

United States Bankruptcy Court for the District of Delaware

AeroCision Parent, LLC  
Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
P.O. Box 4421  
Beaverton, OR 97076-4421

To submit your form online please go to <https://epiqworkflow.com/cases/APQ>

Your Mail ID is as follows: 220026989

Name of Debtor: NUMET MACHINING TECHNIQUES, LLC  
Case Number: 23-11034 (KBO)



BAR(23) MAILID \*\*\* 000220026989 \*\*\*  
APQ (MERGE2.DBF,SCHED\_NO) SCHEDULE #: 34001260\*\*\*\*\*

SLABE MACHINE PRODUCTS  
ATTN BRENDAN SLABE  
4659 HAMANN PARKWAY  
WILLOUGHBY, OH 44094

Check box if the address on the envelope sent to you by the court needs to be updated. Identify your replacement address in Part 1 (Section 3) below.

For Court Use Only

RECEIVED

OCT 26 2023

LEGAL SERVICES

Your claim is scheduled by the Debtor as:  
\$12,255.00 UNSECURED

Filed: USBC - District of Delaware  
AeroCision Parent, LLC, et al.  
23-11032 (KBO)

(CLM)



0000000015

04/22

### Proof of Claim (Official Form 410)

APQ

Read the instructions before filling out this form. This form is for making a claim for pay... under 503(b)(9), 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?

Name of the current creditor (the person or entity to be paid for this claim): THE SLABE MACHINE PRODUCTS LLC

Other names the creditor used with the debtor: SLABE MACHINE PRODUCTS

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?

THE SLABE MACHINE PRODUCTS LLC

Name

4659 HAMANN PARKWAY

Number Street

WILLOUGHBY OH 44094

City State ZIP Code

Country (if International): \_\_\_\_\_

Contact phone: 440-946-6555

Contact email: cmazanec@slabemachine.com

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

Name

Number Street

City State ZIP Code

Country (if International): \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: AR@SLABEMACHINE.COM

4. Does this claim amend one already filed?

No

Yes. Claim number on court claims register (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:

0001

7. How much is the claim?

\$ 12,255.00

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



<p><b>9. Is all or part of the claim secured?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b></p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle <u>2013</u></p> <p><input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ <u>0</u></p> <p><b>Amount of the claim that is unsecured:</b> \$ <u>12,255.00</u> (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p style="text-align: center;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	<p><b>10. Is this claim based on a lease?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition.</p> <p>\$ _____</p> <p><b>11. Is this claim subject to a right of setoff?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>	<p><b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Check one:</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) 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). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a)( ) that applies. \$ _____</p> <p>* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p>
<p><b>13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____</p>		

**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 co-debtor. 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 10/24/2023 Jh. A. Mazanec  
MM / DD / YYYY Signature

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

Name RICHARD A MAZANEC  
First name Middle name Last name

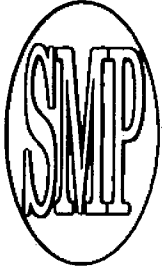
Title VP FINANCE

Company THE SLABE MACHINE PRODUCTS LLC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4659 HAMANN PARKWAY  
Number Street

WILLOUGHBY OH 44094  
City State ZIP Code

Contact Phone 440-708-6778 Email MAZANEC@SLABEMACHINE.COM



I N V O I C E

# SLABE MACHINE PRODUCTS

Terms & Conditions of sale located at [www.slabemachine.com/toc.pdf](http://www.slabemachine.com/toc.pdf)

**4659 Hamann Parkway**  
**Willoughby, OH 44094**

**Voice: (440) 946-6555**  
**Fax: (440) 946-7657**

INVOICE: C1909A  
PAGE : 1  
DATE: 7/28/2023

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NM0001  
NUMET MACHINING TECHNIQUES  
235 EDISON ROAD

ORANGE CT 06477

YOUR P.O. # : P47477  
OUR ORDER # : C1909  
TERMS : 1% 10 NET 30  
COUNTRY OF ORIGIN: USA

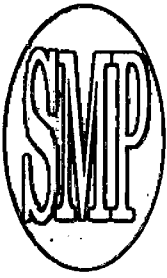
**S  
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NM0001  
NUMET MACHINING TECHNIQUES  
235 EDISON ROAD

ORANGE CT 06477

FREIGHT : FREIGHT COLLECT  
SHIP-VIA : UPS  
F.O.B. : WILLOUGHBY, OH  
ACCT # : 2490X2  
INSURANCE : NO

PART #	DESCRIPTION	PRICE	QTY	AMOUNT
5180571	BUSHING	\$43.0000	285	\$12,255.00
			SUBTOTAL	\$12,255.00
			TOTAL FREIGHT	\$ .00
			TOTAL	\$12,255.00 USD



