

UNITED STATES BANKRUPTCY COURT Delaware Bankruptcy Court (Wilmington)		PROOF OF CLAIM
Name of Debtor: HERITAGE FARMS LLC		Case Number: 13-11767-BLS
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Colorado Department of Revenue		COURT USE ONLY
Name and address where notices should be sent: Colorado Department of Revenue 1375 Sherman St, Rm 504 Denver CO 80261-0004		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Telephone number: 303-866-3711 email: dor_tac_bankruptcy@state.co.us		
Name and address where notices should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: email:		
1. Amount of Claim as of Date Case Filed: \$ <u>1,456.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		RECEIVED SEP 19 2013 BMC GROUP
2. Basis for Claim: The grounds of liability is tax due under Colorado Statutes as Revised (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 8141	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: All assets and all property owned or used by the debtor in the conduct of business. Value of Property: \$ _____ Annual Interest Rate <u>6.0</u> % <input checked="" type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: <u>Priority Statutory Lien</u> Amount of Secured Claim: \$ <u>1,456.00</u> Amount Unsecured: \$ <u>0.00</u>
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).		Amount entitled to priority: \$ <u>0.00</u>
<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507 (a)(4).		
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).		Amount entitled to priority: \$ _____
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).		
<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).		Amount entitled to priority: \$ _____
<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).		
*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		



7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgements, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor.
- I am the creditor's authorized agent.
(Attach copy of power of attorney, if any.)
- I am the trustee, or the debtor, or their authorized agent.
(See Bankruptcy Rule 3004.)
- I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable relief.

Print Name: Julianna Schwab

Title: Tax Compliance Agent

Company: Colorado Department of Revenue

Address and telephone number (if different from notice address above):

/s/ Julianna Schwab

(Signature)

05-Sep-2013

(Date)



Telephone number: _____ email: _____

Penalty 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.

STATE OF COLORADO

Colorado Department of Revenue
1375 Sherman St
Denver, CO 80261-0004



Sep 05, 2013

HERITAGE FARMS LLC
ATTN: M2P2
109 W LEE AVE, SUITE 13
LAMAR CO 81052

Account: 25081618
Letter: L1857326400
Source: TPC

UNITED STATES BANKRUPTCY COURT
FOR THE
Delaware Bankruptcy Court (Wilmington)

Case #: 13-11767-BLS
Chapter #: Chapter 11
Filing Date: 07/15/2013

IN THE MATTER OF: HERITAGE FARMS LLC

04-3648141

1. The undersigned, whose business address is 1375 Sherman Street, Denver, Colorado 80261, is an agent of the Department of Revenue, Tax Audit & Compliance Division, and is authorized to make this proof of claim on behalf of the State of Colorado, Department of Revenue.
2. The debtor is indebted to the State of Colorado in the amount of \$1,456.00, as stated below, as of the petition date.
3. The grounds of liability is tax due under Colorado Statutes as Revised.

ID	Tax Type	Filing	Assessed	Tax Amount	Penalty	Interest	Period Status	Comment
04-3648141	Withholding	12/31/2012	8/22/2013	\$1,276.00	\$140.00	\$40.00	Secured Claim	

Total Secured: **\$1,456.00**

Total Priority: **\$0.00**

Total General: **\$0.00**

Total Claim: **\$1,456.00**

To the extent the Department's claim is not secured, the claim is a priority claim.

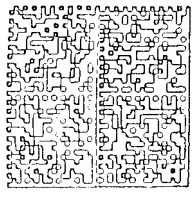
PLEASE SEND PAYMENT OR CORRESPONDENCE TO:
Colorado Department of Revenue
1375 Sherman Street, Room 504
Attention: Bankruptcy Unit
Denver, Colorado 80261
Phone (303)866-3711

Penalty for presenting fraudulent claim
Fine of not more than \$500,000 or imprisonment for not more than 5
Years or both, Title 18 USC 152 and 3571

DR 4701 (01/05)
STATE OF COLORADO
DEPARTMENT OF REVENUE
DENVER CO 80261
State of Colorado Official Mail – Penalty for Private Use

RECEIVED
SEP 19 2013
BMC GROUP

BMC Group
Attn: Claims and Noticing Agent
18675 Lake Drive East
Chanhassen, MN 55317



FIRST CLASS

049J32043433

\$00.66

09/16/2013

Mailed From 80203
US POSTAGE

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