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

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA

PROOF OF CLAIM

Name of Debtor ATA Holdings Corp Chicago Express Airlines, Inc	Case Number 04-19866 -BHL-11	**File claim form with**

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) Kimbrel Felicia	☑ 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
Name and Address where notices should be sent Kimbrel Felicia Po Box 743 La Veta, CO 81055 0743	☑ 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
Telephone Number	
Account or other number by which creditor identifies debtor	Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated N/A

RECEIVED
JAN 24 2005
BANKRUPTCY COURT
INDIANAPOLIS, INDIANA

REC'D JAN 27 2005

THIS SPACE IS FOR COURT USE ONLY

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 03/25/02 - 05/31/03

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*

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

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Date 01/19/05	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) Felicia M. Kimbrel

ATA
01562

024348 *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

January 19, 2005

To Whom It May Concern

I am sending this form back with a letter to let you know that I don't owe Chicago Express anything They however owe me my 401K I hope to receive it and thank you for your time

Sincerely,

Felicia M Kimbrel

TO BANKRUPTCY MANAGEMENT CORPORATION (317) 237-0300
ATTN, ATA CLAIMS AGENT
1330 EAST FRANKLIN AVE

EL SEGUNDO, CA 90245

FedEx Express

REF 2184/5146 SBL

Delivery Address Barcode

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THU
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27JAN05

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300 North Meridian Street, Suite 2700 Indianapolis Indiana 46204-1782

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