

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: Complete Hydraulics	Case Number: 13-04677-jkc-11	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> FILED U.S. DISTRICT COURT FOR THE DISTRICT OF COLUMBIA CLERK </div> <div style="text-align: center;"> MAY 28 PM 1:52 </div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): William Anthony Danel		
Name and address where notices should be sent: 1065-D Loving Road Severn, Maryland 21144		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Telephone number: (443) 510-7430 email: bdanel18@gmail.com		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: email:		
1. Amount of Claim as of Date Case Filed: \$ <u>1,788.67</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Goods purchased and never received</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe:		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Value of Property: \$ <u>1788.67</u>		Basis for perfection: _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of Secured Claim: \$ <u>1788.67</u> Amount Unsecured: \$ <u>1788.67</u>
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* 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"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
Amount entitled to priority: \$ _____		
<i>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

☒ ENVELOPE NOT PROVIDED
☒ COPIES NOT PROVIDED

B10 (Official Form 10) (04/13)

2

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: William A Danel

Title: Owner

Company: Danel Designs, LLC

Address and telephone number (if different from notice address above):

1065D Loring Rd
Severna MD 21144

(Signature)

(Date)

Telephone number: 443-510-7430 email: bdanel18@gmail.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



STATE OF INDIANA
OFFICE OF THE INDIANA ATTORNEY GENERAL

CONSUMER PROTECTION DIVISION

302 W. WASHINGTON STREET, 5TH FLOOR • INDIANAPOLIS, IN 46204-2770

www.IndianaConsumer.com

PHONE: 317.232.6330

FAX: 317.233.4393

GREG ZOELLER
INDIANA ATTORNEY GENERAL

May 17, 2013

William Danel
1065-D Loving Road
Severn, MD 21144

RE: File No. 12-CP-60630
Sales, Inc

William Danel vs. Complete Hydraulic Service &

Dear Mr. Danel:

On November 13, 2012, our office filed a lawsuit alleging deceptive consumer practices against Complete Hydraulic Service & Sales, Inc. After that time our office received numerous additional consumer complaints against this company and we were in the process of filing an Amended Complaint.

On May 2, 2013 Complete Hydraulic Service & Sales, Inc. filed for bankruptcy in Federal Bankruptcy Court. Unfortunately, once a bankruptcy petition is filed, all pending lawsuits are "stayed" until the bankruptcy proceedings are concluded.

Many of the consumers who complained to our office were named as creditors in the bankruptcy filing, and should have received notice. Our office cannot represent individual consumers during the bankruptcy proceedings, so you may wish to discuss your individual concerns with private counsel. You may also wish to contact the US Bankruptcy Court, Southern District of Indiana at (317) 229-3800. The bankruptcy case number is 13-04677-JKC-11.

Our office plans on recommending action on this case upon disposal of the bankruptcy proceedings. If our office needs further information from you or possibly testimony as the litigation process progresses, we will contact you.

If you have any questions, please contact me at (317) 232-0171. Thank you for your patience and cooperation in this matter.

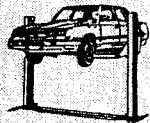
Sincerely,

A handwritten signature in black ink, appearing to read "January Portteus".

January Portteus
Deputy Attorney General
Consumer Protection Division

INVOICE

COMPLETE HYDRAULIC SERVICE & SALES, INC.



130 COMMERCE PARK DRIVE
FRANKLIN, INDIANA 46131
(317) 736-5094 • FAX (317) 738-0555
www.completehydraulic.com

PICK-UP & DELIVERY

INVOICE NUMBER: 112125

INVOICE DATE: 03/15/12

PAGE: 1

ORDER ID: 901653

SOLD TO:

BILL DANIEL
1865 D LOVING RD
SEVERN, MD 21144

SHIP TO:

