

218

FILED

2021 MAY -5 AM 9:02

U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

Fill in this information to identify the case:

Debtor 1 The Collected Group

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 21-10663

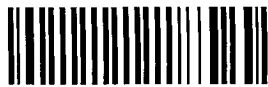
Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment or making a request for payment of an administrative expense. Make such a request according to the instructions. 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 explanation in an attachment.

Filed: USBC - District of Delaware
The Collected Group, LLC, et al. (B10)
21-10663 (LSS)



0000000009

TCA

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? Uline
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)

<p>Where should notices to the creditor be sent?</p> <p><u>Uline</u></p> <p>Name _____</p> <p><u>12575 Uline Drive</u></p> <p>Number Street _____</p> <p><u>Pleasant Prairie WI 53158</u></p> <p>City State ZIP Code _____</p> <p>Contact phone <u>888-884-6910</u></p> <p>Contact email <u>accounts.receivable@uline.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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: 8 4 9 0

7. How much is the claim? \$ 566.23 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

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.

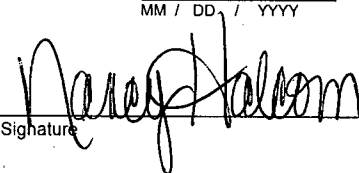
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 04/27/2021
MM / DD, / YYYY


Signature

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

Name Nancy L Halcom
First name Middle name Last name

Title Sr. AR Specialist

Company Uline
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 12575 Uline Drive
Number Street

Pleasant Prairie WI 53158
City State ZIP Code

Contact phone 888-884-6910 Email accounts.receiveabl@uline.com

Cust#	Invoice#	Invoice Date	BKY Amount	PO#	Buyer	Total BKY
7638490	131621981	3/23/2021	\$ 335.53	#KHAN	KHAN KHALID	\$ 566.23
14023072	129550322	1/28/2021	\$ 45.98	GREG	GREG MOSS	
14023072	129700820	2/2/2021	\$ 53.09	KARLA	KARLA RAMIREZ	
14023072	130055551	2/10/2021	\$ 61.71	KARLA	KARLA RAMIREZ	
14023072	131644180	3/23/2021	\$ 69.92	23843	GEMA GARCIA	



1-800-295-5510
 uline.com
 PO Box 88741 • Chicago, IL 60680-1741

INVOICE

ULINE FED ID#: 36-3684738
 INVOICE #: 131621981
 ORDER #: 48642264

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2012

SOLD TO: KSA RETAIL
 4775 EUCALYPTUS AVE
 CHINO CA 91710-9257

SHIP TO: JOIE
 141A NEWBURY ST
 BOSTON MA 02116-2906

CUSTOMER NO.		PURCHASE ORDER NO.		SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
7638490		#KHAN		UPS GROUND	03/22/21	03/23/21	NET 30 DAYS	03/23/21
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION			UNIT PRICE	EXTENDED PRICE
DURING THESE UNPRECEDENTED TIMES, THE EARLIER IN THE DAY YOU ORDER FROM ULINE, THE BETTER EQUIPPED WE ARE TO HANDLE YOUR ORDER. WE SO APPRECIATE YOUR BUSINESS. *****								
45	EA		S-4808	29 X 17 X 12" CORRUGATED GARMENT			3.28	147.60
18	RL		S-423	ULINE INDUSTRIAL TAPE - 2 MIL, 2" X 110			3.25	58.50
1	CT		S-1014	ULINE AIR BUBBLE WRAP ROLL - 12" X 120'			26.00	26.00

ORDER PLACED BY: KHAN KHALID
 INTERNET

SUB-TOTAL	SALES TAX	SHIPPING/HANDLING	AMOUNT DUE
232.10	14.51	88.92	335.53

PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
KSA RETAIL	7638490	131621981	03/23/21	335.53

AMOUNT ENCLOSED
 IF DIFFERENT THAN AMOUNT DUE \$ _____
 EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK PAYABLE AND MAIL TO:

ULINE
 ATTN: ACCOUNTS RECEIVABLE
 PO Box 88741
 Chicago IL 60680-1741

IMPORTANT - PLEASE DETACH AND RETURN THIS PORTION TO INSURE PROPER CREDIT



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 PO Box 88741 • Chicago, IL 60680-1741

