

TO: ALL IBT LOCAL UNIONS WITH MEMBERS EMPLOYED BY ALLIED COMPANIES

FROM: TNATINC - Teamsters National Automobile Transporters National Negotiating Committee

RE: IN RE ALLIED SYSTEMS HOLDINGS, et al.; AUGUST 2, 2013 BAR DATE FOR FILING PROOFS OF CLAIM

The Bankruptcy Court has set a bar date of Friday, August 2, 2013 at 12:00 a.m. (midnight) Eastern Daylight Time for the filing of "Proofs of Claim" - claims that arose before or are deemed to have arisen before: (1) the MAY 17, 2012 bankruptcy filing for claims in the Allied Systems, Inc. and Allied Systems, Ltd., or (2) the JUNE 10, 2012 bankruptcy filing for claims against all the other Allied debtor companies, including but not limited to Transport Services, Inc., Allied Automotive Group, and F.J. Boutell Driveaway Corp.

These Proofs of Claim (with the attachment explained below) **must be received** at the addresses provided in the claim form notice. **THIS DEADLINE IS EXTREMELY IMPORTANT SO FILL OUT, EXECUTE AND MAIL IN TIME -- WE URGE YOU TO USE OVERNIGHT DELIVERY, WITH PROOF OF RECEIPT, TO THE FOLLOWING:**

Allied Systems Holdings Inc., et al. Claims Processing
c/o Rust Consulting/Omni Bankruptcy
5955 De Soto Avenue, Suite # 100
Woodland Hills, CA 91367

Service by electronic mail or fax IS NOT VALID. You must mail, overnight mail, or hand deliver your claim form so it is received at the California address for receipt by midnight (Eastern) on Thursday, August 2, 2013.

We also urge you to: (1) send a copy of the form and all attachments in a stamped, self-addressed envelope so you can receive a time-stamped copy showing when it was filed, and (2) send a copy to: (a) the *TNATINC's bankruptcy counsel (Cohen, Weiss and Simon LLP c/o Betsey Ellis, paralegal)* and (b) *TNATINC's Co-Chairman Roy R. Gross at the addresses shown on the last page of these guidelines.*

You should also review the Court's Notice and these materials with your Local Union's attorney.

A Notice and claim form related to this Order have been or should be sent to all unions.

The TNATINC has partially completed some of the claim form distributed by the Company so that your Local Union and/or its legal counsel can easily fill in the additional required information necessary to complete your claim form. We have also prepared an attachment to the claim form that MUST BE completed. (the pages following the claim form itself are general instructions distributed by the Company - these instructions have been prepared specifically for IBT affiliates)

IF THERE ARE ANY INDIVIDUALS WHO ARE RECEIVING WORKER'S COMPENSATION OR HAVE A PENDING WORKER'S COMPENSATION CLAIM (OR WHO HAVE ANY OTHER CLAIM THAT DOES NOT ARISE UNDER THE COLLECTIVE BARGAINING AGREEMENT, LIKE AN OSHA OR DISCRIMINATION CLAIM) IT IS IMPORTANT THAT YOU NOTIFY THEM AND ADVISE THEM TO CONSULT WITH THEIR INDIVIDUAL ATTORNEY ABOUT FILING A CLAIM FORM FOR RECEIPT BY THE FRIDAY, AUGUST 2, 2013 BAR DATE. PLEASE REMEMBER THAT ALL CLAIM FORMS MUST BE MAILED, OVERNIGHT MAILED, OR HAND DELIVERED AND RECEIVED AT THE CALIFORNIA ADDRESS SO THEY ARE RECEIVED BY AUGUST 2. ELECTRONIC CLAIMS (I.E., EMAIL OR FAXED CLAIMS) ARE NOT VALID.

