All Proof of Claim Forms MUST be FILED by September 18, 2018. Failure to timely file this form with supporting documents will result in a waiver of your right to file a claim. Objections must be filed by October 2, 2018. All claims will come before the court for hearing on October 29, 2018, at 9:00 a.m. at the court.

AUGLAIZE COUNTY COMMON PLEAS COURT FILED
2018 SEP 13 AM 11:56
J. JEAN MECKSTROTH CLERK OF COURTS

In the Court of Common Pleas of Auglaize County, Ohio
Civil Division

Paul Mastronardi, Plaintiff,	Case No. 2017-CV-144
-vs-	
Luis Chibante, *et al.*, Defendants.	**PROOF OF CLAIM** *With Supporting Documents Attached*

This form is for making a claim for payment from entities that have been dissolved and the affairs of which are being wound up pursuant to a lawsuit filed in this case. The entities that have been dissolved and no longer exist, but whose affairs are being wound up, are:

Golden Fresh Farms Holdings, Inc., an Ohio corporation, and
Golden Fresh Farms Enterprises, L.P., an Ohio limited partnership.

*Filers **must** attach copies of any documents that support the claim, such as promissory notes, leases, purchase orders, invoices, itemized statements of accounts (including the account history showing all invoices and payments since the account's inception), contracts, judgments, mortgages and security agreements. **Do not attach original documents;** the copies you attach may be destroyed after scanning. If the documents are not available, attach an explanation in detail.

Distribution of the assets of the entities will be a final distribution, after determination of the validity of all secured and unsecured claims.

1. **(a) Who is the current creditor?** State Industrial Products
(Legal Name of the current claimant/creditor (the person or entity to be paid for this claim)
Other names the creditor used with the Golden Fresh entities State Chemical Solutions

(b) Has this claim been acquired from someone else? X NO ___ YES If yes, from whom?
_____ (Attach documents of assignment)

2. **Where should notices to this claimant/creditor be sent?** (List address.)
5915 Landerbrook Drive Suite 300
Mayfield Heights, OHIO 44124

3. **Where should payments to this claimant/creditor be sent?** (List address.)
PO Box 844284
BOSTON, MA
02284-4284

4. **Does this claim amend one already filed?** X NO ___ YES If yes, date filed: ___/___/___

5. **Do you know if anyone else has filed a proof of claim for this claim?** X NO ___ YES If yes, who?
_____

6. **Do you have a number you use to identify the Golden Fresh entity?** ___ NO X YES-- Last 4 digits of account number you use: 2347

Initial each page PK

COURT'S
[redacted]. CLAIM 37
IDENTIFICATION/EVIDENCE
DKT. # _____
DATE: _____

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7. **How much did the entities owe you on September 29, 2017?** $ N/A

8. **What is the total value of everything you provided to the entities after September 29, 2017?** $ 3,416.07

9. **How much were you paid by the entities after September 29, 2017?** $ NONE

10. **What is the difference between the amounts in Line 8 and Line 9?** $ 3,416.07

11. **How much is the claim?** $ 3,416.07 (Should equal Line 7 plus Line 10. If not, please explain.)
    Does this amount include interest or other charges? X NO ____ *YES If so, attach statement itemizing interest, fees, expenses or other charges, and explaining the basis for the interest or other charges to this page, and initial each page.*

12. **What is the basis of the claim?** Examples: goods sold, money loaned, services performed, lease, etc.
    Goods Sold
    Attach copies of all supporting documents (as listed on page 1) and initial each page submitted.*

13. **Is all or part of the claim secured?** X NO ____ YES, the claim is secured by a lien on property, as follows:

    ___ Real estate. If the claim is secured by a lien on real estate, attach a copy of the mortgage, certificate of judgment, or other lien documents showing date perfected; also attach prior payment history showing all payments you received from the Golden Fresh entity, which Golden Fresh entity your claim is against, and showing how all payments you have received were applied to principal, to interest, to fees or otherwise.

    ____ Motor Vehicle. If the claim is secured by a lien on a motor vehicle(s), attach a copy of the memorandum of title and all documents supporting the lien validity and the date it was perfected; also attach prior payment history showing all payments you received from the Golden Fresh entity, which Golden Fresh entity your claim is against, and showing how all payments you have received were applied to principal, to interest, to fees or otherwise.

