

Fill in this information to identify the case:

Debtor 1 ALUMINUM SHAPES, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number 21-16520

RECEIVED

SEP 02 2021

LEGAL SERVICES

Official Form 410

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 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? ATTAR METALS, 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)**

<p>Where should notices to the creditor be sent?</p> <p><u>Heitner & Breitstein, P.C.</u> Name</p> <p><u>PO Box 270</u> Number Street</p> <p><u>Wickatunk NJ 07765</u> City State ZIP Code</p> <p>Contact phone <u>732-780-5900</u></p> <p>Contact email <u>ebanta@nycnjlaw.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: 5 1 1 4

7. How much is the claim? \$ 131,169.50. 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 and delivered

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:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<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).	\$ _____
<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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* 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.

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:

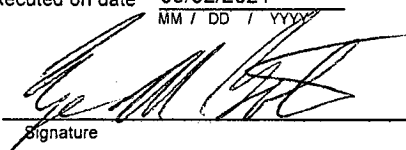
I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 09/02/2021
MM / DD / YYYY



 Signature

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

Name Eugene M. Banta
First name Middle name Last name

Title Attorney

Company Heitner & Breitstein, P.C.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 28 N. Main Street
Number Street

Marlboro NJ 07746
City State ZIP Code

Contact phone 732-780-5900 Email ebanta@nycnjlaw.com

Attar Metals Inc.

SALES INVOICE

6290 Netherhart Road Mississauga Ontario, CANADA L5T 1B7
 Tel: 905-670-4150 Fax: 905-670-8130

Invoice No.: 179591

Invoice Date: 11/07/2019
 Account No.: 13927

Invoice To:

ALUMINUM SHAPES L.L.C
 9000 RIVER ROAD

Ship To:

ALUMINUM SHAPES L.L.C
 9000 RIVER ROAD

DELAIR NJ
 08110

DELAIR NJ
 08110

Description	Ticket	Date	Order Ref.	Weight	Price	Amount
BARE 6061/6063 EXTRUSION	51034	11/7/19	9034138	22579	0.8300 LB	18,740.57
6061 EXTRUSION	51034	11/7/19	9034138	18430	0.8000 LB	14,744.00
Ref #1 142698						

Payment Terms: NET 30 DAYS

Currency: USD

HST/GST No.: GST # 122405087

IF THERE ARE ANY DISCREPANCIES IN THE LOAD PLEASE CONTACT DONNA @ 905-670-4150 EXT 117 IMMEDIATELY. FOR REMELTING PURPOSES ONLY. SHIPMENT HAS BEEN EXTERNALLY TESTED (ALARM LEVEL 10) BY RADIO ACTIVITY TESTING EQUIPMENT. WITHOUT ANY DETECTION OF BETA/GAMMA RADIOACTIVE CONTAMINATION. ABOVE BACKGROUND LEVEL. LIABILITY IS \$2.00/LB UNLESS OTHERWISE STATED

Sub-total:	33,484.57
HST/GST:	0.00
TOTAL:	33,484.57

Attar Metals Inc.

SALES INVOICE

6290 Netherhart Road Mississauga Ontario, CANADA L5T 1B7
 Tel: 905-670-4150 Fax: 905-670-8130

Invoice No.: 178734

Invoice Date: 08/22/2019
 Account No.: 13927

Invoice To:

Ship To:

ALUMINUM SHAPES L.L.C
 9000 RIVER ROAD

ALUMINUM SHAPES L.L.C
 9000 RIVER ROAD

DELAIR NJ
 08110

DELAIR NJ
 08110

Description	Ticket	Date	Order Ref.	Weight	Price	Amount
AL EC/1-S WIRE	50885	8/22/19	9033574	9824	0.8800 LB	8,645.12
6063 BARE EXTRUSION	50885	8/22/19	9033574	16116	0.8600 LB	13,859.76
6061 EXTRUSION Ref #1 142587	50885	8/22/19	9033574	14927	0.8000 LB	11,941.60

