FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Delaware

PROOF OF CLAIM

Name of Debtor: Joes outdoor sports

Case Number: 09-10713(KG)

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): Damon M Baughman

Name and address where notices should be sent:
Damon M Baughman
2115 W. Cedar Grove St
Meridian, ID 83646
Telephone number: 208-919-3787

☐ 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 box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other Purchased Gift Certificate

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: 1/09

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 35.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ 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.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral: $_____

FILED
JUN 04 2009
BMC GROUP

Amount of arrearage and other charges at time case filed included in secured claim, if any: $_____

6. Unsecured Priority Claim.

☒ Check this box if you have an unsecured priority claim

Amount entitled to priority $ 35.00

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to $4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to $2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. 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.

9. 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.

THIS SPACE IS FOR COURT USE ONLY

Date: 5/27/09

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):

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.

GI Joe's Holding Corp.
01608

5/27/09

United States Bankruptcy Court
District of Delaware
Case No. 09-10713 (kg)

To Whom It May Concern:

In January of 2009 I received the attached gift card (150014593191) for my birthday. The amount of the card was for $35. I went to use the card at Joes and found out it was no longer accepted. I was given form B10 to fill out to redeem the $35.

I attempted to have Joes staff scan the card and print off something stating the card is worth $35, however they told me they were not able to do so. They were however able to confirm it is worth $35. Joes further stated the bankruptcy court would be able to run the numbers on the back of the card to verify the amount it holds.

I have completed the attached B10 form, however am unsure if it is filled out properly. I have attached the gift card in hopes you will be albe to confirm the $35 value of the card.

Sincerely,

Damon M Baughman
2115 W. Cedar Grove St.
Meridian, Id 83646
208-919-3787

Enjoy Your Joe's Gift Card!

Present this card to the cashier at the time of purchase: the available balance will be applied toward your purchase. To check the balance on your Gift Card, call 1-800-578-JOES (5637) or visit any Joe's store location.

1500145931 91

Your Gift Card may be used to purchase merchandise at any Joe's store location. It is not redeemable for cash (except where required otherwise by law). Please safeguard your card; it is not replaceable if lost or stolen. Your use of this Gift Card constitutes acceptance of these terms and conditions.