    ____ Other. Describe property encumbered by your lien: (Use additional pages if necessary.) _____

    Attach a copy of security agreement and filed financing statement; also attach prior payment history showing all payments you received from the Golden Fresh entity, which Golden Fresh entity your claim is against, and showing how all payments you have received were applied (principal, interest, fees orother.)

    Value of the property securing the debt: $_____

    Amount of the claim that is secured:* $_____ *(Should not exceed the value of the property securing the debt.)

    Amount of the claim that is unsecured: $_____
    (The sum of the secured and unsecured amounts should match the amount of the claim in item 7, above.)

14. **Is this claim subject to a right of setoff?** X NO ____ YES. Identify the property._____

Initial each page ATK

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15. **Is any of this claim for attorney fees?** X NO ____YES. If so, explain why you are entitled to attorney fees, and attach a complete listing of all hours and all charges showing with specificity the work performed identified on the invoice sufficient to support your claim. _____

Use extra pages if needed to support your claim or any of your answers in this proof of claim form.

Note—The Receiver or any interested person may timely challenge whether a claim is valid, whether the security interest is valid and enforceable, the priority of any secured claim, whether a claim is an administrative claim, and whether the fees, expenses and charges listed are required to be paid, or other pertinent issues, by filing an objection to any claim filed.

Time for Filing. A proof of claim shall be deemed timely if it is filed with supporting documents not later than 4:30 p.m. on September 18, 2018. All claims filed are open for inspection by the public and all interested parties at the Clerk of Court's office during normal business hours. Objections shall be deemed timely if filed not later than 4:30 p.m. on October 2, 2018.

The person completing this form must sign and date it, initial each page attached to it, and it must be filed with the Auglaize County Clerk of Courts, Auglaize County Courthouse, 201 South Willipie Street, Room 043, P.O. Box 409, Wapakoneta, OH 45895, whose hours are: Monday thru Friday, 8 a.m. until 4:30 p.m. A proof of claim is deemed filed only when received and file-stamped by the Clerk.

A person who submits a fraudulent claim may be subject to prosecution for such fraud or attempt under the appropriate criminal code sections. Such person may also be subject to punishment for contempt of court of up to 10 days in jail and up to $500 fine, or both.

I hereby certify that the undersigned is the:

____ creditor; ____creditor's attorney; X creditor's authorized agent; (check one)

and I understand that my 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 certify that I have examined the information in this Proof of Claim and attachments 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, at Mayfield Hts, Ohio, this 12th day of September, 2018.

(X) Ryan T Keating CFO *(Signature is mandatory)*

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

Full Name: Ryan T Keating Title: CFO

Company: State Industrial Products

Address: 5915 Landerbrook Dr Suite 300 Mayfield Heights, OH 44124

Contact Phone: (440) 544-5103 Email rkeating@stateindustrial.com

Initial each page RK

THE OHIO GREENHOUSE COMPANY
1902 Progress Drive
Wapakoneta, OH 45895
419-738-3993

July 2, 2018

To whom it may concern:

As you may know, Golden Fresh Farms Enterprises, L.P. and its affiliate operations conducting business as Golden Fresh Farms previously located at 1902 Progress Drive, Wapakoneta, OH 45895 ("Golden Fresh Farms") has been ordered to be judicially dissolved and for the past nine months has been operated by court appointed receiver, James L. Thieman of the firm Faulkner, Garmhausen, Keister & Shenk.

In connection with the dissolution, the court approved the sale of certain operating assets of Golden Fresh Farms to The Ohio Greenhouse Company, an Ohio corporation, which occurred on June 29, 2018. Mr. Thieman, the court appointed receiver, continues to administer the assets of Golden Fresh Farms, including the administration of all pre-closing claims and obligations. Accordingly, payment and inquiries for any goods and services rendered prior to June 30, 2018 should be directed to Mr. Thieman. Mr. Thieman can be reached at jthieman@fgks-law.com and/or at 937-492-1271.

You are receiving this letter because The Ohio Greenhouse Company would like to engage either or both, your services or supply, upon mutually agreeable terms. In this regard, please provide us with information so that we may set up an account for your company. We expect normal trade vendor terms of net 30 days.

We look forward to speaking with you and a long and mutually beneficial business relationship with your company.

