


UNITED STATES BANKRUPTCY COURT		District of Delaware	PROOF OF CLAIM
Name of Debtor: Associated Wholesalers, Inc.		Case Number: 14-12093	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 150px;"> FILED / RECEIVED SEP 19 2014 Eplq Bankruptcy Solutions, LLC </div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): Utility Keystone Trailer Sales, Inc.			
Name and address where notices should be sent: PO Box 156 1976 Auction Road Manheim, PA 17545		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Telephone number: (717) 653-9444 email: joyceopp@utilitykeystone.com			
Name and address where payment should be sent (if different from above):		<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. Filed: USBC - District of Delaware AWI Delaware, Inc, Et Al. 14-12092 (KJC) 0000000013	
Telephone number: email:			
1. Amount of Claim as of Date Case Filed: \$ <u>14,490.25</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.			
2. Basis for Claim: <u>Goods Sold and Services Performed</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <u>5 3 4 6</u>	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.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____	
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 \$12,475*) 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).	Amount entitled to priority: \$ _____
<input type="checkbox"/> Up to \$2,775* 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)(____).	
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

7. 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, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, 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:

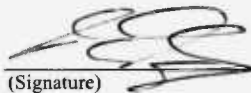
8. Signature: (See instruction #8)

Check the appropriate box.

- ☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

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: Bryan Zeamer
Title: President
Company: Utility Keystone Trailer Sales, Inc.
Address and telephone number (if different from notice address above):

(Signature) 

9-17-14
(Date)

Telephone number: _____ email: _____

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.

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, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

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

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



Utility Keystone Trailer Sales, Inc.

PO Box 156 | 1976 Auction Road | Manheim, PA 17545
Tel: 717.653.9444 | Fax: 717.653.9443
www.UtilityKeystone.com

*** REPRINT ***

Invoice: **01P938**
Date / Time: 7/11/2014 8:57:15AM
Parts Order: 938
Customer: 05346
Branch: 1
Invoice Total: \$ 39.50
*** Charge ***
Page 1 of 1

Bill To: ASSOCIATED LOGISTICS IN
P O BOX 67 ROUTE 422
ROBESONIA, PA 19551

Ship To: ASSOCIATED LOGISTICS IN
P O BOX 67 ROUTE 422
ROBESONIA, PA 19551
Office Phone: 6106933161

Office: 6106933161 Shop: 6106933161 Fax: 0

Customer P/O:		Invoiced By: menterline		Delivery Method: Howie-Wednesday	
Part / Misc	Description / Ref Number	U/M	Quantity	Price	Ext Price
Vin Plates	Duplicate Vin Plates		1	\$39.50	\$39.50

REPRINT

Customer Tax ID: MC 357640 C
Exempt

\$0.00
\$0.00

Total Miscellaneous: \$39.50
Invoice Subtotal: \$39.50
Total Tax: \$0.00
Invoice Total: \$39.50

Payment Method:
Charge

Payment Terms:
NET 10th PROX

Due Date:
08/10/2014



Utility Keystone Trailer Sales, Inc.

PO Box 156 | 1976 Auction Road | Manheim, PA 17545
Tel: 717.653.9444 | Fax: 717.653.9443
www.UtilityKeystone.com

**** Reprint ****

Invoice: **01S70677**
Date / Hour: 7/29/2014 4:44:57PM
Repair Order: 70677
Customer: 05346
Branch: 1
Total Invoice: \$ 1,360.53
Charge
Page 1 of 1

Bill To: ASSOCIATED LOGISTICS IN
P O BOX 67 ROUTE 422
ROBESONIA, PA 19551

Ship To: ASSOCIATED LOGISTICS IN
P O BOX 67 ROUTE 422
ROBESONIA, PA 19551

Work: 6106933161

Shop: 6106933161

Fax: 0

Customer P/O: KHintle hseiverling Orig R/O: 0 Completion Date: 7/29/2014

Task: 1 1239407 REPAIR/REPLACE ICC BUMPER ON TRAILER

Department: Service

Correction: Replace sst icc bumper tube & replace sst bumper uprights. Install dot tape. Pick up & deliver truck.

