

**PROOF OF CLAIM**

Name of Debtor Against Which Claim is Held: HAROLD M. PITMAN CO-  
Case No. of Debtor: 10-13618 (BLS)

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.

**THIS SPACE IS FOR COURT USE ONLY**

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)  
HMP BDN POC 12-20-2010 (DTCSTOCK,DTCSTKNUM) 14\*\*\*\*  
BRECH, MARION  
1054 LUHMANN TERRACE  
SECAUCUS, NJ 07094

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**Court Claim Number:** \_\_\_\_\_  
*(If known)*

Filed on: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check this 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.

1. Amount of Claim as of Date Case Filed: \$ 100  
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.  
If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.  
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.

5. 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.

Specify the priority of the claim:

2. Basis for Claim: Security purchase  
(See instruction #2 on reverse side.)

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

Wages, salaries or commissions (up to \$11,725), 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).

3. Last four digits of any number by which creditor identifies debtor: \_\_\_\_\_  
3a. Debtor may have scheduled account as: \_\_\_\_\_  
(See instruction #3a on reverse side.)

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

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 setoff and provide the requested information.

Up to \$2,600 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).

Nature of property or right of setoff:  Real Estate  Motor Vehicle  Other

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_\_).

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_ %

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

\$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

Amount entitled to priority:

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ \_\_\_\_\_  
(See instruction #6 on reverse side.)

\$ 100.00

7. Credits: The amount of all payments on this claim

8. Documents: Attach redacted copies of any docur orders, invoices, itemized statements of running account may also attach a summary. Attach redacted copies of You may also attach a summary. (See instruction 8 ar. DO NOT SEND ORIGINAL DOCUMENTS. ATT SCANNING.

If the documents are not available, please explain:

Filed: USBC - District of Delaware

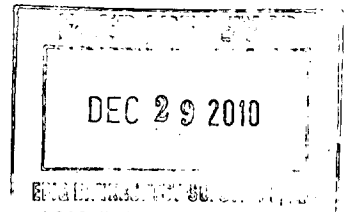
HMP Services Holding, Et Al.  
10-13618 (BLS)



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**FOR COURT USE ONLY**



Date: 12/23/10 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.

**B**  
M. Brechi  
1054 Latham Ter  
Seaucus, NJ 07094

BY REGISTERED MAIL  
27 DEC 2010 PM 5:1



HMP Services Holdings Sub-III, LLC, et al  
Claims Processing Center  
c/o EPIQ Bankruptcy Solutions LLC  
FOR Station, P.O. Box ~~RECEIVED~~  
New York New York  
DEC 29 2010

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