

B 10 Modified (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE			PROOF OF CLAIM
Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)			
<input checked="" type="checkbox"/> School Specialty, Inc. (Case No. 13-10125) <input type="checkbox"/> Delta Education, LLC (Case No. 13-10124) <input type="checkbox"/> Bird-in-Hand Woodworks, Inc. (Case No. 13-10126) <input type="checkbox"/> Califone International, Inc. (Case No. 13-10127)		<input type="checkbox"/> Childcraft Education Corp, Inc. (Case No. 13-10128) <input type="checkbox"/> Classroomdirect.com, LLC (Case No. 13-10129) <input type="checkbox"/> Frey Scientific, Inc. (Case No. 13-10130) <input type="checkbox"/> Premier Agendas, Inc. (Case No. 13-10131)	
		<input type="checkbox"/> Sax Arts & Crafts, Inc. (Case No. 13-10132) <input type="checkbox"/> Sportime, LLC (Case No. 13-10133)	
NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) arising after the commencement of the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) 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): 3G GRAPHIC PAPER PRODUCTS			<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: 3G GRAPHIC PAPER PRODUCTS 581 JEFFERSON LANE SPRINGFIELD, OHIO 45506 Telephone number: 937-325-5503 email: RBRODWIN@3G-GRAPHICS.COM			
Name and address where payment should be sent (if different from above): 3G GRAPHICS PAPER PRODUCTS PO BOX 1666 SPRINGFIELD, OHIO 45501 Telephone number: 937-325-5503 email: RBRODWIN@3G-GRAPHICS.COM			<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. 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
1. Amount of Claim as of Date Case Filed: \$ 25,200.00 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.			
2. Basis for Claim: _____ (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: 576	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)	
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 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. \$ _____ (See instruction #6)			
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 8, 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 #9) 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 Bankruptcy Rule 3004.) (See Bankruptcy Rule 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: JEANIE KAMPE Title: OWNER / PRESIDENT Company: 3G GRAPHIC PAPER PRODUCTS Address and telephone number (if different from notice address above): _____ Telephone number: _____ Email: _____			RECEIVED FEB 25 2013 KURTZMAN CARSON CONSULTANTS

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both



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JOHN PRESCOTT

SCHOOL SPECIALTY INC.
PO BOX 1017
APPLETON, WI 54912-1017

*** DEBIT ***

INVOICE NO. : 087958
INVOICE DATE : 10/19/12
SHIP DATE : 10/19/12
P.O. NUMBER : 2403683
SALESPERSON : PROJECT MANAGER
JOB NUMBER : 08905
SHIP VIA :
TERMS : 10th of month following date of invoice.
A service charge of 1 1/2% PER MONTH or 18% PER YEAR
will be charged on accounts past due 30 days or more.
TIN # 31-049 4830

LINE ITEM#	DESCRIPTION	QUANTITY	U/M	UNIT PRICE	AMOUNT
1361093	QUOTE #20163 PUZZLE MAPLE TREE 6 PCS 1 SET	1000		2520.000	2520.00
				AMT DUE	2520.00

A DIVISION OF  GRAPHIC PAPER PRODUCTS CORPORATION

We hereby certify that these goods were produced in compliance with all applicable requirements of Section 6, 7 and 12 of the Fair Labor Standards Act as amended and of regulations of the United States Department of Labor issued under Section 14 thereof.