
In Re:

PERFORMANCE HANDLING COMPANY, LLC,

Case No. 15 CV 73

Assignor.

Other Debtor Actions: 30304

NOTICE OF RECEIVERSHIP, CLAIMS BAR DATE & INJUNCTION

TO: CREDITORS AND OTHER INTERESTED PARTIES

PLEASE TAKE NOTICE that the Circuit Court for Outagamie County, Wisconsin, has appointed Rebecca R. DeMarb as the Receiver in the above-captioned case. The Receiver is the receiver over the assets of Performance Handling Company, LLC ("PHC"), and has all the usual and customary powers vested in her as set forth in Chapter 128 of the Wisconsin Statutes.

YOU MUST FILE YOUR VERIFIED CLAIM AGAINST PHC WITH THE OUTAGAMIE COUNTY CIRCUIT COURT, BRANCH 3, 320 S. WALNUT STREET, APPLETON, WI 54911. YOU MUST FILE YOUR CLAIM ON OR BEFORE MAY 15, 2015. IF YOU DO NOT FILE YOUR CLAIM ON OR BEFORE MAY 15, 2015, YOU WILL NOT RECEIVE ANY PAYMENT ON YOUR CLAIM.

In addition, you should mail a copy of your Verified Claim to the Receiver at the address stated below.


PLEASE TAKE FURTHER NOTICE that on January 28, 2015, the Court entered an Order enjoining and restraining all creditors and claimants of PHC from commencing or prosecuting any action or proceeding against PHC and from continuing to prosecute any action or proceeding currently pending against PHC except for those within this case. PHC, its agents, directors and officers are

enjoined and restrained from transferring, encumbering, or otherwise disposing of any assets of PHC.

A copy of the Proof of Claim form is enclosed for your convenience.

Dated this 30th day of January, 2015.

SWEET DeMARB LLC
Attorneys for Receiver

By: 

Rebecca R. DeMarb
State Bar No. 1026221
rdemarb@sweetdemarb.com
121 S. Pinckney Street, Suite 525
Madison, WI 53703
(608) 310-5500

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PROOF OF CLAIM

ALL CLAIMS MUST BE FILED BY MAY 15, 2015, by mailing to Outagamie County Circuit Court, Branch 3, 320 S. Walnut Street, Appleton, WI 54911. You must mail a copy of your claim to the Receiver at 121 S. Pinckney Street, Suite 525, Madison, WI 53703.

Creditor/Claimant Information:

_____, of _____
(Name) (Business Name)

Complete Mailing Address

deposes and states as follows:

- Amount of Claim \$ _____ Basis for Claim: _____
- Date(s) Debt was Incurred: _____ Date Judgment Obtained, if any _____
- Amount of all payments on this claim that have been credited and deducted for purposes of making this claim, (setoffs): \$ _____. In making this claim, creditor has deducted all amounts that creditor owes debtor.
- Claimant does not hold any security, collateral or lien against the assets of PHC except: _____
- Creditor appoints the undersigned attorney, if any, to receive all future notices in this matter.
- All supporting documents such as notes, purchase orders, invoices, statements, contracts, judgments, etc., are attached to this Proof of Claim.

Creditor's Signature

Printed Name

Telephone Number

VERIFICATION:

Subscribed and sworn before me on this _____ day of _____, 2015.

Notary Public: _____ (County)
State of _____
My Commission Expires: _____

Creditor's Attorney