Fill in this information to identify the case:

Debtor 1 Aluminum Shapes, L.L.C.

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court   **District of New Jersey**

Case number: **21-16520**

Official Form 410
Proof of Claim

Filed: USBC - District of New Jersey
Aluminum Shapes, L.L.C. (B10)
21-16520 (JNP)

ALU

0000000002

04/19

Read the instructions before filling out this form. This form is for making a claim ~~m to~~
make a request for payment of an administrative expense. Make such a request a~~_____~~

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?**	Staples Business Advantage
	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?** Staples Business Advantage Name 7 Technology Circle Columbia, SC 29203 Contact phone _____ (919) 270-5043 _____ Contact email ____thomas.riggleman@staples.com____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	**Where should payments to the creditor be sent?** (if different) Staples, Inc. Name PO Box 105748 Atlanta, GA 30348 Contact phone _____ (888) 715-1000 x 513 _____ Contact email ____ARREMITTANCE@STAPLES.COM____

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: 3126

7. How much is the claim?	$ 241.42 **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 healthcare information. Goods Sold – Office Products

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 all that apply:*	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ 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	$ _____
	* Amounts are subject to adjustment on 4/1/22 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   8/17/2021

MM / DD / YYYY

/s/ Thomas D Riggleman

Signature

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

Name	Thomas D Riggleman
	First name Middle name Last name
Title	Sr Specialist – Bankruptcy & High Risk Analyst
Company	Staples Business Advantage
	Identify the corporate servicer as the company if the authorized agent is a servicer
Address	7 Technology Circle
	Number Street
	Columbia, SC 29203
	City State ZIP Code
Contact phone	(919) 270–5043 Email thomas.riggleman@staples.com

⌐Ⅎ Staples.

INVOICE DATE	CUSTOMER	SUMMARY INVOICE
6/17/21	HP1030291	8062601795
PLEASE PAY BY	TERMS	SUMMARY INVOICE AMOUNT
7/17/21	Net 30 Days	$ 16.08

INVOICE DETAIL

Staples

ALUMINUM SHAPES
9000 RIVER RD
DELAIR, NJ 08110

ALUMINUM SHAPES
9000 RIVER RD
DELAIR, NJ 08110

Bill to Account: PH1002220

Ship to Account:

Budget Ctr: 4015255-0094-9400-122
P O Number: 9035695 /9035695
Ordered By: FENG (ZACH) ZHU

Invoice Number: 3479736146
Order: 7333001959-000-001

Order Line	Item Number	Description / Unit of Measure	Order Qty	Ship Qty	Unit Price	Extended Price
1	1684921	FOLGERS CLASSIC ROAST 30.5 OZ	2.00	2.00	$ 8.04	$ 16.08
					Subtotal:	$ 16.08
					Total:	$ 16.08

⊓ Staples.

INVOICE DETAIL

INVOICE DATE	CUSTOMER	SUMMARY INVOICE
6/29/21	HP1030291	8062725120
PLEASE PAY BY	TERMS	SUMMARY INVOICE AMOUNT
7/29/21	Net 30 Days	$ 31.87

Staples

ALUMINUM SHAPES
9000 RIVER RD
DELAIR, NJ 08110

ALUMINUM SHAPES
9000 RIVER RD
DELAIR, NJ 08110

Bill to Account: PH1002220

Ship to Account:

Budget Ctr: 4015255-0094-9400-122
P O Number: 9035695 /9035695
Ordered By: FENG (ZACH) ZHU

Invoice Number: 3480551279
Order: 7333780512-000-001

Order Line	Item Number	Description / Unit of Measure	Order Qty	Ship Qty	Unit Price	Extended Price
1	358168	1 IN WHITE BASIC BINDER	1.00	1.00	$ 29.89	$ 29.89
		Tax: $ 1.98				Subtotal: $ 29.89
						Total: $ 31.87

⌐ Staples.

INVOICE DETAIL

INVOICE DATE	CUSTOMER	SUMMARY INVOICE
7/9/21	HP1030291	8062830733
PLEASE PAY BY	**TERMS**	**SUMMARY INVOICE AMOUNT**
8/8/21	Net 30 Days	$ 142.83

Staples

ALUMINUM SHAPES
9000 RIVER RD
DELAIR, NJ 08110

ALUMINUM SHAPES
9000 RIVER RD
DELAIR, NJ 08110

Bill to Account: PH1002220

Ship to Account:

Budget Ctr: 4015255-0094-9400-122
P O Number: 9035506 /9035506
Ordered By: FENG (ZACH) ZHU

Invoice Number: 3481622708
Order: 7334480328-000-001

Order Line	Item Number	Description / Unit of Measure	Order Qty	Ship Qty	Unit Price	Extended Price
1	135848	STAPLES 8.5X11 COPY CS	4.00	4.00	$ 33.49	$ 133.96
		Tax: $ 8.87				**Subtotal: $ 133.96**
						Total: $ 142.83

⌐ **Staples.**

INVOICE DETAIL

INVOICE DATE	CUSTOMER	SUMMARY INVOICE
7/22/21	HP1030291	8062962831
PLEASE PAY BY	**TERMS**	**SUMMARY INVOICE AMOUNT**
8/21/21	Net 30 Days	$ 50.64

Staples

ALUMINUM SHAPES
9000 RIVER RD
DELAIR, NJ 08110

ALUMINUM SHAPES
9000 RIVER RD
DELAIR, NJ 08110

Bill to Account: PH1002220

Ship to Account:

Budget Ctr: 4015255-0094-9400-122
P O Number: 9035542 /9035542
Ordered By: FENG (ZACH) ZHU

Invoice Number: 3482465003
Order: 7335420164-000-001

Order Line	Item Number	Description / Unit of Measure	Order Qty	Ship Qty	Unit Price	Extended Price
1	24375255	PERK PAPER HOT CUP 12OZ 500CT	1.00	1.00	$ 47.49	$ 47.49
		Tax: $ 3.15				**Subtotal: $ 47.49**
						Total: $ 50.64