Payment Terms: NET 30 DAYS Currency: USD HST/GST No.: GST # 122405087

IF THERE ARE ANY DISCREPANCIES IN THE LOAD PLEASE CONTACT DONNA @ 905-670-4150 EXT 117 IMMEDIATELY. FOR REMELTING PURPOSES ONLY. SHIPMENT HAS BEEN EXTERNALLY TESTED (ALARM LEVEL 10) BY RADIO ACTIVITY TESTING EQUIPMENT. WITHOUT ANY DETECTION OF BETA/GAMMA RADIOACTIVE CONTAMINATION. ABOVE BACKGROUND LEVEL. LIABILITY IS \$2.00/LB UNLESS OTHERWISE STATED	Sub-total:	34,446.48
	HST/GST:	0.00
	TOTAL:	34,446.48

Attar Metals Inc.

SALES INVOICE

6290 Netherhart Road Mississauga Ontario, CANADA L5T 1B7
 Tel: 905-670-4150 Fax: 905-670-8130

Invoice No.: 178846

Invoice Date: 09/03/2019
 Account No.: 13927

Invoice To:

Ship To:

ALUMINUM SHAPES L.L.C
 9000 RIVER ROAD

ALUMINUM SHAPES L.L.C
 9000 RIVER ROAD

DELAIR NJ
 08110

DELAIR NJ
 08110

Description	Ticket	Date	Order Ref	Weight	Price	Amount
6061 EXTRUSION	50901	9/3/19	9033636	25030	0.7900 LB	19,773.70
6061 ALUMINUM PLATE	50901	9/3/19	9033636	7896	0.7400 LB	5,843.04
BARE 6061/6063 EXTRUSION Ref #1 142593	50901	9/3/19	9033636	6171	0.8100 LB	4,998.51

Payment Terms: NET 30 DAYS Currency: USD HST/GST No.: GST # 122405087

IF THERE ARE ANY DISCREPANCIES IN THE LOAD PLEASE CONTACT
 DONNA @ 905-670-4150 EXT 117 IMMEDIATELY. FOR REMELTING
 PURPOSES ONLY. SHIPMENT HAS BEEN EXTERNALLY TESTED (ALARM
 LEVEL 10) BY RADIO ACTIVITY TESTING EQUIPMENT. WITHOUT ANY
 DETECTION OF BETA/GAMMA RADIOACTIVE CONTAMINATION. ABOVE
 BACKGROUND LEVEL. LIABILITY IS \$2.00/LB UNLESS OTHERWISE STATED

Sub-total:	30,615.25
HST/GST:	0.00
TOTAL:	30,615.25

Attar Metals Inc.

6290 Netherhart Road Mississauga Ontario, CANADA L5T 1B7
 Tel: 905-670-4150 Fax: 905-670-8130

Invoice To:

ALUMINUM SHAPES L.L.C
 9000 RIVER ROAD

DELAIR NJ
 08110

SALES INVOICE

Invoice No.: 179393
Invoice Date: 10/16/2019
Account No.: 13927

Ship To:

ALUMINUM SHAPES L.L.C
 9000 RIVER ROAD

DELAIR NJ
 08110

Description	Ticket	Date	Order Ref.	Weight	Price	Amount
BARE 6061/6063 EXTRUSION Ref #1 142665	50993	10/16/19	9033974	40779	0.8000 LB	32,623.20

Payment Terms: NET 30 DAYS Currency: USD HST/GST No.: GST # 122405087

IF THERE ARE ANY DISCREPANCIES IN THE LOAD PLEASE CONTACT DONNA @ 905-670-4150 EXT 117 IMMEDIATELY. FOR REMELTING PURPOSES ONLY. SHIPMENT HAS BEEN EXTERNALLY TESTED (ALARM LEVEL 10) BY RADIO ACTIVITY TESTING EQUIPMENT. WITHOUT ANY DETECTION OF BETA/GAMMA RADIOACTIVE CONTAMINATION. ABOVE BACKGROUND LEVEL. LIABILITY IS \$2.00/LB UNLESS OTHERWISE STATED

