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

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA

PROOF OF CLAIM

Name of Debtor	Case Number	File claim form with
ATA Holdings Corp Chicago Express Airlines, Inc	04-19866	

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)
Michelle Killion & Stefan Peters

Name and Address where notices should be sent

Michelle Killion & Stefan Peters
4835 Starwood Dr
Fort Wayne IN 46835-2352

Telephone Number 260-485-9603

☐ 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

RECEIVED
JAN 1 0 2005
BANKRUPTCY COURT
INDIANAPOLIS, INDIANA

REC'D JAN 17 2005
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Account or other number by which creditor identifies debtor

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

1 Basis for Claim
- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____
- ☐ 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 $_____ (unsecured) _____ (secured) _____ (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

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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 (not originals) 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 If the documents are not available, explain If the documents are voluminous attach a summary

10. Copies. File a Proof of Claim on the court's website (www insb uscourts gov) or at the Clerk's Office YOU MUST SERVE A COPY OF THE CLAIM WITH ATTACHMENTS ON THE CASE TRUSTEE If you want a file-stamped copy returned enclose an extra copy and a self-addressed, stamped envelope Do not send original claims. filing parties are required to keep originals for 3 years or until the case is closed whichever is earlier

ATA
00778

Date 1/7/05

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)
Michelle R Killion Michelle R. Killion

alty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both 18 U S C §§ 152 and 3571

038533

BAKER & DANIELS
300 North Meridian Street Suite 2700 Indianapolis Indiana 46204-1782

VIA FEDERAL EXPRESS

2184/5146 sbl

Bankruptcy Management Corporation
Attn ATA Claims Agent
1330 East Franklin Avenue
El Segundo, CA 90245

ORIGIN ID GSHA (317) 237-0300
MIKE ISON
BAKER & DANIELS
300 NORTH MERIDIAN
SUITE 2700
INDIANAPOLIS IN 46204
UNITED STATES US

Ship Date 14JAN05
Actual Wgt 8 8 LB
System# 371187/CAFE2246
Account S 046200020

TO ATA CLAIMS AGENT (317) 237-1100
BANKRUPTCY MANAGEMENT CORPORATION
1330 EAST FRANKLIN AVENUE

EL SEGUNDO, CA 90245

FedEx Express

REF 2184/5146 SBL/SR/RLA

CLS#1484/05/05

Delivery Address Barcode

BILL SENDER

PRIORITY OVERNIGHT

MON
Deliver By
17JAN05

TRK# 6740 6157 4495 Form 0201

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Part # 156148 434 NHIT 4 03

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JAN 17 2005
BMC

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