### RECEIVED

MAY 1 8 2020

#### LEGAL SERVICES

Debtor 1 WEIDPLAS NORTH AMERICA

Debtor 2 (Spouse, If filing)

United States Bankruptcy Court for the: District of Delaware

Case number 20-11053

Techniplas, LLC (B10)
20-11049 (LSS)

TCP

0000000005

### 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 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. 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.

#### **Identify the Claim** Part 1: Who is the current ATLAS COPCO COMPRESSORS LLC creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been ₩ No acquired from Yes. From whom? someone else? Where should payments to the creditor be sent? (if Where should notices Where should notices to the creditor be sent? and payments to the different) creditor be sent? CHRISTINE GOODREAU SAME Federal Rule of Name Name Bankruptcy Procedure 92 INTERSTATE DRIVE (FRBP) 2002(g) Number Number Street 01089 SPRINGFIELD MA ZIP Code State ZIP Code State City Contact phone 413-493-7139 Contact phone Contact email christine.goodreau@atlascopco.com Contact email Uniform claim identifier for electronic payments in chapter 13 (If you use one): ☑ No 4. Does this claim amend one already filed? Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on MM / DD / YYYY Do you know if anyone ☑ No else has filed a proof Yes. Who made the earlier filing? of claim for this claim?

| 3. <b>V</b> c | Now much is the claim?  What is the basis of the claim?  Is all or part of the claim secured? | \$  |
|---------------|---|---|
| ). Is         | taim?   | charges required by Bankruptcy Rule 3001(c)(2)(A).  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.  SERVICE AND PARTS TO CUSTOMERS AIR COMPRESSORS  No Yes. The claim is secured by a lien on property.  Nature of property: |
| ). Is         | taim?   | 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.  SERVICE AND PARTS TO CUSTOMERS AIR COMPRESSORS  No Yes. The claim is secured by a lien on property.  Nature of property:   |
|               | s all or part of the claim  | Limit disclosing information that is entitled to privacy, such as health care information.  SERVICE AND PARTS TO CUSTOMERS AIR COMPRESSORS  No Yes. The claim is secured by a lien on property.  Nature of property:  |
|               | •   | SERVICE AND PARTS TO CUSTOMERS AIR COMPRESSORS  No Yes. The claim is secured by a lien on property.  Nature of property:  |
|               | •   | ✓ No ☐ Yes. The claim is secured by a lien on property.  Nature of property:  |
|               | •   | Yes. The claim is secured by a lien on property.  Nature of property:   |
|               |   |   |
|               |   |   |
|               |   | <ul> <li>☐ Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim         Attachment (Official Form 410-A) with this Proof of Claim.</li> <li>☐ Motor vehicle</li> </ul>  |
|               |   | 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 amounts should match the amount in line  |
|               |   | Amount necessary to cure any default as of the date of the petition:  |
|               |   | Annual Interest Rate (when case was filed)%  □ Fixed  |
|               |   | ☐ Variable  |
|               | s this claim based on a   | ☑ No  |
| 1             | lease?  | Yes. Amount necessary to cure any default as of the date of the petition.   |
|               | s this claim subject to a right of setoff?  | ☑ No  |
| '             | ugut or seton t   | Yes. Identify the property:   |

