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

24639641011043
MURPHY, PAULA
10504 US 64 ALTERNATE WEST
ROCK MOUNT, NC 27801

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
DEC 02 2010
BMC GROUP

Name and address where **payment** should be sent (if different from above):
c/o 154 Ellis Rd
Tarboro NC 27886

Payment Telephone Number (252 904 - 2495

☐ 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 $ _____

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: _____

(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

Secured Claim Amount: $ _____ DO NOT include the priority portion of your claim here.

Nature of property or right of setoff:
Describe:

Unsecured Claim Amount: $ _____

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Amount of arrearage and other charges as of time case filed included in secured claim,

Value of Property: $ _____ Annual Interest Rate: _____ % 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
00003771

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
11/22/10

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.

Paula H Murphy

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.

Client #
787790

ALLEGRO LAW

OP 20.2
Effective Date: 6/24/2008
Revision 3

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

Paula Murphy
10504 US 64 Alternate West, Rock Mount, NC 27801

CONTRACT TO EMPLOY

This Agreement made effective as of the 30 day of September, 2008 in Montgomery County, Alabama between Allegro Law, LLC, mailing address 847 S. McDonough St, Suite 100, Montgomery, AL 36106 herein referred to as "Firm" and Paula Murphy, hereafter referred to as "Client." Client and Firm in some instances referred to as the "Parties."

In consideration of the mutual covenants and conditions contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties do hereby agree as follows:

1. Services: Firm agrees to provide debt settlement services to Client under the terms and conditions of this agreement. Firm and their agents will negotiate with creditors on the Client's behalf for reduction of unsecured debt and also establish a payment schedule for the Client for the purposes of accumulating funds for settlement and payment of service fees. Firm shall respond promptly to Client and creditor inquiries and communications. Upon acceptance of Client into the program, Firm will provide a Debt Settlement Program Summary Estimate, an Estimated Debt Settlement Payout Schedule, a Payment Agreement, a List of Creditors included in the Program, including a description of creditors that are not eligible, along with further information about the program. Firm will advise Client of all good faith offers made by the creditors and debt collectors, and their acceptance of any offers made by Firm. Firm will not settle any account without the approval of the Client, who has absolute discretion to accept or reject any offer. This representation does not include defense of claims and allegations raised by third parties against Client. This agreement shall be construed as consummated in the State of Alabama and all services are performed in the State of Alabama.

2. Compensation of Firm: In consideration of the services to be performed by Firm, Firm shall receive from Client a non-refundable Processing Fee in an amount equal to $39.00 per month. Also, there will be a one-time set-up fee of $25.00 per account. In addition, there will be a fee in an amount equal to 16.00% of the total debt placed with the Firm. Your Payment Schedule shall be $221.00 per month for a period of approximately 28 months with a downpayment of $300.00 per month for 2 month(s) with a Setup Fee of $25.00 added onto the 1st payment, in accordance with the attached Estimated Debt Payout Schedule. In the event that the Client has accumulated a sufficient Set-Aside Amount, described further below, and allowed the Firm sufficient time, but in every case not less than 30 months, to attempt to reach a settlement on Client's behalf, and Client has fulfilled their obligations under the Payment Schedule during that period of time, and Firm is not able to negotiate a reasonable settlement for a particular debt, Firm will refund to Client that portion of the fees paid by Client in relation to that particular debt, exclusive of the non-refundable processing fee. In some states, State Law prohibits attorneys from maintaining escrow or trust accounts on behalf of a client when such accounts are used to pool money to be distributed to creditors.

