><td>Street Address:</td><td></td></tr> <tr><td>City, State and Zip:</td><td></td></tr> <tr><td>Telephone:</td><td></td></tr> <tr><td>Social Security Number:</td><td></td></tr> <tr><td>Email Address:</td><td></td></tr> <tr><td>Date of Birth (mm/dd/yyyy):</td><td></td></tr> <tr><td>Date of Death (mm/dd/yyyy):</td><td></td></tr> <tr><td>IF DECEASED, ATTACH COPY OF DEATH CERTIFICATE</td><td></td></tr> <tr><td>Date of Injury (mm/dd/yyyy):</td><td></td></tr> <tr><td>Medicare No. (if applicable):</td><td></td></tr> </table>		Name (Last, First, Middle):		Contact Person:		Street Address:		City, State and Zip:		Telephone:		Social Security Number:		Email Address:		Date of Birth (mm/dd/yyyy):		Date of Death (mm/dd/yyyy):		IF DECEASED, ATTACH COPY OF DEATH CERTIFICATE		Date of Injury (mm/dd/yyyy):		Medicare No. (if applicable):	
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2. CLAIMANT (if different from Injured Person) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Name (Last, First, Middle):</td><td></td></tr> <tr><td>Contact Person:</td><td></td></tr> <tr><td>Address:</td><td></td></tr> <tr><td>City, State and Zip:</td><td></td></tr> <tr><td>Telephone:</td><td></td></tr> <tr><td>Tax ID or Social Security Number:</td><td></td></tr> <tr><td>Date of Birth:</td><td></td></tr> <tr><td>Relationship to Injured Person:</td><td></td></tr> </table>		Name (Last, First, Middle):		Contact Person:		Address:		City, State and Zip:		Telephone:		Tax ID or Social Security Number:		Date of Birth:		Relationship to Injured Person:									
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3. ATTORNEY INFORMATION (if applicable)

Name:	
Firm:	
Address:	
City, State and Zip:	
Telephone No.:	
Email Address:	

4. LITIGATION INFORMATION (If lawsuit has been commenced against Blitz U.S.A., Miami Ok, LLC f/k/a F3 Brands LLC, or any other party such as retailer)

Court Where Case Filed:	
Case Number:	
Filing Date:	
List all Named Plaintiffs in Lawsuit:	
List all Named Defendants in Lawsuit:	
Status of Case (Active, Stayed, Settled, etc.)	

5. DESCRIPTION OF OCCURRENCE (use additional sheets if necessary)

Date of Occurrence:	
Time of Occurrence:	
Location of Occurrence (Provide Address):	
Was Location Claimants' Residence? (Yes or No):	
If Not, Identify Owner of Location and Relationship to Injured Person:	
Provide a Description of Manner in which Occurrence Took Place:	
Was there a Police or other Official Incident Report or Investigation? (Yes or No):	
IF YES, ATTACH ALL COPIES OF OFFICIAL REPORTS OR INVESTIGATIONS – AN NFPA 921 INVESTIGATION IS REQUIRED BY TRAINED INVESTIGATOR	
Amount Claimed (Do NOT Include Claims for Medical Treatment or Lost Wages)	

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6. PRODUCT AND PURCHASE INFORMATION

Brand Name of Product:	
Model Number:	
Description of Product:	
If a Gas Container, Size of Gas Container:	1+ GALLON <input type="checkbox"/> 5 GALLON <input type="checkbox"/> 2+ GALLON <input type="checkbox"/> OTHER <input type="checkbox"/>
Name of Store Where Product Purchased:	
Location of Store:	
Date of Purchase:	
ATTACH ANY PROOF OF PRODUCT IDENTIFICATION (STORE RECEIPT, CREDIT CARD RECEIPT, PICTURE OF THE PRODUCT PURCHASED BEFORE OR AFTER INCIDENT, SWORN STATEMENT DESCRIBING AND IDENTIFYING THE PRODUCT AS A BLITZ PRODUCT AND POINT OF PURCHASE IF KNOWN, ETC.)	

7. MEDICAL INFORMATION AND TREATMENT (Make copies and fill out this section of the form for each treatment provider)

Date of First Treatment:	
Hospital / Treatment Facility:	
Address:	
City, State, ZIP:	
Treating Physician Name:	
Dates of Treatment:	
Address:	
City, State, ZIP:	
Telephone No.:	
Describe Injury and Diagnoses:	
Total Amount of Medical Bills to Date:	

Set forth any liens asserted by any entity on any recovery anticipated for your injury or damage. Identify the entity holding such lien, the address and contact information for the entity and the amount of the asserted lien.	
ATTACH ALL COPIES OF MEDICAL BILLS AND MEDICAL RECORDS, INCLUDING LABORATORY REPORTS, RELATING IN ANY WAY TO THE INJURY	

8. EMPLOYMENT INFORMATION (If Claiming Lost Wages)

Employer Name at Date of Injury:	
Address:	
City, State, ZIP:	
Telephone No.:	
Email Address:	
Dates Missed Work:	
Nature of Employment:	

9. SIGNATURE/AUTHORIZATION

NOTE: THIS PROOF OF CLAIM MUST BE SIGNED BY THE CLAIMANT OR CLAIMANT'S AUTHORIZED AGENT

Signature of Claimant or Authorized Agent

Print Name of Signatory

If by Authorized Agent, Print Title of Agent

Date

(____) _____ - _____
Telephone Number of Signatory

By signing this proof of claim, you certify under penalty of perjury pursuant of 28 U.S.C. § 1746 that:

"I have the full power and authority under applicable non-bankruptcy or bankruptcy law to submit this proof of claim on behalf of the claimant listed on this proof of claim"

"A product manufactured or distributed by Blitz U.S.A. or MiamiOK, LLC f/k/a F3 Brands LLC or with respect to which Blitz U.S.A. or MiamiOK, LLC f/k/a F3 Brands LLC has legal liability was used in the incident which gave rise to the injuries listed in this proof of claim or that the injury occurred on premises owned or occupied by the Debtors."

A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both under 18 U.S.C. §§ 152 & 3571.

KEEP A COPY OF THIS PROOF OF CLAIM FORM AND ALL ATTACHMENTS FOR YOUR FILES AND MAIL THE ORIGINAL PROOF OF CLAIM FORM AND COPIES OF THE ATTACHMENTS TO:

Blitz Claims Processing Center,

c/o Kurtzman Carson Consultants LLC
2335 Alaska Avenue
El Segundo, CA 90245

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Name of Debtor and Case Number:

Mark the debtor(s) against which you assert your Blitz Personal Injury Claim.

Claim Information:

Complete items 1 through 8, as applicable.

Documents:

Attach to this proof of claim form any documents requested in items 1 through 8 above, as applicable. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Blitz Personal Injury Claim

All claims for damages or other relief for, based upon, arising out of, relating to, or in any way involving bodily injury and / or property damage that occurred on or before 12:01 AM CST on July 31, 2012, and shall include asserted and unasserted claims, whether known or unknown, based upon, arising out of, or in any way involving the products, premises or operations of the Debtors.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Date Stamped Copy

To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed return envelope and an extra copy of this proof of claim.