

Fill in this information to identify the case:

Debtor Hi-Crush Wyeville Operating LLC

United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number 20-33500

Official Form 410
Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** ALL AMERICAN DO IT CENTER
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>ALL AMERICAN DO IT CENTER</u> <u>1201 N SUPERIOR ST</u> <u>TOMAH, WI 54660</u>	

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Contact phone _____ Contact phone _____
Contact email See summary page Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?** No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?** No
 Yes. Who made the earlier filing? _____



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$ 2722.61. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Goods sold

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,025* 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"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. 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.

\$ 2430.02

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/18/2020
MM / DD / YYYY

/s/Kelli Caulum
Signature

Print the name of the person who is completing and signing this claim:

Name Kelli Caulum
First name Middle name Last name

Title CFO

Company All American Lumber, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 554-5810 | International (781) 575-2032

Debtor: 20-33500 - Hi-Crush Wyeville Operating LLC		
District: Southern District of Texas, Houston Division		
Creditor: ALL AMERICAN DO IT CENTER 1201 N SUPERIOR ST TOMAH, WI, 54660 Phone: Phone 2: Fax: Email: kelli.caulum@allamericandoitcenter.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: Yes Related Claim Filed By:	
	Filing Party:	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Goods sold	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 2722.61	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): Yes: 2430.02 Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Kelli Caulum on 18-Sep-2020 2:26:51 p.m. Eastern Time Title: CFO Company: All American Lumber, Inc.		

ALL AMERICAN DO IT CENTER - TOMAH



INVOICE

1201 N Superior Ave
Tomah, WI 54660

PH (608) 374-4200 / FAX (608) 374-4888

Page 1 of 1		Sales Order #: O03-335993		Invoice #: O03-335993	
Special:			Invoice Date: 06/17/2020 10:15 AM		
Instructions:			Ship Date: 06/17/2020		
Sales Rep: 1269 SAM S			Acct Rep: 1269 SAM S		Requested Ship:
					Due Date: 07/31/2020
Sold To: HI-CRUSH OPERATING, LLC 8850 HWY 173 TOMAH, WI 54660			Ship To: HI-CRUSH OPERATING, LLC		
Phone: (608) 372-4705			Phone:		
Customer #: HI-CRUS			Customer PO #: JF2015242130		Order by: JOHN Terminal: TO-ANSWER004-2

LN	ORDER	SHIP	L	UOM	DESCRIPTION	ITEM #	PRICE	EXTENSION
1	8.00	8.00	P	EA	CLR W/D SILICONE SEALANT	793485	5.9800	47.84
					Total Weight: 7.1200 Total Volume: 0.0000			

INVOICE

	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA CP/Customer Pickup Signature _____		Sales Total \$47.84 Addl Charges 0.00 Freight 0.00 Taxable 47.84 Tax 2.63 Non-taxable 0.00 TOTAL \$50.47 Tax # _____ Amt Due \$50.47
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TERMS: 1-1/2%PER MONTH FINANCE CHARGE {\$2.00 MINIMUM} WILL BE ADDED ON PAST DUE ACCOUNTS. SPECIAL ORDERS ARE NON-RETURNABLE. DOITBEST SPECIAL ORDERS ARE NON-RETURNABLE AFTER 1 WEEK. ***** NO RETURNS ACCEPTED AFTER 60 DAYS *****



ALL AMERICAN DO IT CENTER - TOMAH



INVOICE

1201 N Superior Ave
Tomah, WI 54660

PH (608) 374-4200 / FAX (608) 374-4888

Page 1 of 1	Quote #: Q03-029301	Sales Order #: O03-341613	Invoice #: 003-341613
Special:	Invoice Date: 07/02/2020 11:41 AM		
Instructions:	Ship Date: 06/30/2020		
Sales Rep: 1269 SAM S	Acct Rep: 1269 SAM S	Requested Ship:	
		Due Date: 08/31/2020	
Sold To: HI-CRUSH OPERATING, LLC 8850 HWY 173 TOMAH, WI 54660		Ship To: HI-CRUSH OPERATING, LLC	
Phone: (608) 372-4705		Phone:	
Customer #: HI-CRUS		Customer PO #: W20198	Order by: Terminal: TO-ANSWER002-12