Here is a step-by-step guide to the claim form. This guide corresponds line by line with the required response items contained on the claim form and attachment:

I. GUIDE TO THE CLAIM FORM

Court, Name of Debtor, and Case Number:

The Bankruptcy Court has approved a stipulation and order authorizing Teamster local unions to file claim forms under one case number – Allied Systems Holdings, Inc. – Case No. 12-11564 – as long as the form includes information on all the Allied Companies that the claim is being filed against and the basis for asserting the claim against them. Thus the caption of the claim form only names Allied Systems Holdings, but there is a footnote reference that the Attachment will provide information on the other debtors against whom the claims are being filed.

Name of Creditor and Address: Fill in the full name of your Local Union

Name and address where notices should be sent: Fill in either the name and complete address of the individual at your Local Union who should receive any notices or that of your Local Union's attorney if you would like them to receive notices about the claim.

Name and address where payment should be sent (if different from above): This should be the name and complete address of the person at your Local Union (either the Principal Officer or other designated person) who should receive a payment if any bankruptcy distribution is made.

1. Amount of Claim as of the Date Case Filed:

This should be the total of all amounts you estimate on the attachment and **should be the same number listed below item 2.d. of the attachment (see below).**

2. Basis for Claim:

We have inserted "services performed/wages/salaries/compensation/collective bargaining agreement (see attachment)."

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

We have listed this as "N/A" - Not Applicable - but if you have such a number fill it in, or you may want to fill in the last four digits of your Local Union's Employer Identification Number (EIN) that has been assigned to your Local Union by IRS.

3a. Debtor may have scheduled amount as: We have listed this as “N/A” - Not Applicable - and suggest leaving this item blank since it is unlikely that the Debtor has scheduled any or all of the claims your local union may have.

3b. Uniform Claim Identifier: We have listed this as “N/A” - Not Applicable - and we would suggest leaving this item blank.

4. Secured Claim: We have assumed that your local union does not have a secured claim (lien) for any amounts owing by an Allied company and have marked this category “N/A” (Not Applicable). If you do have a secured claim mark it here.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. Section 507 (a): We have marked the wage and employee benefit plan contribution priorities and added that the amount is unliquidated and reference should be made to the Attachment to the claim form.

6. Credits:

We have not stated anything since every amount listed should be an amount still owed.

7. Documents:

We have added language to the attachment that the debtors have copies of the collective bargaining agreements upon which claims are based. If any part of your Local Union’s claim is based on grievances, arbitration decisions, NLRB ULP charges, or lawsuits, ***it is important that you attach copies of those documents to the claim form.***

8. Date and Signature:

We have marked the “I am the creditor” box because it should be an authorized representative of the Local Union who actually signs and executes the claim form.

Along the left hand side print your name, title, the name of the Local Union (where it says “Company”). List your Local Union’s address and phone number only if they are different than what is provided above at the top of this form under “Name and address where notices should be sent” (for example, if you listed your Local Union counsel’s name and address there).

In prior cases the most common error has been to fail to list the Local union’s local number where required. Don’t forget to do this.

Do not forget to sign and date the claim form where it says ‘Signature’ and date on the right hand side under 8.

Criminal penalties apply for knowingly making a false statement on a proof of claim form, so be as accurate as you can at this time. This statement says the form is “true and correct to the best of my knowledge, information, and belief,” and on the attachment we have added a statement that these are good faith estimates to the best of your knowledge. Accordingly, the amounts and information provided should be as accurate as possible, but they are not required to be exact if only an estimate is available.

II. GUIDE TO THE ATTACHMENT

As mentioned above, we have prepared an attachment specifically designed for Local Unions, to be completed **AND STAPLED** to each claim form.

The attachment generally makes a claim for either estimated or unliquidated amounts due under various categories under the CBA, as well as reservation of various rights and priorities (items 3, 5, 6, 7 and 9), a statement that the amounts are reasonable, good faith estimates (p. 1 n.1), a statement that supporting documentation is being attached (item 4), and statement that the specific claims that are being listed have not been paid (item 8). Again, feel free to review these forms with your Local Union's attorney and make any changes you believe are necessary and appropriate.

