

UNITED STATES BANKRUPTCY COURT <u>Northern</u> DISTRICT OF <u>Texas</u>		PROOF OF CLAIM
Name of Debtor Houston Campus L.P.		Case Number 09-37022
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): Pitney Bowes Global Financial Services		<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 box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: Pitney Bowes Inc. 27 Waterview Drive Shelton CT 06484 Telephone number: 800-243-9506 ext. 4582		
Account or other number by which creditor identifies debtor: 8499353-001		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Lease</u>		
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>RECEIVED</p> <p>MAR 12 2010</p> <p>BMC GROUP</p> </div> <div style="text-align: center;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div> </div>		
2. Date debt was incurred: 7/10/06		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>3,696.21</u> (unsecured) (secured) (priority) \$3,696.21 (Total)		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <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 additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* 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)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>
6. Unsecured Nonpriority Claim \$ <u>3,696.21</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 10. 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		
Date 3/9/10	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): /s/Eva Milanowski	



Bankruptcy Department

REJECTION DAMAGES CLAIM

DATE March 9, 2010

STATEMENT OF ACCOUNT

LEASE NO. 8499353

SCHEDULE NO. 001

CUSTOMER NAME Erickson Construction

*PAYMENT NOT RECEIVED	1	PAYMENTS @	\$556.80
	1		\$626.77
	2		\$342.00

PLUS ESTIMATED RESALE VALUE OF
EQUIPMENT AFTER EXPENSES TO COVER
RECOVERING, REFURBISHING AND REMARKETING \$1,828.64
(INCLUDES SALES TAX WHERE APPLICABLE)

LATE CHARGE - 0 -

TOTAL CLAIM \$3,696.21

<u>INVOICE DATE</u>	<u>AMOUNT</u>	<u>PERIOD COVERING</u>
9/23/09	\$556.80	10/20/09 - 1/10/10
12/23/09	\$626.77	1/10/10 - 4/10/10
3/23/10 - 6/23/10	\$684.00	4/10/10 - 10/10/10

PREPARED BY: /s/Eva Milanowski

Eva Milanowski, Bankruptcy Administrator