3. Responsibilities of Client: Client shall be truthful and cooperative, make all payments and settlements agreed upon, notify Firm of any change of address, e-mail address, telephone

numbers, change in income, ability to pay creditors, and of any developments affecting the scope of this contract. Client will forward all correspondence from creditors to Firm. Client will not discuss his or her financial situation with creditors or discuss potential settlement options with creditors. Firm shall receive cleared funds monthly from Client to be placed into Firm's escrow account for the purpose of (a) establishing a Set-Aside Amount intended to be distributed to Client's creditors upon a settlement being successfully negotiated or until termination and (b) paying Processing Fees. The number of months that funds are to be set aside and the amount to be set aside each month will be determined by Firm and agreed upon by the Client. Additionally, Client shall not apply for any credit or extension of credit with existing creditors during the program. In addition, (a) Client will reasonably consider Firm's recommendations regarding any potential settlements; (b) Client will inform Firm of any credit account(s) that may have a cosigner, may be secured by personal property or wages, or any accounts that are not enrolled with Law Firm and are held by the same creditor of an enrolled account, prior to enrollment with Firm.

4. Client Set-Aside Amount. Client understands that in order pay settlements negotiated with creditors by Firm, he or she needs to have funds available for payment.

An estimate of the total amount of money necessary to fund potential settlements and a suggested monthly Set-Aside Amount is provided on the attached Estimated Debt Payout Schedule. This amount is based on information Client has provided to Firm and projections by Firm based on industry standards and metrics. Such projection includes the fees paid to Firm. Client understands that most creditor balances go up during the course of a debt settlement program and individual results will vary for each Client. All bases for the assumptions statement are estimations only and are not intended to be guarantees of performance or savings. The suggested Set-Aside Amount is also based upon the creditor information provided by Client and is merely a suggestion of a minimum amount that may be required for settlement with Client's creditors. Client's actual amount needed to reach a settlement may vary. Client may set aside additional funds at any time. Firm does not make regular monthly payments to Client's creditors. Under the suggested client Payment Plan, the fees paid to Firm are collected in its entirety by Firm before any monies would be accumulated by Client and paid in negotiated settlement of enrolled debt.

5. Obligations of Both Parties Regarding Settlements. Firm will inform Client of the amount, and the terms and conditions of all reasonable, written settlements offers. Firm will not settle Client's account without approval of Client, who possesses the absolute right to accept or reject any settlement offer. Client will notify Firm IN WRITING by mail, email, or facsimile of any settlement offers made directly to Client, verbally or written, from any enrolled creditor. CLIENT WILL MAKE ALL SETTLEMENT PAYMENTS AND AGREEMENTS DIRECTLY WITH CREDITOR. CLIENT POSSESSES THE ABSOLUTE RIGHT TO ACCEPT OR REJECT ANY SETTLEMENT.

6. Information Use and Credit Report Authorization. Client authorizes Firm to request, receive and discuss any and all information about Client's debt, the causes of any financial hardship (including medical problems), and any other information, including Client's consumer credit reports, which is or becomes pertinent to settlement negotiations. Client authorizes Firm to run Client's credit report(s) as needed to assist the Client in attempting to reduce and/or resolve outstanding debts. Client agrees to indemnify and hold Firm harmless of any loss, liability, or damage by any reason thereof. This authority is assignable and transferable.

7. Power of Attorney: Client hereby gives Firm Client's power of attorney to execute all documents connected with the subject matter of the Agreement, including any documents necessary to retain local counsel for Client.

8. Payments: Client authorizes the Firm to deduct all payments due under the Payment Schedule, including all settlement funding, Fees or other applicable charges, via Electronic Payment Authorization from Client's checking or savings account. The Firm requires a minimum notice of five(5) business days to change any scheduled electronic fund transfers from Client's bank account. There is a $30.00 fee for each Non Sufficient Funds (NSF).

9. Non-payment of Minimum Payments: Client acknowledges that they have voluntarily discontinued making payments to their creditors because they can no longer afford to make their minimum payments on their unsecured debts as well as pay their necessary living expenses. Client acknowledges that non-payment of minimum payments to creditors will result in derogatory credit information being transmitted to the major credit reporting agencies, and will result in debt collection actions being taken against Client. Client also understands that the Fair Debt Collection Practices Act prohibits third party debt collectors from engaging in certain behavior. In the event that any negative effect is caused to Client's credit profile, Client hereby agrees to waive any claims against Firm and shall hold Firm, its principals, employees and agents harmless for all claims related to such damage to Client's credit.

