

UNITED STATES BANKRUPTCY COURT - CENTRAL DISTRICT OF CALIFORNIA		PROOF OF CLAIM
Name of Debtor <input checked="" type="checkbox"/> JAMES C GIANULIAS <input checked="" type="checkbox"/> CAMFO HOMLS		Case Number 8 08 13150 RK 8 08-13151 RK
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) CLARKE Masonry, Inc		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent Adrianna Corrado Lanak + Hannah, LP 400 North Tustin Ave, st. 120 Santa Ana, Ca 92705		Court Claim Number _____ (if known) Filed on _____
Telephone No 714 550 0418	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> NOV 13 2008 <small>CLERK U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA BY Deputy Clerk</small> </div>	<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 this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above)		
Telephone No _____		
1 Amount of Claim as of Date Case Filed \$29,103.70 + fees + interest 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.		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.
<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 charges.		Specify the priority of the claim:
2 Basis for Claim SERVICES PERFORMED (See instruction #2a on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
3 Last four digits of any number by which creditor identifies debtor _____		<input type="checkbox"/> Wages, salaries, or commission (up to \$10,950*) 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).
3a Debtor may have scheduled account as _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).
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.		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease or rental of property or services for personal, family or household use. 11 U.S.C. § 507(a)(7).
Nature of property or right of setoff _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).
Value of Property \$ _____ Annual Interest Rate _____ %		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
Amount of arrearage and other charges as of time case filed included in secured claim if any \$ _____ Basis for Perfection _____		Amount entitled to priority \$ _____
Amount of Secured Claim \$ _____ Amount Unsecured \$ _____		* Amounts are subject to adjustment on 4/1/20 and every 3 years thereafter with response 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 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 definition of redacted on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain: _____		
Date 11-12-08		FOR COURT USE ONLY
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.		

Village Walk

Invoice #	Date		Gross Invoice	Amount Paid	Balance Due	Retention Due	Net Due
1525	11/10/2006	Contract Billing	70,656 00	63,590 40	7,063.60	7,063 60	
1575	2/23/2007	Contract Billing	60,718 00	54,646 20	6,071.80	6,071 80	
1581	3/19/2007	Contract Billing	24,000 00	21,600 00	2,400.00	2,400 00	
1620	5/31/2007	Contract Billing	44,333 00	39,899 70	4,433.30	4,433.30	
1670	10/30/2007	Contract Billing	9,133 00		9,133.00	913.30	8,219 70
			208,840 00	179,736 30	29,101 70	20,882.00	8,219 70

Attn: Scott

Fx 714 550-7603

Central District Of California Claims Register

8.08-bk-13151-RK Cameo Homes CASE CONVERTED on 07/02/2008

Judge Robert N Kwan **Chapter** 11
Office Santa Ana **Last Date to file claims**
Trustee **Last Date to file (Govt)**

<i>Creditor</i> (20553141) CLARKE MASONRY ATN CORP OFCR C/O LARTAK ST HANNA PC 400 N TUSTIN AVE 120 SANTA ANA CA 92705-3815	Claim No 36 Filed 11/13/2008 Entered 11/21/2008	<i>Status</i> Filed by CR Entered by Mccall, Audrey Modified
Unknown claimed \$29103 70		
Total claimed \$29103 70		
<i>History</i>		
● <u>36-1</u> 11/13/2008 Claim #36 filed by CLARKE MASONRY ATN CORP OFCR , total amount claimed \$29103 7 (Mccall, Audrey)		
<i>Description</i>		
<i>Remarks</i>		

Claims Register Summary