B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT | **PROOF OF CLAIM**

Name of Debtor: POINT BLANK SOLUTIONS INC

Case Number: 10-11255

NOTE: *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.*

Name of Creditor (the person or other entity to whom the debtor owes money or property): COOK'S PEST CONTROL INC.

Name and address where notices should be sent:
COOK'S PEST CONTROL INC.
P.O. BOX 5483
KNOXVILLE, TN 37928

Telephone number: 865-688-1800

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____ (*If known*)

Filed on: _____

Name and address where payment should be sent (if different from above):

SAME

Telephone number:

☐ 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.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: $320.00

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.

☐ 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: PEST CONTROL SVCS RENDERED FOR MARCH & APRIL 2010
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 0801

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: ☐ Real Estate ☐ Motor Vehicle ☐ 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 doc[u]ments supporting the claim, such as promissory notes, purchase orders, invoices, itemized statements of running acc[ou]nts. You may also attach a summary. Attach redacted c[o]pies of documents providing evidence of perfection of a security interest. You may also attach a summary

DO NOT SEND ORIGINAL DOCUMENTS. ATT[ACHED] DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Filed: USBC - District of Delaware
Point Blank Solutions, Inc., Et Al.
10-11255 (PJW) 0000000008

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.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $10,950*) 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).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ Up to $2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

Amount entitled to priority:

$_____

**Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

Date: 4-28-10

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.

Marian Lawson MARIAN LAWSON Office Specialist

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

FOR COURT USE ONLY
FILED / RECEIVED
MAY 03 2010
EPIQ BANKRUPTCY SOLUTIONS, LLC

1869

COOK'S PEST CONTROL

P O BOX 5483
KNOXVILLE TN 37928

www.cookspest.com

SERVICE REPORT / INVOICE

(865)688-1800

Account No.	Service Month	Current Svc Charge	Mth	Lead	Trm	Type	Last Charge Posted	Last Payment Posted	Zone	Ln Ft	Sq Ft	Rt	Salesm
26PH-0608-01	MAR	160.00	12	04	MS	10S	01/22/10	12/16/09	SFB	1090		07	66

SERVICE ADDRESS

POINT BLANK SOLUTIONS INC
*179 MINE LN
JACKSBORO TN37757

INSTRUCTIONS

PREVENTIVE PEST CONTROL SERVICE
INSPECT, SERVICE WHERE NEEDED
CONT JENNIFER X 542
800-722-7667 PO#9719 423-562-1115

Day: Wed Date: 3/31/10
Time In: 2:04 AM/PM
Time Out: 3:48 AM/PM
Next Service Date: APR

BILLING ADDRESS

POINT BLANK SOLUTIONS INC
2102 S W 2ND ST
POMPANO BEACH FL 33069
423-562-1115

DIRECTIONS

*179 MINE LN
JACKSBORO PACA BODY ARMOR
INT EXT MONTHLY AS NEEDED
21 TIN CATS 1 BAIT STATION

GEO Code: 013
950500 3038
0215 32000

S/C Code [ ] [ ] Comments to office:

PRECAUTIONARY STATEMENTS: 1) Contact Treated Area(s): Do not allow unprotected persons, children, or pets to touch, enter, or replace items or bedding, to contact or enter treated area(s) until dry. **2) Ventilation / Reoccupying:** Vacate and keep area(s) closed up to 30 minutes after treatment, then ventilate area(s) for up to 2 hours before reoccupying. **3) Equipment / Processing / Food:** Thoroughly wash dishes, utensils, food preparation / processing equipment and surfaces with an effective cleaning compound and rinse with clean water, if not removed or covered during a treatment. The area should be odor free before food products are placed in the area. **4) Exterior Applications (baits):** Do not allow grazing of feed, lawn, or sod clippings to livestock after bait applications. **5) Firewood:** Do not burn treated firewood for 1 month after treatment.