LN	ORDER	SHIP	L	UOM	DESCRIPTION	ITEM #	PRICE	EXTENSION
1	10.00	10.00	P	GA	1GAL ELASTIC CRACK FILL	797576	9.4900	94.90
2	1.00	1.00	P	EA	12" SQUEEGEE BRUSH	772248	6.6400	6.64
3	2.00	2.00	P	EA	18" SQUEEGEE BRUSH	781247	7.1200	14.24
4	2.00	2.00	P	EA	REPLACEMENT POLE	306916	9.4900	18.98
5	1.00	1.00	P	EA	DELIVERY TOMAH	5466000	30.0000	30.00
6	80.00	80.00	P	PA	5GAL 7YR DRIVEWAY SEALER	773148	26.5900	2,127.20
7	2.00	2.00	P	EA	COATING BRUSH	777013	5.6900	11.38
					Total Weight: 5.9200			
					Total Volume: 0.0000			

	FILLED BY CHECKED BY DATE SHIPPED DRIVER		Sales Total \$2,303.34 Addl Charges 0.00 Freight 0.00 Taxable 2,303.34 Non-taxable 0.00 Tax #
SHIP VIA CP/Customer Pickup		Tax 126.68 TOTAL \$2,430.02 Amt Due \$2,430.02	
Signature			

TERMS: 1-1/2% PER MONTH FINANCE CHARGE (\$2.00 MINIMUM) WILL BE ADDED ON PAST DUE ACCOUNTS. SPECIAL ORDERS ARE NON-RETURNABLE. DOITBEST SPECIAL ORDERS ARE NON-RETURNABLE AFTER 1 WEEK. ***** NO RETURNS ACCEPTED AFTER 60 DAYS *****



ALL AMERICAN DO IT CENTER - TOMAH

1201 N Superior Ave
 Tomah, WI 54660
 PH (608) 374-4200 / FAX (608) 374-4888



INVOICE

Merchant

Page 1 of 1		Sales Order #: O03-339400		Invoice #: O03-339400	
Special:		Invoice Date: 06/26/2020 2:07 PM			
Instructions:		Ship Date: 06/26/2020			
Sales Rep: 842 RONNIE T		Acct Rep: 842 RONNIE T		Requested Ship:	
		Due Date: 07/31/2020			
Sold To: HI-CRUSH OPERATING, LLC 8850 HWY 173 TOMAH, WI 54660			Ship To: HI-CRUSH OPERATING, LLC		
Phone: (608) 372-4705		Phone:			
Customer #: HI-CRUS		Customer PO #: CAS2015307140		Order by: Terminal: TO-BOOK1	

LN	ORDER	SHIP	L	UOM	DESCRIPTION	ITEM #	PRICE	EXTENSION
1	1.00	1.00	P	EA	DINGO COMPACT LOADER W BUCKET #7	!RENTAL	149.5000	149.50
2	2.00	2.00	P	EA	DELIVERY AND PICK UP CONTR 61221 INV 53361	!RENTAL	40.0000	80.00
					Total Weight: 0.0000			
					Total Volume: 0.0000			

INVOICE

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">FILLED BY</td> <td style="width: 25%;">CHECKED BY</td> <td style="width: 25%;">DATE SHIPPED</td> <td style="width: 25%;">DRIVER</td> </tr> <tr> <td colspan="4" style="border: none;">SHIP VIA CP/Customer Pickup</td> </tr> <tr> <td colspan="4" style="border: none;">Signature</td> </tr> </table>	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	SHIP VIA CP/Customer Pickup				Signature				<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Sales Total</td> <td style="text-align: right;">\$229.50</td> </tr> <tr> <td colspan="2">Addl Charges</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="2">Freight</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="2">Taxable</td> <td style="text-align: right;">229.50</td> </tr> <tr> <td colspan="2">Non-taxable</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="2">Tax #</td> <td></td> </tr> <tr> <td colspan="2">TOTAL</td> <td style="text-align: right;">\$242.12</td> </tr> <tr> <td colspan="2">Amt Due</td> <td style="text-align: right;">\$242.12</td> </tr> </table>	Sales Total		\$229.50	Addl Charges		0.00	Freight		0.00	Taxable		229.50	Non-taxable		0.00	Tax #			TOTAL		\$242.12	Amt Due		\$242.12
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Merchant