Sincerely,

THE OHIO GREENHOUSE COMPANY

Frank Mastronardi

Frank Mastronardi – V.P. Finance Farm Operations

State Chemical Solutions
A Division of State Industrial Products
5915 Landerbrook Drive, Suite 300
Mayfield Heights, OH 44124

Statement of Account as of 09/10/18

Your Account Number: 0000792347

We show your phone number as 519-322-0388

If you have any questions regarding your account, please feel free to contact Miguel Lopez at the following numbers:
Ph:(800) 782-8399 Option 5
Fx:(216) 453-0716

GOLDEN FRESH
1902 PROGRESS DR
WAPAKONETA, OH 45895-9205

Interested in automatic payment processing each month?
We can process your monthly charges automatically for you via check or credit card at no extra charge. Please give us a call at the above number for details.

DATE	INVOICE/ DOCUMENT	DOCUMENT TYPE	YOUR PURCHASE ORDER #	DUE DATE	INVOICE AMOUNT	CURRENT	31 - 60 DAYS PAST DUE	61 - 90 DAYS PAST DUE	91-120 DAYS PAST DUE	> 120 DAYS PAST
05/11/18	0900481516	INVOICE	BOILERCHEM52018	05/26/18	$3,416.07				$3,416.07	
TOTAL ACCOUNT BALANCE:					**$3,416.07**				**$3,416.07**	

If you have recently paid this balance before 09/10/18, then please disregard this notice.

PLEASE DETACH AND RETURN WITH PAYMENT

Customer No.	Customer Name	Balance	Please List Invoice Numbers
0000792347	GOLDEN FRESH	$3,416.07	

Method of Payment

Check Enclosed — Statement Date:09/10/18

Charge My Credit Card (please fax this completed for

Card Number _____ Exp. Date ___ / ___

VISA ☐ Mastercard ☐ Amer. Exp. ☐ Signature:

REMITTANCE INFORMATION

Please make checks payable to State Industrial Products

Please remit to:
State Industrial Products
P.O. Box 74189
Cleveland, OH 44194

Our Federal Tax ID: 34-0552740

Debit Memo

PAGE: 1

Document No.	Document Date	Due Date
900486308	05/11/2018	05/26/2018

State Chemical Solutions
5915 Landerbrook Drive Suite 300
Mayfield Heights, Ohio 44124
www.statechemical.com
Phone: 440-565-5555 Fax: 1-866-747-2229
A Division Of State Industrial Products Corp.

BILL TO:
Customer No.: 792347

GOLDEN FRESH

1902 PROGRESS DR
WAPAKONETA, OH 45895-9205
USA

SHIP TO:

GOLDEN FRESH

1902 PROGRESS DR
WAPAKONETA, OH 45895-9205

Certified System
ISO 9001
ISO 14001
QMI-SAI Global

001010 **Safety Data Sheets are available at http://statechemical.com/safety-data-sheets**

Customer PO: BOILERCHEM52018 Sales Order: 700004851 Delivery:

Account Manager: 90101141 ROBERT HAWKS Taxable: Y

Open Qty	Ord Qty	Ship Qty	U M	Item	Description	Unit Price	Extended Price
0	0	1	BC	125663	HWS-140 D55	3000.000	3000.00
		REBILL TO ADJUST BILLING ACCOUNT ON INV 90048151 6					

1. IMPORTANT: Please return remittance portion below with your payment.
2. All tax exempt customers must submit a tax exempt certificate with payment.
3. Claims for shortage or damaged goods must be made within 5 days after receipt of goods.
4. No returns without a Return Goods Authorization.
5. Contact Customer Service concerning invoices, *damaged product, or returns at 1-800-782-2436.*

Our Federal Tax ID: 34-0552740

Net Sales	Shipping&Processing	Sales Tax	TOTAL
3000.00	185.15	230.92	3,416.07

PAY NO MONEY TO ACCOUNT MANAGER

FOR CHEMICAL EMERGENCY SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT CALL CHEMTREC 24/7 AT (800) 424-9300.

---------- **PLEASE DETACH AND RETURN WITH PAYMENT** ----------

Please update your remittance information as shown below.

Make Checks Payable to:
State Industrial Products

REMITTANCE INFORMATION
P.O. Box 844284
Boston, MA 02284-4284

Invoice No	Due Date	Customer No	Acct Mgr	Total Due
900486308	05/26/2018	792347	90101141	3416.07

METHOD OF PAYMENT

☐ CHECK ENCLOSED
☐ CHARGE MY CREDIT CARD
EXPIRATION
CARD NO.

AMOUNT PAID
SIGNATURE

☐ AMEX
☐ VISA
☐ MASTERCARD
INTERBANK NO. (MC ONLY)

For Easy Payment
Complete Credit Card Information or Call
1-800-782-8399

001000007923470900486308700000003416078