[redacted]

PROOF OF CLAIM

In re
ATA Airlines, Inc

Case Number
04-19868

YOUR CLAIM IS SCHEDULED AS
Schedule/Claim ID s4019
Amount/Classification
~~$42,596.00~~ Unsecured
$ 47,190.00

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

07811888002448

AVBORNE ACCESSORY GROUP
~~P O BOX 918533~~
~~ORLANDO, FL 32891-8533~~
c/o Enrique Lopez de Uralde
7500 N W 26 Street
Miami, FL 33122

Creditor Telephone Number (305) 513-5395

Creditor Federal Tax ID

Account Or Other Number By Which Creditor Identifies Debtor
AME027

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

RECEIVED
JAN 20 2005
BANKRUPTCY COURT
INDIANAPOLIS, INDIANA

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

$ 47,190.00	$ —	$ —	$ 47,190.00
(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 $ 47,190.00

☑ 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 reverse 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
REC'D JAN 25 2005

ATA
01394

DATE SIGNED

SIGN Enrique Lopez de Uralde Credit 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

STATEMENT

Date Jan 17,2005
Time 14 27 35
Page 1

Avborne Accessory Group, Inc.
7500 N W 26th St Miami, FL 33122
www avborne aero
Fax 786/336-4609
Telephone 305/593-6038

Customer Code AME027

AMERICAN TRANS AIR, INC
PO BOX 51140
INDIANAPOLIS, IN 46251-0140
USA

Remit To

Avborne Accessory Group
P O Box 918533
Orlando, FL 32891-8533

Last Payment $48138 88, on 10/18/2004

Inv Date	Invoice#	W.O.#	Customer PO/RO #	Inv Amount	Balance
Aug 10, 2004	7883330		77501110165	3437 00	3437 00
Aug 17, 2004	536273	2413610	4950073381W	970 00	970 00
Aug 17, 2004	536275	2413845	2450235180R	600 00	600 00
Aug 19, 2004	536362	2413863	3850172066R	1011 00	1011 00
Aug 25, 2004	536450	2413644	3850172065R	2332 00	2332 00
Aug 27, 2004	536560	2413731	3620002053	1941 00	1941 00
Aug 30, 2004	536605	2409413	3650301061R	7860 00	7860 00
Sep 10, 2004	537202	2411847	2151355065R	1875 00	1875 00
Sep 10, 2004	537203	2411468	2151355064W	2270 00	2270 00
Sep 16, 2004	537446	2415463	4950073382W	240 00	240 00
Sep 16, 2004	537478	2413058	3420294142W	2200 00	2200 00
Sep 21, 2004	537700	2415613	4950073383R	1160 00	1160 00
Sep 27, 2004	537920	2416085	2151354167W	1445 00	1445 00
Sep 27, 2004	537921	2415069	2151354165W	2875 00	2875 00
Sep 28, 2004	538082	2408757	3850155321R	5000 00	5000 00
Sep 28, 2004	538083	2405349	3850155320R	6354 00	6354 00
Sep 28, 2004	538084	2404659	3850155318R	3500 00	3500 00
Oct 25, 2004	539322	2417987	2123058039W	2120 00	2120 00

Current	Over 30	Over 60	Over 90	Over 120	Total
0 00	0 00	2120 00	20334 00	24736 00	47190 00

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SUITE 2700
INDIANAPOLIS IN 46204
UNITED STATES US

Ship Date 24JAN05
Actual Wgt 4 3 LB
System# 371187/CAFE2246
Account S 046200020

TO BANKRUPTEY MANAGEMENT CORP
ATA CLAIMS
1330 EAST FRANKLIN AVE

EL SEGUNDO, CA 90245

FedEx
Express

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REF 21045146 sbl kaj

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Form 0201

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

/orld On Time

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2005

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