| 12. Is all or part of the claim entitled to priority under                                    | <b>☑</b> No     |  |                              |                                      |                             |
|---|-----------------|--|------------------------------|--------------------------------------|-----------------------------|
| 11 U.S.C. § 507(a)?   | Yes. Chec.      | k one:   |                              |                                      | Amount entitled to priority |
| A claim may be partly priority and partly   | Domes<br>11 U.S | tic support obligations (including alimony and child s.C. $\S 507(a)(1)(A)$ or $(a)(1)(B)$ .                               | support) und                 | ler                                  | \$                          |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | Up to \$ person | 63,025* of deposits toward purchase, lease, or renta al, family, or household use. 11 U.S.C. § 507(a)(7).                  | of property                  | or services for                      | \$                          |
|   | bankru          | , salaries, or commissions (up to \$13,650*) eamed ptcy petition is filed or the debtor's business ends, w.C. § 507(a)(4). | within 180 d<br>hichever is  | ays before the earlier.              | \$                          |
|   | Taxes           | or penalties owed to governmental units. 11 U.S.C.   | § 507(a)(8).                 |                                      | \$                          |
|   | ☐ Contrib       | outions to an employee benefit plan. 11 U.S.C. § 507   | '(a)(5).                     |                                      | \$                          |
|   | Other.          | Specify subsection of 11 U.S.C. § 507(a)() that ap   | oplies.                      |                                      | \$                          |
|   | * Amounts       | are subject to adjustment on 4/01/22 and every 3 years after   | er that for cas              | es begun on or afte                  | r the date of adjustment.   |
| Part 3: Sign Below  |                 |  |                              |                                      |                             |
| The person completing   | Check the appr  | opriate box:   |                              | <del> </del>                         |                             |
| this proof of claim must sign and date it.  | I am the cr     | editor   |                              |                                      |                             |
| FRBP 9011(b).   |                 | editor's attorney or authorized agent.   |                              |                                      |                             |
| If you file this claim  |                 | ustee, or the debtor, or their authorized agent. Bankr   | noton Bulo S                 | 2004                                 |                             |
| electronically, FRBP  |                 | rantor, surety, endorser, or other codebtor. Bankrup   |                              |                                      |                             |
| 5005(a)(2) authorizes courts to establish local rules   | - rama gua      | ranior, surety, endorser, or other codeptor. Bankrup   | icy Rule 300                 | Jo.                                  |                             |
| specifying what a signature   | 4               |  |                              |                                      |                             |
| is.   | amount of the c | at an authorized signature on this <i>Proof of Claim</i> ser<br>laim, the creditor gave the debtor credit for any payr     | ves as an ac<br>nents receiv | cknowledgment t<br>red toward the de | hat when calculating the    |
| A person who files a  |                 |  | nonto recert                 | co tomato trie de                    | ivi.                        |
| fraudulent claim could be fined up to \$500,000,  |                 | d the information in this Proof of Claim and have a re   | asonable b                   | ellef that the info                  | rmation is true             |
| imprisoned for up to 5  | and correct.    |  |                              |                                      |                             |
| years, or both.<br>18 U.S.C. §§ 152, 157, and   | I declare under | penalty of perjury that the foregoing is true and corre  | ect.                         |                                      |                             |
| 3571.   | Executed on da  | te 05/12/2020  |                              |                                      |                             |
|   |                 | The X. autto   |                              |                                      |                             |
|   | Signature       |  |                              |                                      |                             |
|   | Print the name  | of the person who is completing and signing thi  | s claim:                     |                                      |                             |
|   | Name            | Norine L. Auretta  |                              |                                      |                             |
|   |                 | First name Middle name   |                              | Last name                            |                             |
|   | Title           | Regional Business Controller   | <del></del>                  |                                      |                             |
|   | Company         | Atlas Copco Compressors LLC  | hadaad aaaa                  | Manager and a second                 |                             |
|   |                 | Identify the corporate servicer as the company if the aut  | nonzeo agent                 | t is a servicer.                     |                             |
|   | Address         | 92 Interstate Drive  |                              |                                      |                             |
|   |                 | Number Street  |                              |                                      |                             |
|   |                 | West Springfield   | MA                           | 01089                                |                             |
|   |                 | City   | State                        | ZIP Code                             |                             |
|   | Contact phone   | 413-493-7152   | Email NO                     | orine.auretta@                       | atlascopco.com              |
|   |                 |  |                              |                                      |                             |



### **Original** Service Invoice

Customer No.

Invoice No.

**Invoice Date** 

Purchase Order No.

1/2

121142

1120027366

03/18/2020

4500586279

Atlas Copco Compressors LLC 300 Technology Center Way Ste. 550, Rock Hill, SC 29730

WEIDPLAS NORTH AMERICA 204 ENTERPRISE DR AUBURN, AL 36830-0503

Visit Address

WEIDMANN PLASTICS TECHNOLOGY 204 ENTERPRISE DRIVE Auburn, AL 36830-0503

**Customer's Address** 

WEIDPLAS NORTH AMERICA 204 ENTERPRISE DR AUBURN, AL 36830-0503

Payer

: WEIDPLAS NORTH AMERICA, 204 ENTERPRISE DR, AUBURN, AL 36830-0503

**Contact Reference** 

**Customer Information** 

Serv. Order No.

: 402314888

Contact: S530 MSCC

Contact Tel No.

