

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

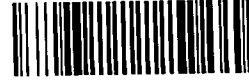
**PROOF OF CLAIM**

Name of Debtor Against Which Claim is Held  
HMP Services Holding, Inc.

Case No. of Debtor  
10-13619 (BLS)

Filed: USBC - District of Delaware  
HMP Services Holding, Et Al.  
10-13618 (BLS) 0000000077

**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 #: 619005100\*\*\*\*\*  
DEPARTMENT OF LABOR & INDUSTRIES  
P.O. BOX 34022 P.O. Box 44171  
SEATTLE, WA 98124-1022 Olympia, WA 98504

Telephone number: 360-902-4687 Email Address: Knew235@gov.wa.gov

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

**Court Claim Number:** \_\_\_\_\_  
*(If known)*

Filed on: \_\_\_\_\_

Your claim is scheduled by the Debtor as:  
\$900.11 UNSECURED

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

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: \$ 1,044.47  
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:

2. Basis for Claim: Unpaid taxes-Industrial Insurance Premiums  
(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 \$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:  
\$ 874.63

3. Last four digits of any number by which creditor identifies debtor: acct id # 3400  
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: 1/21/2011

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.  
Wendy Knee - Revenue Agent

**FOR COURT USE ONLY**

FILED / RECEIVED

JAN 31 2011

EPIQ BANKRUPTCY SOLUTIONS, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

P.O. Box 44171 360-902-4687  
Olympia, WA 98504

**ITEMIZED STATEMENT**

STATE OF WASHINGTON            )            **BANKRUPTCY 10-13619**  
  )            ss  
COUNTY OF THURSTON         )            **CHAPTER 11**

HMP SERVICES HOLDING INC.  
FDBA PITMAN COMPANY  
15 KEITH HILL ROAD, SUITE 100  
GRAFTON MA 01519

ACCOUNT ID: 959,534-00  
UBI: 601 649 941

QUARTERS	PREMIUM	PENALTY	INTEREST	PAID	BALANCE
JULY, AUG, SEPT 2003	\$849.16	\$169.84	\$25.47	\$0.00	\$1,044.47

<b>TOTAL DUE ON ACCOUNT</b>	<b>\$1,044.47</b>
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\*Payments are applied in the following order: penalty, interest and premium

Secured:  
Unsecured Non Priority: \$169.84  
Unsecured Priority: \$874.63



Washington State Department of  
Labor & Industries

PO Box 34022  
Seattle WA 98124-1022

# Workers' Compensation

## Employer's Quarterly Report

L&I Account ID:  
959,534-00

Report is for quarter ending:  
103 09-30-2010

WA Unified Business Identifier (UBI):  
601 649 941

Due date:  
10-31-2010

Questions? Call your Account Manager:  
(360) 902-4814

File online now by going to:  
QuarterlyReports.Lni.wa.gov  
Use PAC code: 60216841

**Policyholder**

PITMAN COMPANY  
ATTN GLORIA MOHAMMED  
721 UNION BLVD  
TOTOWA, NJ 07512

**No worker hours this quarter?**  
You will still need to submit a quarterly report.  
(See enclosed instruction sheet.)

Your business currently has optional workers' compensation coverage  
for owners, partners, corporate officers, or LLC members. Yes  No   
If marked yes, remember to include these hours in the class worked.

Enter total worker hours for each class to calculate the premiums you owe this quarter. Instructions are enclosed.

1 Class Code	2 Class Code Description	3 Gross Payroll	4 Worker Hours X	5 Your Rate	= 6 Premium
3701-13	Polish/Ink/Dressing Mfg	4,659	240	0.6430	154.32
4107-04	Business Machine Svc & Rpr	4,709	240	0.4156	99.74
6303-00	Sales Personnel NOC-Outside	4,960.5	1200	0.2364	283.68
6407-00	Wholesale Stores NOC	8,024	480	0.6488	311.42
Emailed to Jeanne 10/27/10					



Preparer (First, Last)  
**Gloria Mohammed**

Daytime Phone  
**(973) 890-8511**

E-mail  
**gmohamme@Pitman.com**

Signature  
**x Gloria Mohammed**

I declare under the penalty of perjury of the laws of the state of Washington (RCW 9A.72.020) that the information contained in this report and in any attachment is true and correct.

Make all checks payable to the Department of Labor & Industries.  
Payment must be postmarked by due date above.

Address or owner change?  
Please check here and complete change form.

7 Subtotal	849.16
8 Subtract any existing L&I credit	-
9 Add any previous balance you owed	-
10 Add any late penalties you owe*	-
11 Add any late interest you owe*	-
12 Amount due	\$ 849.16

\* Enclosed instructions explain our late fees.

Remit ID \$

**CHECK NOT RECEIVED**



Please let us know right away if you have any of the following changes to report. Then sign below in the signature box.

Has your business address or phone number changed?  
If so, fill out below:

New Address	100 Challenger Rd	
City	Ridgefield Park	
State	Zip	07660
New Phone	(201) 373-4186	
Effective Date	8/06/10	

This is a:  New mailing address  New location

*New Co Address*

Have you closed or sold your business, or no longer have employees?  
If so, fill out below and we will close this account:

Reason:  Business closed  Continuing business - no employees  Business sold

Effective Date of Change: \_\_\_\_\_

If available, provide new owner's information:

New Owner's Name & UBI#	Agfa Corporation	
New Owner's Phone	(201) 373-4186	
Effective Date	8/6/2010	

Signature	xqberig Mohammed	Phone Number	(973) 890-8511
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I authorize the changes shown above. *Pitman Co.*

Other changes or questions?

Contact your Account Manager at the number listed on the front of this form.

7987  
0063 11022010

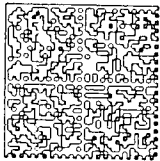


State of Washington  
 DEPARTMENT OF LABOR AND INDUSTRIES  
 PO Box 44000 Olympia WA 98504-4000  
 P101-015-000

RECEIVED

PRESORTED  
 FIRST CLASS

JAN 21 2011



UNITED STATES POSTAGE  
 \$00.46  
 PRINTED MATTERS  
 02 1M  
 0004293241  
 MAILED FROM ZIP CODE 98501  
 JAN 25 2011

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

KMXUS51 10150

