FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT Southern DISTRICT OF Indiana

PROOF OF CLAIM

Name of Debtor	Case Number
ATA Airlines, Inc.	04-19868-BHL-11

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

Name of Creditor (The person or other entity to whom the debtor owes money or property)

Jenna Casale

Name and address where notices should be sent

John T Moran & Associates
309 West Washington Street,
Suite 900
Chicago, IL 60606

Telephone number (312) 630-0200

- ☐ 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 the address differs from the address on the envelope sent to you by the court

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Account or other number by which creditor identifies debtor

EEOC 210-2005-00443

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

1 Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☒ Other Intentional Contract/Tort litigation
- ☐ 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

2/2004 through 6/2004

3 If court judgment, date obtained

Currently in E.E.O.C.

4 Total Amount of Claim at Time Case Filed $ 500,000 (unsecured) ----- (secured) ------ (priority) $500,000 (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 $_____

☐ 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 the filing of your claim enclose a stamped, self addressed envelope and copy of this proof of claim

Date	Sign 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)
12/27/2004	John Thomas Moran, Jr

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years, or both 18 U S C §

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FILED

JAN 03 2005

BMC

ATA

00221

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office

500 West Madison St Suite 2800
Chicago IL 60661
PH (312) 353 2713
TDD (312) 353-2421
ENFORCEMENT FAX (312) 886-1168
LEGAL FAX (312) 353-8555

October 28, 2004

Ms Jenna Casale
c/o Ms Allison Smith, Law Clerk
John T Moran & Associates
309 West Washington, Suite 900
Chicago, Illinois 60606-3209

Re Charging Party Casale
Respondent ATA Airlines, Inc
EEOC Number 210-2005-00443

Dear Ms Casale

This is to inform you that I have been assigned as the Investigator for your charge Presently, I am waiting to receive evidence from the Respondent that you charged with discrimination When all of this information has been received and analyzed, I will be able to determine what additional steps are appropriate At any point in this process, you may submit whatever additional input you may have regarding your charge

If it is necessary for you to contact me regarding the investigation of your charge, you may write to me at the above address Also, if you wish to submit additional information, or report additional complaints of discrimination to us, including retaliation by Respondent against you for filing your present charge, you may do so by writing, or faxing (see Fax number above), or by telephoning me I can be reached at **(312) 886-9121**, between the hours of **9:15 A.M. and 5:15 P.M.**, Monday through Friday You may also email me at tyrone irvin@eeoc gov

Please be advised that for security reasons, all visitors to our office must have an appointment, and a photo I D for admittance to our office tower

If you need to meet with me for any reason, please contact me for an appointment at **(312) 886-9121**

Sincerely,

Tyrone Irvin (sb)

Tyrone Irvin
Investigator

sb

PROOF OF CLAIM Addendum

Supporting Documentation for Attached Proof of Claim is currently in the possession of EEOC, Chicago, Illinois

All requests for such documentation should be forwarded to EEOC Right to sue letters and related pleadings will be supplemented as necessary and available