MATERIALS APPLIED AT LABEL RATE

SPACE APPLICATIONS: CUBIC FOOTAGE _____ **SQUARE FOOTAGE** _____

Material Used	Target Pest	Application Method	Amount Used	Area Serviced
-	6, 13	10	-	35
11	1, 6, 14	1	4oz	66, 39,
				43
27	1, 6, 14	1	2oz	68, 43,
				39
15	15	1	2oz	76
24	1, 6, 14	9	3	68, 47
10	2, 3	2	20bb	36, 46

Comments/Sanitation Concerns: _____

Customer Signature X _____

Technician Signature X _____ #7610

PC 5 - 10.09

National Pesticide Information Center
1-800-858-7378 www.npic.orst.edu

COPY-OFFICE TDA 1312

MATERIALS

CODE	ACTIVE INGR./EPA#	% CONCENTRATE
1.	Advance 375-A Select Granular Ant Bait (Abamectin) 499-370	0.011
2.	Advance 388-B Ant Gel (Borax) 499-492	5.4
3.	Advance 381-B Liquid Ant Bait (Borax) 499-491	1.3
4.	Advance Roach Gel (Dinotefuran) 499-507	0.5
5.	Advion Roach Gel (Indoxacarb) 352-652	0.6
6.	Altosid Pro-G (S-Methoprene) 2724-451	1.5
7.	Avert Dry Flowable (Abamectin) 499-294	0.050
8.	Bedlam (Phenoxybenzyl) 1021-1767	0.40
9.	CB-Purge III (Pyrethrins) 9444-158	0.975
10.	Contrac Blox (Bromadiolone) 12455-79	0.005
11.	Cy-Kick CS (Cyfluthrin) 499-303	0.1
12.	Deltadust (Deltamethrin) 432-772	0.05
13.	Drione (Amorphous silica gel, Pyrethrins) 432-992	1.0
14.	Extinguish Plus (Hydramethylnon) 2724-496	0.365
	(S-Methoprene)	0.250
15.	Gentrol Aerosol (S-Hydroprene) 2724-484	0.36
16.	Gentrol Point Source (S-Hydropene) 2724-469	90.6
17.	Intice Granular Bait (Orthoboric acid) 73079-2	5.0
18.	Invade Hot Spot	
19.	Maxforce Granular Fine Insect Bait (Hydramethylnon) 432-1255	1.0
20.	Maxforce FC Ant Gel (Fipronil) 432-1264	0.001
21.	Maxforce FC Magnum (Fipronil) 432-1460	0.05
22.	Maxforce Fly Spot Bait (Imidacloprid) 432-1455	10.0
23.	Maxforce Granular Fly Bait (Imidacloprid) 432-1375	0.5
24.	Monitor	
25.	Perma-Dust (Boric acid) 499-384	35.5
26.	Phantom (Chlorfenapyr) 241-392	0.5
27.	PT-221L (Lambdo-cyhalothrin) 499-473	0.05
28.	PT-565 Plus XLO (Pyrethrin) 499-290	0.50
29.	Suspend SC (Deltamethrin) 432-763	0.0074
30.	Suspend SC (Deltamethrin) 432-763	0.003
31.	Temprid SC (B-Cyfluthrin Imidacloprid) 432-1483	0.018
32.	Timbor (Disodium Octaborate Tetrahydrate) 432-1455	15.0
33.	Ultracide (Permethrin) 499-404	0.400
34.	Wasp Freeze (d-trans allethrin) 499-362	0.129
35.	Termidor (Fipronil)7969-210	0.06
36.	Premise 75 WP (Imidacloprid) 432-1332	0.05
37.		
38.		

Target Pests

1. Cockroaches
2. Rats
3. Mice
4. Silverfish
5. Ants
6. Spiders
7. Flies
8. Fleas
9. Bed Bugs
10. Fire Ants
11. Mosquitoes
12. Brown Recluse
13. Stinging Insects
14. Occasional Invaders
15. DRAIN FLY

Application Method

1. Crack & Crevice
2. Rodent Bait Place.
3. Space Applic.
4. Bait Placement
5. Broadcast Applic.
6. Spot Treatment
7. Soil Injection
8. Bait Station Place.
9. Glue Board Place.
10. Webster
11. Exterior Applic.
12. IGR Station Placement