10. Termination: Firm may cancel this contract if Client fails to make any payments as set forth in the Payment Schedule, if Client misrepresents or fails to disclose any material facts, fails to cooperate, if client acts contrary to Firm's advice, if client does not return Firm's phone calls in a timely manner, if Client fails to make two (2) consecutive monthly payments of fees, if anything else occurs that in Firm's judgment impairs an effective business relationship, or if otherwise breaches Client's duties hereunder. Client has the right to terminate Firm services for any reason upon three (3) days written notice. If Client chooses to terminate Firm services without cause, all fees are immediately due and payable, and non-refundable. However, if client is not 100% completely satisfied with Firm's services, and Client notifies Firm within the first 30 days of representation, Client shall receive a complete refund. Client is hereby notified that cancellation of this contract, whether by the Client or the Firm, terminates the terms and conditions of the contract prospectively from the date of cancellation. Client holds Firm harmless for any adverse consequences pertaining to the Client's debts enrolled as part of this contract, that may result from services performed under this contract prior to cancellation, including, but not limited to, the closing of any or all such debts.

11. Hold Harmless: Client agrees to hold Firm, its agents, administrators, executive directors, employees, officers and directors harmless of any liability or damage arising from Firm's administration of the Program or this Agreement, including, but not limited to, suits, garnishments, levies, repossessions, or the like.

12. Entire Agreement: This agreement embodies the entire understanding and agreement between both parties and all previous understandings, representations, statements, undertakings and agreements, written or oral, are canceled, withdrawn and/or have merged into this agreement. This Contract may be amended by Firm at any time upon 20 days notice of such an amendment. In the event any one or more provisions contained hereof for any reason be held invalid, illegal, or unenforceable in any respect, that invalidity, illegality, or unenforceability shall not affect any other provision within this Agreement, all of which shall remain in effect.

13. Venue/Jurisdiction: This agreement shall be governed by the laws of the State of Alabama. Any action to enforce this agreement, or otherwise institute litigation against any party whether in law, equity, tort, or contract shall only be brought in Montgomery County, Alabama.

14. Client Disclosures. Client agrees they have received and read the Process Verification, attached hereto. In addition, the Client agrees that:

14.1 Firm does not and will not provide any credit repair, tax, or investment advice. Client should seek the advice of an independent professional to obtain this type of advice.

14.2 Client results will vary based on individual circumstances. Any individual creditor may use a number of different criteria in determining that creditor's willingness to settle a debt or the amount acceptable in settlement, including, but not limited to, the amount of debt, the current status of the debt, the reasons you are seeking these services, the type of debt and the amount of your disposable income.

14.3 Firm does not guarantee the cessation of all telephone calls or correspondence related to collections.

14.4 The Agreement between Firm and Client does not include any representation for any cause of action or claim for damages brought against Client by creditor(s), which Client acknowledges is a possibility. It also does not include counter claims or appeals in which Customer is a party.

14.5 LAW FIRM CANNOT MAKE AND HAS NOT MADE ANY GUARANTEES REGARDING RESULTS.

14.6 Client's delinquent accounts may continue to accrue interest and late fees until the accounts are settled. Client also understands creditors may continue to impose other penalties as a result of delinquent payments, including but not limited to: the reporting of adverse information to credit bureaus, the filing of a lawsuit to collect subject debts if the creditor is unwilling to accept a settlement offer, or Client is unable to propose a settlement offer acceptable to the creditor. Furthermore, Client understands that negative information that will appear on Client's credit report as a result of participating in the Firm's debt settlement program will remain on credit reports following the completion of the program.

14.7 When a creditor settles Client's debt, a savings of $600 or more off what Client owed may be reported by creditor to the IRS as Discharge of Indebtedness income.