: Accounts Payables

Serv. Exec. Date

: 03/17/2020

Tel No.: 866-567-0179

E-mail: southern.region@us.

E-mail

: finance.auburn@weidplas.

atlascopco.com

com

**Dear Tobias Dorff** 

This is the invoice for the quoted services of your GA 37-125 AFF 460V

with serial number API571327

Thank you for your business and please do contact us

in case there are any issues with the machine.

| Pos. Material I | D Description                  |             | Qty         | UOM      | Price/Unit | Disc. | Total Net Price    |
|-----------------|--------------------------------|-------------|-------------|----------|------------|-------|--------------------|
| Equipment       | : 105883768                    | Description | : GA 37-125 | AFF 460V |            |       | L                  |
| Serial No.      | : API571327                    | ·           |             |          |            |       |                    |
| 10              | FIXED PRICE PA<br>LABOR AND EX |             |             |          |            |       | 827.81<br>1,821.00 |

| Total               | 2,856.60 | USD |
|---------------------|----------|-----|
| District Tax:Auburn | 33.11    |     |
| County Tax:LEE      | 12.83    |     |
| State Tax:AL        | 33.12    |     |
| Net / Tax base      | 2,777.54 |     |
| Freight ( Normal )  | 128.73   |     |
| Subtotal            | 2,648.81 |     |

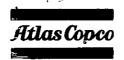
Atlas Copco Compressors LLC

http://www.atlascopco.com/ACCSalesTerms

15045 Lee Road Houston, TX 77032 Telephone: (281) 590-7500 Fax: (281) 590-5611 https://www.atlascopco.com/en-us Federal Tax ID: 04-2700546 Remit To: Atlas Copco Compressors LLC **DEPT CH 19511** Palatine, IL 60055-9511

ACH Payments: Nordea Bank Finland PLC 1211 Avenue of the Americas, 23rd Floor New York, NY 10036 ABA#

Account # SWIFT#



## Original Service Invoice

**Customer No.** 

Invoice No.

**Invoice Date** 

Purchase Order No.

2/2

121142

1120027366

03/18/2020

4500586279

Payment terms

: Net 30 Days

Payment Due Date

: 04/17/2020

Delivery terms

: FOB

Delivery freight charges

Remit To:

Atlas Copco Compressors LLC

**DEPT CH 19511** 

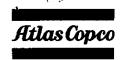
Palatine, IL 60055-9511

| Delivery         | 812082720    | Delivery Date   | 03/16/2020 |          |     |
|------------------|--------------|-----------------|------------|----------|-----|
| Forwarder Name U | PND          | •               |            |          |     |
| Case Number      | 2000336161   | Tracking Number | 1Z8725FR01 | 94253990 |     |
| Material Number  | Order Number | Customer Po Num | ber        | Qty      | UOM |
| 2204107600       | 402314888    | 4500586279      |            | 1.00     | PC  |
| Forwarder Name U | PND          |                 |            |          |     |
| Case Number      | 2000336162   | Tracking Number | 1Z8725FR01 | 94253990 |     |
| Material Number  | Order Number | Customer Po Num | ber        | Qty      | UOM |
| 1624962200       | 402314888    | 4500586279      |            | 1.00     | PC  |
|                  |              |                 |            |          |     |

Atlas Copco Compressors LLC

http://www.atlascopco.com/ACCSalesTerms

SWIFT#



### Original Service Invoice

**Customer No.** 

Invoice No.

**Invoice Date** 

Purchase Order No.

1/2

121142

1120027734

03/19/2020

4500585535

Atlas Copco Compressors LLC 300 Technology Center Way Ste. 550, Rock Hill, SC 29730

WEIDPLAS NORTH AMERICA 204 ENTERPRISE DR AUBURN, AL 36830-0503 **Visit Address** 

WEIDMANN PLASTICS TECHNOLOGY 204 ENTERPRISE DRIVE Auburn, AL 36830-0503

Customer's Address
WEIDPLAS NORTH AMERICA
204 ENTERPRISE DR
AUBURN, AL 36830-0503

**Payer** 

: WEIDPLAS NORTH AMERICA, 204 ENTERPRISE DR, AUBURN, AL 36830-0503

**Contact Reference** 

**Customer Information** 

Serv. Order No.

: 402291813

Contact : S530 MSCC

Contact Tel No.

