

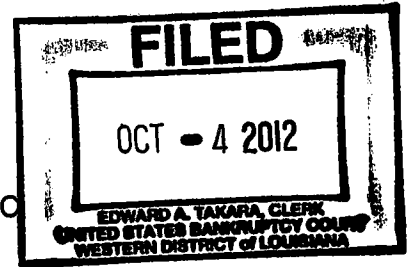
F. Christiana & Co

7251 River Rd Marrero, LA 70072 / P.O. Box 68 Marrero, LA 70073-0068
(504) 348-3391 1-800-299-0740

October 1, 2012

U.S. Bankruptcy Court
214 Jefferson Street #100
Lafayette, La 70501

RE: Piccadilly Restaurants, LLO
Case # 12-51127



Att: Bankruptcy Court Clerk:

Please be advised and correct the typo with regards to our city name. F. Christiana resides in Marrero, La 70073-0068. The paperwork was filled out correctly. However, it was entered as Monroe, La. Thank you in advance for your time in correcting this matter.

Any questions or concerns, feel free to contact me at 504-348-3391 ext. 245.

A handwritten signature in black ink, appearing to read "Trudy Pohlmann". The signature is fluid and cursive, with a long horizontal line extending to the right.

Trudy Pohlmann
Credit Department

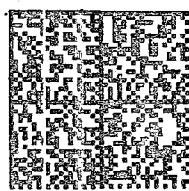
Jones Walker
201 St. Charles Avenue
Suite 5000
New Orleans, LA 70170

NEW ORLEANS 70170
MON 24 SEP 2012 PM 7:17



F. Christiana & Co., Inc.
P O Box 68
Monroe, LA 70073-0068

Monroe, LA
70073-0068



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09/24/2012
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100 (Official Form 10) (12/11)

| UNITED STATES BANKRUPTCY COURT | | PROOF OF CLAIM |
|---|---|--|
| Name of Debtor: Piccadilly Restaurants, LLC | Case Number: 12-51127 | <div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="font-size: 24px; font-weight: bold; margin: 0;">FILED</p> <p style="font-size: 20px; font-weight: bold; margin: 0;">SEP 24 2012</p> <p style="font-size: 10px; margin: 0;">EDWARD A. TAKARA, CLERK UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF LOUISIANA COURT USE ONLY</p> </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): F. Christiana + Co | | |
| Name and address where notices should be sent: F Christiana + Co PO Box 68 MARRERO, LA 70073-0068 | | <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ |
| Telephone number: 504-348-3391 Ext 245 email: tpohlmann@fchristiana.com | | |
| Name and address where payment should be sent (if different from above): (Same as 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: \$ 17,848.97 | | |
| 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: goods sold (food products) (See instruction #2) | | |
| 3. Last four digits of any number by which creditor identifies debtor: 7530 | 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. | | Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ |
| Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: | | Basis for perfection: _____ |
| Value of Property: \$ _____ | | Amount of Secured Claim: \$ _____ |
| Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) | | Amount Unsecured: \$ 17,848.97 |
| 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 \$11,725*) 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). Amount entitled to priority: \$ _____ |
| <input type="checkbox"/> Up to \$2,600* 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)(____). |
| *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. | | |
| 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) | | |