14.8 Client acknowledges that Firm has not nor shall it take any actions to disrupt the relationship between Client and any creditors or persons with whom Client has any contractual or business relationship. Client further acknowledges that Firm has not provided Client with any advice or recommendations regarding the reduction or termination of payments to creditors. Client has engaged Firm for the sole purpose of negotiating a resolution of said creditors within the Agreement.

15. Miscellaneous.

15.1 Consent to Electronic Communication. Client acknowledges that, in connection with our work on this matter, Firm may correspond or convey documentation via internet e-mail unless Client expressly requests otherwise and that neither Client nor Firm has control over the performance, reliability, availability, or security of internet e-mail.

15.2 Privacy Policy. Client agree to the terms of Firm's Privacy Policy, attached hereto. This policy may change from time to time as set forth therein. Among other things, the policy includes important information on what information Firm collects about you, how Firm uses that information, and with whom Firm shares that information (for example, to provide you certain services, to protect Firm's rights and interests, to respond to legal process, to facilitate a merger, etc.). Also, to ensure the quality of Firm's services and for other lawful purposes, Firm

may also monitor or record calls between the Parties (for example, Client conversations with customer service, sales departments or processing agents). If Client does not agree with the terms of Firm's Privacy Policy, Client should not purchase or use Firm's services.

15.3 Limitation of Obligation. Force Majeure – Firm and/or its associates shall not bear the responsibility of obligations if non-fulfillment is caused by Force Majeure (Acts of God - such as, but not limited to; a fire or hurricane.) The liability of obligation shall/may be postponed until the Force Majeure or the resulting effects are eliminated.

15.4 Attachments. All attachments to this Agreement are herein incorporated by reference. In the event of a conflict between an attachment and the terms and conditions of this Agreement, the terms of this Agreement will control.

15.5 Assignment and Amendment. Client may not assign this Agreement, or any part of it, to any other party. Firm may modify this Agreement at any time, by providing Client with 20 days notice of such an amendment. If Client does not accept the terms of any superseding agreement and/or provisions, Client has the right to discontinue the services provided by Firm by providing written notice to Firm.

15.6 Providing Notice to Each Other Under the Agreement. Except as the Agreement specifically provides otherwise, notices must be provided in writing.

15.7 Signatures. By signing the Agreement, Client authorizes Firm to act as their agent, for the limited purpose of negotiating, obtaining, and discussing their financial information with creditors. Client also acknowledges receiving a copy of this Agreement and its attachments. A faxed signature on this Agreement shall be considered the same as an original.

16. Client acknowledges that it has read the attached Consumer Credit File Rights under State and Federal Law and understands the terms thereof.

17. Processing Company. Client agrees that Firm may use one or more third party processing companies, including Seton Corp., with its principal office located at 311 Crossways Park Drive, Woodbury, New York 11797 ("Service Company") for the purpose of providing to Client services under this Agreement.

Client acknowledges that it has read the foregoing Contract to Employ, understands the terms thereof and has had an opportunity to obtain legal counsel to consult with it regarding the terms and conditions contained herein and that the Client voluntarily signs here consenting to the terms and conditions and the imposition of the obligations and rights granted by virtue of this Contract to Employ. Client acknowledges that this is NOT a Debt Consolidation program, and that the services provided by Allegro Law, LLC are intended as a last resort for consumers who can no longer afford to make payments to their creditors as well as afford their necessary living expenses.

Client has informed Firm that they have voluntarily discontinued making payments to their creditors because they can no longer afford to make their minimum payments on their unsecured debts as well as pay their necessary living expenses. Client understands that their voluntary decision to stop making payments to their creditors will result in Client falling past due with respect to their enrolled debts and, as a result, creditors will report Client as late to the credit bureaus, which will have a negative impact on Client's credit.

18. Arbitration Clause. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration

Association in accordance with its Arbitration Rules for the Resolution of Consumer-Related Disputes, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be governed and controlled by the laws of the State of Alabama.