Part	Description / Ref Number	U/M	Quantity	Price	Extended Price
4-1900-97	SST BUMPER TUBE 95-3/8 SATIN	EA	1.0	\$543.03	\$543.03
RNA150RSFT	REFLECT TAPE-FT RED/SILVER	EA	8.0	\$1.73	\$13.84

Tech: 4400

Detail Tax Info:

Exempt

\$0.00

\$0.00

Total Parts:	\$556.87
Total Labor:	\$737.30
Total Shop Supplies:	\$66.36
Invoice Subtotal:	\$1,360.53
Total Tax:	\$0.00
Total Invoice:	\$1,360.53

Payment Method
Charge

Terms
NET 10th PROX

Due Date
8/10/2014

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied. Including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

Customer Signature



Utility Keystone Trailer Sales, Inc.

PO Box 156 | 1976 Auction Road | Manheim, PA 17545
Tel: 717.653.9444 | Fax: 717.653.9443
www.UtilityKeystone.com

**** Reprint ****

Invoice: **01S70243**
Date / Hour: 7/24/2014 1:30:45PM
Repair Order: 70243
Customer: 05346
Branch: 1
Total Invoice: \$ 4,599.84
Charge
Page 1 of 2

Bill To: ASSOCIATED LOGISTICS IN
P O BOX 67 ROUTE 422
ROBESONIA, PA 19551

Ship To: ASSOCIATED LOGISTICS IN
P O BOX 67 ROUTE 422
ROBESONIA, PA 19551

Work: 6106933161

Shop: 6106933161

Fax: 0

Customer P/O: BVonStetten hseiverling Orig R/O: 0 Completion Date: 7/8/2014

Unit Number: 843

Model Year: 2015

Make/Model: Great Dane Reefer

Type: Trailer Reefer

VIN: 6S702621

Meter: 0

Task: 1 1101101 REPAIR/REPLACE ROOF SKIN (ALU)

Department: Service

Complaint: Repair front corner & roof.

Correction: R&I unit.

Repaired nose rail.

Repaired corner radius.

Replaced r/s top reefer door.

Installed new c/s upper panel.

REPRINT

Part	Description / Ref Number	U/M	Quantity	Price	Extended Price
58-01355-00	DOOR RD/S UPPER		1.0	\$253.77	\$253.77
FOAM	Foam Insulation		1.0	\$125.00	\$125.00
FREIGHT	Freight Charges - Parts		1.0	\$20.00	\$20.00
025-201-001	SST CORNER RADIUS	EA	1.0	\$317.86	\$317.86
26340	2" GREEN 3M TAPE	EA	1.0	\$12.49	\$12.49
41300912	ELEC. BOX BASE	EA	1.0	\$26.71	\$26.71
41300913	ELECTRIC SWITCH	EA	1.0	\$33.99	\$33.99
DC259216	WHITE GG W/BLUE FAN NOZZLE	EA	3.0	\$1.87	\$5.61
1100FSWH	BOSTICK WHITE SEALANT	EA	1.0	\$5.40	\$5.40
25-AM	ROOF BOW ADHESIVE/SEALANT	EA	1.0	\$6.46	\$6.46
SIK221-521	SIKAFLEX 221 SEALANT	EA	1.0	\$5.55	\$5.55
GDP90000	PVC CLOSURE		1.0	\$7.00	\$7.00
1-1961	SHRINK BUTT CONNECT 20-18GA	EA	2.0	\$0.61	\$1.22
Tech: 4400					
Tech: 6200					
Tech: 8900					
Tech: 9300					
Tech: 9600					

Detail Tax Info:

Exempt

\$0.00

\$0.00

Total Parts:	\$676.06
Total Labor:	\$3,466.77
Total Miscellaneous:	\$145.00
Total Shop Supplies:	\$312.01
Invoice Subtotal:	\$4,599.84
Total Tax:	\$0.00
Total Invoice:	\$4,599.84

Payment Method
Charge

Terms
NET 10th PROX

Due Date
8/10/2014



Utility Keystone Trailer Sales, Inc.