Amount Used

oz = ounces bb = bait block gal = gallons lb = pounds gr = grams

Area Serviced

1 Attic
2 Bar
3 Bathroom
4 Master Bathroom
5 Secondary Bathroom
6 Basement Bathroom
7 Bedroom
8 Master Bedroom
9 Child Bedroom
10 Guest Bedroom
11 Closet
12 Crawl Space
13 Mattress
14 Dining Room
15 Breakfast Dining Room
16 Exercise
17 Game Room
18 Garage
19 Basement Level Garage/Storage
20 Kitchen
21 Library
22 Family Room
23 Den
24 Living Room
25 Media Room
26 Office
27 Play / Bonus Room
28 Storage Room
29 Sun Room
30 Utility / Laundry Room
31 Work Room
32 Adjacent Building Area (Insect Control)
33 Bakery Area
34 Bar Areas
35 Building Perimeter (Insect Control)
36 Building Perimeter (Rodent Control)
37 Check-Out Counters
38 Classroom(s)
39 Common Areas
40 Compactor Area(s)
41 Deli Area
42 Dishwashing Area(s)
43 Doorway(s)
44 Dry Food Area/Aisles
45 Dry Food Storage
46 Dumpster Area
47 Employee Break Area(s)
48 Floral
49 Food Production Area(s)
50 Food Storage / Receiving Areas
51 Garden Center
52 Dorm Rooms
53 Hot Food Buffet Area(s)
54 Interior Rodent Controls
55 Kitchen Area(s)
56 Locker Area(s)
57 Meat Cutting Rooms
58 Non-Food Production Area(s)
59 Non-Food Storage Area(s)
60 Ordering / Storage Counter / Service Desk
61 Service Desk
62 Patient Care Areas
63 Pet Food Display / Storage Area(s)
64 Pharmacy
65 Produce Display
66 Produce Preparation/ Receiving
67 Property Fence Line (Rodent Control)
68 Restrooms
69 Retail Facility Sales Floor (non-food)
70 Salad Bar Area(s)
71 Seafood/Meat Display
72 Seating Area
73 Self Serve Drink Area(s)
74 Wait Station(s)
75 Landscape Area
OTHER:
76 DRAINS
77
78
79

COOK'S PEST CONTROL — RECEIPT/REMITTANCE SLIP

INVOICE NO. 1869-03-10 SERVICE MONTH MAR

ACCOUNT NO. 26PH-0608-01 CURRENT SVC CHG. 160.00
POINT BLANK SOLUTIONS INC

AMOUNT DUE $160.00

☐ CASH ☐ CHECK ☐ CREDIT CARD AMOUNT PAID $_____

PLEASE SEE REVERSE SIDE FOR SPECIAL PROMOTIONS

7878

COOK'S PEST CONTROL

P O BOX 5483
KNOXVILLE TN 37928
(865)688-1800
www.cookspest.com

SERVICE REPORT / INVOICE

Account No.	Service Month	Current Svc Charge	Mth	Lead	Trm	Type	Last Charge Posted	Last Payment Posted	Zone	Ln Ft	Sq Ft	Rt	Salesm
26PH060801	APR	160.00	12	D	MS105		02/26/10	02/18/10	SFB	1090		07	66

SERVICE ADDRESS
POINT BLANK SOLUTIONS INC
*179 MINE LN
JACKSBORO TN 37757

BILLING ADDRESS
POINT BLANK SOLUTIONS INC
2102 S W 2ND ST
POMPANO BEACH FL 33069
423-562-1115

INSTRUCTIONS
PREVENTIVE PEST CONTROL SERVICE
INSPECT, SERVICE WHERE NEEDED
CONT JENNIFER X 542
800-722-7667 PO#9719 423-562-1115

DIRECTIONS
*179 MINE LN
JACKSBORO PACA BODY ARMOR
INT EXT MONTHLY AS NEEDED
21 TIN CATS 1 BAIT STATION

Day: Wed Date: 4/21/10
Time In: 12:39 AM/PM
Time Out: 2:11 AM/PM
Next Service Date: May

GEO Code: 013
950500 3038
0315 16000

S/C Code [ ][ ] Comments to office:

PRECAUTIONARY STATEMENTS: 1) **Contact Treated Area(s):** Do not allow unprotected persons, children, or pets to touch, enter, or replace items or bedding, to contact or enter treated area(s) until dry. 2) **Ventilation / Reoccupying:** Vacate and keep area(s) closed up to 30 minutes after treatment, then ventilate area(s) for up to 2 hours before reoccupying. 3) **Equipment / Processing / Food:** Thoroughly wash dishes, utensils, food preparation / processing equipment and surfaces with an effective cleaning compound and rinse with clean water, if not removed or covered during a treatment. The area should be odor free before food products are placed in the area. 4) **Exterior Applications (baits):** Do not allow grazing of feed, lawn, or sod clippings to livestock after bait applications. 5) **Firewood:** Do not burn treated firewood for 1 month after treatment.

