PROOF OF CLAIM

In re
ATA Airlines, Inc

Case Number
04-19868

YOUR CLAIM IS SCHEDULED AS
Schedule/Claim ID s4300
Amount/Classification
$1,310 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
07811888049978
MIRANDY PRODUCTS , LTD
1078 GRAND AVE
SOUTH HEMPSTEAD NY 11550-7902

Creditor Telephone Number ( )

Creditor Federal Tax ID

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

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
$ 1309 50 (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 $ _____
☐ 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

DATE SIGNED 1/4/05

SIGN _____ IRA BREITER, PRESIDENT
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

THIS SPACE FOR COURT USE ONLY
FILED
JAN 10 2005
BMC
ATA
00408

Mirandy Products, Ltd.

INVOICE NO 34138

1078 GRAND AVENUE
SOUTH HEMPSTEAD, NY 11550
(516) 489 6800

NO RETURNS ACCEPTED
WITHOUT WRITTEN AUTHORIZATION

SHIPPED TO SAME AS SOLD TO
UNLESS OTHERWISE INDICATED

SOLD TO
AMERICAN TRANS AIR (IND)
ATTN: ACCOUNTS PAYABLE
P.O. BOX 51140
INDIANAPOLIS, IN 46251

SHIP TO
AMERICAN TRANS AIR. INC
RECEIVING DOOR #1
ATTN: DISTRIBUTION CENTER
4555 W. BRADBURY ROAD
INDIANAPOLIS, IN 46241

F O B SHIPPING POINT

INVOICE DATE	SALESMAN	OUR ORDER NO	YOUR ORDER NO	TERMS	SHIP VIA
10/08/04	58		9200485105	NET 30	YELLOW-CLCT

QUANTITY ORDERED	QUANTITY SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT
90	90	MIRABOWL Q 1 GL.	14.55	1309.50

FOR PROPER CREDIT, PLEASE
REMIT DUPLICATE INVOICE
WITH PAYMENT

SUB TOTAL	1309.50
FREIGHT	
TAX	
TOTAL	1309 50

BUYERS SIGNATURE _____

ORIGINAL