PO Box 156 | 1976 Auction Road | Manheim, PA 17545
Tel: 717.653.9444 | Fax: 717.653.9443
www.UtilityKeystone.com

**** Reprint ****

Invoice: **01S70823**
Date / Hour: 8/27/2014 11:57:54AM
Repair Order: 70823
Customer: 05346
Branch: 1
Total Invoice: \$ 4,190.38
Charge
Page 1 of 1

Bill To: ASSOCIATED LOGISTICS IN
P O BOX 67 ROUTE 422
ROBESONIA, PA 19551

Ship To: ASSOCIATED LOGISTICS IN
P O BOX 67 ROUTE 422
ROBESONIA, PA 19551

Work: 6106933161

Shop: 6106933161

Fax: 0

Customer P/O: KHinkle hseiverling Orig R/O: 0 Completion Date: 8/25/2014

Unit Number: 505

Model Year: 2011

Make/Model: Great Dane

Type: Trailer Reefer

VIN: BB700489

Meter: 0

Task: 1 707401 REPLACE SLIDER ASSEMBLY WITH HANGERS ATTACHED * Department: Service

Complaint: Repair per est 5887.

Correction: R&R SLIDER BOX
ALIGN SUSP
PAINT SUSP

FRT

Part	Description / Ref Number	U/M	Quantity	Price	Extended Price
624	24" CHROME GRAB HANDLE	EA	1.0	\$15.59	\$15.59
FREIGHT	Freight Charges - Parts		1.0	\$225.00	\$225.00
AMBOX.496	SLIDER BOX VANTRAAX	EA	1.0	\$2,176.52	\$2,176.52
METAL	Metal Sales		1.0	\$15.63	\$15.63
S24705	QUIK-ALIGN KIT VANTRAAX	EA	4.0	\$20.77	\$83.08
933-3B	WIRE TIE 7" BLACK PER PIECE	EA	100.0	\$0.04	\$4.00
SG400B	BLACK SPRAY UNDERCOATING	EA	2.0	\$12.73	\$25.46
54183	YELLOW LED SIDE TURN LAMP	EA	1.0	\$73.59	\$73.59
Tech: 2000					
Tech: 9400					

Detail Tax Info:

Exempt

\$0.00

\$0.00

Total Parts:	\$2,378.24
Total Labor:	\$1,441.75
Total Miscellaneous:	\$240.63
Total Shop Supplies:	\$129.76
Invoice Subtotal:	\$4,190.38
Total Tax:	\$0.00
Total Invoice:	\$4,190.38

Payment Method
Charge

Terms
NET 10th PROX

Due Date
9/10/2014

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied. Including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

Customer Signature



The First Name In Trailers

UTILITY/KEYSTONE TRAILER SALES, INC.

1976 Auction Rd. PO Box 156
Manheim, PA 17545
(717) 653-9444 fax (717) 653-9443
www.utilitykeystone.com

September 17, 2014

AWI Delaware, Inc. Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5071
New York, NY 10150-5071

TO WHOM IT MAY CONCERN:

Attached please find a completed Proof of Claim form against Associated Wholesalers, Inc., Case Number: 14-12093. At the time of the declared bankruptcy, they owed Utility Keystone Trailer Sales \$14,490.25 for goods purchased and services performed.

Also attached are copies of the invoices that total this amount. We have not included any penalties or interest.

Thank you for your time and attention to this matter. If you should need any additional documentation or information, please contact Joyce Opp at 717-653-9444 or by email at joyceopp@utilitykeystone.com.

Sincerely,

Bryan Zeamer
President