PROOF OF CLAIM

In re:
ATA Airlines, Inc.

Case Number:
04-19868

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID s3712
Amount/Classification
$180.00 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:
07811888008709
BEAVER SHREDDING INC
PO BOX 454
WILLOW SPRINGS, IL 60480-0454

Creditor Telephone Number (866) 674-7323

Creditor Federal Tax ID: 880491434

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: 8-24-04 / 9-25-04 / 10-23-04

3. IF COURT JUDGMENT, DATE OBTAINED:

4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:

$ 180.00	$	$	$
(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 $ _____

☐ 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

THIS SPACE FOR COURT USE ONLY
FILED
JAN 27 2005
BMC

DATE SIGNED:	SIGN	
1-20-2005	Stan Ciesla	STAN CIESLA 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

ATA
01689

BEAVER SHREDDING INC.

VERSATILE DOCUMENT DESTRUCTION
CALL FOR ON/OFF SITE SHREDDING SERVICES

P.O. Box 454 Willow Spring, IL 60480

TOLL FREE **1-866-674-7323**
FAX: 708-458-8536

"We get the job done"

Bill To:
A T A
7337 W WASHINGTON ST
INDIANAPOLIS IN 46251

FOR SERVICE AT
A T A
8430 W BRYN MAWR AVE 200
CHICAGO IL 60631

Invoice No 2259

Invoice DATE 8 24 04

ACCOUNT # 1003

Thank you

DATE	TRANS CODE	Description	Min. Window	PRICE	Ad'l Min.	PRICE	QTY	Total
8 23 04	3069	CABINET SERVICE 4 CAB						$ 60.00

CURRENT	30 DAYS	60 DAYS	BALANCE DUE
			$ 60.00

Please Send Bottom Half With Payment

Send Payment To:
BEAVER SHREDDING INC.
P.O.Box 454
Willow Spring, IL 60480

We Accept Major Credit Cards

BBB MEMBER CHICAGO & NORTHERN ILLINOIS

"We get the job done"

Date _____

Account # 1003 2259

Amount Due $ 60.00

Amount Enclosed _____

BEAVER SHREDDING INC.

VERSATILE DOCUMENT DESTRUCTION
CALL FOR ON/OFF SITE SHREDDING SERVICES

P.O. Box 454 Willow Spring, IL 60480

www.beavershred.com TOLL FREE **1-866-674-7323**
FAX: 708-458-8536

"We get the job done"

Bill To:
A T A
7337 W WASHINGTON ST
INDIANAPOLIS IN 46251

FOR SERVICE AT
A T A
8430 W BRYN MAWR AVE 200
CHICAGO IL 60631

Invoice No 2529

Invoice DATE 9 25 04

ACCOUNT # 1003

Thank you

DATE	TRANS CODE	Description	Min. Window	PRICE	Ad'l Min.	PRICE	QTY	Total
9 21 04	3124	SERVICE 4 CABINETS						$ 60.00

CURRENT	30 DAYS	60 DAYS	BALANCE DUE
			$ 60.00

Please Send Bottom Half With Payment

Send Payment To:
BEAVER SHREDDING INC.
P.O.Box 454
Willow Spring, IL 60480

We Accept Major Credit Cards

"We get the job done"

Date _____
Account # 1003 2529
Amount Due $ 60.00
Amount Enclosed _____

BEAVER SHREDDING INC.

VERSATILE DOCUMENT DESTRUCTION
CALL FOR ON/OFF SITE SHREDDING SERVICES

P.O. Box 454 Willow Spring, IL 60480

www.beavershred.com TOLL FREE **1-866-674-7323**
FAX: 708-458-8536

"We get the job done"

Bill To:
A T A
7337 W WASHINGTON ST
INDIANAPOLIS IN 46251

FOR SERVICE AT
A T A
8430 W BRYN MAWR AVE 200
CHICAGO IL 60631

Invoice No 2632

Invoice DATE 10 23 04

ACCOUNT # 1003

Thank you

DATE	TRANS CODE	Description	Min. Window	PRICE	Adl Min.	PRICE	QTY	Total
10 16	04 3277	SERVICE 4 CABINETSA						$ 60.00

CURRENT	30 DAYS	60 DAYS	BALANCE DUE
			$ 60.00

Please Send Bottom Half With Payment

Send Payment To:
BEAVER SHREDDING INC.
P.O.Box 454
Willow Spring, IL 60480

We Accept Major Credit Cards

"We get the job done"

Date _____

Account # 1003 2632

Amount Due $ 60.00

Amount Enclosed _____