B 10 (Official Form 10) (04/10)		<del></del>
UNITED STATES BANKRUPTCY COURT Southern District of Indiana		PROOF OF CLAIM
Name of Debtor: Eastern Livestock Co, LLC	Case Numbe 10-9390	04
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):  Lytle Street Development LLC		nis box to indicate that this nends a previously filed
Name and address where notices should be sent: Edward C. Airhart, P.S.C./Andrea Wasson	claim.	ondo a pro
Edward C. Almart, P.S.C./Andrea Wasson 440 South Seventh Street, Suite 200 Louisville, Kentucky 40203-1967	Court Clain (If known)	m Number: !)
Telephone number: (502) 587-0789		
Name and address where payment should be sent (if different from above):		is box if you are aware that
Lytle Street Development LLC 1416 Lytle Street	relating to	else has filed a proof of claim to your claim. Attach copy of t giving particulars.
Louisville, Kentucky 40203-1326		
Telephone number:	or trustee	is box if you are the debtor in this case.
1. Amount of Claim as of Date Case Filed: \$ 24,400.00	1	of Claim Entitled to under 11 U.S.C. §507(a). If
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.	any porti one of the check the	tion of your claim falls in the following categories, the box and state the
If all or part of your claim is entitled to priority, complete item 5.	amount.	
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.		priority of the claim.
2. Basis for Claim: Storage of financial record (See instruction #2 on reverse side.)		support obligations under . §507(a)(1)(A) or (a)(1)(B).
(See instruction #2 on reverse side.)  3. Last four digits of any number by which creditor identifies debtor:		alaries, or commissions (up
3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)	to \$11,725 before fili petition or	25*) earned within 180 days ling of the bankruptcy or cessation of the debtor's
(See instruction #3a on reverse side.)  4. Secured Claim (See instruction #4 on reverse side.)	business,	, whichever is earlier – 11
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		ions to an employee benefit
Nature of property or right of setoff:   Real Estate   Motor Vehicle   Other   Describe:	plan – 11 U	U.S.C. §507 (a)(5).
Value of Property:\$ Annual Interest Rate%	purchase, l or services	lease, or rental of property s for personal, family, or
Amount of arrearage and other charges as of time case filed included in secured claim,	household (a)(7).	i use – 11 U.S.C. §507
if any: S Basis for perfection:		penalties owed to
Amount of Secured Claim: \$ Amount Unsecured: \$	governmen (a)(8).	ntal units – 11 U.S.C. §507
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		pecify applicable paragraph
7. <b>Documents:</b> 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		at entitled to priority:
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.)	<b>s</b> _	24,400.00
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		e subject to adjustment on very 3 years thereafter with
If the documents are not available, please explain:		ses commenced on or after ljustment.
Date: Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the cree other person authorized to file this claim and state address and telephone number if different from the address above. Attach copy of power of attorney, if any.		FOR COURT USE ONLY
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## **ACCOUNTING AND SERVICES DUE**

For 2011, \$200.00 a month from April to December which is equal to nine months times \$200.00 which is \$1,800.00.

For 2012, \$225.00 a month times twelve months is \$2,700.00.

For 2013, \$250.00 a month times twelve months is \$3,000.00.

For 2014, \$275.00 a month times twelve months is \$3,300.00.

For 2015, \$300.00 a month times twelve months is \$3,600.00

In 2012 labor to remove boxes, take to shredder and pay for shredding at 2,000 boxes times \$5.00 is \$10,000.00.