

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)

0000000045

Name of Debtor Against Which Claim is Held

HMP Services Holding, Inc.

Case No. of Debtor

10-13619 (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.

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

HMP (MERGE2.DBF,SCHED_NO) SCHEDULE #: 619000480*****

TEERLINK, STEVEN
1889 SUMMER MEADOW CIRCLE
SANDY, UT 84093

Telephone number:

Email Address:

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

SAME AS ABOVE

Telephone number:

801-231-0690

Email Address:

steerlnk@pitman.com

1. Amount of Claim as of Date Case Filed: \$ 87,128.00

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: EMPLOYEE RETIREMENT PLAN

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 1944

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:

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.

☐ 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:
\$87,128.00 UNSECURED

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:

\$ 87,128.00

FOR COURT USE ONLY

FILED / RECEIVED

JAN 4 2011

EPIQ BANKRUPTCY SOLUTIONS, LLC

Teerlink, Steven

From: jandrews@arguscorp.net
Sent: Monday, September 27, 2010 11:13 AM
To: Teerlink, Steven
Subject: Re: Pitman Renaissance Trust

Steven,

The \$87,128 represents the amount of your claim in the Renaissance plan as an unsecured creditor. As mentioned in John Haggerty's email, the amount and timing of any payments against that claim will be based on the value the Company's remaining assets may be liquidated for as well as the timing of those liquidations. The first step is to gain agreement from you regarding the amount of the claim.

Best regards,

Jim
Sent from my Verizon Wireless BlackBerry

-----Original Message-----

From: "Teerlink, Steven" <steerlink@PITMAN.COM>
Date: Mon, 27 Sep 2010 12:09:18
To: <jandrews@arguscorp.net>
Subject: RE: Pitman Renaissance Trust

Thank you. So how soon will I see the \$87,128?

Steve

Steve Teerlink | Pitman - Agfa Graphics
District Manager | GS/Sales
T 801-231-0690

Pitman Company, 3696 West 900 South, Salt Lake City, UT, 84104, United States

-----Original Message-----

From: jandrews@arguscorp.net [mailto:jandrews@arguscorp.net]
Sent: Monday, September 27, 2010 6:20 AM
To: Teerlink, Steven
Cc: jandrews@arguscorp.net
Subject: Pitman Renaissance Trust

Dear Mr. Teerlink,

The following letter sets forth the Harold M. Pitman (the "Company") calculation for the total amount of your claim to be presented on account of your participation in the so-called SERP or Renaissance deferred compensation/retirement plan (the "SERP"). Ideally, we would like to be able to reach agreement on the total amount of your claim by September 30, 2010.

Your claim is based on three components, i) Deferrals, as defined, of your compensation and/or bonus, ii) Employer Supplemental Contributions and Discretionary Contributions, as defined, if any; and iii) an amount equal to the Change of Control Benefit ("COC Benefit"), as defined by the SERP documents.

Deferrals

As defined in the SERP documents, "to the extent Deferrals are permitted by the Administrator, a Participant shall have a vested right to the portion of his or her Account attributable to Deferrals and any earnings or losses on the investment of such Deferrals. Based on the Company's records, your total Deferral under the SERP is \$0.

Employer Supplemental Contributions and Discretionary Contributions

As defined in the SERP documents, "all non vested Employer Supplemental and/or Discretionary Contributions shall become one hundred percent (100%)

vested upon the Change of Control of the Employer..." Based on the Company's records, the total amount of Employer Supplemental Contributions and/or Discretionary Contributions credited to your Participant's Account is \$0.

Change of Control Benefit

As defined in the SERP documents, "the Participant's COC Benefit shall be equal to the product of the following calculations:

- 1) the present value of the Participant's previously targeted benefit within the Participant's RPA and provided in the Participant's Notification Letter ("Targeted Benefit"). The present value calculation will assume a) that benefit payments would have commenced at age 60, b) a six percent (6%) discount rate, and c) discount period as of the Participant's actual numerical age at the effective date of the Employer's Change of Control. This amount will be reduced by
- 2) an amount equal to the aggregate Employer Supplemental Contribution(s) within the Participant's Account at the effective date of the Employer's Change of Control, augmented by a hypothetical annual interest rate of eight percent (8%).

For purposes of this COC Benefit calculation, actual investment gains and losses (as provided for in Section 5.2 Investments, Gains and Losses) shall not be taken into consideration."

The following table summarizes the data used to calculate your COC Benefit amount.

Participant's Age at Change of Control	50
Annual Target Benefit	\$20,000.00
Number of years of benefit	10
Discount rate	6.0%
Annual Employer Discretionary Contribution	NONE
Number of annual contributions	NONE
Hypothetical annual interest rate	8.0%

The following table summarizes the COC Benefit calculation:

Present value of Target Benefit	\$87,128.48
Less: Hypothetical account balance	0
COC Benefit	\$87,128.48

Summary

Based on the Company information and calculations presented above, the total amount of your claim to be presented on account of your participation in the SERP is \$87,128.48.

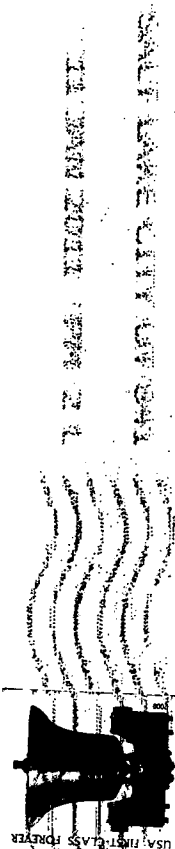
If you should have any questions regarding any amounts presented for calculating the total amount of your claim to be presented, please do not hesitate to contact me to discuss at 603-759-3874 or John Haggerty so that we may resolve and reach agreement on the total amount of your claim by the date listed above.

Very truly yours,

James Andrews
Argus Management Corp.

DISCLAIMER: THE FILTERS AND FIREWALLS NEEDED IN THE CURRENT INTERNET ENVIRONMENT MAY DELAY

PITMAN
STEVE TERBLINK
3696 West 900 South
Salt Lake City, UT 84104



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FDR STATION, PO BOX 5082
NEW YORK, NY
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