

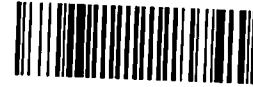
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

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

Name of Debtor Against Which Claim is Held HMP Services Holding, Inc.	Case No. of Debtor 10-13619 (BLS)
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Filed: USBC - District of Delaware
 HMP Services Holding, Et Al.
 10-13618 (BLS) 0000000037



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 (MERGE2.DBF,SCHED_NO) SCHEDULE #: 61900210*****
 GILSKI, ANTHONY C.
 778 THOMPSONS WAY
 INVERNESS, IL 60067

Telephone number: _____ Email Address: _____

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

Court Claim Number: _____
 (If known)

Filed on: _____

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.

Your claim is scheduled by the Debtor as:
\$136,008.00 UNSECURED

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

Telephone number: _____ Email Address: _____

1. Amount of Claim as of Date Case Filed: \$ 136,008
 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.

2. Basis for Claim: RETIREMENT BENEFIT PROGRAM
 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 0877
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.)

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: 01/03/11 **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.

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)(_____).

Amount entitled to priority:
\$ 136,008.00

FOR COURT USE ONLY

FILED / RECEIVED
 JAN 11 2011
 EPIQ BANKRUPTCY SOLUTIONS, LLC

GILSK
728 THOMSONS WAY
INVERNESS, FL

PLACE STICKER ON TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7009 3410 0000 3849 5605



1000



10150

U.S. POSTAGE
BALDWIN, FL
JAN 09 11
PHOENIX
00024237-05

\$6.49

First Class Mail

FWP SECURITIES HOLDINGS SUB III, LLC, ET AL. CLAIMS PROCESSING CENTER
90 EPIQ BANKRUPTCY SOLUTIONS, LLC
FOR STATION
PO BOX 5082
NEW YORK, NY
10150-5082

RECEIVED
JAN 11 2011

RETURN RECEIPT
REQUESTED

1/8/11

5082