

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) 0000000087

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 #: 619003330*****
 OLSON, DAVID
 1607 LAKEVIEW CT
 WINTER HAVEN, FL 33881

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:
 UNSECURED
 UNLIQUIDATED
 DISPUTED
 UNDETERMINED

Telephone number: 863 557-2673 Email Address: DAVID-OLSON@EPIQ.COM

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

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: _____ Email Address: _____

1. Amount of Claim as of Date Case Filed: \$ 1,498.00
 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).
- 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:

\$ _____

2. Basis for Claim: MONEY LENDED + SERVICES PERFORMED
 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 7779
 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): \$ 250.00
 (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: 01-31-11 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.

[Handwritten Signature]

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 FEB - 4 2011
 EPIQ BANKRUPTCY SOLUTIONS, LLC

To whom it may concern; In addition to invoice for work that was never paid for at closing of Lakeland Florida Office (attached) In April of 2008 HMP owned me monies from other transactions this was not paid until October of 2008 as follows 50.000 dollars @5% interest for six months equal 1248.00. This was made aware and discussed with many offers of the company however no motion to settle was ever sent to me

A handwritten signature in black ink, appearing to be 'A. J. C.', written in a cursive style.

David Olson
1607 Lakeview ct
Winter Haven, FL 33881

TAMPA FL 335
COMMUNICATIONS FC
OT 448 2001 09 2 1



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FDR Station P.O. box 5082
New York, N.Y. 10150-5082

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