

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) 0000000080



THIS SECTION IS FOR COURT USE ONLY

Name of Debtor Against Which Claim is Held	Case No. of Debtor
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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 # 1000000270*****
 LUNDE, RICKIE JAMES
 2446 ALDRICH AVE SE, #308
 MINNEAPOLIS, MN 55405

5430 W. 9TH ST. #205
 WINDONA, MN 55987

Telephone number: _____ Email Address: _____

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

Court Claim Number: _____
 (If known)

Filed on: _____

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

LUNDE, RICKIE JAMES
 5430 W. 9TH STREET #205
 WINDONA, MN 55987

Telephone number: 507 429 6802 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: \$ 11,415.14
 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: 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: \$ _____

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: 1/26/11

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.

Rickie James Lund

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: \$ _____

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FEB - 1 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.

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 10/01/2010 THRU 12/31/2010
Participant RICKIE JAMES LUNDE
Statement ID PIT21866

PIT21866
RICKIE JAMES LUNDE
5430 W 9TH ST
WINONA, MN 55987-1492



002658

Answers about your account

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



Summary of Your Account

Balance as of 10/01/2010	\$11,415.14
Other	11,415.14
Balance as of 12/31/2010	\$.00
Change in Value	11,415.14
▶ Vested Balance	\$.00

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.

Retirement Account Statement

Employee Stock Ownership And 401(k) Plan

Statement Period 10/01/2010 THRU 12/31/2010
Participant RICKIE JAMES LUNDE
Statement ID PIT21866

Account Activity

Account	Vested %	Opening Balance	Contributions	Gain/Loss	Withdrawals	Other	Closing Balance
PROFIT SHARING							
PROFIT SHARING	100%	16.95	.00	.00	.00	16.95-	.00
Subtotals		16.95	.00	.00	.00	16.95-	.00
ESOP							
ESOP	100%	11,398.19	.00	.00	.00	11,398.19-	.00
Subtotals		11,398.19	.00	.00	.00	11,398.19-	.00
Account Activity Totals		11,415.14	.00	.00	.00	11,415.14-	.00
						▶ Your Vested Balance	.00

Investment Fund Activity

Fund	Fund %	Opening Balance	Contributions	Gain/Loss	Withdrawals	Loans Other	Transfers	Closing Balance
PROFIT SHARING								
LNL STABLE VALUE	100%	.00	.00	.00	.00	.00	.00	.00
PITMAN STOCK	0%	16.95	.00	.00	.00	.00	.00	.00
						16.95-		
Subtotals	100%	16.95	.00	.00	.00	.00	.00	.00
						16.95-		
ESOP								
PITMAN STOCK	100%	11,398.19	.00	.00	.00	.00	.00	.00
						11,398.19-		
Subtotals	100%	11,398.19	.00	.00	.00	.00	.00	.00
						11,398.19-		
Fund Activity Totals		11,415.14	.00	.00	.00	.00	.00	.00
						11,415.14-		

Shares / Units Activity

Fund	Opening Balance	Shares/Units Purchased	Shares/Units Sold/Delivered	Shares/Units Balance	Closing Price	Closing Balance
PITMAN STOCK	382.545000	.000000	382.545000-	.000000	\$.010000	\$.00

Investment Fund Detail

Date	Activity	Account/Source	Trade Date	Amount	Shares	Share Price
12/28/2010	Unit/Share Sale	ESOP	12/28/2010	\$11,398.19-	381.977000-	\$29.840000
12/28/2010	Unit/Share Sale	PROFIT SHARING	12/28/2010	\$16.95-	.568000-	\$29.840000



FROM: Rich Lunde #205
5430 W. 9th St.
WINONA, MN.
55987

ROCHESTER MN 559
20 JAN 2011 PM 2:1



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FEB 01 2011

HMP SERVICES HOLDING SUBJECT
TO: LTC, et al CLAIMS PROCESSING CTR
CP ERIC BANKRUPTCY SOLUTIONS, INC
EDR STATION - PO BOX 5082
NEW YORK, NY 10150-5082

Ready **P**ost.

Document Mailer

10150+5082