MATERIALS APPLIED AT LABEL RATE

SPACE APPLICATIONS: CUBIC FOOTAGE _____ **SQUARE FOOTAGE** _____

Material Used	Target Pest	Application Method	Amount Used	Area Serviced
12	2,3	2	22 bb	36
13	1,6,14	1	4 oz	59, 43,
				68, 39
28	1,6,14	9	6	47, 68
Blueboard	2,3	9	4	59
25	1	4	9 gal	47
—	6,15	10	—	35

Comments/Sanitation Concerns: _____

Customer Signature X Clarence Fulton

Technician Signature X [signature] 4/21/10

PC 5 - 2.10

National Pesticide Information Center
1-800-858-7378 www.npic.orst.edu

COPY-OFFICE TDA 1312

MATERIALS

CODE	ACTIVE INGR./EPA#	% CONCENTRATE
1.	Advance 375-A Select Granular Ant Bait (Abamectin) 499-370	0.011
2.	Advance 388-B Ant Gel (Borax) 499-492	5.4
3.	Advance 381-B Liquid Ant Bait (Borax) 499-491	1.3
4.	Advance Roach Gel (Dinotefuran) 499-507	0.5
5.	Advion Roach Gel (Indoxacarb) 352-652	0.6
6.	Alpine Pressurized (Dinotefuran) 499-531	0.5
7.	Altosid Pro-G (S-Methoprene) 2724-451	1.5
8.	Avert Dry Flowable (Abamectin) 499-294	0.050
9.	Bedlam (Phenoxybenzyl) 1021-1767	0.40
10.	CB-Purge III (Pyrethrins) 9444-158	0.975
11.	Clear Zone III (Pyrethrins) 499-513	1.0
12.	Contrac Blox (Bromadiolone) 12455-79	0.005
13.	Cy-Kick CS (Cyfluthrin) 499-303	0.1
14.	Deltadust (Deltamethrin) 432-772	0.05
15.	Drione (Amorphous silica gel, Pyrethrins) 432-992	1.0
16.	Extinguish Plus (Hydramethylnon) 2724-496 (S-Methoprene)	0.365 0.250
17.	Gentrol Aerosol (S-Hydroprene) 2724-464	0.36
18.	Gentrol Point Source (S-Hydropene) 2724-469	90.6
19.	Intice Granular Bait (Orthoboric acid) 73079-2	5.0
20.	Intice Smart Ant Gel (Sodium Tetraborate Decahydrate) 73079-9	5.0
21.	Invade Hot Spot	
22.	Invict Gold Cockroach Gel (Imidacloprid) 73079-10	2.15
23.	Maxforce Granular Fine Insect Bait (Hydramethylnon) 432-1255	1.0
24.	Maxforce FC Ant Gel (Fipronil) 432-1264	0.001
25.	Maxforce FC Magnum (Fipronil) 432-1460	0.05
26.	Maxforce Fly Spot Bait (Imidacloprid) 432-1455	10.0
27.	Maxforce Granular Fly Bait (Imidacloprid) 432-1375	0.5
28.	Monitor	
29.	Niban (Orthoboric Acid) 64405-2	5.0
30.	Perma-Dust (Boric acid) 499-384	35.5
31.	Phantom (Chlorfenapyr) 241-392	0.5
32.	Phantom Pressurized (Chlorfenapyr) 7969-285	0.5
33.	PT-221L (Lambdo-cyhalothrin) 499-473	0.05
34.	PT-565 Plus XLO (Pyrethrin) 499-290	0.50
35.	Suspend SC (Deltamethrin) 432-763	0.0074
36.	Suspend SC (Deltamethrin) 432-763	0.003
37.	Temprid SC (B-Cyfluthrin Imidacloprid) 432-1483	0.018
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41.	Termidor (Fipronil)7969-210	0.06
42.	Premise 75 WP (Imidacloprid) 432-1332	0.05
43.		
44.		

