

RECEIVED

MAY 18 2020

LEGAL SERVICES**Fill in this information to identify the case:**Debtor 1 Technipals, LLCDebtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 20-11049Filed: USBC - District of Delaware
Techniplas, LLC (B10)
20-11049 (LSS)**TCP**

0000000009

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.

Part 1: Identify the Claim

1. Who is the current creditor?

Amalga Composites, Inc.

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?

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

Where should notices to the creditor be sent?

Amalga Composites, Inc.

Name

10600 W Mitchell st

Number Street

West AllisWI53214

City

State

ZIP Code

Contact phone 414-479-1862Contact email mike@amalgacomposites.com

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

Name

Number Street

City

State

ZIP Code

Contact phone _____

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: E C 1 2

7. How much is the claim? \$ 5,000.00 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 on credit

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ 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*.
☐ 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 amounts 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 one:

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

☐ 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).

☐ 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).

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

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

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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 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 05/13/2020

MM / DD / YYYY



Signature

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

Name Michael Robert Everhart
First name Middle name Last name

Title Accounting Associate

Company Amalga Composites, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 10600 W Mitchell st
Number Street

West Allis WI 53214
City State ZIP Code

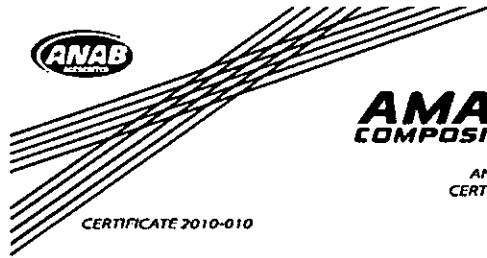
Contact phone 414-479-1862 Email mike@amalgacomposites.com

Amalga Composites, Inc
10600 West Mitchell Street
West Allis WI 53214
USA

Phone: 414-453-9555
Fax: 414-453-9561

Invoice: 96549

INVOICE



AMALGA
COMPOSITES, INC.

AN ISO 9001: 2008
CERTIFIED COMPANY

CERTIFICATE 2010-010



AMALGA COMPOSITES, INC.

Page: 1 of 2
Date: 2/27/2020

Sold To:

Techniplas (Dickten Masch Plastics, LLC)
Plant 1
N44 W33341 Watertown Plank Rd
Nashotah WI 53058
USA

Ship To:

Dickten Masch Plastics, LLC
Maintenance Plant 1
N44 W33341 Watertown Plank Rd
Nashotah WI 53058
USA

