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

24639641010318

LEGROTTAGLIE, VICTOR
220 MONROE STREET
FRANKLIN SQUARE, NY 11010

Creditor Telephone Number ( )

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

RECEIVED
NOV 29 2010
BMC GROUP

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

Payment Telephone Number (516 358-2152

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

Claim Number (if known):

Filed on: _____

1. AMOUNT OF CLAIM AS OF DATE CASE FILED $ 5000.00

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: PAID for bill reduction, services not provided (See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 5298

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: $ _____ **DO NOT** include the priority portion of your claim here.

Unsecured Claim Amount: $ _____

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: $ 4000.00

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

✓ Unemployed

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
00003396

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 11/24/10

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.

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.

Capital One Bank

WEST HEMPSTEAD
(877) 694-9111

11/04/08 First Automatic payment received

11/04/09 LAST Automatic payment

JEANETTE M NICOLETTI
VICTOR LEGROTTAGLIE
220 MONROE ST
FRANKLIN SQUARE NY 11010-3824

12391

DebitPerks Reward Summary
10-01-08 to 10-31-08

Beginning Balance	Points Earned	Bonus Points	Points Redeemed	Ending Balance
7991.02	0.00	0.00	0.00	7991.02

Completely Free Checking **310900 290 1**

Opening balance	10-25-08	1,540.69
+Deposits/Credits	5	3,731.00
-Checks/Debits	19	2,620.65
-Service charge		0.00
Ending balance	11-26-08	2,651.04
Days in Statement Period	33	

DATE	DESCRIPTION	CHECK#	DEBITS	CREDITS	BALANCE
	Beginning Balance				1,540.69
10-27	Customer deposit			900.00	2,440.69
10-29	ATM WITHDRAWAL B04312		23.00		2,417.69
	102908 190 NEW HYDE PARK RD		FRANKLIN SQ	NY	
10-29	ATM fee		1.50		2,416.19
	NETWORK INQ				
10-29	ATM fee		1.50		2,414.69
	NETWORK W/D				
10-30	Transfer to another account		125.00		2,289.69
	DDA TRNSFR				
	Transfer to		1007024427		
11-03	ATM WITHDRAWAL K1123T		40.00		2,249.69
	110208 611 HEMPSTEAD TPKE		WEST HEMPSTEA	NY	
11-04	ACH Withdrawal		538.00		1,711.69
	ALLEGRO LAW FIRM PAYMENT				
11-05	ATM WITHDRAWAL B04312		43.00		1,668.69
	110508 190 NEW HYDE PARK RD		FRANKLIN SQ	NY	
11-05	ATM fee		1.50		1,667.19
	NETWORK INQ				
11-05	ATM fee		1.50		1,665.69
	NETWORK W/D				
11-07	ACH deposit			1,178.59	2,844.28
	BONSAL AMERICAN, PAYROLL				

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WEST HEMPSTEAD
(877) 694-9111

JEANETTE M NICOLETTI
VICTOR LEGROTTAGLIE
220 MONROE ST
FRANKLIN SQUARE NY 11010-3824

9449

0 ENCLOSURES Page 1

DebitPerks Reward Summary
10-01-09 to 10-31-09

Beginning Balance	Points Earned	Bonus Points	Points Redeemed	Ending Balance
6184.06	0.00	0.00	0.00	6184.06

Completely Free Checking 310900 290 1

Opening balance	10-27-09	187.46
+Deposits/Credits	0	0.00
-Checks/Debits	4	186.50
-Service charge		0.00
Ending balance	11-25-09	0.96
Days in Statement Period	30	

DATE	DESCRIPTION	CHECK#	DEBITS	CREDITS	BALANCE
	Beginning Balance				187.46
10-27	Special processing fee LEGAL FEE		100.00		87.46
11-03	Transfer to another account DDA TRNSFR Transfer to 1007024427		50.00		37.46
11-04	NSF charge DR AMT 513.00 0000000000	110409	35.00		2.46
11-09	ATM fee PULSE INQ		1.50		0.96
	Ending balance				0.96

*** - - - - - - - - - - - - - - EFT ACTIVITY - - - - - - - - - - - - - - ***

DATE	DESCRIPTION	AMOUNT
11-04	DR AMT 513.00 0000000000	35.00-

END OF STATEMENT

Capital One Bank is a trade name of Capital One, N. A.
and does not refer to a separately insured institution.

Capital One, N.A., Member FDIC EQUAL HOUSING LENDER

HNSTLN

0-0 00009449 07 091126 PAGE 00001 OF 00001 0034 108 COLR0845 6056

DATE	DESCRIPTION	CHECK#	DEBITS	CREDITS	BALANCE
	Balance Forward				2,844.28
11-10	ATM WITHDRAWAL K1123T		140.00		2,704.28
	110908 611 HEMPSTEAD TPKE		WEST HEMPSTEA NY		
11-10	ACH Withdrawal		376.65		2,327.63
	CHASE LITPAY				
11-13	Transfer to another account		125.00		2,202.63
	DDA TRNSFR				
	Transfer to		1007024427		
11-14	ACH deposit			547.64	2,750.27
	BONSAL AMERICAN, PAYROLL				
11-17	ATM WITHDRAWAL K1123T		40.00		2,710.27
	111508 611 HEMPSTEAD TPKE		WEST HEMPSTEA NY		
11-17	ATM fee		1.50		2,708.77
	NETWORK INQ				
11-17	ATM fee		1.50		2,707.27
	NETWORK INQ				
11-20	Check Withdrawal	90710	66.00		2,641.27
11-21	ACH deposit			552.38	3,193.65
	BONSAL AMERICAN, PAYROLL				
11-21	Check Withdrawal	3094	1,000.00		2,193.65
11-25	ATM WITHDRAWAL K1123T		60.00		2,133.65
	112508 611 HEMPSTEAD TPKE		WEST HEMPSTEA NY		
11-26	ACH deposit			552.39	2,686.04
	BONSAL AMERICAN, PAYROLL				
11-26	Check Withdrawal	3093	35.00		2,651.04
	Ending balance				2,651.04

CHECKS PAID DURING STATEMENT PERIOD *** INDICATES CHECK OUT OF SEQUENCE**

Date	Check No.	Amount	Date	Check No.	Amount
11-26	3093	35.00	11-21	3094	1,000.00
11-20	90710*	66.00			

*** - - - - - - - - - - - - - - - EFT ACTIVITY - - - - - - - - - - - - - - - ***

DATE	DESCRIPTION		AMOUNT
10-29	ATM WITHDRAWAL	B04312	23.00-
11-03	ATM WITHDRAWAL	K1123T	40.00-
11-04	ALLEGRO LAW FIRM	PAYMENT	538.00-
11-05	ATM WITHDRAWAL	B04312	43.00-
11-07	BONSAL AMERICAN,	PAYROLL	1,178.59
11-10	ATM WITHDRAWAL	K1123T	140.00-
11-10	CHASE	LITPAY	376.65-
11-14	BONSAL AMERICAN,	PAYROLL	547.64
11-17	ATM WITHDRAWAL	K1123T	40.00-
11-21	BONSAL AMERICAN,	PAYROLL	552.38
11-25	ATM WITHDRAWAL	K1123T	60.00-
11-26	BONSAL AMERICAN,	PAYROLL	552.39

(12) payments made

END OF STATEMENT