

Clerk of the Bankruptcy Court

9/16/13

Alexander Hamilton Custom House

One Bowling Green

New York, NY. 10004

RE: Atari, Inc. Case # 13-10176 / Claimant: Thomas E. Ryan, dba TOMDi Sales & Marketing Group



To Whom It May Concern:

I am responding to the most recent Notice **Of Objection To Proof Of Claim** that I received relative to the Chapter 11 Bankruptcy Case noted above as it pertains to the claim(s) submitted on behalf of Thomas E. Ryan, dba TOMDi Sales & Marketing Group whose address is 1601 Blackburn Heights Drive, Sewickley, PA. 15143.

An original claim (currently referenced as Claim #21) was submitted on 3/19/13 for the amount of \$1,595.70 for "Wages, Salaries or Commissions." The date of the invoice for these services is 12/28/12. As previously communicated to BMC Group, Inc. (on 4/11/13), shortly after the submission of my original claim (currently referenced as Claim #21), I realized that I inadvertently, and incorrectly, checked the "Trustee, Debtor or Authorized Agent" box in the Section #8 (Signature) section of the Proof of Claim Document instead of the "Creditor" box.

In my 4/11/13 correspondence to BMC Group, Inc. I advised BMC Group, Inc. of the incorrect box checked in Section # 8 of my original claim submission on 3/19/13. As part of that same correspondence, I also submitted a revised Claim form for which the only change was to change / check the "correct" box in Section 8 - to that of "**Creditor**" (see attached). In the most recent documents received, this revised Claim has is identified as Claim #64 and is referenced as "Surviving Claim" on Schedule 7.

I have spoken with my attorney. We are in agreement that the initial Claim (referred to as Claim #21) was incorrect as submitted and should not be considered by the court. However, it is our understanding that the revised / superseded Claim (referred to as Claim #64) will stand and will be considered by the court as previously submitted on 4/11/13. When all is said and done, it is the intention of Thomas E. Ryan, dba TOMDi Sales and Marketing Group, to submit one (1) claim in the amount of \$1,595.70 for services rendered. Please do not hesitate to contact me @ 412-708-5252 with any questions.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Thomas E. Ryan".

Thomas E. Ryan

dba TOMDi Sales and Marketing Group

cc: Akin, Gump, Strauss, Hauer & Feld, LLP - Attn: Ira S. Dizengoff, Esq. , Kristine G. Manoukian, Esq., Scott L. Alberino, Esq.

Office of US Trustee for Southern District of New York - Richard C. Morrissey, Esq.)

Counsel To Official Committe of Unsecured Creditors - Cathy Hershcopf, Esq., Jeffrey Cohen, Esq.

Counsel To Alden Global Value Recovery Master Fund, LP. - Robert G. Burns, Esq., Andrew J. Schoulder, Esq.

Counsel To Atari, S.A., Allen & Overy, LLP - Ken Coleman, Esq.

THOMAS E. RYAN

4/11/13

dba, TOMDi SALES and MARKETING

1601 BLACKBURN HEIGHTS DRIVE

SEWICKLEY, PA. 15143

412-708-5252

CASE #: 13-10176 (ATARI, INC.)

SCHEDULE / CLAIM ID: s318

TO WHOM IT MAY CONCERN:


Enclosed you will find an **AMENDED CLAIM** for TOMDi SALES and Marketing dated **4/11/13**. In my original claim submission (dated 3/19/13), I inadvertently checked the Debtor box designation instead of the Creditor box designation. I am resubmitting an amended claim form correcting the TOMDi Sales and Marketing designation to that of Creditor. I have also included a copy of the original claim submission.

I would greatly appreciate an acknowledgment of receipt of this Amended Claim and have enclosed a self addressed stamped envelope for that purpose. Please feel free to contact me at 412-708-5252 should you have any questions or require any additional information relative to my claim. Thanks in advance for your time and help in resolving this matter.

Regards,

Thomas E. Ryan

Owner, TOMDi Sales and Marketing

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM	
Name of Debtor: Atari, Inc.		Case Number: 13-10176	
NOTE: See reverse and attached for List of Debtors/Case Numbers/important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for Administrative Expenses 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(a).			
Name of Creditor (the person or other entity to whom the debtor owes money or property): THOMAS E. RYAN, dba TOMDI SALES & MARKETING		THIS SPACE IS FOR COURT USE ONLY	
Name and address where notices should be sent:  31651255001245 Tomdi Sales & Marketing C/O Thomas E Ryan 1601 Blackburn Heights Drive Sewickley, PA 15143		Your claim is scheduled as: Schedule/Claim ID s318 Amount/Classification \$1,596.00 Unsecured	
Creditor Telephone Number () email:		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): 9318 Filed on: 3/19/13	
Name and address where payment should be sent (if different from above):		<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.	
Payment Telephone Number () email:		Filed on: 3/19/13	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>1,595.70</u> If all or part of your claim is secured, complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> 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 instruction #2) <u>COMMISSION FOR SALES/SERVICES PERFORMED PER AGREEMENT</u>			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>LS318</u>		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 your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____ Basis for Perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or 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 administrative expense or priority and state the amount. Amount entitled to priority: \$ <u>1,595.70</u> Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____			
You MUST 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"/> 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). <input checked="" type="checkbox"/> 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). <input 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). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____). <input type="checkbox"/> Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).			
* 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 documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). 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. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and definition of "redacted").

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

If the documents are not available, please explain:

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.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES OR EMAILS NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Eastern Time on April 30, 2013 for Non-Governmental Claimants OR on or before 5:00 pm, prevailing Eastern Time on July 22, 2013 for Governmental Units.

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

BY MESSENGER OR OVERNIGHT DELIVERY TO:
 BMC Group, Inc
 Attn: Atari Claims Processing
 18675 Lake Drive East
 Chanhassen, MN 55317

OR BY DELIVERING THE ORIGINAL PROOF OF CLAIM BY HAND TO:
 United States Bankruptcy Court
 Southern District of New York
 One Bowling Green, Room 534
 New York, NY 10004-1408

8. SIGNATURE: (See instruction #8)

Check the appropriate box.

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

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 belief.

Print Name: THOMAS E. RYAN
 Title: OWNER
 Company: TECH. SALES AND MARKETING
 Address and telephone number (if different from notice address above):

Thomas E. Ryan 4/11/13
 (Signature) (Date)

Telephone number: 412-708-5252 email: tomd.1543@aol.com

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.

LIST OF DEBTORS:

Debtor	Case No.
Atari, Inc.	13-10176
Atari Interactive, Inc.	13-10177
California U.S. Holdings, Inc.	13-10178
Humongous, Inc.	13-10179