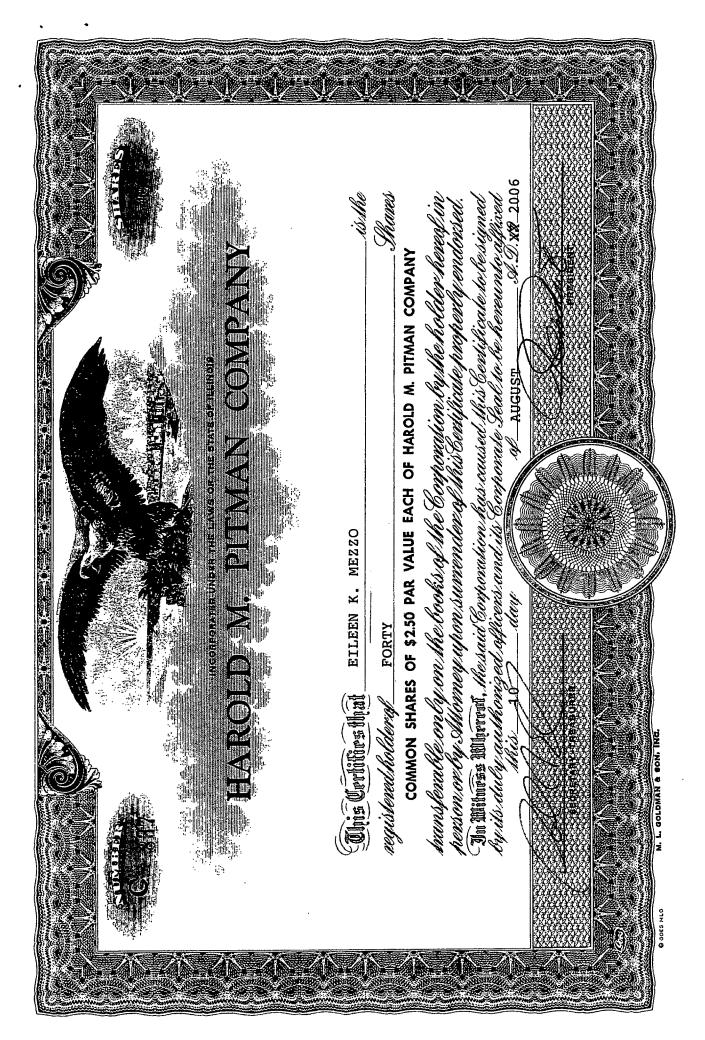
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE HMP Services Holding Sub III, LLC, et al. Claims Processing Center		PROOF OF CLAIM	
c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5082		Filed: USBC - District of Delaware HMP Services Holding, Et Al.	
New York, NY 10150-5082 Name of Debtor Against Which Claim is Held Case No. of Debtor		10-13618 (BLS) 0000000019	
Harold M. Pitman Company 10-13618 (BLS)			
NOTE: This form should not be used to make a claim for an administrative expense arising <u>after</u> 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) 71****		Check this box to indicate that this claim amends a previously filed claim.	
MEZZO, EILEEN 3201 GATES CT MORRIS PLAINS, NJ 07950		Court Claim Number: (If known)	
i		Filed on:	
Telephone number: Email Address:			
Name and address v	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.	
973-7/4-35 Telephone number:		Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ unknown 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.			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.
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.			Specify the priority of the claim:
2. Basis for Claim: 40 Stock Shares. (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	
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.)		\$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).	
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			☐ 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
1	erty or right of setoff: Real Estate Motor Vehicle	personal, family, or household use - 11 U.S.C. § 507(a)(7).	
Value of Property: \$ Annual Interest Rate % Amount of arrearage and other charges as of time case filed included in secured claim, if any:			☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Other — Specify applicable paragraph of 11
\$Basis for perfection:			U.S.C. § 507(a)().
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): \$			s
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.			FILED / RECEIVED
If the documents are not available, please explain:			JAN - 3 2011
Date:	Signature: The person filing this claim must sign it. Sign and print name a person authorized to file this claim and state address and telephone number if above. Attach copy of power of attorney, if any.	nd title, if any, of the creditor or other different from the notice address	EPIQ BANKRUPTCY
12/29/10	Gillen K. Mayo		SOLUTIONS, LLC
Penalty for presenting fraudulent claim: Eine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

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HMP Services Holding Sab TITUC et al.

Claims Prodessing Center

clo EPID Bankruptcy Solutions, LCC

FDR Station, DOBOX 5082

New York, NY 10150-508 RECEIVED

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