YOU MAY CANCEL THIS AGREEMENT, WITHOUT ANY PENALTY OR OBLIGATION, AT ANY TIME BEFORE MIDNIGHT CENTRAL TIME OF THE 3rd BUSINESS DAY WHICH BEGINS THE DAY AFTER YOU AGREE TO ENROLL IN THE PROGRAM VIA ELECTRONIC COMMUNICATION OR BY SIGNING AND RETURNING THE ATTACHED "NOTICE OF RIGHT TO CANCEL" FORM. IF YOU DO NOT REVOKE THIS AGREEMENT WITHIN THE THREE (3) DAY REVOCATION PERIOD, THEN THE TERMINATION PROVISIONS OF SECTION 10 SHALL APPLY.

Allegro Law, LLC is a limited liability corporation. Our attorneys are admitted for practice in Alabama only. For cases outside of Alabama Allegro Law, LLC lawyers will request assistance from an associate with one of our contracted affiliate attorneys located throughout the country. An associated attorney will be compensated through Allegro Law, LLC according to the work performed, in full compliance with the Alabama Rules of Professional Conduct.

The hiring of a lawyer is an important decision that should not be based solely on advertisements. Before you decide, ask us to send you written information about our Attorney / Lawyer qualifications and experience.

This Firm does not provide information on services that relate to Bankruptcy to assisted persons.

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

Sign Electronically

Client

First Name :	Paula
Last Name :	Murphy
Social Security :	245315918
Date of Birth :	12/09/1965
Client IP Address :	74.197.154.63
Signed Date:	9/30/2008 4:43:18 PM

Or Sign and Return to Our Office

Allegro Law, LLC
223 Wall Street # 201
Huntington, NY 11743
Phone: (800)295-6025 Fax: (800)864-1335
www.allegrolaw.net

Client Signature
Client Name (Please Print)
Date
Social Security

Co-Client Signature
(If Joint on Bank Account)
Co-Client Name (Please Print)
Date
Co-Client Social Security

Allegro Law, LLC
By:

Please Sign Please Sign Please Sign Please Sign

ALLEGRO LAW

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

Notice To Consumers
IMPORTANT PLEASE READ

While the hiring of an attorney is a strong strategy when dealing with debt collectors, you must realize that none of the creditors or third party debt collector's rights are affected by the hiring of an attorney.

(1) Creditors and credit reporting agencies will report the consumer as late and the consumer's credit score will be negatively impacted throughout the duration of the service; (2) late fees, penalties, and interest will continue to accrue on the consumer's debt until the consumer's creditors accept and receive a settlement or until the debt is charged off or sold; (3) a consumer's creditors may still sue to collect on the debts and garnish the consumer's wages in those states which permit wage garnishment for unsecured debt; (4) a creditor may raise the interest rate and/or lower the maximum credit limit on any debts included in the program, as well as unsecured debts not included in the program; (5) any money a consumer saves in negotiating a settlement with a creditor must be treated as income for tax purposes if the discharged amount is equal to or greater than $600; and (6) a debt settled for less than the full amount owed is not the same as a debt that is paid in full in terms of reporting on the consumer's credit report.

Authorization

I hereby engage ATTORNEYS, its agents, subcontractors, and affiliates to manage the processing of my account during the term of this Retainer Agreement. These services will include receiving and depositing my funds, negotiating settlements, terms and conditions, extensions, and/or deferments of my accounts. In addition, I authorize the review of my financial situation with creditors.

By signing this Authorization, I hereby acknowledge that I have read the Retainer Agreement and accept and consent to all of the terms set forth in the Retainer Agreement.

This agreement shall not be deemed effective until it is received by ATTORNEYS, signed and dated.

