

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.
 S/K/A Harold M. Pitman Company

Case No. of Debtor
 10-13618 (BLS)

Filed: USBC - District of Delaware
 HMP Services Holding, Et Al.
 10-13618 (BLS) 0000000082



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 BDN POC 12-20-2010 (DTCSTOCK,DTCSTKNUM) 15****
 BROWER, ANN
 180 SOUTH WORTH STREET
 BROCKTON, MA 02401

Brower, Ann

Telephone number: (508)587-7585 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)

Same As 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: \$ 100.00 (Cost basis)
 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 purchase 10 shares on 8/15/88
 (See instruction #2 on reverse side.) (see copy of stock certificate attached)

3. Last four digits of any number by which creditor identifies debtor: Fed ID# 0980
 3a. Debtor may have scheduled account as: Anne Brower
 (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: 1/30/2011

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.

Ann Brower

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
 FEB 02 2011
 EPIQ BANKRUPTCY SOLUTIONS, LLC

COPY

SUMBERS

485

SUMBERS

10



INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS

HAROLD M. PITMAN COMPANY

Chief Officer that

Ann Brower

registered holder of

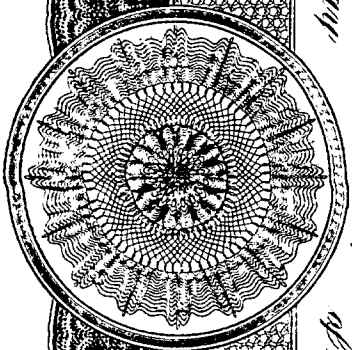
Ten

is the
Share

COMMON SHARES OF \$2.50 PAR VALUE EACH OF HAROLD M. PITMAN COMPANY

transferable only on the books of the Corporation by the holder hereof in person or by attorney upon surrender of this Certificate properly endorsed.
The Attorneys hereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed.
This 15th day of August 19 88

Harold M. Pitman



John W. Brewer
PRESIDENT

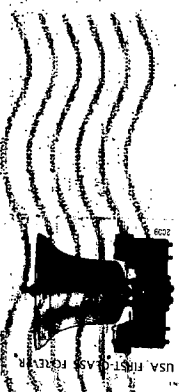
6001-1116

M. L. GOLDMAN & SON, INC., N. Y.



Ann Brower
180 Southworth St.
Brockton, MA 02301

BRACKTON MA 02301
31 JAN 2013 PM 3 L



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HMP Services Holding Sub III, LLC et al Feb 02 2011
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New York, NY
10150+5082

