

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

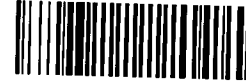
HMP Services Holding Sub III, LLC, et al. Claims Processing Center
 c/o Epiq Bankruptcy Solutions, LLC
 FDR Station, P.O. Box 5082
 New York, NY 10150-5082

PROOF OF CLAIM

Name of Debtor Against Which Claim is Held

Case No. of Debtor

Filed: USBC - District of Delaware
 HMP Services Holding, Et Al.
 10-13618 (BLS) 0000000059



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 (CREDITOR.DBF.CREDNUM)CREDNUM # 100000389*****
 SALEK, HENRY
 309 SE 5TH STREET
 DANIA, FL 33004

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

Court Claim Number: _____
 (If known)

Filed on: _____

Telephone number:

Email Address:

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

SAME

954-608-8095 ZWANDA@AOL.COM

Telephone number:

Email Address:

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.

1. **Amount of Claim as of Date Case Filed:** \$ 12,179.43
 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:** STOCK PLAN - ESOP
 (See instruction #2 on reverse side.)

3. **Last four digits of any number by which creditor identifies debtor:** 0980
 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:** \$ 12,179.43

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:
1-18-11

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.

Henry Salek

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:

\$ _____

FOR COURT USE ONLY

FILED / RECEIVED
 JAN 24 2011
 EPIQ BANKRUPTCY SOLUTIONS, LLC

PITMAN COMPANY
HUMAN RESOURCES DEPT.
721 UNION BOULEVARD
TOTOWA, NJ 07512

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 HENRY SALEK
Statement ID PIT20751

PIT20751
HENRY SALEK
309 SE 5TH ST
DANIA, FL 33004-4718

001208



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	\$12,179.43
Balance as of 09/30/2010	\$12,179.43
Change in Value	.00
▶ Vested Balance	\$12,179.43

Investor Information

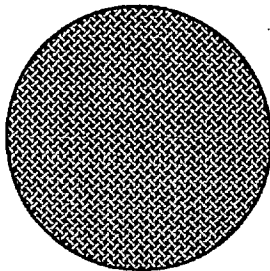
This statement summarizes the performance of your retirement plan investments and reports contributions and other account activity for the recently ended quarter.

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.

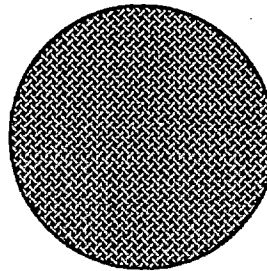
Your Fund Allocation Profile

Existing Balance Allocation



100% PITMAN STOCK

Current Investment Election



100% PITMAN STOCK



Retirement Account Statement

Employee Stock Ownership And 401(k) Plan

Statement Period 07/01/2008 THRU 09/30/2008
Participant HENRY SALEK
Statement ID PIT9977

PIT9977 007969-007969
HENRY SALEK
309 SE 5TH ST
DANIA, FL 33004-4718



Answers about your account

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

Summary of Your Account

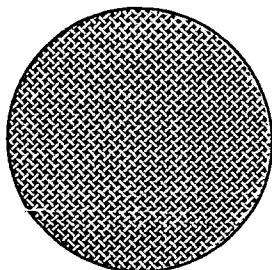
Balance as of 07/01/2008	\$14,277.37
Gain/Loss	8,971.31
Balance as of 09/30/2008	\$23,248.68
Change in Value	8,971.31
▶ Vested Balance	\$23,248.68 ◀

Investor Information

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

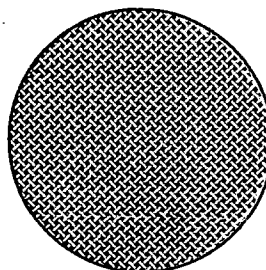
Your Fund Allocation Profile

Existing Balance Allocation



100% PITMAN STOCK

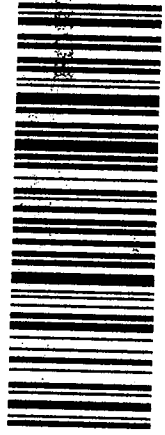
Current Investment Election



100% PITMAN STOCK

DEFINITE MAIL™

Mr. Henry Salek
309 SE 5th St.
Dania, FL 33004



7010 2780 0000 3689 3187



19

1000

TOTSO



U.S. POSTAGE
PAID
DANIA BEACH, FL
33004
JAN 19, 1999
AMOUNT

\$2.80

00051554-03



HMP Services Holdings Sub III, LLC, et al.

*Claims Processing
90 E 19th Broadway Solutions LLC
FDR Station
PO Box 5082
NYC, NY 10150-5082*

1015045082