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

Sign Electronically

Client

First Name :	Paula
Last Name :	Murphy
Social Security :	245315918
Date of Birth :	12/09/1965
Client IP Address :	74.197.154.63
Signed Date:	9/30/2008 4:43:18 PM

FDDCTCX

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

Please Sign Please Sign Please Sign Please Sign

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: _____

ALLEGRO LAW

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223 Wall Street # 201
Huntington, NY 11743
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www.allegrolaw.net

Paula Murphy
10504 US 64 Alternate West, Rock Mount, NC 27801

EFT Agreement

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

Account: Checking
Routing Number: 053101626
Account Number: 1020005756134
First Payment Date: 10/17/2008
First Pay: $325.00 incl Setup Fee of $25.00
Down Payment: $300.00 for 1 payments (Down Payment)
Reoccurring Debit Day: 17 starting on 12/17/2008
Amount: $221.00 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 :	Paula
Last Name :	Murphy
Social Security :	245315918
Date of Birth :	12/09/1965
Client IP Address :	74.197.154.63
Signed Date:	9/30/2008 4:43:18 PM

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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

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Paula Murphy
10504 US 64 Alternate West, Rock Mount, NC 27801

Limited Power of Attorney

I/We, Paula Murphy located 10504 US 64 Alternate West, Rock Mount, NC 27801 hereby appoint Allegro Law, LLC and its attorneys, as my attorney-in-fact, with full power to represent me in negotiating the validity, reduction, settlement, and payment as may be required, of accounts owed to my creditors.

I/We also authorize Allegro Law, LLC to request and receive confidential credit and account information from creditors, credit reporting agencies, and other third parties who are involved with my credit issues. I further authorize Allegro Law, LLC to release a copy of this Limited Power of Attorney to my creditors.

☑ I have read the Limited Power of Attorney Agreement and I accept the above terms.

Sign Electronically

Client

First Name :	Paula
Last Name :	Murphy
Social Security :	245315918
Date of Birth :	12/09/1965
Client IP Address :	74.197.154.63
Signed Date:	9/30/2008 4:43:18 PM

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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

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Paula Murphy
10504 US 64 Alternate West, Rock Mount, NC 27801

PROCESS VERIFICATION

This document serves as verification that I understand fully the debt negotiation process as explained below and also confirms I am able to address situations that may occur throughout the course of my enrollment with Allegro Law, LLC (AL).

1.I understand that a Referral Company will refer my file to Allegro Law, LLC, and that the Referral Company is a referral service, not the Law Firm itself.

2.I understand the representative with the Referral Company has only explained the Allegro Law Firm services, and is not licensed to provide me with legal advice. That the Referral Company does not charge me a fee for their services or debit my account.

3.Allegro Law, LLC is a debt negotiating firm that will attempt to negotiate work-out agreements between me and my creditors. All negotiations are handled by licensed attorneys and their support staff.

4.This is NOT a loan; nor is it a debt consolidation, debt adjustment, or credit counseling program. AL will NOT be making monthly payments on my behalf to my creditors. The monthly payments that I make to AL will accumulate to settle my accounts and satisfy attorney fees for services rendered. AL will not perform any services until receipt of my first payment. All fees are nonrefundable.

5.I understand that I have, or soon will, voluntarily discontinued making payments to my creditors because I can no longer afford to make my minimum payments on my unsecured debts as well as pay my necessary living expenses.

6.I understand that my voluntary decision to stop making payments to my creditors will result in me falling past due on my enrolled debts, and, as a result, my creditors will report me as late to the credit bureaus which will have a negative impact on my credit.

7.I have been advised not to open any new lines of credit or attempt to qualify for any new loans until legal services have been completed. It may take from 12-48 months for this service to be completed depending on my debt and financial situation.

8.I understand that AL cannot prevent me from receiving debt collection calls. I understand that debt collection calls will occur subsequent to retaining Firm.

9.I understand that although it has been proven that most creditors accept settlement offers that AL is required to disclose that there are inherent risks associated with debt negotiation services. These risks include the creditors sending these accounts to collections, charging late fees, judgments, wage garnishments, creditor phone calls and/or other measures in an attempt to collect moneys owed during the debt negotiation process.

