

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

HMP Services Holding Sub III, LLC, et al. Claims Processing Center

c/o Epiq Bankruptcy Solutions, LLC

FDR Station, P.O. Box 5082

New York, NY 10150-5082

PROOF OF CLAIM

Filed: USBC - District of Delaware

HMP Services Holding, Et Al.

10-13618 (BLS)

0000000015

Name of Debtor Against Which Claim is Held

Case No. of Debtor

10-13618
HMP SERVICES HOLDING
SUB III LLC ET AL



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) 103****
WIDLAK, EDWARD
944 BELTED KINGFISHER DRIVE
PALM HARBOR, FL 34683

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

Court Claim

Number: _____
(If known)

Filed on: _____

(727) 787-6353

Telephone number:

Email Address:

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

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.

Telephone number:

Email Address:

1. Amount of Claim as of Date Case Filed: \$ 10,456.92
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:

- 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).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
- 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).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

2. Basis for Claim: EMPLOYEE STOCK OWNERSHIP PLAN
(See instruction #2 on reverse side.)

Amount entitled to priority:

\$ _____

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.)

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.

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

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: \$ _____

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

FOR COURT USE ONLY

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

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 8 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

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.

Edward Widlak
EDWARD WIDLAK

FILED / RECEIVED

DEC 30 2010

EPIQ BANKRUPTCY SOLUTIONS, LLC

Pitman Company Employee Stock Ownership and 401(k) Plan

Distribution Request

PIT - 001

To be used for General distributions and rollovers

IMPORTANT INFORMATION

- Complete and submit all pages of this form
- Incomplete information will cause processing delays

Step 1: Personal Information

I am the: Participant Beneficiary¹ Alternate Payee¹

Choose the appropriate title Mr Mrs Miss Ms Dr Other

Name WIDLAK, EDWARD MITCHELL SS# 355-26-5326
Last First Middle

Address 944 BELTED KINGFISHER DR. S. PALM HARBOR, FL. 34683
Street City State Zip Code

Married² Not Married Birth Date 12/16/39 Hire Date 1990

Daytime Phone (727) 787-6353 Occupation RETIRED

Evening Phone SAME Work Hours _____

¹Complete this entire section with the personal information of the Beneficiary (in the event the participant is deceased) or alternate payee applying for distribution

²If you are a married participant and are requesting a withdrawal your spouse must sign a waiver in the notification of qualified joint and survivor annuity section of this form (below), electing not to receive your benefit in the form of a Qualified Joint and Survivor Annuity

Step 2: Reason for Distribution/Withdrawal

- Plan termination Please pay my balance in the form of a lump sum
- Plan termination Please roll my balance over to the IRA or Plan listed in Step 3
- Required minimum distribution (RMD) (only applicable if age 70 1/2 or older)
- Qualified Domestic Relations Order (QDRO) (REQUIRED - copy of court order, divorce, or legal separation)

Employee Stock Ownership And 401(k) Plan

Statement Period 07/01/2010 THRU 09/30/2010
 Participant EDWARD WIDLAK
 Statement ID PIT20751

Personalized Rate of Return

Plan	Statement Period
EMPLOYEE STOCK OWNER	.02 %

** See the About Your Statement section for an explanation of the PRR.

Account Activity

Account	Vested %	Opening Balance	Contributions	Gain/Loss	Withdrawals	Closing Balance
401(k)						
ELECT DEFERRALS	100%	512.99	.00	1.75	514.74-	.00
Subtotals		512.99	.00	1.75	514.74-	.00
ESOP						
ESOP	100%	10,456.92	.00	.00	.00	10,456.92
Subtotals		10,456.92	.00	.00	.00	10,456.92
Account Activity Totals		10,969.91	.00	1.75	514.74-	10,456.92
▷ Your Vested Balance						10,456.92

Investment Fund Activity

Fund	Fund %	Opening Balance	Contributions	Gain/Loss	Withdrawals	Loans	Transfers	Closing Balance
401(k)								
LNL STABLE VALUE	100%	512.99	.00	1.75	514.74-	.00	.00	.00
Subtotals	100%	512.99	.00	1.75	514.74-	.00	.00	.00
ESOP								
PITMAN STOCK	100%	10,456.92	.00	.00	.00	.00	.00	10,456.92
Subtotals	100%	10,456.92	.00	.00	.00	.00	.00	10,456.92
Fund Activity Totals		10,969.91	.00	1.75	514.74-	.00	.00	10,456.92

Shares / Units Activity

Fund	Opening Balance	Shares/Units Purchased	Shares/Units Sold/Delivered	Shares/Units Balance	Closing Price	Closing Balance
LNL STABLE VALUE	512.990000	1.750000	514.740000-	.000000	\$1.000000	\$.00
PITMAN STOCK	350.433000	.000000	.000000	350.433000	\$29.840000	\$10,456.92

Investment Fund Detail

Date	Activity	Account/Source	Trade Date	Amount	Shares	Share Price
LNL STABLE VALUE						
08/05/2010	Distribution	ELECT DEFERRALS	08/05/2010	\$514.74-	514.740000-	\$1.000000



Retirement Account Statement

Employee Stock Ownership And 401(k) Plan



DO NOT SEND CORRESPONDENCE TO ADDRESS ABOVE.
Please send all written correspondence to the mailing
address on the last page of your statement.

Statement Period 07/01/2010 THRU 09/30/2010
Participant EDWARD WIDLAK
Statement ID PIT20751

PIT20751
EDWARD WIDLAK
944 BELTED KINGFISHER DR S
PALM HARBOR, FL 34683-6680

001252

Answers about your account

 **Customer Service Line** 800-234-3500
 **Customer Service Website** www.lincolnalliance.com



Summary of Your Account

Balance as of 07/01/2010	\$10,969.91
Gain/Loss	1.75
Withdrawals	514.74-
<hr/>	
Balance as of 09/30/2010	\$10,456.92
Change in Value	512.99-
▶ Vested Balance	\$10,456.92◀

Investor Information



This statement summarizes the performance of your retirement plan investments and reports contributions and other account activity for the recently ended quarter.

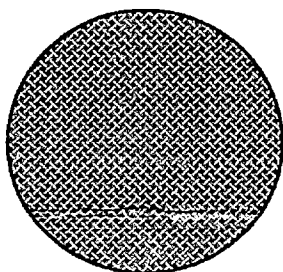
The portfolio interest rate for the Lincoln Stable Value Account for 10/1/10 - 12/31/10 is 3.00%.

More information on the backside of this statement.

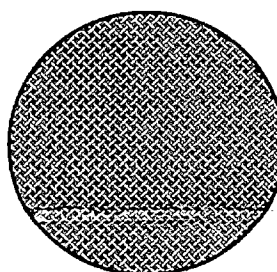
Your Fund Allocation Profile

ESOP Existing Balance Allocation

ESOP Current Investment Election



100% PITMAN STOCK



100% PITMAN STOCK

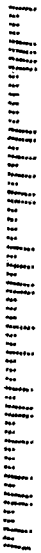




Edward Widlak
 944 Belled Kingfisher Dr S
 Palm Harbor FL 34683-6680
 HUMANE SOCIETY OF PINELLAS

HMP SERVICES HOLDING SWA 111, LLC, ET AL.
 CLAIMS PROCESSING CENTER
 c/o EPIQ BANKRUPTCY SOLUTIONS, LLC
 FDR STATION, P.O. BOX 5082
 NEW YORK, N.Y. 10150-5082

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 SAINT PETERSBURG FL
 07 DEC 2010 PM 101

