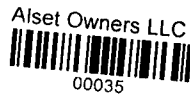


| | | |
|--|---|---|
| UNITED STATES BANKRUPTCY COURT <u>FOR THE</u> DISTRICT OF <u>DELEWARE</u> | | PROOF OF CLAIM |
| Name of Debtor ALSET OWNERS, LLC, et al. | | Case Number 09-11960 |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): John A. Donofrio, Summit County Fiscal Officer | | THIS SPACE IS FOR COURT USE ONLY |
| Name and address where notices should be sent: c/o Regina M. VanVorous 220 S. Balch St., Suite 118 Akron, Ohio 44302-1606 Telephone number: (330) 643-8409 | | |
| Last four digits of account or other number by which creditor identifies debtor: 1573 | | <input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |
| 1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned | | <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Other <u>Personal Property</u> |
| 2. Date debt was incurred: 12/31/2008 | | <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed From _____ to _____ (date) (date) |
| 3. If court judgment, date obtained: | | |
| 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations. | | |
| Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> 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 c) none or only part of your claim is entitled to priority. | | Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____ |
| Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ <u>undetermined</u> Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). | | <input type="checkbox"/> 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)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> 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. |
| 5. Total Amount of Claim at Time Case Filed: \$ _____ <u>un-</u> _____ <u>determined</u> _____ (unsecured) (secured) (priority) (total) <input type="checkbox"/> 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. | | |
| 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | THIS SPACE IS FOR COURT USE ONLY |
| 7. Supporting Documents: Attach copies 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. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | |
| 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | |
| Date 07/23/2009 | 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): Regina M. VanVorous #0020786, Assistant Prosecuting Attorney | |

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.

RECEIVED

AUG 06 2009



BMC GROUP

BMC



SHERRI BEVAN WALSH

Prosecuting Attorney

County of Summit

July 22, 2009

MARY ANN KOVACH

Chief Counsel, Criminal Division

CRIMINAL DIVISION

53 University Avenue, 7th Floor
Akron, OH 44308-1680
(330) 643-2788
(330) 643-8277 Fax

JOHN F. MANLEY

Chief Counsel, Civil Division

CIVIL DIVISION

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Akron, OH 44308-1680
(330) 643-2800
(330) 643-2137 Fax

VICTIM SERVICES DIVISION

(330) 643-2800
(330) 643-2137 Fax

**CHILD SUPPORT
ENFORCEMENT AGENCY**

175 South Main Street
P.O. Box 80598
Akron, OH 44308-0598
(330) 643-2765
(330) 643-2745 Fax

JUVENILE DIVISION

650 Dan Street
Akron, OH 44310-3989
(330) 643-2943
(330) 379-3647 Fax

TAX DIVISION

Suite 118
220 South Balch Street
Akron, OH 44302-1606
(330) 643-2618
(330) 643-8540 Fax

United States Bankruptcy Court-Clerk
District of Delaware
824 N. Market Street, 3rd Floor
Wilmington, DE 19801

Re: Alset Owners, LLC, et al.
Case No. 09-11960 (BLS)

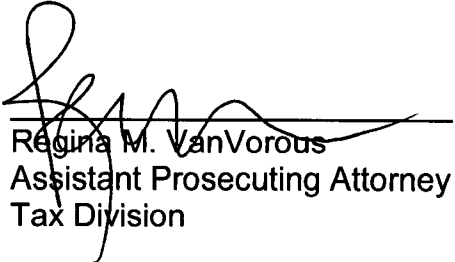
Dear Sir/Madam:

Please time-stamp the enclosed Proof-of-Claim(s) in the above-referenced case, and return a time-stamped copy in the enclosed self-addressed, stamped envelope.

Thank you for your assistance regarding this matter.

Very truly yours,

SHERRI BEVAN WALSH
Prosecuting Attorney


Regina M. VanVorous
Assistant Prosecuting Attorney
Tax Division

RVM/jlw
Enclosure

Certified Mail# 7003 1680 0000 7555 9994