


United States Bankruptcy Court for the District of Delaware GST AutoLeather, Inc. Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC P.O. Box 4412 Beaverton, OR 97076-4412	To submit your form online please go to https://eplawworkflow.com/cases/GAL Your Mail ID is as follows: 123663800
Name of Debtor: GST AUTOLEATHER, INC. Case Number: 17-12100 (LSS)	
 BAR(23) MAILID *** 000123663800 *** GAL (MERGE2.DBF,SCHED_NO) SCHEDULE #: 100001790***** PRINT-O-STAT P.O. BOX 15055 YORK, PA 17404-7055	For Court Use Only RECEIVED JAN 03 2018 LEGAL SERVICES Your claim is scheduled by the Debtor as: \$196.65 UNSECURED

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy under 503(b)(9), do not use this form to make a request for payment of an administrative expense. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements, mortgages, and security agreements. Do not send original documents; they may be destroyed after scan explain in an attachment.

Filed: USBC - District of Delaware
 GST AutoLeather, Inc., et al.
 17-12100 (LSS)



A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 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?

Name of the current creditor (the person or entity to be paid for this claim): Print-o-stat Inc.

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

Where should notices to the creditor be sent?

Print-o-stat Inc.

Name _____

P.O. Box 15055

Number Street _____

YORK PA 17405-7055

City State ZIP Code _____

Country (if International): _____

Contact phone: 717-852-1315

Contact email: AFreyePrintostat.com

Where should payments to the creditor be sent? (if different)

Name _____

Number Street _____

City State ZIP Code _____

Country (if International): _____

Contact phone: _____

Contact email: _____

4. Does this claim amend one already filed?

No

Yes. Claim number on court claims register (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:

1 2 8 6

7. How much is the claim?

\$ 196.65

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

<p>9. Is all or part of the claim secured?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>_____</p> <p>Basis for perfection: _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p style="text-align: right;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	<p>10. Is this claim based on a lease?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition.</p> <p>\$ _____</p> <p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Check one:</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a)(____) that applies. \$ _____</p> <p>* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.</p>	<p>11. Is this claim subject to a right of setoff?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p> <p>_____</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p>Amount entitled to priority</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
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13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?

No

Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____

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 co-debtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a 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 12/28/2017 Amy J Frey
 MM / DD / YYYY Signature

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

Name Amy J. Frey
 First name Middle name Last name

Title Division Controller / Asst. Treasurer

Company Print-o-stat Inc
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1011 West Market St
 Number Street

York PA 17404
 City State ZIP Code

Contact Phone 717-852-1315 Email AFrey@Printostat.com



York, PA • Allentown, PA • Catonsville, MD
 Chantilly, VA • Hanover, PA • Hunt Valley, MD
 King of Prussia, PA • Lancaster, PA
 Mechanicsburg, PA • Pittsburgh, PA

FEDERAL EMPLOYER IDENTIFICATION # 23-1440076

Please pay on this invoice.
 Mail your remittance to:
PRINT-O-STAT, INC.
 P.O. Box 15055
 York, PA 17405-7055
 This address is for payments only. Please refer
 all other correspondence to your local POS office.

Past Invoice	Y0133764
Page	1
Date	09/11/2017

Sold To: 1286
 GST AUTOLEATHER
 ACCOUNTS PAYABLE
 20 OAK HOLLOW
 SOUTHFIELD, MI 48034-

Ship To: 01
 GST AUTOLEATHER
 C/O DICEX INTERNATIONAL
 8414 GATO ROAD
 KILLAM INSUDTRIAL PARK
 LAREDO, TX 78045-

Customer PO Number	Ship Date	Salesperson			Terms	Tax Code		
610178	09/11/2017	Denny Myers			NET 30 DAYS	NOTAX		
Document	Warehouse		Freight		Ship Via			
00245723	Print-O-Stat York		PPD & ADD		United Parcel Service			
Item Number / Description	Ordered	Shipped	Backorder	UM	Price	Per	Extension	
3DMI 36125 FILM INKJET 3 MIL DBL MATTE 36X125 FT Note: Kelly 734-853-2700 Carrie Additional Charges: Freight	1	1	0	RL	175.00	RL	175.00	21.65
PRINT-O-STAT, INC. RESERVES THE RIGHT TO CHARGE 1 1/2% INTEREST PER MONTH ON ALL ACCOUNTS NOT PAID WITHIN OUR TERMS OF NET 30 DAYS.			Merchandise	Add On Charges	Tax	Total Due		
			175.00	21.65	0.00	196.65		

PRINT-O-STAT

1011 West Market Street
York, PA 17404



02 1P \$ 000.46⁰
0000890712 DEC 28 2017
MAILED FROM ZIP CODE 17401

GST Auto Leather, Inc. Claims Processing Center
c/o Epig Bankruptcy Solutions, LLC
P. O. Box 4412
Beaverton OR 97076-4412

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JAN 03 2018

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