Email: Andy.Stroh@techniplas.com

PO Number: 108232-WI01
Sales Rep: Steve Lukomski
Packing Slip: 99270

Terms: Net 30 Days
Ordered: 12/23/2019

F.O.B.: Shipping Point
Ship Via: UPS Collect
Ship Date: 2/27/2020

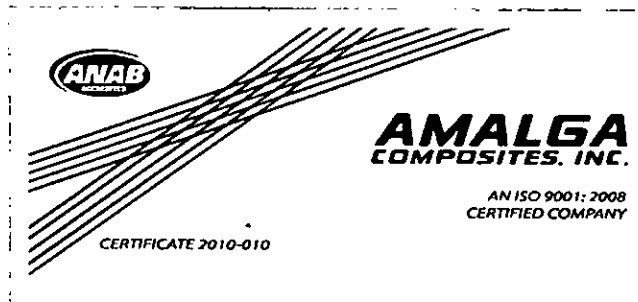
Line	Quantity	Part Number/Description	Revision	Unit Price	Ext Price
1	5.00	87891 Fiberglass Epoxy Mandrel machined per drawing	1	300.00 EA	1,500.00
Job No.: 062745-1-1					
Our Part: MS0100T-1270-01471-21B-250E-XXXX-Techniplas					
2	5.00	87899 Fiberglass Epoxy Mule Shoe Machined per Drawing	2	220.00 EA	1,100.00
Job No.: 062745-2-1					
Our Part: MS0225T-0835-00343-21B-250E-XXXX-Techniplas					
3	10.00	87894 Fiberglass Epoxy Slip Ring Machined per Drawing	1	80.50 EA	805.00
Job No.: 062745-3-1					
Our Part: MS0253T-0545-00180-21B-250E-XXXX-Techniplas					
4	10.00	87896 Fiberglass Epoxy Upper Cone Machined per Drawing	1	60.00 EA	600.00
Job No.: 062745-4-1					
Our Part: MS0253T-0595-00175-21B-250E-XXXX-Techniplas					
5	5.00	87913 Fiberglass Epoxy Slip Band Machined per Drawing	1	10.00 EA	50.00
Job No.: 062745-5-1					
Our Part: MS0352T-0065-00090-BA-250E-XXXX-Techniplas					
6	5.00	87892 Fiberglass Epoxy Setting Ring Machined per Drawing	1	65.00 EA	325.00
Job No.: 062745-6-1					
Our Part: MS0250T-0713-00080-21B-250E-XXXX-Techniplas					
7	20.00	87900 Dowel Pin .50" x 1.00" L Pultruded Rod	1	2.00 EA	40.00
Job No.: 062745-7-1					
Our Part: MS0050T-ROD-00100-Pultrusion-Techniplas					

Amalga Composites, Inc
10600 West Mitchell Street
West Allis WI 53214
USA

Phone: 414-453-9555
Fax: 414-453-9561

Invoice: 96549

INVOICE



Page: 2 of 2
Date: 2/27/2020

Line	Quantity	Part Number/Description	Revision	Unit Price	Ext Price
8	40.00	87901 Dowel Pin .125" x .75" L Fiberglass Rod	1	2.00 EA	80.00
Our Part: MS0012T-ROD-00075-Pultrusion-Techniplas				Job No.: 062745-8-1	
9	5.00	87890 5.00 Frac Plug Assembly - Wildcat Oil Tools	1	100.00 EA	500.00
Our Part: MS0100T-1460-01513-Assembly-Techniplas				Job No.: 062745-9-1	

Payment Schedule		
	Due Date	Amount
1	3/28/2020	5,000.00
Total		5,000.00

Email
Andy.Stroh@techniplas.com

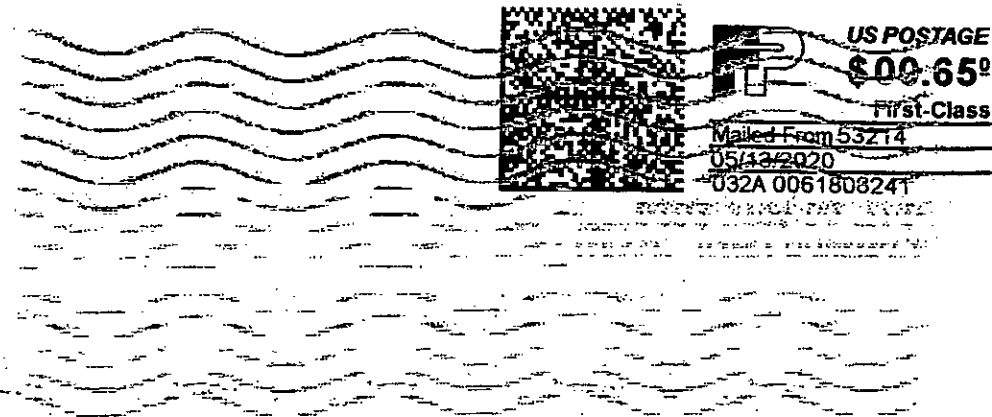
Total (USD): 5,000.00

AMALGA COMPOSITES

Innovative Composites Structures Since 1966.

ISO 9001: 2008 Certified

10600 West Mitchell Street • Milwaukee, Wisconsin 53214



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LEGAL SERVICES

Techniplas, LLC, Claims Processing
Center
c/o Epiq Corporate Restructuring, LLC
P.O. Box 4420
Beaverton, OR 97076-4420 LLC