Sub-total:	32,623.20
HST/GST:	0.00
TOTAL:	32,623.20

From Customer Number [ALU900US] To [ALU900US]
 Sort Customers By [Customer Group]
 Show Group Title [Customer Group]
 Show Group Total [Customer Group]
 Account Type [All Customers]
 Age Transactions As Of [7/19/2021]
 Cutoff by Document Date [7/19/2021]
 Print Transactions In [Detail by Document Date]
 Transaction Types [Invoice, Debit Note, Credit Note, Interest, Unapplied Cash, Prepayment, Receipt, Refund]
 Include Contact/Phone/Credit Limit [No]
 Include Space For Comments [No]
 Include Only Customers Over Their Credit Limits [No]
 Include Zero-Balance Customers [No]
 Show Applied Details [No]
 Show Fully Paid Transactions [No]
 Sort Transactions by Transaction Type [No]
 Print Amounts In [Customer Currency]

Customer Number/Name/ Document Type/Number	Doc. Date	Due Date or Check/Recpt. No.	Current	1 to 30 Days	31 to 45 Days	46 to 60 Days	Over 60 Days	Total
Customer Group: USD								
ALU900US ALUMINUM SHAPES L.L.C (DELAIR A								
IN 1178734	8/22/2019	9/6/2019					34,446.48	34,446.48
IN 1178846	9/3/2019	9/18/2019					30,615.25	30,615.25
IN 1179393	10/16/2019	10/31/2019					32,623.20	32,623.20
IN 1179591	11/7/2019	11/22/2019					33,484.57	33,484.57
Customer Total:		USD	0.00	0.00	0.00	0.00	131,169.50	131,169.50
Customer Group Total (USD):		USD	0.00	0.00	0.00	0.00	131,169.50	131,169.50
Report Total		USD	0.00	0.00	0.00	0.00	131,169.50	131,169.50

CR: Credit Note DB: Debit Note IN: Invoice IT: Interest Charge PI: Prepayment UC: Unapplied Cash MC: Miscellaneous Receipt
 AD: Adjustment CF: Applied Credit (from) CT: Applied Credit (to) DF: Applied Debit (from) DT: Applied Debit (to) ED: Earned Discount Taken
 GL: Gain or Loss (multicurrency ledgers) FP: Receipt WO: Write-Off RD: Rounding RF: Refund

1 customer printed
 1 customer group record printed

in re: Aluminum Shapes, L.L.C.

Case 21-16520

POWER OF ATTORNEY

The undersigned claimant hereby authorizes Heitner & Breitstein, P.O. Box 270, Wickatunk, New Jersey 07765 as attorney in fact for the undersigned and with full power of substitution to vote in any question that may be lawfully submitted to creditors of the bankrupt in the above-entitled case; (if appropriate) to vote for a trustee of the estate of the bankrupt and for a committee of creditors; to receive dividends; and in general to perform any act for the undersigned in all matters arising in this case.

Dated: Aug 26 2021

, Attar Metals Inc.

By: [Signature]
Address: 6290 Netherhart Road
Mississauga, ON L5T 1B7, Canada

ACKNOWLEDGMENT

(70) CITY OF Trenton PROVINCE OF ONTARIO, CANADA (R)

STATE OF
COUNTY OF ss.:

CORPORATION

On August 26/21, before me personally came Larry Attar by video conference, who, by me duly sworn, did depose and say that deponent resides at 30 Holden Drive, that deponent is the President of Attar Metals Inc., the corporation described in, and which executed the foregoing Power of Attorney, and that deponent signed deponent's name by like order.

[Signature]
Notary
Robert G. Kepes, JD
416-366-7876