10.I understand that I have entered into various contracts with several national banks and for reasons beyond my control I may default on such contracts. I have retained AL to assist in the renegotiation of those contracts. I am retaining AL because I cannot afford to make the minimum payments due on my unsecured debts and pay my necessary living expenses.

11.I understand that I cannot continue to use any of the accounts included in this process and that the creditors have the right to close the accounts, and they may continue to charge late fees and penalties until the accounts are settled.

12.I understand that I cannot have any credit cards, loans, insurance, or bank accounts (checking, savings, CD's etc.) related to or connected with any account and/or any creditor included with this process. I understand that creditors related to debts not included in this process may increase the interest rate or lower the credit limit on those debts as a result of non-payment of monthly minimums in regards to debts included in this process.

13.I understand that should I receive any time sensitive court documents, summons or legal documents of any kind related to the debt placed with the firm, I will forward them to AL within 48 hours of receipt and confirm AL has received said document(s).

14.I understand that there are costs involved with the setup and maintenance of the debt negotiation program which equate to 16.00% of my total debt and a $39.00 monthly administration fee. In addition, there is a one time set-up fee of $25.00. The combined total costs in my case equal $6,838.00 which has already been included in the payment plan.

15.I understand that only unsecured debt qualifies for the debt negotiation program and none of the accounts included are Secured Debt, Payday Loans, Student Loans or Cash Advances.

16.I have not received correspondence from a law firm in relation to any of these accounts and none are in Judgment status or have received a Summons to appear in court

17.I understand that my approximate initial payment(s) are $300.00 for approximately 2 months, and that my approximately ongoing monthly reoccurring payments thereafter are $221.00 for approximately 28months.

18.I have given the authorization to debit my account for the payments outlined above.

19.I understand that should I need to change stop or cancel any of debits I understand the request must be submitted IN WRITING no later than 5 business days prior to the payment date

20.I have read and fully understand the above information.

☑ I have read the Written Verification and I accept the above terms.

Client First Name :	Sign Electronically
Last Name :	Murphy
Social Security :	245315918
Date of Birth :	12/09/1965
Client IP Address :	74.197.154.63
Signed Date:	9/30/2008 4:43:18 PM

FCDCTCX

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Please Sign Please Sign Please Sign

Client Signature
Client Name (Please Print)
Co-Client Signature (If Joint on Bank Account)
Co-Client Name (Please Print)

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Date
Social Security
Date
Co-Client Social Security

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Estimated Debt Settlement Payout Schedule

Client Name: Murphy, Paula
Produced on: 9/30/2008 4:43:18 PM
By: Wren Goolsby
Phone: (800)810-3390 x
Fax: (800)514-0166
E-Mail: wgoolsby@thecreditexchange.com

Total Debt:	$10,000.39	<====
Estimated Settlement To Creditors:	$4,001.00	
Estimated Fees:	$2,795.06	
Estimated Settlement Amount w/Fees:	$6,795.22	
Estimated Amount Saved:	$3,205.17	

Fee Payment Schedule

Down Payment:	$600.00	/ 2 months
Setup Fee:	$25.00	added to first payment
Estimated Balance of Fees:	$2,195.06	
Avg Estimated Monthly Finance of Fees:	$67.38	/ 16 months
Estimated Balance Needed for Program:	$6,170.22	(includes monthly fees)
Estimated Monthly Payment:	$221.00	<====
Estimated Program Payments:	30	includes 2 months for down payment

$300.00 monthly breakdown of Down Payment to be paid for: 2 months

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

Sign Electronically

Client

First Name :	Paula
Last Name :	Murphy
Social Security :	245315918
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Client IP Address :	74.197.154.63
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Co-Client Signature (If Joint on Bank Account) _____ **Date** _____

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

To the Court,

I wasn't sure how to fill out the paperwork and do not have a representative on this matter.

So, I included all paperwork that I had concerning this matter.

Thank you

Paula H Murphy

252-904-2495

16 months @ $221.00 = 3536.00

Setup Fee $625.00 = +625.00

$ 4161.00