UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID s649
Amount/Classification
$9,614.77 Unsecured Unliquidated
UNKNOWN Priority Unliquidated

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.

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.

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

19032347002533
VANIER, MICHAEL S
12160 SW FULMAR TERRACE
BEAVERTON, OR 97007

Creditor Telephone Number (503) 579-1861

FILED
JUL 20 2009
BMC GROUP

THIS SPACE IS FOR COURT USE ONLY

Name and address where **payment** should be sent (if different from above):

Payment Telephone Number ( )

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

Claim Number (see reverse): 572

1. AMOUNT OF CLAIM AS OF DATE CASE FILED $ 9614.77

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: Accrued Vacation Pay
(See instructions #2 and #3a on reverse side.)

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

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:

Secured Claim Amount: $

Unsecured Claim Amount: $

DO NOT include the priority portion of your claim here.

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: $ 9614.77

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 5/7/2009

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.

Michael S. Vanier

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

5/7/2009

GI Joe's Holding Corp.
01730

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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: _____

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FILED
MAY 11 2009
BMC GROUP

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

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DATE 5/7/2009

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Michael S. Vanier

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G.I. Joe's Holding Corp
00572

MICHAEL S. VANIER

12160 SW Fulmar Terrace
Beaverton, OR 97007

(503)579-1861 (Home)
(503)686-8993 (Mobile)
michael.vanier@gmail.com (e-mail)

July 16, 2009

To Whom it May Concern:

It has come to my attention that my Claim No. 572 in the G.I. Joe's, Inc. bankruptcy proceeding, Claim No. 09-10714-KG, was filed omitting the priority claim boxes being checked. I since realized that the claim is logged as an unsecured claim and should be reclassified as a priority claim due to the fact that it is seeking payment for accrued vacation time. Please find enclosed a copy of the original claim form filed on May 7, 2009 and received by BMC on May 11, 2009. I am now including an amended version of the original claim form noting the above-mentioned claim number, checking the boxes identifying it as a priority claim and specifying that it falls under the wages, salaries or commissions box. I inputted the amount of $9,614.77 in the appropriate line within the priority claim section of the form. I have also dated and resigned this form.

If there are any questions, please contact me. My contact information is provided above.

Sincerely,

Michael Vanier
503-686-8993