B 10 (Official Form 10) (12/11)

| UNITED STATES BANKRUPTCY COURT - DISTRICT OF DELAWARE (WILMINGTON) | PROOF OF CLAIM |
|---|---|
| Name of Debtor: Coach America Transportation Solutions, LLC (Coach USA) | Case Number: 12-10044 |
| NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.* | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): **United Parcel Service** RECEIVED | **COURT USE ONLY** |
| Name and address where notices should be sent: **United Parcel Service c/o Receivable Management Services ("RMS") P.O. Box 4396 Timonium, MD 21094 Telephone number: (410) 773-4089 email: Phyllis.Hayes@rms-iqor.com** FEB 27 2012 BMC GROUP | ☐ Check this box if this claim amends a previously filed claim. **Court Claim Number:**_____ (*If known*) Filed on:_____ |
| Name and address where payment should be sent (*SEE ATTACHED POWER OF ATTORNEY*): **United Parcel Service c/o Receivable Management Services ("RMS") P.O. Box 4396 Timonium, MD 21094 Telephone number: (410) 773-4089 email: Phyllis.Hayes@rms-iqor.com** | ☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. |

**1. Amount of Claim as of Date Case Filed:** $63.98

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.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

**2. Basis for Claim:** SERVICES RENDERED
(See instruction #2)

| 3. Last four digits of any number by which creditor identifies debtor: | 3a. Debtor may have scheduled account as: | 3b. Uniform Claim Identifier (optional): |
|---|---|---|
| **4W51 ** | (See instruction #3a) | (See instruction #3a) |

**4. Secured Claim** (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents and provide the requested information.

**Amount of arrearage and other charges as of time case was filed, included in secured claim, if any:** $_____

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

**Basis for perfection:** _____

**Value of Property:** $_____

**Amount of Secured Claim:** $_____

**Annual Interest Rate** ___% ☐ Fixed or ☐ Variable
(when case was filed)

**Amount Unsecured:** $_____

**5. Amount of Claim Entitled to 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 priority and state the amount.**

☐ 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 case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

**Amount entitled to priority:**
$_____

☐ 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)(__).

Coach America
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**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 any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. 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. *(See instruction #7 and the definition of "redacted".)*

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

If the documents are not available, please explain:

**8. Signature:** **(See instruction #8)**

Check the appropriate box.

☐ I am the creditor ☑ I am the creditor's authorized agent (Power of Attorney is attached). ☐ I am the trustee, or the debtor or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Phyllis A. Hayes, RMS
Title: Agent
United Parcel Service
c/o Receivable Management Services ("RMS")
P.O. Box 4396
Timonium, MD 21094
Telephone number: (410) 773-4089 email: Phyllis.Hayes@rms-igor.com

(Signature) February 22, 2012 (Date)

*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.

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.*

### Items to be completed in Proof of Claim form

**Court, Name of Debtor, and Case Number:**
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**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 items 4 and 5. 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. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**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:**
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.

**3b. Uniform Claim Identifier:**
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:**
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).**
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) 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. Documents:**
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**
The individual completing 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. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. 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. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

**UNITED PARCEL SERVICE**
**STATEMENT OF ACCOUNT**

| Shipper Name | Shipper No. | Invoice Date | Amount Owed |
|---|---|---|---|
| Coach USA | **4W51 | 11/19/11 | $ 12.27 |
| Coach USA | **4W51 | 11/26/11 | $ 9.77 |
| Coach USA | **4W51 | 12/17/11 | $ 31.38 |
| Coach USA | **4W51 | 12/31/11 | $ 10.56 |
| | | **Total** | **$ 63.98** |

United States Bankruptcy Court
District of Delaware (Wilmington)

In re: Coach America Transportation Solutions, LLC, Debtor(s)

Case No.: 12-10044
Chapter: 11

# General Power of Attorney

The undersigned claimant hereby authorizes *The Receivable Management Services Corporation ("RMS")*, or any one of you, as attorney in fact for the undersigned and with full power of substitution, to vote on any question that may be lawfully submitted to creditors of the debtor in the above-entitled case; to vote for a trustee of the estate of the debtor and for a committee of creditors; to receive dividends and in general to perform any act not constituting the practice of law for the undersigned in all matters arising in this case.

Dated: 01/30/12

Creditor Name: ***United Parcel Service General Services Company***

By: Tom M

Title: Controller

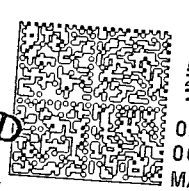
Address: ***55 Glenlake Parkway, NE***

***Atlanta, GA 30328***

Phyllis A. Hayes

R·M·S

307 International Circle, Suite 270, Hunt Valley, MD 21030



UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 000.65⁰
0003140761 FEB 23 2012
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FEB 27 2012
BMC GROUP

BMC Group, Inc.
Attn.: Coach America Claims Processing
POB 3020
Chanhassen, MN 55317-3020

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