PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

In re

NOTE See Reverse for List of Debtors and Case Numbers

Case Number 04-19866-BHL-11

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

Name of Creditor and Address

07811890040020

LOBSTER TRAP CO
C/O NED PULIT
290 SHORE RD # 3007
BOURNE, MA 02532-4104

Creditor Telephone Number ( )

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

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) DAMAGED GOODS
☐ 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 11/4/04

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED $ 776 27 (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 $ 776-27

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 90245

THIS SPACE FOR COURT USE ONLY

FILED
JAN 11 2005
BMC

ATA
00459

DATE SIGNED 1/05/05

SIGN Ned Pulit

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

1323 2715 13232715 366 1323 2715

NOT NEGOTIABLE

AIR WAYBILL

(AIR CONSIGNMENT NOTE)

AMERICAN TRANS AIR

P O BOX 51551
INDIANAPOLIS, IN 46251-0551

Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity

ND ADDRESS: OSTERTRAP, 290 Shore Road, Bourne MA - 02532

SHIPPERS ACCOUNT NUMBER: TZ1207

CONSIGNEE S NAME AND ADDRESS: New Port Fish Co. So San Francisco CA.

CONSIGNEE S ACCOUNT NUMBER

ISSUING CARRIERS AGENT NAME AND CITY

AGENTS IATA CODE

ACCOUNT NO

AIRPORT OF DEPARTURE (ADDR OF FIRST CARRIER) AND REQUESTED ROUTING: BOSTON

It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF THE SHIPPER S ATTENTION IS DRAWN OF THE NOTICE CONCERNING CARRIER S LIMITATION OF LIABILITY Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required

TO EXPEDITE MOVEMENT, SHIPMENT MAY BE DIVERTED TO MOTOR OR OTHER CARRIER AS PER TARIFF RULE UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON

ALSO NOTIFY NAME AND ADDRESS
(OPTIONAL ACCOUNTING INFORMATION)

ACCOUNTING INFORMATION

☐ PR-1 ☑ PR-2

ROUTING AND DESTINATION

TO	BY FIRST CARRIER	TO	BY	TO	BY

AIRPORT OF DESTINATION: SFO

FOR CARRIER USE ONLY: FLIGHT/DATE / FLIGHT/DATE

CURRENCY	CHGS CODE	WT / VAL PPD	WT / VAL COLL	OTHER PPD	OTHER COLL	DECLARED VALUE FOR CARRIAGE	TC
		X		X		$300.00	

HANDLING INFORMATION These commodities licensed by US for ultimate destination Diversion contrary to US law is prohibited

NOA - 650-877-7200

NOTIFICATION (PERSON NOTIFIED) | BY

DATE/TIME | DISPOSITION

NO OF PIECES RCP	GROSS WEIGHT	Kg lb	RATE CLASS	COMMODITY ITEM NO	CHARGEABLE WEIGHT	RATE / CHARGE	TOTAL	NATURE AND QUANTITY OF GOODS (INCL DIMENSIONS OR VOLUME)
25	1724			SCR 500				Freesh Fish Live Lobsters

PREPAID	WEIGHT CHARGE	COLLECT	P UP ZONE	PICKUP CHARGES	ORIGIN ADV CHGS	DESCRIPTION OF ORIGIN ADVANCE	ITEMS PREPAID
A.				B	K		
VALUATION CHARGE			DEL ZONE	DELIVERY CHARGES	DEST ADV CHGS	DESCRIPTION OF DESTINATION ADVANCE	ITEMS COLLECT
D				C	L		
TAX			COD FEE		OTHER CHARGES AND DESCRIPTION		
I					F		

TOTAL OTHER CHARGES DUE AGENT

TOTAL OTHER CHARGES DUE CARRIER

COD

TOTAL PREPAID | TOTAL COLLECT

CURRENCY CONV RATES | TOTAL COL. IN DEST CUR

FOR CARRIERS USE ONLY AT DESTINATION | CHARGES AT DEST | TOTAL COLLECT CHARGES

Shipment is made under the conditions set forth on this page and the **REVERSE HEREOF** I (Shipper) have read understand and agree with those conditions I understand that in the event of loss of damage to or delay of shipment liability is limited per item 11 on the **REVERSE HEREOF** unless I increase such limitation by declaring a higher value and paying a supplemental charge **IN NO EVENT WILL CARRIER BE LIABLE FOR ANY SPECIAL OR CONSEQUENTIAL DAMAGES SUFFERED AS A RESULT OF LOSS OF DAMAGE TO OR DELAY IN DELIVERY OF THIS SHIPMENT**

SIGNATURE OF SHIPPER OR HIS AGENT

EXECUTED ON 11 4 04 (DATE) / 13 30pm (TIME) / at (Place) / Rosalyn Kline SIGNATURE OF ISSUING CARRIER OR ITS AGENT

366 1323 2715

Express ®

The World On Time

RECD
JAN 11 2005
BMC

ORIGIN ID HYAA (508) 759-6400
DAVID MADDEN
LOBSTER TRAP
290 SHORE ROAD

BOURNE, MA 02532
UNITED STATES US

Ship Date 10JAN05
Actual Wgt 1 0 LB MAN
System# 0666139/CAFE22
Account S 123714032

TO ATA CLAIMS AGENT
BMC GROUP
1330 EAST FRANKLIN AVE

EL SEGUNDO, CA 90245

(508) 356-9225

FedEx Expre

REF:

Delivery Address Barcode

BILL SENDER

PRIORITY OVERNIGHT

TUE
Deliver B
11JAN0
A1

TRK# 6369 1142 8150 Form 0201

LAX

90245 -CA-US XH AVXA

Part # 154250 354 NRITA 12 04

For FedEx Express shipments only.

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