: Accounts Payables

Serv. Exec. Date

: 03/18/2020

Tel No. : 866-567-0179

E-mail

: finance.auburn@weidplas.

atlascopco.com

E-mail: southern.region@us.

com

**Dear Tobias Dorff** 

This is the invoice for the quoted services of your GA 22-125 AFF 460V

with serial number All275581

Thank you for your business and please do contact us

in case there are any issues with the machine.

| Pos.   | Material ID | Description    |             | Qty         | иом      | Price/Unit                            | Disc. | Total Net Price |
|--------|-------------|----------------|-------------|-------------|----------|---------------------------------------|-------|-----------------|
| Equip  | ment        | : 105868372    | Description | : GA 22-125 | AFF 460V | · · · · · · · · · · · · · · · · · · · |       |                 |
| Serial | No.         | : All275581    |             |             |          |                                       |       |                 |
| 10     |             | FIXED PRICE PA | ** * * =    |             |          |                                       |       | 1,142.30        |
|        |             | LABOR AND EX   | PENSE       |             |          |                                       |       | 682.85          |
|        |             | •              |             | Subtotal    |          |                                       |       | 1 825 15 USD    |

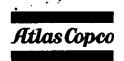
| 45.69<br><b>1,951.45</b> | USD   |
|--------------------------|---|
|                          |   |
| 13 13                    | USD   |
|                          |   |
|                          |   |
|                          |   |
| 1,825.15                 |   |
|                          | 1,825.15<br>21.79<br>1,846.94<br>45.69<br>13.13 |

Atlas Copco Compressors LLC

http://www.atlascopco.com/ACCSalesTerms

15045 Lee Road Houston, TX 77032 Telephone: (281) 590-7500 Fax: (281) 590-5611 https://www.atlascopco.com/en-us Federal Tax ID: 04-2700546 Remit To: Atlas Copco Compressors LLC DEPT CH 19511 Palatine, IL 60055-9511 ACH Payments: Nordea Bank Finland PLC 1211 Avenue of the Americas, 23rd Floor New York, NY 10036

ABA #
Account #
SWIFT #



# Original Service Invoice

**Customer No.** 

Invoice No.

**Invoice Date** 

Purchase Order No.

2/2

121142

1120027734

03/19/2020

4500585535

Payment terms

: Net 30 Days

Payment Due Date

: 04/18/2020

**Delivery terms** 

: FOB

Delivery freight charges

Remit To:

Atlas Copco Compressors LLC

**DEPT CH 19511** 

Palatine, IL 60055-9511

| Delivery            | 811993554    | Delivery Date 03/06/2020  |           |     |  |  |  |  |  |
|---------------------|--------------|---------------------------|-----------|-----|--|--|--|--|--|
| Forwarder Name UPSN |              |                           |           |     |  |  |  |  |  |
| Case Number         | 2000314738   | Tracking Number 1Z8725FR0 | 396589504 |     |  |  |  |  |  |
| Material Number     | Order Number | Customer Po Number        | Qty       | UOM |  |  |  |  |  |
| 1310036837          | 402291813    | 4500585535                | 3.00      | PC  |  |  |  |  |  |
| 1310308346          | 402291813    | 4500585535                | 1.00      | PC  |  |  |  |  |  |
| 2901006900          | 402291813    | 4500585535                | 1.00      | PC  |  |  |  |  |  |
| 2901099800          | 402291813    | 4500585535                | 1.00      | PC  |  |  |  |  |  |

**Atlas Copco Compressors LLC** 

http://www.atlascopco.com/ACCSalesTerms

ABA#

Account SWIFT #

CHRISTINE GOODREAU

0.0 LBS LTR

1 OF 1

413-493-7150 ATLAS COPCO 92 INTERSTATE DR WEST SPRRICFIELD MA 01089

#### SHIP TŌ:

C/O EPIC CORPORATE RESTRUCTURING, I. TECHNIPLAS, LLC CLAIMS PROCESSING C 10300 SW ALLEN BLVD

**BEAVERTON OR 97005-4833** 



# OR 971 7-01

### **UPS NEXT DAY AIR**

TRACKING #: 12 W65 R14 01 9685 6881



BILLING: P/P

18 22 0 11. WWINYSD 26/04/04/2020



RECEIVED

MAY 1 8 2020

**LEGAL SERVICES**