INVOICE

ULINE FED ID#: 36-3684738
 INVOICE #: 129550322
 ORDER #: 18769230

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2017

SOLD TO: COLLECTED GROUP THE
 4775 EUCALYPTUS AVE
 CHINO CA 91710-9257

SHIP TO: COLLECTED GROUP THE NGO
 4775 EUCALYPTUS AVE
 CHINO CA 91710-9257

CUSTOMER NO.		PURCHASE ORDER NO.		SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
14023072		GREG		MS	10/16/18	01/28/21	NET 30 DAYS	01/28/21
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION			UNIT PRICE	EXTENDED PRICE
				DURING THESE UNPRECEDENTED TIMES, THE EARLIER IN THE DAY YOU ORDER FROM ULINE, THE BETTER EQUIPPED WE ARE TO HANDLE YOUR ORDER. WE SO APPRECIATE YOUR BUSINESS. *****				

ORDER PLACED BY: GREG MOSS
 INTERNET

SUB-TOTAL	SALES TAX	SHIPPING/HANDLING	AMOUNT DUE
.00	.00	45.98	45.98

PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
COLLECTED GROUP THE	14023072	129550322	01/28/21	45.98

AMOUNT ENCLOSED
 IF DIFFERENT THAN AMOUNT DUE \$ _____
 EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK PAYABLE AND MAIL TO:

ULINE
 ATTN: ACCOUNTS RECEIVABLE
 PO Box 88741
 Chicago IL 60680-1741

IMPORTANT - PLEASE DETACH AND RETURN THIS PORTION TO INSURE PROPER CREDIT



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 uline.com
 PO Box 88741 • Chicago, IL 60680-1741

INVOICE

ULINE FED ID#: 36-3684738
 INVOICE #: 129700820
 ORDER #: 49660051

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2017

SOLD TO: COLLECTED GROUP THE
 4775 EUCALYPTUS AVE
 CHINO CA 91710-9257

SHIP TO: COLLECTED GROUP THE
 4775 EUCALYPTUS AVE
 CHINO CA 91710-9257

CUSTOMER NO.		PURCHASE ORDER NO.		SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
14023072		KARLA		UPS GROUND	02/02/21	02/02/21	NET 30 DAYS	02/02/21
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENDED PRICE	
1	PK		H-1248	24" SERVICE KIT FOR H-1246 IMPULSE POLY		40.00	40.00	
DURING THESE UNPRECEDENTED TIMES, THE EARLIER IN THE DAY YOU ORDER FROM ULINE, THE BETTER EQUIPPED WE ARE TO HANDLE YOUR ORDER. WE SO APPRECIATE YOUR BUSINESS. *****								

ORDER PLACED BY: KARLA RAMIREZ
 INTERNET

SUB-TOTAL 40.00	SALES TAX 3.10	SHIPPING/HANDLING 9.99	AMOUNT DUE 53.09
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PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
COLLECTED GROUP THE	14023072	129700820	02/02/21	53.09

AMOUNT ENCLOSED
 IF DIFFERENT THAN AMOUNT DUE \$ _____
 EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK PAYABLE AND MAIL TO:

ULINE
 ATTN: ACCOUNTS RECEIVABLE
 PO Box 88741
 Chicago IL 60680-1741

IMPORTANT - PLEASE DETACH AND RETURN THIS PORTION TO INSURE PROPER CREDIT



1-800-295-5510
 uline.com
 PO Box 88741 • Chicago, IL 60680-1741

INVOICE

ULINE FED ID#: 36-3684738
 INVOICE #: 130055551
 ORDER #: 50592451

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2017

SOLD TO: COLLECTED GROUP THE
 4775 EUCALYPTUS AVE
 CHINO CA 91710-9257

SHIP TO: COLLECTED GROUP THE
 4775 EUCALYPTUS AVE
 CHINO CA 91710-9257

CUSTOMER NO.		PURCHASE ORDER NO.		SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
14023072		KARLA		UPS GROUND	02/10/21	02/10/21	NET 30 DAYS	02/10/21
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION			UNIT PRICE	EXTENDED PRICE
2	EA		H-1246-PAD	DURING THESE UNPRECEDENTED TIMES, THE EARLIER IN THE DAY YOU ORDER FROM ULINE, THE BETTER EQUIPPED WE ARE TO HANDLE YOUR ORDER. WE SO APPRECIATE YOUR BUSINESS. *****			24.00	48.00