S M P P A C K I N G L I S T

\*C1909A\*

# SLABE MACHINE PRODUCTS

Terms & Conditions of sale located at [www.slabemachine.com/toc.pdf](http://www.slabemachine.com/toc.pdf)  
4659 Hamann Parkway  
Willoughby, OH 44094  
Voice: (440) 946-6555  
Fax: (440) 946-7657

INVOICE: C1909A  
PAGE : 1  
DATE: 7/28/2023  
UBN: 86

**SOLD TO**  
NM0001  
NUMET MACHINING TECHNIQUES  
235 EDISON ROAD  
  
ORANGE CT 06477  
  
YOUR P.O. # : P47477  
OUR ORDER # : C1909  
TERMS : 1% 10 NET 30  
COUNTRY OF ORIGIN: USA

**SHIP TO**  
NM0001  
NUMET MACHINING TECHNIQUES  
235 EDISON ROAD  
  
ORANGE CT 06477  
  
FREIGHT : FREIGHT COLLECT  
SHIP-VIA : UPS  
F.O.B. : WILLOUGHBY, OH  
ACCT # : 2490X2  
INSURANCE : NO

PART #/REV	DESCRIPTION	QTY
5180571 E	BUSHING	285
		\$12,255.00

CODE MATERIAL GRADE MTL REV HEAT NO  
AMS5643 W E220637

MIN PACKING WEIGHT: 0.00028 APW 0.000001

PK1 P10-PARTIONSTION  
PK2 P09-MPI PAPER

Packaged per above by: 721 DATE 7-28-23

PRATT END USE N VQC REQUIRED N

Counted, Packed, Shipped by: 721

Audit Qty & Pkg Method 721 Audit carrier label Ship To or SNC/ASN

Does the Physical Parts being Shipped Match the Blueprint? 721

Does the Unit Container Part Number Match the Packing List? 721

4.55 LBS

475389 JUL 28, 2023 ACT WT 4.5 LBS #PK 1  
SVC GNDCOM BL WT  
TRACKING# 1Z4753890353322616 ALL CURRENCY USD  
REF 1:  
REF 2:C1909A FDG

HC 0.00 CNS 0.00 FRT: REC  
SHIPMENT PUB RATE CHARGES: SVCF/C USD  
DV 0.00 COD 0.00 RS 0.00  
DC 0.00 DGD 0.00  
AH 0.00 PR 0.00 ROD 0.00  
TOT PUB CHG 0.00 PUB+HC 0.00

# Proof of Delivery

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

**Tracking Number**

1Z4753890353322616

**Weight**

4.50 LBS

**Service**

UPS Ground

**Shipped / Billed On**

07/28/2023

**Delivered On**

08/01/2023 9:38 A.M.

**Delivered To**

ORANGE, CT, US

**Received By**

OWSKY

**Left At**

Reception

Please print for your records as photo and details are only available for a limited time.

Sincerely,

UPS

Tracking results provided by UPS: 10/23/2023 3:37 P.M. EST



# Slabe Machine Products

4659 Hamann Parkway  
Willoughby, OH 44094

Voice: 440-946-6555

Fax: 440-946-7657

AeroCision Parent, LLC  
Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
10300 SW Allen Blvd  
Beaverton, OR 97005

MIKE ROSIPKO  
(440) 946-6555  
SLABE MACHINE  
4659 HAMANN PARKWAY  
WILLOUGHBY OH 44094

0.1 LBS LTR

1 OF 1

**SHIP TO:**

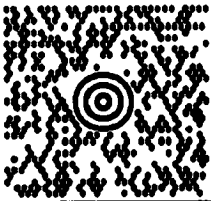
CLAIMS PROCESSING  
(440) 946-6555  
AEROCISION PARENT LLC  
10300 SW ALLEN BLVD  
**BEAVERTON OR 97005**

**RECEIVED**

**OCT 26 2023**

**LEGAL SERVICES**

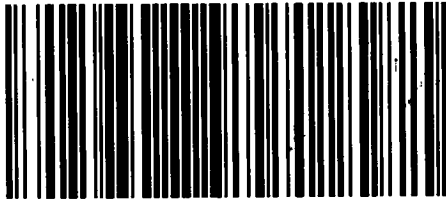
Place Labels in This Space  
Options:  UPS Tracking Label and your address label  
 UPS Air Shipping Document



**OR 971 7-01**



**UPS 2ND DAY AIR A.M. 2A**  
TRACKING #: 1Z 475 389 07 5417 0147



BILLING: P/P



SEE NOTICE ON REVERSE regarding UPS Terms, and notice of limitation of liability. Where allowed by law, shipper authorizes UPS to act as forwarding agent for export control and customs purposes. If exported from the US, shipper certifies that the commodities, technology or software were exported from the US in accordance with the Export Administration Regulations. For information about UPS's privacy practices or to opt out from the sale of personal information, please see the UPS Privacy Notice at [www.ups.com](http://www.ups.com)

REF AEROCISION...ATTN

WS 26 0 30 Zebra GK420d 43 0A 10/2023