

**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

<b>Name of Debtor Against Which Claim is Held</b> HMP Services Holding, Inc.	<b>Case No. of Debtor</b> 10-13619 (BLS)
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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 (MERGE2.DBF,SCHED\_NO) SCHEDULE #: 619000550\*\*\*\*\*  
 WILLIS OF NEW YORK  
 PO BOX 4357  
 NEW YORK, NY 10249

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

c/o Heather Nzekyboron  
 26 Century Blvd, Ste 101  
 Nashville TN 37214  
 Telephone number: 615-922-3446 Email Address: heather.nzekyboron@willis.com

1. **Amount of Claim as of Date Case Filed:** \$ 0.00  
 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.

2. **Basis for Claim:** Services provided  
 (See instruction #2 on reverse side.)

3. **Last four digits of any number by which creditor identifies debtor:** 2490  
 3a. **Debtor may have scheduled account as:** correct creditor in attached claim  
 (See instruction #3a on reverse side.) is Willis of Illinois, Inc.

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.)

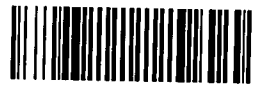
7. **Credits:** The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  
 8. **Documents:** Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, 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: See Willis of Illinois, Inc POC

**Date:** 2/4/11  
**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.  
Heather D.B. Nzekyboron  
Assistant Secretary

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.

**PROOF OF CLAIM**

Filed: USBC - District of Delaware  
 HMP Services Holding, Et Al.  
 10-13618 (BLS) 000000091




**THIS SPACE IS FOR COURT USE ONLY**

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

**Court Claim Number:** \_\_\_\_\_  
 (If known)

**Filed on:** \_\_\_\_\_

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. See attached  
 Check this box if you are the debtor or trustee in this case.



Your claim is scheduled by the Debtor as:  
**\$144,771.00 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:**  
 \$ \_\_\_\_\_

**FOR COURT USE ONLY**

FILED / RECEIVED  
 FEB - 7 2011  
 EPIQ BANKRUPTCY SOLUTIONS, LLC

# Willis

VIA OVERNIGHT MAIL

Telephone: (615)872-3000  
Fax: (615)872-3037  
Website: www.willis.com

February 4, 2011

Direct Line: (615)872-3446  
Direct Fax: (615)872-3037  
E-mail: naaktgeboren\_he@willis.com

HMP Services Holding Sub III, LLC, et al. Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC  
757 Third Avenue, 3<sup>rd</sup> Floor  
New York, NY 10017

**RE: HMP Services Holding Sub III, LLC, et al.,  
Case No.: 10-13619 (BLS)  
Willis of New York, Inc. Proof of Claim for HMP Services Holding,  
Inc. f/k/a Harold M. Pitman Company**

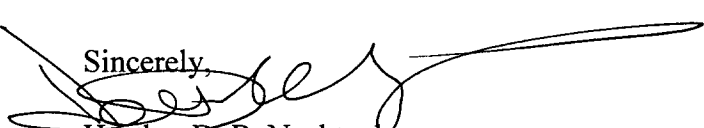
To Whom It May Concern:

Enclosed please find the completed above-referenced Proof of Claim submitted in compliance with the United States Bankruptcy Court for the District of Delaware. As the claim is for \$0.00 no supporting documents are enclosed. Please see the Proof of Claim for Willis of Illinois, Inc. with its correspondence and supporting documents for a complete explanation.

Once the Proof of Claim has been filed, please stamp the duplicate copy with the filing date and return it to the attention of the undersigned as evidence of filing. I have enclosed a self-addressed stamped envelope for this purpose.

Should you have any questions, please feel free to contact me at (615) 872-3446. Thank you for your assistance in this matter.

Sincerely,



Heather D. B. Naaktgeboren  
Assistant Secretary  
Willis of New York, Inc.

Enclosures

Willis North America, Inc.  
26 Century Boulevard  
Nashville, TN 37214

UPS CampussShip: View/Print Label

1. **Print the label(s):** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. **Fold the printed label at the solid line below.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. GETTING YOUR SHIPMENT TO UPS

**Customers without a Daily Pickup**  
 Schedule a same day or future day Pickup to have a UPS driver pickup all your CampussShip packages.  
 Hand the package to any UPS driver in your area.  
 Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services<sup>SM</sup> (including via Ground) are also accepted at Drop Boxes.  
 To find the location nearest you, please visit the Resources area of CampussShip and select UPS Locations.

**Customers with a Daily Pickup**  
 Your driver will pickup your shipment(s) as usual.

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LEIGH ANN KERSEY WILLIS, TN, NASHVILLE 26 CENTURY BLVD NASHVILLE, TN 37214		0.0 LBS LTR	1 OF 1
<b>SHIP TO:</b> C/O EPIQ BANKRUPTCY SOLUTIONS, LLC HMP SERVICES HOLDING SUB III, LLC 757 THIRD AVENUE, 3RD FLOOR NEW YORK NY 10017-2013			
			
<b>NY 100 7-02</b>			
<b>UPS NEXT DAY AIR 1</b> TRACKING #: 1Z 311 647 01 9084 2989			
			
BILLING: P/P Sender BCU/PBU -or- 3rd Party BCU/PBU:: 17001763 CS 13.0.22 WXP/E70 12 0A 01/2011			
			

**FILED / RECEIVED**  
 FEB 07 2011  
 EPIQ BANKRUPTCY SOLUTIONS, LLC