ORDER PLACED BY: KARLA RAMIREZ
 KFRYE

SUB-TOTAL 48.00	SALES TAX 3.72	SHIPPING/HANDLING 9.99	AMOUNT DUE 61.71
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PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
COLLECTED GROUP THE	14023072	130055551	02/10/21	61.71

AMOUNT ENCLOSED
 IF DIFFERENT THAN AMOUNT DUE \$ _____
 EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK PAYABLE AND MAIL TO:

ULINE
 ATTN: ACCOUNTS RECEIVABLE
 PO Box 88741
 Chicago IL 60680-1741

IMPORTANT – PLEASE DETACH AND RETURN THIS PORTION TO INSURE PROPER CREDIT



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 uline.com
 PO Box 88741 • Chicago, IL 60680-1741

INVOICE

ULINE FED ID#: 36-3684738
 INVOICE #: 131644180
 ORDER #: 52374957

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2017

SOLD TO: COLLECTED GROUP THE
 4775 EUCALYPTUS AVE
 CHINO CA 91710-9257

SHIP TO: COLLECTED GROUP THE
 4775 EUCALYPTUS AVE
 ATTN GEMA GARCIA
 CHINO CA 91710-9257

CUSTOMER NO.		PURCHASE ORDER NO.		SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
14023072		23843		UPS GROUND	03/23/21	03/23/21	NET 30 DAYS	03/23/21
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENDED PRICE	
2	RL		S-17372	D.O.T. LABELS - BLANK LIMITED QUANTITY, 4		27.00	54.00	
DURING THESE UNPRECEDENTED TIMES, THE EARLIER IN THE DAY YOU ORDER FROM ULINE, THE BETTER EQUIPPED WE ARE TO HANDLE YOUR ORDER. WE SO APPRECIATE YOUR BUSINESS. *****								

ORDER PLACED BY: GEMA GARCIA
 TWORTHINGT

SUB-TOTAL	SALES TAX	SHIPPING/HANDLING	AMOUNT DUE
54.00	4.18	11.74	69.92

PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
COLLECTED GROUP THE	14023072	131644180	03/23/21	69.92

AMOUNT ENCLOSED
 IF DIFFERENT THAN AMOUNT DUE \$ _____
 EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK PAYABLE AND MAIL TO:

ULINE
 ATTN: ACCOUNTS RECEIVABLE
 PO Box 88741
 Chicago IL 60680-1741

IMPORTANT - PLEASE DETACH AND RETURN THIS PORTION TO INSURE PROPER CREDIT

FedEx Tracking Number **8142 2830 3541**

Form ID No. **0200**

Recipient's Copy

1 From
Date **5/5/21**

Sender's Name **RECEIVED** Phone _____

Company **MAY 06 2021**

Address **LEGAL SERVICES** Dept./Floor/Suite/Room _____

City _____ State _____ ZIP _____

2 Your Internal Billing Reference

3 To
Recipient's Name _____ Phone _____

Company **Epig Corp. Restructuring LLC**

Address **ATN. Claims Processing Center** Dept./Floor/Suite/Room _____
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address **10300 SW Allen Blvd**
Use this line for the HOLD location address or for continuation of your shipping address.

City **Beaverton** State **OR** ZIP **97005**

Hold Weekday
FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday
FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

4 Express Package Service *To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use the FedEx Express Freight US Airbill.

Next Business Day

FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Priority Overnight
Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Standard Overnight
Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

FedEx 2Day A.M.
Second business morning.* Saturday Delivery NOT available.

FedEx 2Day
Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

FedEx Express Saver
Third business day.* Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

FedEx Envelope* **FedEx Pak*** **FedEx Box** **FedEx Tube** **Other**

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

Saturday Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Package may be left without obtaining a signature for delivery.

Direct Signature
Someone at recipient's address may sign for delivery.

Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

No **Yes** As per attached Shipper's Declaration. **Yes** Shipper's Declaration not required. **Dry Ice** Dry Ice, 9, UN 1845 _____ x _____ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide. **Cargo Aircraft Only**

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No.

Sender Acct. No. in Section 1 will be billed. **Recipient** **Third Party** **Credit Card** **Cash/Check**

Total Packages _____ Total Weight _____ lbs. _____
Credit Card Auth. _____

*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

fedex.com 1800.GoFedEx 1800.463.3339



8142 2830 3541

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