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

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

RECEIVED
JAN 24 2005
BANKRUPTCY COURT,
INDIANAPOLIS, INDIANA

Name of Creditor (The person or other entity to whom the debtor owes money or property)
Eaton Michael

☐ 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

Eaton Michael
650 Sundown Ct
Plainfield IN 46168-1289

☑ 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

THIS SPACE IS FOR COURT USE ONLY

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 # 3159
Unpaid compensation for services performed from 7-23-04 (date) to Present (date)

2 Date debt was incurred
7-23-04

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $_____ (unsecured) _____ (secured) 3,328.00 (priority) 3,328.00 (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 $ 3,328.00

☑ 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 (NOT YET)

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

THIS SPACE IS FOR COURT USE ONLY

REC'D JAN 27 2005

Date 1-21-05

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)

Michael E. Eaton

ATA
01703

009895 *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

SF11260B (rev 10/2004)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
PO Box 44978
Indianapolis, IN 46244

In Re
ATA Holdings Corp
SSN NA EIN 35-1617970
aka Amtran, Inc
Chicago Express Airlines, Inc
SSN NA EIN 58-2036117

Debtor(s)

Case Number
04-19866-BHL-11

ORDER AND NOTICE OF DEADLINE TO FILE PROOF OF CLAIM OR INTEREST

The Court, having reviewed the record in the above-captioned Chapter 11 case, and being duly advised, finds that a deadline for filing proofs of claim or interest should be set pursuant to Rule 3003(c)(3) Fed R Bankr P

THEREFORE, it is ORDERED AND NOTICE IS HEREBY GIVEN that any creditor or equity security holder whose claim or interest either has not been listed or has been listed as disputed, contingent, or unliquidated MUST FILE A PROOF OF CLAIM OR INTEREST in accordance with Rule 3003(c) Fed R Bankr P by January 24, 2005

Dated December 23, 2004

JUDGE BASIL H LORCH
U S BANKRUPTCY COURT

009895

SA1 45907 0756-1 SF11260B 04 19866
Terry E Hall
300 N Meridian St Ste 2700
Indianapolis IN 46204

A T A Airlines has informed me I was mailed this form by mistake.

009895 9895 1 AV 0 278 46168 4 1 4796 1-11180

Eaton, Michael
650 Sundown Ct
Plainfield, IN 46168-1289
317-837-1123

Please disregard if this claim has no validity as A T A has informed me, or if you have no interest in helping in the collection of it.

Explanation of Claim:

Current pay 23.05 @ hr

Pay rate for years of service was supposed to increase to 26.25 @ hr on 7-23-04. From then until present was 1040 hrs at a difference of 3.18 @ hr X 1046 hrs = 3,328.00.

ATTN, ATA CLAIMS AGENT
1330 EAST FRANKLIN AVE

EL SEGUNDO, CA 90245

REF 2184/5146 SBL

FedEx Express

CLS0914047/02/05

Delivery Address Barcode

BILL SENDER

RECD JAN 27 2005

PRIORITY OVERNIGHT

TRK# 6740 6157 5116 Form 0201

THU
Deliver By
27JAN05

LAX A1

90245 -CA-US NI AVXA

Part # 156148 434 NRIT 4 03

es Ma t S

DPYING IMA

PRINT BIN

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