UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	**PROOF OF CLAIM**	**YOUR CLAIM IS SCHEDULED AS:** Schedule/Claim ID s2689 Amount/Classification $68.40 Unsecured
In re: **G.I. Joe's, Inc.**	Case Number: **09-10714-KG**	

NOTE: See Reverse for List of Debtors/Case Numbers/ Important details. 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.

☐ 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 if you are the debtor or trustee in this case.

FILED

MAY 08 2009

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.

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor and Address: the person or other entity to who the debtor owes money or property

19032347000985
USIS COMMERCIAL SERVICES INC
23883 NETWORK PLACE
CHICAGO, IL 60673

Creditor Telephone Number ( )

Name and address where payment should be sent (if different from above):
Hireright Solutions, Inc.
4500 S. 129th East Ave, ste 200
Tulsa, OK 74012

Payment Telephone Number ( ) 800-331-9175

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

Claim Number (see reverse): _____

1. AMOUNT OF CLAIM AS OF DATE CASE FILED $ 68.40

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.

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: Service provided

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 7240

3a. Debtor may have scheduled account as: _____

4. SECURED CLAIM (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information

Secured Claim Amount: $ _____ DO NOT include the priority portion of your claim here.

Unsecured Claim Amount: $ _____

Nature of property or right of setoff:

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Value of Property: $ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges at time case filed included in secured claim, if any: $ _____ Basis for Perfection: _____

5. PRIORITY CLAIM

☐ Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Unsecured Priority Claim Amount: $ _____ Include ONLY the priority portion of your unsecured claim here.

You MUST specify the priority of the claim:

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

☐ Wages, salaries, or commissions (up to $10,950*), 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).

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

☐ Up to $2,425* 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) (____).

** Amounts are subject to adjustment on 4/1/10 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.

7. SUPPORTING DOCUMENTS: *Attach redacted copies of supporting doc*such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are not available, please explain.

DATE-STAMPED COPY: DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

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 no later than 4:00 pm, PREVAILING EASTERN TIME, on the following dates: a) May 31, 2009 - General Bar Date; OR b) August 31, 2009 - Governmental Bar Date.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO:
G.I. Joe's Holding Corporation., et al.
Attn: BMC Group, Claims Processing
PO Box 2011
Chanhassen, MN 55317-2011

BY HAND OR OVERNIGHT DELIVERY TO:
G.I. Joe's Holding Corporation., et al.
Attn: BMC Group, Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

DATE	SIGNATURE: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
5-4-09	Carol Richardson Carol Richardson - Asst. Collections Mgr.

Penalty for presenting fraudulent claim is a fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

G.I. Joe's Holding Corp
00370

Invoice

Bill To

Billing Inquiries: Customer Service 888-707-8437 option 3
csmail@usis.com

Invoice # : 0072440-013009
Invoice Date : Jan 30, 2009
Customer # : 0100724400
Terms : Net 30 Days
P.O. # :

G I JOES
Renae Debauw
9805 BOECKMAN ROAD
WILSONVILLE, OR 97070

Invoice Summary

Quantity	Description	State/ County Fee	Vault/ Network/ Database Fee	CSD Fee	Sales Tax	Amount
24	National Theft Database	-	-	45.60	-	45.60
	INVOICE TOTAL				0.00 $	45.60

This invoice may not include sales or use tax. The customer is responsible for any uncollected sales or use tax applicable to these transactions.

ACCOUNT SUMMARY

Prior Balance:	758.10
Payments Received:	758.10
Adjustments:	0.00
Current Invoice	45.60
Account Balance	45.60

Tear here and enclose this portion with your payment.

Due Date: 03/04/09

G I JOES **Invoice Date:** Jan 30, 2009 **Invoice Amount:** $45.60

Customer Number: 0100724400 **Invoice Number:** 0072440-013009 **Amount Enclosed: $** _____

0100724400000000045600072440-0130097

Remit To: USIS Commercial Services Inc., 23883 Network Place
Chicago, IL 60673-1238, TIN #73-1168954

*** Notice: Suspended Accounts will incur a $50.00 Reactivation Fee.**

Late penalty charge on past due balance: 1.5% per month

Invoice

Bill To

Billing Inquiries: Customer Service 888-707-8437 option 3
csmail@usis.com

P:29747 - I:NNNNNN - 02974700701

G I JOES
Renae Debauw
9805 BOECKMAN ROAD
WILSONVILLE, OR 97070

Invoice # : 0072440-022709
Invoice Date : Feb 27, 2009
Customer # : 0100724400
Terms : Net 30 Days
P.O. # :

Invoice Summary

Quantity	Description	State/ County Fee	Vault/ Network/ Database Fee	CSD Fee	Sales Tax	Amount
12	National Theft Database	-	-	22.80	-	22.80
	INVOICE TOTAL				0.00 $	22.80

This invoice may not include sales or use tax. The customer is responsible for any uncollected sales or use tax applicable to these transactions.

ACCOUNT SUMMARY

Prior Balance:	45.60
Payments Received:	0.00
Adjustments:	0.00
Current Invoice	22.80
Account Balance	68.40

Tear here and enclose this portion with your payment.

Due Date: 04/04/09

G I JOES **Invoice Date:** Feb 27, 2009 **Invoice Amount:** $22.80

Customer Number: 0100724400 **Invoice Number:** 0072440-022709 **Amount Enclosed: $** _____

0100724400000000022800072440-0227097

Remit To: USIS Commercial Services Inc., 23883 Network Place
Chicago, IL 60673-1238, TIN #73-1168954

*** Notice: Suspended Accounts will incur a $50.00 Reactivation Fee.**
Late penalty charge on past due balance: 1.5% per month

HireRight

We are pleased to announce that USIS Commercial Services, Inc. has changed its name to **HireRight Solutions, Inc.** While for a period of time you may find reference made in our materials to USIS Commercial Services, Inc. we are in the process of updating our web sites, software applications and documents to reflect this name change and expect to complete all updates in the near future.

We would appreciate your updating the name on our account to HireRight Solutions, Inc. as soon as possible.

In the meantime, should you have any questions please contact us at: 1-800-322-9651 and select option 2 to speak with our credit and collections department. You can also contact us by mail at:
4500 S 129th East Ave., Suite 200 Tulsa, Ok 74134-5885.