UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	PROOF OF CLAIM	
Name of Debtor: CUSA CC, LLC	Case Number: 12-10051	YOUR CLAIM IS SCHEDULED AS:

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).

Schedule/Claim ID: S2019072520

Amount/Classification: Undetermined Unsecured Contingent, Disputed, Unliquidated

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

Name and address where notices should be sent:

29247344021305

ORELLANA, TERESA
~~20560 HARTLAND ST #6~~
~~CANOGA PARK CA 91306~~
c/o Law offices of David C. Berns
PO Box 6146 Woodland Hills CA 91365

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 ( ) email:

THIS SPACE IS FOR COURT USE ONLY

Name and address where **payment** should be sent (if different from above):
Law offices of David C. Berns.
PO Box 6146
Woodland Hills CA 91365

Payment Telephone Number (818) 961-9000 email:

☑ 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: _____

1. AMOUNT OF CLAIM AS OF DATE CASE FILED $ 8755.00 ++

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) Personal Injury Claim.

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: $ _____

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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
01307

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: Teresa Orellana.
Title:
Company:
Address and telephone number (if different from notice address above):
c/o Law Offices of David C Berns
PO Box 6146
Woodland Hills CA 91365
Telephone number: email:

Teresa Orellana. 3-28-12
(Signature) (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.

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		

RELEASE AND SETTLEMENT OF CLAIM

FOR THE SOLE CONSIDERATION OF
EIGHT THOUSAND SEVEN HUNDRED FIFTY AND 00/100 Dollars ($8,750.00), I/we TERESA ORELLANA residing at 20560 HARTLAND ST. APT# 6, CANOGA PARK, CA 91306 do hereby release, acquit and forever discharge Coach America/California Charter and George Girgis from any and all actions, causes of action, claims and demands, damages, costs, loss of services, expenses and compensation on account of or in any way growing out of any and all known and unknown and unknown personal injuries and property damage resulting or to result from an accident which occurred on or about March 29, 2010 and do hereby agree to indemnify and save harmless the said Coach America/California Charter and George Girgis from all further claims or demands, cost or expense arising out of the injuries or damage sustained by me/us. It is further agreed that in the event other parties are responsible to me/us for damages as a result of this accident, the execution of this agreement shall operate as a satisfaction of my/our claim against such other parties to the extent of the pro rata share of the parties herein released.

It is expressly warranted by me/us that no promise or inducement has been offered except as herein set forth; that this release is executed without reliance upon any statement or representation of the person or parties released, or their representatives, concerning the nature and extent of the injuries, damages and/or legal liability therefore; that acceptance of the consideration set forth herein is in full accord and satisfaction of a disputed claim for which liability is expressly denied.

Signed and sealed this date .....14.....day of .....DECEMBER.....20 11.

Witness ..... Address .....

x Teresa Orellana
TERESA ORELLANA

.....

State of .....
ss.
County of .....

On this .....day of .....20 ....., before me personally appeared .....to me known to be the person described herein, and who executed the foregoing instrument, and ..... acknowledged that .....voluntarily executed the same.

.....
Notary Public

B064610230-0005-01

LAW OFFICES OF
DAVID C. BERNS, A PROFESSIONAL CORPORATION
MAILING ADDRESS: P.O. BOX 6146 • WOODLAND HILLS, CALIFORNIA 91365
OFFICE ADDRESS: 22141 VENTURA BLVD., SUITE 210 • WOODLAND HILLS, CALIFORNIA 91364
(818) 961-9000 • FAX (818) 961-9001

AUTHORIZATION TO REPRESENT CLAIMANT

I, (Client's Name) Teresa Orellana, do hereby authorize the Law Offices of David C. Berns to represent me regarding the injury I sustained on (Date of incident) 03-29-2010. This authorization is given under California Code of Regulations, Title 10, Chapter 5, Section 2695.1(c). This authorization shall be valid for a period of one year from the date of execution.

A COPY OF THIS AUTHORIZATION SHALL SERVE AS AN ORIGINAL.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT FOR A PERIOD OF ONE YEAR

Dated: 4/12/10

Teresa Orellana
Signature of Claimant

As Guardian For: Teresa Orellana

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Delivery Date Mo. Day	Time ☐ AM ☐ PM	Employee Signature

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Mailer Signature

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A 91365

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Lake Drive East
Chanhassen, MN 55317

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