

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"/> Childcraft Education Corp, Inc. (Case No. 13-10128) <input type="checkbox"/> Sax Arts & Crafts, Inc. (Case No. 13-10132) <input type="checkbox"/> Delta Education, LLC (Case No. 13-10124) <input type="checkbox"/> Classroomdirect.com, LLC (Case No. 13-10129) <input type="checkbox"/> Sportime, LLC (Case No. 13-10133) <input type="checkbox"/> Bird-in-Hand Woodworks, Inc. (Case No. 13-10126) <input type="checkbox"/> Frey Scientific, Inc. (Case No. 13-10130) <input type="checkbox"/> Califone International, Inc. (Case No. 13-10127) <input type="checkbox"/> Premier Agendas, Inc. (Case No. 13-10131)		
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): 3M		<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: NameID: 11317888 3M 2020 LOOKOUT DR NORTH MANKATO, MN 56003		
Telephone number: 800-328-2407 email: ARDepartment@3mpromote.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.
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>118,976.67</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: _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>4626</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: \$ _____		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED MAR 27 2013 KURTZMAN CARSON CONSULTANTS </div>
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: <u>Julie Sargent</u> Title: <u>AR Supervisor</u> Company: <u>3m prompt response</u> Address and telephone number (if different from notice address above): _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> (Signature) <u>Julie Sargent</u> (Date) <u>3/25/13</u> </div>		
Telephone number: _____ Email: _____		COURT USE ONLY

REMIT TO:
3M DIRECT RESPONSE
P.O. BOX 844608
DALLAS, TX 75284-4608
 PHONE: (800) 537-6433 FAX: (507) 625-2594

3M

INVOICE

INVOICE	27909
INVOICE DATE	10/18/2012
DUE DATE (NET 30)	11/17/2012
TOTAL AMOUNT DUE	118,976.67

ACCOUNT	REP	PURCHASE ORDER	RECEIVED DATE	SHIPPING INFORMATION
4626	205 T-U	B20D6R0	09/05/2012	UPS GROUND

SOLD TO:
 SCHOOL SPECIALTY
 ATTN: JO KINGREY
 W6316 DESIGN DRIVE
 GREENVILLE, WI 54942

SHIP TO:
 QUAD GRAPHICS
 WAREHOUSE MANAGER
 N61 W23044 HARRY'S WAY
 SUSSEX, WI 53089

DROP SHIPMENTS = 1

DESCRIPTION	BILL QTY	UNIT PRICE	U/M	TOTAL
<i>Post-it(R) Note products are 100% SFI and PEFC Chain of Custody certified as calculated under the volume credit method. SFI certificate number: BVC-SFICOC-US08000642. PEFC certificate number: BVC-PEFCCOC-US08000643</i>				
22 FLAGS ON A CARD-OFFSET 10 COLOR EDUCATION CAT 2012	880000	173.9700*	M	153093.60
ADV AD SPACE/ITEM	1	43995.0000		43995.00-
PMS INK COLOR	2	.0000		.00
TAPE FLAG PRINT 2 COLOR	880000	.0000*	M	.00
PDF PROOF (EMAIL/FAX)	1	100.0000	U	100.00
NO CHARGE ITEM/OPTIO	1	100.0000		100.00-
* SPECIAL PRICE GIVEN FOR THIS ORDER ONLY.				
				SUB TOTAL 109,098.60
				SHIPPING & HANDLING 1,448.83
				SALES TAX 8,429.24
				DISCOUNT .00
				PAYMENT RECEIVED .00
				TOTAL AMOUNT DUE 118,976.67

TO REORDER, PLEASE REFERENCE THE PURCHASE ORDER B20D6R0, DATED 10/18/2012

ORIGINAL

Post-it, Pop'n Jot and Scotch are trademarks of 3M.

3M Direct Response Flag Order Form

PO #: B2-0D6R-0
 Account Name: School Specialties
 Art sent via: Email FTP Disk
 Quantity (includes overruns): 879,900
 Ship Date: _____
 In Hands Date: 10-Oct-12
 Ship Method: Best Way

SHIP TO INFO:

Name: Quad Graphics
 Attn: Warehouse Manager
 Street: N61 W23044 Harry's Way
 City/State/Zip: Sussex, WI 53089
 Country: _____
 Phone: Kim Barnes - 518-581-4461

*****IMPORTANT*** We also need to make sure and put the job # B2-0D6R-0 on all the skids as well.**

Must set delivery appt. 414-566-2100

****Shaded area is for internal use only****
 CSR Name: Melissa Williams
 CSR Ph. #: 800-328-2407 #238
 CSR email: mawilliams@3mpromote.com
 Control #: _____
 Mainline: Education Cat 2012
 Item #: 70-0712-5186-5
 Stock #: TICF22
 Date art placed on FTP site: _____

