UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF ALABAMA

PROOF OF CLAIM

In re:
Allegro Law, LLC

Chapter 7
Case Number: **10-30631**

NOTE: See Reverse for List of Debtors/Case Numbers/ important details. 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 this box if you are the debtor or trustee in this case.

Name of Creditor and Address: the person or other entity to whom the debtor owes money or property

24639641012223

SMITH, GLENN
9 ROSENFELD RD
MILLIS, MA 02054

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

Creditor Telephone Number 508 376-2885

RECEIVED
SEP 13 2010
BMC GROUP

Name and address where **payment** should be sent (if different from above):

☐ Check this box to indicate that this claim amends a previously filed claim.

Claim Number (if known):

Filed on: _____

Payment Telephone Number ( )

1. AMOUNT OF CLAIM AS OF DATE CASE FILED $ 12,810

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM: Credit Card
(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____

3a. Debtor may have scheduled account as: _____

4. SECURED CLAIM (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information

Nature of property or right of setoff:

Describe:

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Value of Property: $ _____ Annual Interest Rate: _____ %

Secured Claim Amount: $ _____

Unsecured Claim Amount: $ _____

DO NOT include the priority portion of your claim here.

Amount of arrearage and other charges as of time case filed included in secured claim, if any: $ _____

Basis for Perfection: _____

5. PRIORITY CLAIM

☐ Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Unsecured Priority Claim Amount: $ _____

Include **ONLY** the priority portion of your unsecured claim here.

You MUST specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $11,725*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ 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).

☐ 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 4/1/13 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.

7. SUPPORTING DOCUMENTS: *Attach redacted copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 7 and definition of "redacted" on reverse side.) If the documents are not available, please explain.

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

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) Deadline for filing proof of claims is November 29, 2010.

THIS SPACE FOR COURT USE ONLY

Allegro Law
00000339

BY MAIL TO:
BMC Group, Inc
Attn: Allegro Law Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:
BMC Group, Inc
Attn: Allegro Law Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

DATE 9/11/2010

SIGNATURE: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Glenn Smith

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

INSTRUCTIONS FOR PROOF OF CLAIM FORM - DEADLINE NOVEMBER 29, 2010

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

Debtor Name	Case No
Allegro Law, LLC	10-30631

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Supporting Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d).
Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:
The person filing this proof of claim **must** sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

Date-Stamped Copy
Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.

Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

DEFINITIONS

DEBTOR
A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

CREDITOR
A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

CLAIM
A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

PROOF OF CLAIM
A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page

SECURED CLAIM Under 11 U.S.C. §506(a)
A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim Examples of liens on property include a mortgage on real estate or a security interest in a car.
A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED NONPRIORITY CLAIM
If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)
Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Redacted
A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Offers to Purchase a Claim
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

ALLEGRO LAW

Allegro Law, LLC
223 Wall Street # 201
Huntington, NY 11743
Phone: (800)295-6025 Fax: (800)664-1335
www.allegrolaw.net

Estimated Debt Settlement Payout Schedule

Client Name: Smith, Glenn
Produced on: 6/17/2008 9:36:57 PM
By: Yasmin Garcia
Phone: (866)396-0639 x1245
Fax: (866)396-0639
E-Mail: ygarcia@ifsdebt.com

Total Debt:	**$26,118.68**	<====
Estimated Settlement To Creditors:	$11,754.00	
Estimated Fees:	$5,943.70	
Estimated Settlement Amount w/Fees:	$17,697.10	
Estimated Amount Saved:	$8,421.58	

Fee Payment Schedule

Setup Fee:	$25.00	added to first payment
Estimated Balance of Fees:	$5,943.70	
Avg Estimated Monthly Finance of Fees:	$232.17	/ 18 months
Estimated Balance Needed for Program:	$17,672.10	(includes monthly fees)
Estimated Monthly Payment:	**$610.00**	<====
Estimated Program Payments:	29	

☑ I have received and read the Estimated Debt Settlement Payout Schedule.

Sign Electronically

Client

First Name :	Glenn
Last Name :	Smith
Social Security :	013447645
Date of Birth :	02/09/1954
Client IP Address :	71.184.199.41
Signed Date:	6/17/2008 9:36:57 PM

Or Sign and Return to Our Office

Allegro Law, LLC
223 Wall Street # 201
Huntington, NY 11743
Phone: (800)295-6025 Fax: (800)664-1335
www.allegrolaw.net

Client Signature _____ **Date** _____

Client Name (Please Print) _____ **Social Security** _____

Co-Client Signature (If Joint on Bank Account) _____ **Date** _____

Co-Client Name (Please Print) **Co-Client Social Security**

Disclaimer: The total debt information contained in this Exhibit A Payment Schedule is based upon information provided by the prospective client. Where information has not been provided or is unavailable, approximate balances have been agreed upon between the Client and representative providing the consultation. The prospective client acknowleges that any change between the approximated balance agreed upon for purposes of generating this Payment Schedule, and the actual current balance of any debt enrolled into the program may impact the balance and payment information contained herein.

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Glenn Smith
9 Rosenfeld Rd, Millis, MA 02054

EFT Agreement

Allegro Law, LLC is hereby authorized to initiate reoccurring debits from my:

Account: Checking
Routing Number: 211391825
Account Number: 13611397
First Payment Date: 07/01/2008
First Pay: $635.00 incl Setup Fee of $25.00
Reoccurring Debit Day: 1 starting on 08/01/2008
Amount: $610.00 for program duration

I understand that the funds transferred to Allegro Law, LLC will be debited on or about the dates stated above. (If the debit date is not a business day, then the debit will be processed on the next business day.) The monthly debit date and dollar amount are subject to change with my consent. I understand that my verbal approval will be accepted and that a confirmation will be sent when the dollar amount or when the date is changed.

I understand that this authorization is to remain in full force and effect until Allegro Law, LLC receives notification from me of its termination, which must be received at least 5 business days before the scheduled debit date. I also understand that if the authorized debit is returned for any reason the Return fee of $30.00 (subject to change) will be assessed and added to my next debit. I agree to the terms and conditions set forth on this form.

☑ I have read the EFT Agreement and I accept the above terms.

Sign Electronically

Client

First Name :	Glenn
Last Name :	Smith
Social Security :	013447645
Date of Birth :	02/09/1954
Client IP Address :	71.184.199.41
Signed Date:	6/17/2008 9:36:57 PM

FCDCInterFin

Or Sign and Return to Our Office

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223 Wall Street # 201
Huntington, NY 11743
Phone: (800)295-6025 Fax: (800)664-1335
www.allegrolaw.net

Client Signature _____ **Date** _____

Client Name (Please Print) _____ **Social Security** _____

Co-Client Signature (If Joint on Bank Account) _____ **Date** _____

Co-Client Name (Please Print) _____ **Co-Client Social Security** _____

Allegro Law, LLC

By: _____

Please Sign Please Sign Please Sign Please Sign