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

United States Bankruptcy Court	DISTRICT OF Delaware	PROOF OF CLAIM		
Name of Debtor HMP Services Holding INC.	Case Number 10 - 13 (0 9			
Pitman CO. NOTE: This form should not be used to make a claim for an administrative				
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	☐ Check box if you are aware that	,		
money or property):	anyone else has filed a proof of claim relating to your claim. Attach			
Unisource Worldwide	copy of statement-giving particulars.			
Name and address where notices should be sent:	Check box if you have never			
Unisource	received any notices from the bankruptcy court in this case.			
850 N. Arlington Heights Rd	Check box if the address differs			
ltasca, IL 60143-2885	from the address on the envelope sent to you by the court.			
Telephone number:	som to you by the count	THIS SPACE IS FOR COURT USE ONLY		
Account or other number by which creditor identifies debtor:	Check here			
All Control of the Co		filed claim, dated:		
1990	□ amends			
1. Basis for Claim	☐ Retiree benefits as defined i	n 11 U.S.C. § 1114(a)		
Goods sold	☐ Wages, salaries, and compensation (fill out below)			
Services performed	Your SS #:			
☐ Money loaned ☐ Personal injury/wrongful death	Unpaid compensation for services performed			
☐ Taxes		-		
Other	from (date)	to(date)		
2. Date debt was incurred: 10-26-10	3. If court judgment, date obt	ained:		
4. Total Amount of Claim at Time Case Filed: \$ \(\sqrt{0} \sqrt{9} \)				
4. Total Amount of Claim at Time Case Filed:	\$ 66.70	•		
If all or part of your claim is secured or entitled to priority, als	so complete Item 5 or 6 below.			
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