

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)

0000000016

Name of Debtor Against Which Claim is Held

Case No. of Debtor

HMP SERVICES HOLDING SUB III, LLC

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) 10****
 BJES, JOHN
 4849 FORT PECK ROAD
 NEW PORT RICHEY, FL 34655

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

Court Claim

Number: _____
 (If known)

Filed on: _____

Telephone number: *727-372-6193* 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:** \$ *320.00 PLUS INTEREST*
 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:** *STOCK IN COMPANY HMP*
 (See instruction #2 on reverse side.)

3. **Last four digits of any number by which creditor identifies debtor:** *3196*
 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: *STOCK IN HMP - 10 SHARES*

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.)

Amount entitled to priority:

\$ _____

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

FOR COURT USE ONLY

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:

FILED / RECEIVED
 DEC 30 2010
 EPIQ BANKRUPTCY SOLUTIONS, LLC

Date: *12-25-10* 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.



JOHN & JERRI BIES
4849 Ft. Peck Rd, New Port Richey, FL 34655

HAPPY
Holidays

TAMPA FL 336
BENT PETERSBURG FL



HMP Service Holding Sub III, LLC,
atd Clarvia Processing Center
c/o E P Q Bankruptcy Solutions, LLC
7 DR Station, P.O.
New York, N.Y.

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