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) 0000000086

Name of Debtor Against Which Claim is Held	Case No. of Debtor

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.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

HMP (CREDITOR.DBF,CREDNUM)CREDNUM # 1000000399******
SCEPANIAK, SANDRA
2747 SADDLE RIDGE LAKE DR.
MARIETTA, GA 30062

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)

Telephone number: 770-973-4676 Email Address: Scepaniak@bellsouth.net

☐ 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: $** 24,221.08
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:** ____________
(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 of Secured Claim: $__________ **Amount Unsecured: $**__________

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:

$__________

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:

FOR COURT USE ONLY

FILED / RECEIVED
FEB - 4 2011
EPIQ BANKRUPTCY SOLUTIONS, LLC

Date:

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.

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

Statement Period	10/01/2010 THRU 12/31/2010
Participant	SANDRA L SCEPANIAK
Statement ID	PIT21866

Investment Fund Detail

Date	Activity	Account/Source	Trade Date	Amount	Shares	Share Price
PITMAN STOCK						
12/28/2010	Unit/Share Sale	ESOP	12/28/2010	$23,053.28-	772.563000-	$29.840000
12/28/2010	Unit/Share Sale	PROFIT SHARING	12/28/2010	$1,166.80-	39.102000-	$29.840000

About Your Statement

** Personalized rate of return represents the individual performance of the investment(s) you have selected for your portfolio. The calculation includes activity in your account (such as contributions, exchanges among investment options, etc.) using daily share price in effect when the activity occurred. Other performance calculations shown on this statement are different. Because the timing of your investments and withdrawals will vary, your personal investment results will generally not be the same as the investment returns quoted for the individual funds you have selected. Quoted performance data represents past performance. Past performance does not guarantee nor predict future performance. Current performance may be lower or higher than the performance data quoted.

The information reported on this statement (i.e.: fund choices, allocation changes, etc.) is based on plan records through the last day of the previous quarter. If you made contributions during the quarter, compare with those reported on your check stubs. Please notify Lincoln promptly if information contained in this document is not accurate. Feel free to re-confirm any oral communications in writing to further protect your rights. Contact Lincoln Retirement at 800-234-3500 with any questions. Be sure to have your Social Security number and PIN available. Please remember that an investment's past performance does not necessarily indicate future performance.

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Please logon to www.LincolnAlliance.com to view the most current information on your investment options. You'll need your PIN to login. To request a new PIN or replace a lost one, call (800) 234-3500.

Mutual fund companies encourage investing for the long term. Certain funds may place restrictions on short-term trading and market timing by imposing redemption fees or trade restrictions. Please read the fund prospectus for details.

For more information, please consult with your Lincoln Representative.

An annual administrative fee of .12% on all assets (excluding Pitman Stock balance) will be deducted and prorated from your account quarterly. Please contact our Customer Contact Center at 800-234-3500 with any further questions.

Experience the convenience of having your fund performance, prospectuses, annual and semi-annual report links delivered to your desktop. Whenever there are updates to fund information, you will receive an email with links to the updated documents that you can view, print or save as you wish. To activate your Lincoln Financial Online Delivery account either logon to www.LincolnAlliance.com and select Lincoln Financial Online Delivery or My Web Settings, then enter your email address and confirm your electronic delivery elections OR contact our Customer Contact Center at 800-234-3500.

The stable value option may be offered as a fixed annuity through Lincoln Financial Group affiliates or as a collective trust through independent third-party trust companies.

PITMAN

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Sandi Scepaniak
2747 Saddle Ridge Lake Dr.
Marietta, GA 30062-4621

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