IMPRINT COLORS

Flag Imprint: _____ **Yellow**
 _____ **Black**

Card Imprint (flag side): _____ **Process**
 Card Imprint (back side): _____ **Process**

PAPER WEIGHT: 7pt C2S

FLAGS

Material: Polyester (std)_XXX

Color: White Clear ****Shaded area for internal use only****

Flag Size (width): 0.75" (std)

Number of flags per row: 11
 Number of rows: 2

Special Instructions - both rows with tabs to the Left

TRIMS (not needed if Blown-in):
 Finished Card Size: 8 x 10.75
 Head trim (top of card): 0.125
 Foot trim (bottom of card): 0.125
 Grind off (bind in edge): 0.125
 Face trim (front of card): 0.125
 Finished Size of Catalog: 7.75 x 10.5

BINDING METHOD:
 Perfect Bound XX
 Saddle Stitched _____
 Spiral Bound _____
 Blown-in _____
 Score Wanted? Yes _____ No X
 Perforation wanted? Yes _____ No X
 Card to be folded? Yes _____ No X

PROOFS
 Eproof Yes XX No _____
 Epson Proof Yes _____ No _____

Special Instructions: _____

Signature _____



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Shipment Tracking Detail

- The Estimated Delivery Date is an estimate based upon Lakeville Motor Express regular service standards. The day of pickup, weekends and holidays are not include in this server calculation. This is only an estimate and is not a guarantee of the actual delivery data.
- Shipments requiring additional services at time of delivery, including (but not limited to) appointments, liftgate, residential or limited access/inside deliveries, may delay final delivery and are not reflected in the Estimated Delivery Date. Canadian shipments are subject to clearance by customs.
- Printing: Please use your browser's print function to print this page.

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ProNumber:	32525322271	LKVL Pro:	3252532227
Pickup:	10/09/12	Shipper City:	SAINT PAUL, MN
Delivered Date:	10/11/12	Consignee City:	SUSSEX, WI
BL Number:	015899	PO Number:	USMMMGBT06
Pieces:	12	Weight:	14258
Destination Terminal:	<u>MIL - MILWAUKEE</u>		

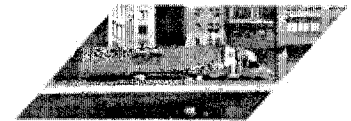
Trailer	Status	Terminal	Date	Time
48242	City pickup	SAINT PAUL	10/09/12	04:51 PM
53590	On Trailer	SAINT PAUL	10/09/12	09:15 PM
53590	Closed	SAINT PAUL	10/09/12	10:37 PM
53590	Closed	SAINT PAUL	10/09/12	10:37 PM
53590	Enroute To	MILWAUKEE	10/10/12	01:56 AM
53590	Recalled	SAINT PAUL	10/09/12	10:37 PM
53590	Closed	SAINT PAUL	10/09/12	10:37 PM
53590	Enroute To	MILWAUKEE	10/10/12	02:00 AM
53590	Arrived	MILWAUKEE	10/10/12	08:15 AM
	On dock	MILWAUKEE	10/10/12	08:55 AM
	Exc-Appt delivery	MILWAUKEE	10/11/12	01:00 PM
531197	Out for city delivery	MILWAUKEE	10/11/12	09:09 AM
	Delivered Clear	MILWAUKEE	10/11/12	12:55 PM

Delivered on 10/11/12

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ProNumber:	32526646034	LKVL Pro:	3252664603
Pickup:	10/11/12	Shipper City:	SAINT PAUL, MN
Delivered Date:	10/15/12	Consignee City:	SUSSEX, WI
BL Number:	015945	PO Number:	USMMMCBT06
Pieces:	8	Weight:	9014
Destination Terminal:	<u>MIL - MILWAUKEE</u>		

Trailer	Status	Terminal	Date	Time
48344	City pickup	SAINT PAUL	10/11/12	03:07 PM
531187	On Trailer	SAINT PAUL	10/11/12	08:37 PM
531187	Closed	SAINT PAUL	10/12/12	12:52 AM
531187	Closed	SAINT PAUL	10/12/12	12:52 AM
531187	Enroute To	MILWAUKEE	10/12/12	12:55 AM
531187	Arrived	MILWAUKEE	10/12/12	08:15 AM
	On dock	MILWAUKEE	10/12/12	08:30 AM
	Exc-Appt delivery	MILWAUKEE	10/15/12	01:00 PM
531197	Out for city delivery	MILWAUKEE	10/15/12	09:01 AM
	Delivered Clear	MILWAUKEE	10/15/12	12:50 PM

Delivered on 10/15/12

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