R & L CARRIERS
710 PITTMAN RD
BALTIMORE, MD 21226

PLEASE PAY PROMPTLY TO AVOID FINANCE CHARGES: NET 10 DAYS

CUSTOMER ID		CUSTOMER PO		PAYMENT TERMS	
4435107430		BILL		CASH SALE	
SALES REP ID		SHIPPING METHOD		SHIP DATE	DUE DATE
KAM		DOCK PICK-UP		03/22/12	03/25/12
QUANTITY	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1.0	CL9KBP	9K BASE PLAT HYD. E POST LIFT SERIAL # CLT0811204		1,399.95	1,399.95
		E.T.A.			
		10-14 BUSINESS DAYS			
1.0	SHIP	SHIP/HANDL/SAEC. ORD		386.78	386.78
1.0	CHSSI	THANKS, COMPLETE HYDR.			
0.2	KAM	THANKS, MIKE MENDER			

Non-Taxable Subtotal 1752.67
Taxable Subtotal 0.00
Sales Tax
Total Invoice Amount 1752.67
Payment Received
TOTAL DUE 1752.67

Signature

Phone In
Your Business Is Important To Our Business
Thank You!

All material invoiced at prices in effect at time of shipment. All claims must be made immediately on receipt of goods. Do not return goods without notifying us. Return goods must be prepaid and are subject to a 15% handling charge when shipped according to original order. A service charge of 1 1/2% per month assessed on all overdue balances. Buyer agrees to pay all costs, expenses and attorney's fees incurred by CHSSI in collecting sums due or in regaining possession of said equipment or in enforcing or recovering any damages, losses or claims against buyer. These terms will be enforced regardless of a signature of acceptance or not when merchandise is shipped or picked up.

Office of the Indiana Attorney General

1. YOUR INFORMATION

☒ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

Name William DANIEL

Address 1065-D LOVING Road

City SEVERN State MD

ZIP 21144 County A.A. County

Age ☐ 18-24 ☐ 25-34 ☒ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+

Phone 443-510-7430 Day

Are you or your spouse active military? ☐ Yes ☒ No

E-mail DANIEL@SEALCOATIT.COM

Name/Firm Complete Hydraulic Service +
SALES

Address 130 Commerce Park Drive

City Franklin State IN

ZIP 46131 County _____

Phone (317) 736-5094

E-mail www.completehydraulic.com

Person you dealt with Randy, Dave, Mike

Date 3-15-12

☐ At the firm's place of business
☐ My home
☐ Away from the firm's place of business (work, convention, etc.)
☐ Other

☐ By Mail
☐ By Internet/e-mail
☒ By telephone

☒ I telephoned the firm
☐ I responded to a TV/radio ad
☐ A person came to my home
☐ I received information by e-mail
☐ I received information in the mail

☐ I went to the firm's place of business
☐ I received a telephone call from the firm
☐ I responded to an offer on the Internet
☐ I responded to a printed advertisement
☐ Other

The nature and status of your complaint and the name of the firm? ☐ Yes ☒ No
Your name? ☐ Yes ☒ No
Your phone number? ☐ Yes ☒ No

☐ My business
☒ My family/household
☐ My farm

☐ Cash ☒ Credit Card ☐ Medicaid ☐ Private Insurance
☐ Check ☐ Installment Loan ☐ Medicare ☐ Other

☒ Yes ☐ No

[illegible]

10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)☒ Yes ☐ NoWhen? *Between the end of March & Present time*
MADE Several CALL'S

Action taken?

11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?

When?

Action taken?

12. HAVE YOU CONTACTED A PRIVATE ATTORNEY?☐ Yes ☒ No**13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.**☐ Yes ☒ No**14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.**☐ Yes ☒ No**15. DOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$1,788.⁰⁰ Plus all my time****16. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES IF NECESSARY)**

Please attach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence and all other related documents). Please print clearly or type. DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER.

I ORDERED a car lift from Complete Hyd. Comp. on 3-15-12. Was told and is printed on invoice Delivery 10-14 Business Days. I have yet to receive my product. I have made several attempts to get an answer of when the lift is at. No response + no answer. I sent a certified letter to comp. was signed for July 31st Still no response.

I want to get my money Back. Do not want to deal with this company any more.

17. HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?

I want my money Back. at this point I do not want to do business with this Company

18. CONSENT AND VERIFICATION

I affirm, under the penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement.

I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

Your Signature

Date

*8/22/12***WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?**

The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

MAIL COMPLETED FORMS TO:

Attorney General Greg Zoeller
Consumer Protection Division
Government Center South, 5th floor
302 West Washington Street
Indianapolis, IN 46204
PH: 317-232-6330 • FAX: 317-233-4393
www.IndianaConsumer.com

* William Danel * Transaction Dispute Form
 Cardholder Name: _____ Card Number: _____
 I wish to dispute the following transaction(s) that was conducted with my PNC Visa Check Card: (Must list separately, attach additional transactions on a separate piece of paper.)
 Merchant Name: Complete Hydraulic Amount: 1788.67 Transaction date: 3/15/12 Post date: 3/15/12

Several Times
 three weeks after

ORDER.
 Talked to Mike,
 Then
 left several mess.
 with Randy no
 response

Resolution Attempts (Must be completed)
 Was the merchant contacted regarding this issue? ☒ Yes / No
 If yes, date: _____ If No, Reason: _____
 What was the merchant's response? Had several different excuses

Select ONLY one of the following reasons for this dispute, attaching documentation as applicable:
 (NOTE: Clearly explaining the dispute and supplying any other supporting documentation will help the merchant understand your dispute.)

Service/Merchandise Not Received
 Was the transaction for Service or Merchandise? Car Lift / 2 Post / 9,000 lb.
 Was ALL or a Portion of the Service/Merchandise not received?
 Expected Delivery Date: 3/29/12

Returned Merchandise
 Reason for Return: _____
 On what date was merchandise returned? _____ YES _____ NO
 Did the merchant agree to the return? _____ YES _____ NO
 Did you receive a credit receipt/advice? _____ YES _____ NO
 IMPORTANT: Attach a copy of the proof of return showing date and method of return, RMA or tracking numbers.

Paid By Other Means
 My card was used to secure this purchase, however, payment was made by other means (Cash, Check, another card)
 Provide other means: _____
 IMPORTANT: Attach proof of other means of payment (cancelled check, bank statement, receipt, etc) to this form.

Credit Not Received
 Reason for Credit: _____
 Anticipated Date of Credit: _____ YES _____ NO
 Did you receive a credit receipt/advice? _____ YES _____ NO
 Confirmation Number: _____
 IMPORTANT: Attach a copy of credit slip/voucher if provided by merchant

Incorrect Amount Charged
 What is the amount that should have been charged to the your check card? _____
 IMPORTANT: Attach a copy of the receipt showing correct amount to this form.

Quality of Merchandise
 Description of merchandise ordered: _____
 Was the merchandise Defective or Not as Described? _____
 IMPORTANT: Attach any additional information to support your claim, including expert opinions, documentation illustrating what should have been received, etc.

Cancelled service/Merchandise
 Cancellation Date: _____ Reason for cancellation: _____
 Cancellation Code/Confirmation Number: _____
 Spoke With: _____

Attach Additional Information and explanation on a separate piece of paper
 Fax Completed Form To: 1-800-916-6154

* Printed Name: Bill Danel Signature: [Signature]
 * Telephone Number: 443-510-7430 Date: 7/12/12

CHOOSE ONLY ONE REASON

==== TRANSACTION RECORD =====

Customer Copy

COMPLETE HYDRAULICS SERVICE
130 COMMERCE DR FRANKLIN, IN 46131 US

Type: PURCHASE
Amount: \$1,788.67
Card Number: *****2596
Card Type: Visa
Date/Time: Thu, Mar 15, 2012 10:30:56 AM
Reference #: 112125
Approval Code: 016612
Transact ID: 11000078236824.602

Status: APPROVED

APPROVED - THANK YOU

Cardholder will pay total amount shown
to card issuer according to cardholder
agreement with card issuer.

<https://www.npcsecure.com/Receipt.aspx>