UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor: CUSA AWC, LLC

Case Number: 12-10048

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).

YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID: S2019070991

Amount/Classification:

$205.00 Unsecured

Name of Creditor (the person or other entity to whom the debtor owes money or property) :

ASTRO Security MONITORING

Name and address where notices should be sent:

29247344001420

ASTRO SECURITY MONITORING
4799 - 24TH STREET
SACRAMENTO CA 95822

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MAR 12 2012
BMC GROUP

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number 9164527876 email: LDMOORE@COMCAST.NET

THIS SPACE IS FOR COURT USE ONLY

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

☐ 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.

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

Court Claim Number (if known): _____

Filed on: _____

Payment Telephone Number ( ) email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED $ 201.30

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 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) Services performed

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____

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:

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Value of Property: $ _____

Annual Interest Rate: _____ % ☐ Fixed or ☐ 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: $ _____

Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): $ _____

You MUST specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ 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).

☐ 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).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

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

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).

☐ 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.*

Coach America
00488

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. 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 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 NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Eastern Time on April 2, 2012 for Non-Governmental Claimants OR on or before July 2, 2012 for Governmental Units.

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

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

8. SIGNATURE: (See instruction #8)

Check the appropriate box.

☑ I am the creditor. ☐ I am the creditor's authorized agent. (Attach copy of power of attorney, if any.) ☐ 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 providedin this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: LARRY D MOORE
Title: C.EO.
Company: ASTRO SECURITY MONITORING

(Signature) (Date) 3/7/2012

Address and telephone number (if different from notice address above):

Telephone number: (914) 452-7874 email: LDMOORE@COMCAST.NET

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 Name	Case Number	Debtor Name	Case Number	Debtor Name	Case Number
ACL Leasing, LLC	12-10042	CUSA AT, LLC	12-10047	CUSA RAZ, LLC	12-10064
America Charters, Ltd.	12-10021	CUSA AWC, LLC	12-10048	CUSA Transit Services, LLC	12-10065
American Coach Lines of Atlanta, Inc.	12-10022	CUSA BCCAE, LLC	12-10049	CUSA, LLC	12-10045
American Coach Lines of Jacksonville, Inc.	12-10023	CUSA BESS, LLC	12-10050	Dillon's Bus Service, Inc.	12-10029
American Coach Lines of Miami, Inc.	12-10024	CUSA CC, LLC	12-10051	Florida Cruise Connection, Inc.	12-10030
American Coach Lines of Orlando, Inc.	12-10026	CUSA CSS, LLC	12-10052	Get A Bus, LLC	12-10066
American Coach Lines, Inc.	12-10019	CUSA EE, LLC	12-10053	Hopkins Airport Limousine Services, Inc.	12-10032
B & A Charter Tours, Inc.	12-10028	CUSA ELKO, LLC	12-10054	KBUS Holdings, LLC	12-10041
CAPD, LLC	12-10043	CUSA ES, LLC	12-10055	Lakefront Lines, Inc.	12-10033
Coach Am Group Holdings Corp.	12-10010	CUSA FL, LLC	12-10056	Midnight Sun Tours, Inc.	12-10035
Coach Am Holdings Corp.	12-10017	CUSA GCBS, LLC	12-10057	Royal Tours of America, Inc.	12-10036
Coach America Group, Inc.	12-10027	CUSA GCT, LLC	12-10058	Southern Coach Company	12-10037
Coach America Holdings, Inc.	12-10018	CUSA KBC, LLC	12-10059	The McMahon Transportation Company	12-10034
Coach America Transportation Solutions, LLC	12-10044	CUSA K-TCS, LLC	12-10060	Tippett Travel, Inc.	12-10038
Coach BCCAE, L.P.	12-10067	CUSA Leasing, LLC	12-10061	Trykap Airport Services, Inc.	12-10039
Coach Leasing BCCAE, L.P.	12-10068	CUSA PCSTC, LLC	12-10062	Trykap Transportation Management, Inc.	12-10040
CUSA ASL, LLC	12-10046	CUSA PRTS, LLC	12-10063		

ASTRO SECURITY MONITORING

4799 - 24TH STREET • SACRAMENTO, CALIFORNIA 95822
PHONE: 916.452.7876 • FAX: 916.452.9397

thank you

Invoice

Date	Invoice #
1/3/2012	32758

Bill To

ALL WEST COACHLINES
7701 WILBUR WAY
SACRAMENTO, CA 95828

Ship To

ALL WEST COACHLINES
7701 WILBUR WAY
SACRAMENTO, CA 95828

COPY

Terms	Due Date	CSID#
UPON RECEIPT	1/3/2012	

REMEMBER TO TEST YOUR SYSTEM REGULARLY

Quantity	Description	Rate	Amount
1	ANSWERING SERVICE FOR THE MONTH OF DECEMBER 2011	84.25	84.25
24	EXCESS MESSAGES	0.40	9.60
7	PAGE/TRACER	0.60	4.20
1	HOLIDAY SURCHARGE	7.00	7.00

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

ALL WEST COACHLINES
7701 WILBUR WAY
SACRAMENTO, CA 95828

AMOUNT REMITTED_____

CHECK NUMBER_____

Invoice #
32758

To Pay by credit card, please fill out the information below. DO NOT FAX

CSID#

MAKE CHECKS PAYABLE TO: ASTRO SECURITY

CARD NUMBER_____

EXP DATE_____

AUTO PAY PROGRAM: ____YES ____NO

SIGNATURE_____

Total	$105.05
Balance Due	$0.00
Customer Total Balance	[redacted]

ASTRO SECURITY MONITORING

4799 - 24TH STREET • SACRAMENTO, CALIFORNIA 95822
PHONE: 916.452.7876 • FAX: 916.452.9397

thank you

Invoice

Date	Invoice #
12/1/2011	32697

Bill To

ALL WEST COACHLINES
7701 WILBUR WAY
SACRAMENTO, CA 95828

Ship To

ALL WEST COACHLINES
7701 WILBUR WAY
SACRAMENTO, CA 95828

COPY

Terms	Due Date	CSID#	REMEMBER TO TEST YOUR SYSTEM REGULARLY
UPON RECEIPT	12/1/2011		

Quantity	Description	Rate	Amount
1	ANSWERING SERVICE FOR THE MONTH OF NOVEMBER 2011	84.25	84.25
21	EXCESS MESSAGES	0.40	8.40
6	PAGE/TRACER	0.60	3.60

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

ALL WEST COACHLINES
7701 WILBUR WAY
SACRAMENTO, CA 95828

AMOUNT REMITTED_____

CHECK NUMBER_____

Invoice #
32697

To Pay by credit card, please fill out the information below. DO NOT FAX

CSID#

MAKE CHECKS PAYABLE TO: ASTRO SECURITY

CARD NUMBER_____

EXP DATE_____

AUTO PAY PROGRAM: ____YES _____NO

SIGNATURE_____

Total	$96.25
Balance Due	$0.00
Customer Total Balance	~~$[illegible]~~

BMC Group, Inc.
Attn: Coach America Claims Processing
PO Box 3020
Chanhassen, Minnesota 55317-3020

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