

UNITED STATES BANKRUPTCY COURT

District of Oregon

PROOF OF CLAIM

Name of Debtor: AMERICAN OF MARTINSVILLE INC

Case Number: 10-11638 lead 10-11637

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): Oregon Employment Department

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

Name and address where notices should be sent:

Employment Department
875 Union St. NE, Room 107
Salem, Oregon 97311

RECEIVED FEB 10 2011

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Telephone number: (503) 947-1684

Court Claim Number: (If known)

Filed on:

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

Employment Tax - Unit 02
PO Box 4395
Portland, Oregon 97208-4395

Telephone number:

Check this 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.

1. Amount of Claim as of Date Case Filed: \$ 1,122.91

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.

5. 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.

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)().

2. Basis for Claim: Taxes (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 7281

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

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 setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Value of Property: \$ Annual Interest Rate %

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: \$

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

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

If the documents are not available, please explain:

Amount entitled to priority:

\$ 364.85

*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.

Date: 02/03/2011

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.

Ashli Machado, Office Specialist

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§

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BMC

OREGON EMPLOYMENT DEPARTMENT STATEMENT OF ACCOUNT

DATE: 02/03/11

PAGE 1 OF 1

ACCOUNT # 1392387-3 START QTR: 1/10 NAME AMERICAN OF MARTINSVILLE INC
 209 NE 5TH TER
 DELRAY BEACH FL 33444

INTEREST CALCULATED THROUGH FEBRUARY 2011

	TAX	INTEREST	PENALTY	LEGAL	TOTAL
BEGIN BAL UNAPPLIED					0.00
ASSESSED	2,074.32	108.84	896.18		3,079.34
ACCRUED		21.88			21.88
APPLIED	1,709.47	108.84	160.00		1,978.31
REF/ADJ					0.00
END BAL UNAPPLIED	364.85	21.88	736.18		1,122.91
TOTAL DUE					0.00
					1,122.91

QTR=2/10 TAX RATE= 3.1	TAXABLE PAYROLL=				
POSTED TRANSACTION	ASSESSED	PAYMENT	ALLOCATION	BALANCE	
073010 PAID 071910		2,016.70			
101510 O PENALTY	699.70			699.70	
102110 PAID 101110		96.07			
102610 TAX	96.06			795.76	
L PENALTY	80.00			875.76	
102610 TAX 071910			96.06	779.70	
RPT 071910			80.00	699.70	

QTR=1/10 TAX RATE= 3.1	TAXABLE PAYROLL=				
POSTED TRANSACTION	ASSESSED	PAYMENT	ALLOCATION	BALANCE	
102610 TAX	1,978.26			1,978.26	
L PENALTY	80.00			2,058.26	
102710 INTEREST	89.01			2,147.27	
102710 INTEREST	19.83			2,167.10	
102710 TAX 071910			1,537.17	629.93	
INT 071910			89.01	540.92	
RPT 071910			80.00	460.92	
102710 TAX 101110			76.24	384.68	
INT 101110			19.83	364.85	
120710 T PENALTY	36.48			401.33	
ACCRUED INT	21.88			423.21	

***** LAST PAGE OF STATEMENT OF ACCCOUNT *****