

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) 000000078

Name of Debtor Against Which Claim is Held
HMP SERVICES HOLDING, INC

Case No. of Debtor
10-13618
10-13619



THIS SPACE IS FOR COURT USE ONLY

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 # 100000332*****
MYLES, JOHN MACK
515 HEARTLAND CIRCLE
MULBERRY, FL 33860

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)

MYLES, JOHN MACK
5303 REFLECTIONS CLUB DR. # 106
TAMPA, FL 33634-6155

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.

Telephone number: **813-445-0343** Email Address: _____

1. Amount of Claim as of Date Case Filed: \$ **23,380.12**
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:

- 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) **23,380.12**
 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)(_____).

2. Basis for Claim: **RETIREMENT ACCOUNT STATEMENT (SEE COPY)**
(See instruction #2 on reverse side.)

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.)

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 entitled to priority:

\$ _____

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.)

FOR COURT USE ONLY

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:

FILED / RECEIVED
JAN 31 2011
EPIQ BANKRUPTCY SOLUTIONS, LLC

Date: **1-26-11**

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.

John Mack Myles (JOHN MACK MYLES)

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.

COPY

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 10/01/2010 THRU 12/31/2010
Participant JOHN MACK MYLES
Statement ID PIT21866

PIT21866
JOHN MACK MYLES
5303 REFLECTIONS CLUB DR APT 106
TAMPA, FL 33634-6155



002587

Answers about your account

Customer Service Line 800-234-3530
Customer Service Website www.lincolnalliance.com



Summary of Your Account

Balance as of 10/01/2010	\$23,380.12
Other	23,380.12-
Balance as of 12/31/2010	\$.00
Change in Value	23,380.12-
▶ Vested Balance	\$ 00 <

(DID NOT REC.)

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 01/01/11 - 03/31/11 is 2.76%.

More information on the backside of this statement.

Personalized Rate of Return

Plan	Statement Period
EMPLOYEE STOCK OWNER	100.00-%

** See the About Your Statement section for an explanation of the PRR

JOHN MYLES
5303 REFLECTIONS CLUB DR.
APT #106
TAMPA, FL 33634

TAMPA FL 33635
SAINT PETERSBURG FL
25 JAN 2011 PM 7:1



HMP SERVICES HOLDING SUB III, **RECEIVED**

CLAIMS PROCESSING CENTER

OF EPIC BANKRUPTCY SOLUTIONS, LLC

FDR STATION, P.O. BOX 5082

NEW YORK, NY 10150-5082

JAN 8 1 2011

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