Target Pests

1. Cockroaches 2. Rats 3. Mice 4. Silverfish 5. Ants 6. Spiders 7. Flies 8. Fleas 9. Bed Bugs 10. Fire Ants 11. Mosquitoes 12. Brown Recluse 13. Stinging Insects 14. Occasional Invaders 15. _____

Application Method

1. Crack & Crevice 2. Rodent Bait Place. 3. Space Applic. 4. Bait Placement 5. Broadcast Applic. 6. Spot Treatment 7. Soil Injection 8. Bait Station Place. 9. Glue Board Place. 10. Webster 11. Exterior Applic. 12. IGR Station Placement

Amount Used

oz = ounces bb = bait block gal = gallons lb = pounds gr = grams

Area Serviced

1 Attic 2 Bar 3 Bathroom 4 Master Bathroom 5 Secondary Bathroom 6 Basement Bathroom 7 Bedroom 8 Master Bedroom 9 Child Bedroom 10 Guest Bedroom 11 Closet 12 Crawl Space 13 Mattress 14 Dining Room 15 Breakfast Dining Room 16 Exercise 17 Game Room 18 Garage 19 Basement Level Garage/Storage 20 Kitchen 21 Library 22 Family Room 23 Den 24 Living Room 25 Media Room 26 Office 27 Play / Bonus Room 28 Storage Room 29 Sun Room 30 Utility / Laundry Room 31 Work Room 32 Adjacent Building Area (Insect Control) 33 Bakery Area 34 Bar Areas 35 Building Perimeter (Insect Control) 36 Building Perimeter (Rodent Control) 37 Check-Out Counters 38 Classroom(s) 39 Common Areas 40 Compactor Area(s) 41 Deli Area 42 Dishwashing Area(s) 43 Doorway(s) 44 Dry Food Area/Aisles 45 Dry Food Storage 46 Dumpster Area 47 Employee Break Area(s) 48 Floral 49 Food Production Area(s) 50 Food Storage / Receiving Areas 51 Garden Center 52 Dorm Rooms 53 Hot Food Buffet Area(s) 54 Interior Rodent Controls 55 Kitchen Area(s) 56 Locker Area(s) 57 Meat Cutting Rooms 58 Non-Food Production Area(s) 59 Non-Food Storage Area(s) 60 Ordering / Storage Counter / 61 Service Desk 62 Patient Care Areas 63 Pet Food Display / Storage Area(s) 64 Pharmacy 65 Produce Display 66 Produce Preparation/ Receiving 67 Property Fence Line (Rodent Control) 68 Restrooms 69 Retail Facility Sales Floor (non-food) 70 Salad Bar Area(s) 71 Seafood/Meat Display 72 Seating Area 73 Self Serve Drink Area(s) 74 Wait Station(s) 75 Landscape Area

OTHER: 76 _____ 77 _____ 78 _____ 79 _____

COOK'S PEST CONTROL — RECEIPT/REMITTANCE SLIP

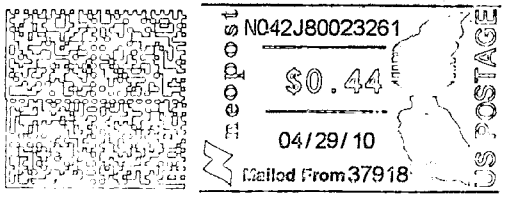
INVOICE NO. 7878-04-10 SERVICE MONTH APR

ACCOUNT NO. 26PH060801 CURRENT SVC CHG. 160.00
POINT BLANK SOLUTIONS INC
AMOUNT DUE $160.00

☐ CASH ☐ CHECK ☐ CREDIT CARD AMOUNT PAID $_____

PLEASE SEE REVERSE SIDE FOR SPECIAL PROMOTIONS

COOK'S PEST CONTROL, INC.
COMMERCIAL DIVISION
P. O. Box 5483
Knoxville, TN 37928-0483



Point Blank Solutions, Inc Claims Processing Ctr
c/o Epiq Bankruptcy Solutions LLC
FDR Station, P O Box 5069
New York, NY 10150-5069

OM 66—5.96R

10130+3063