UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

PROOF OF CLAIM

In re:
ATA Airlines, Inc.

Case Number:
04-19868

YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s4249
Amount/Classification

$134.00 Unsecured

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor and Address:

07811888009767

SAFETY CORPORATION
1726 W 15TH ST
INDIANAPOLIS, IN 46202-2025

Creditor Telephone Number ( ) 317-634-2571

Creditor Federal Tax ID: 35-1815553

Account Or Other Number By Which Creditor Identifies Debtor:

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated: _____

1. BASIS FOR CLAIM

☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly) _____
☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)
Last four digits of SS #: _____
Unpaid compensation for services performed from: _____ (date) to _____ (date)

2. DATE DEBT WAS INCURRED: 9-17-04 TO 9-28-04

3. IF COURT JUDGMENT, DATE OBTAINED:

4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:

$ 133.90	$	$	$
(unsecured)	(secured)	(unsecured priority)	(Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: $ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: $ _____

6. UNSECURED NONPRIORITY CLAIM $ 133.90

☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $ _____

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to $4,925)*, earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

☐ Up to $2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).

** Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

8. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. SUPPORTING DOCUMENTS: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. DATE-STAMPED COPY: To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim.

You may file this proof of claim with BMC at the address below or with the Court at the address on the reserve side. If you file with BMC, the original of this completed proof of claim form must be sent by mail or hand delivered (Faxes not accepted) so that it is actually received on or before 5:00 pm, on 01/24/2005 for Non-Government Claimants OR on or before 04/24/2005 for Governmental Units.

BY MAIL TO:
BMC Group
Attn: ATA Claims Agent
PO Box 1035
El Segundo, CA 90245-1035

BY HAND OR OVERNIGHT DELIVERY TO:
BMC Group
Attn: ATA Claims Agent
1330 East Franklin Ave
El Segundo, CA 9024

THIS SPACE FOR COURT USE ONLY

FILED

JAN 03 2005

BMC
ATA

00182

DATE SIGNED: 12/27/04

SIGN: Gregory C Eickman

GREGORY C. EICKMAN, GEN. MGR.
and print the name and title, if any, of the creditor or other person ~~authorized~~ to file this claim (attach copy of power of attorney, if any):

Penalty for presenting fraudulent claim is a fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

1726 West 15th Street
Indianapolis Indiana
46202-2025

Voice 317-634-2571
800-284-2571
Facsimile 317-637-8239

INVOICE

****
REPRINT
****

INVOICE	INVOICE DATE	ORDER	PAGE
030529501	9/28/04	0305295	1

CUSTOMER PO	ORDER DATE
9200699023	9/28/04

TERMS	SALES REP
NET 30 DAYS	93

BILL TO
0003517-000
American Trans Air
ATTN Accounts Payable Dept
PO Box 51140
Indianapolis IN 46251-0140

ITEM NUMBER/DESCRIPTION	ORDER QTY	B/O QTY	SHIP QTY	PRICE	UOM	PRICE EXTENSION	Promo	OUT OF STCK
++*+*+*+*+*+*+*+*+*+*+*+*+*+* CHECK OUT OUR NEW AND EXPANDED SHOWROOM NEXT TIME YOU'RE IN THE NEIGHBORHOOD WE'VE INCREASED OUR OFFERINGS ON ALL SAFETY ITEMS! +*+*+*+*+*+*+*+*+*+*+*+*+*+*+*								
SHIPPED FROM WHSE 1 ON 9/28 REF 0305295-01 VIA SHIPPING POINT - UPS GROUND **SHIP TO** American Trans Air Distribution Center Door 1 4555 W Bradbury Ave Indianapolis IN 46241				**ORDERED BY:** Maurice LaForte				
F0840 SDT2 SMOKE ALARM TESTER 2 5 OZ SPRAY CAN 12/CS	6		6	8 85	EA	53 10		
TOTAL THIS ORDER						53 10		
Freight Chg/Allw						5 00		

- - - - Payment Information (00% Discount) - - - -

Net Pmt	Net Due Date	Gross Amount	Gross Due Date
58 10	10/28/04	58 10	10/28/04

IS AGREED THAT DELIVERY TO CARRIER BY SELLER CONSTITUTES DELIVERY AND TRANSFER OR TITLE AND OSSESSION TO BUYER CLAIMS FOR LOSS OR DAMAGE SHOULD BE PRESENTED TO CARRIER PROMPTLY NO ERCHANDISE TO BE RETURNED WITHOUT OUR WRITTEN PERMISSION MAKE NO DEDUCTIONS FROM THIS INVOICE INCORRECT RETURN AT ONCE

E HEREBY CERTIFY THAT THE GOODS COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL 'PLICABLE REQURIEMENTS OF THE FAIR LABOR STANDARDS ACT AS AMENDED INCLUDING SECTIONS 6 7 & 12 ERE OF AND OF REGULATIONS AND ORDERS OF THE USNITED STATES DEPARTMENT OF LABOR ISSED UNDER CTION 14 THEREOF

TOTAL
58 10

1726 West 15th Street
Indianapolis Indiana
46202-2025

Voice 317-634-2571
800-284-2571
Facsimile 317-637-8239

INVOICE

INVOICE	INVOICE DATE	ORDER	PAGE
030507601	9/17/04	0305076	1

****
REPRINT
****

CUSTOMER PO	ORDER DATE
9200699022	9/15/04

TERMS	SALES REP
NET 30 DAYS	93

BILL TO
0003517-000
American Trans Air
ATTN Accounts Payable Dept
PO Box 51140
Indianapolis IN 46251-0140

ITEM NUMBER/DESCRIPTION	ORDER QTY	B/O QTY	SHIP QTY	PRICE	UOM	PRICE EXTENSION	Promo	OUT OF STCK
++*+*+*+*+*+*+*+*+*+*+*+*+*+ CHECK OUT OUR NEW AND EXPANDED SHOWROOM NEXT TIME YOU'RE IN THE NEIGHBORHOOD WE'VE INCREASED OUR OFFERINGS ON ALL SAFETY ITEMS! +*+*+*+*+*+*+*+*+*+*+*+*+*+*+*								
SHIPPED FROM WHSE 1 ON 9/17 REF 0305076-01 VIA SHIPPING POINT - UPS GROUND **SHIP TO** American Trans Air Distribution Center Door 1 4555 W Bradbury Ave Indianapolis IN 46241				**ORDERED BY:** Maurice LaForte				
F0840 SDT2 SMOKE ALARM TESTER 2 5 OZ SPRAY CAN 12/CS	8		8	8 85	EA	70 80		
TOTAL THIS ORDER Freight Chg/Allw						70 80 5 00		

- - - - Payment Information (00% Discount) - - - -

Net Pmt	Net Due Date	Gross Amount	Gross Due Date
75 80	10/17/04	75 80	10/17/04

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TOTAL
75 80