Make sure that you fill out your local union number in the header of the attachment, at the very beginning of item 1 and the information requested in item 2:

-At the end of the first paragraph in item 1 we have listed all possible Allied Debtor companies against whom the proof of claim could be made and the basis for a claim against each such company.

-At the request of the TNATINC the bar date order has an exception for all amounts due under the collective bargaining agreement whose payment was authorized under the First Day Wage Orders in these cases. In **Section 2.a.**, we have listed an unliquidated (in other words, not able to be exactly quantified) claim for a large variety of ordinary course payments.

-Under **Section 2.b.**, fill in a list of any **grievances, arbitration awards, lawsuits, and NLRB ULP charges** that your Local Union has pending with the Company concerning events prior to June 10, 2012, with the identifying information and number **on each such claim** to be listed under "Number/Date" on the left hand side and the estimated amount due **on each such claim** on the right side of item 2.b. opposite each description. Next, add up the estimated amounts due and enter the total for this category on the right side opposite the bottom of item 2.b. *If you don't have enough room to list all cases add an extra paper with the additional cases.*

REMEMBER TO ATTACH COPIES OF ALL LAWSUITS, GRIEVANCES, ARBITRATION AWARDS, and NLRB ULPs/COMPLAINTS YOU ARE LISTING IN ITEM 2.b.

-Under **Section 2.c.**, enter the Fund name and fill in any **unpaid benefit fund contributions** (e.g. health and welfare and (if appropriate) pension contributions), **if any**, based on work performed by your Local Union's members prior to June 10, 2012 for an Allied Debtor Company.¹ Add up the estimated amounts due and enter the total for this category on the line for Total Benefit Fund Contributions.

¹ The Teamsters Health and Welfare and Pension Funds themselves should also be making claims for unpaid contributions, if any. If they are doing so, your Local Union is not required to file for them but may do so as well. That is a question for each local union, and you may want to consult with your local union's attorney about it.

-Section 2.d. leaves spaces for any other claim you determine your local union should list.

At the line "Total For All Prepetition Claims" enter the total of all amounts (lines "a" through "d" and any supplemental pages) that you have given an estimate for on this attachment. Note that this total should be the same total dollar amount listed in item 1 of the claim form itself.

In summary, please insert your name and Local Union's address at the top of the claim form, the total estimated amount of your Local Union's contract listed claims in item 2.d., sign and date the claim form, then fill out the information on the attachment, staple the attachment and any supplemental pages with copies of grievances, arbitration awards, ULPs, lawsuits, to the claim form, and mail (or hand deliver) the entire package to the California address provided above so that it is received no later than 5:00 p.m., Eastern, on Friday August 2, 2013.

We also urge you to enclose a copy of the claim form in a stamped, self-addressed envelope so you can receive a time-stamped copy of the claim form showing when it was filed, and to send a copy of your completed claim form and attachments to the TNATINC's bankruptcy counsel (Cohen, Weiss and Simon LLP c/o Betsey Ellis) and to Roy R. Gross, Co-Chairman of the TNATINC as follows:

COHEN, WEISS and SIMON LLP
330 West 42nd Street,
New York, N.Y. 10036
Attention: Betsey Ellis, Paralegal

Roy R. Gross, Co-Chairman
Teamsters National Automobile
Transporters Industry Negotiating
Committee
c/o International Brotherhood of Teamsters
25 Louisiana Avenue, NW
Washington, DC 20001-2198

If you have any questions regarding the claims process or regarding completion of these forms, please call or email the following. Contractual questions are best addressed to the Roy Gross and bankruptcy questions to the Cohen Weiss and Simon LLP firm:

Richard M. Seltzer, Esq.
(212) 356-0219
rseltzer@cwsny.com

Roy R. Gross
(202) 624-6809

Betsey Ellis, Paralegal
(212) 356-0244
bellis@cwsny.com