

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 Sub III LLC
Case No. of Debtor: 10-13618 (BLS)

Filed: USBC - District of Delaware
HMP Services Holding, Et Al.
10-13618 (BLS) 000000104

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 # 100000460*****
TIMIAN, COLIN
1404 GULFWOOD COURT
BRANDON, FL 33510

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

Court Claim Number: _____
(If known)

Filed on: _____

ctimian@pitman.com

Telephone number: 813-781-3380 Email Address: _____

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

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: \$ 35,018.08
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: Employee Stock
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 6304
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:

\$ 35,018.08

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.

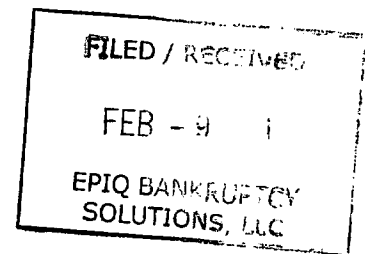
8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. You may also attach a summary. Attach redacted copies of documents providing 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: 2/7/11
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.

Colin Timian DI Specialist

FOR COURT USE ONLY



Retirement Account Statement

Employee Stock Ownership And 401(k) Plan

Statement Period 08/31/2010 THRU 09/02/2010
Participant COLIN TIMIAN
Statement ID PIT

COLIN TIMIAN
 1404 GULFWOOD COURT
 BRANDON, FL 33510

Answers about your account

Customer Service Line 800-234-3500
 Customer Service Website www.lincolnalliance.com
 ELECT DEFERRALS 5%

Summary of Your Account

Balance as of 08/31/2010	\$35,018.08
Balance as of 09/02/2010	\$35,018.08
Change in Value	\$.00
Vested Balance	\$35,018.08

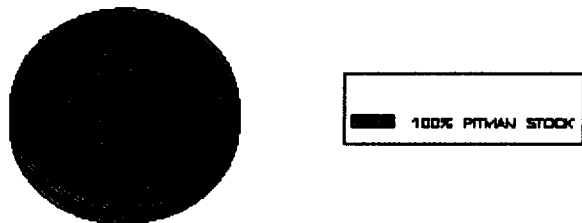
Investor Information

This statement summarizes the performance of your retirement plan investments and reports contributions and other account activity for the recently ended quarter.

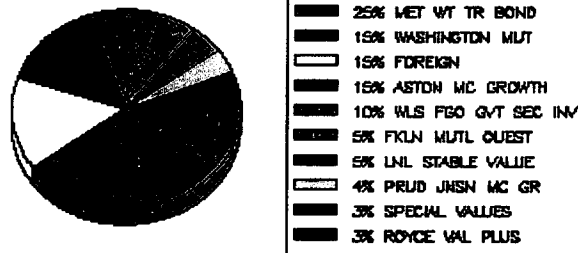
The portfolio interest rate for the Lincoln Stable Value Account for 7/1/10 - 9/30/10 is 3.27%.

Your Fund Allocation Profile

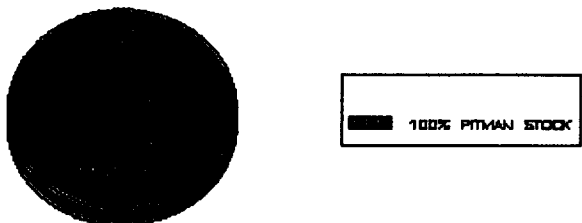
PROFIT SHARING Existing Balance Allocation



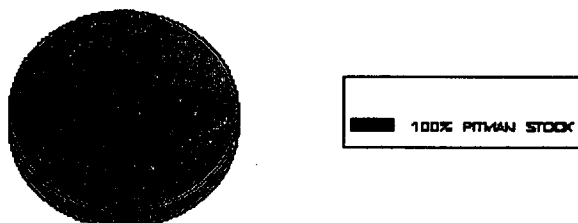
PROFIT SHARING Current Investment Election



ESOP Existing Balance Allocation



ESOP Current Investment Election



Personal Rate of Return

Plan	Statement Period
EMPLOYEE STOCK OWNER	.00 %

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0.5 LBS LTR 1 OF 1
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DATE: 07 FEB 2011

SHIP EPIO BANKRUPTCY SOLUTIONS LLC
TO: HMP SVR HOLDING SUB III, LLC CLAIMS
FL 3
757 3RD AVE

NEW YORK NY 10017-2013



NY 100 7-02



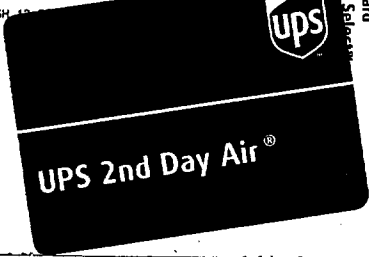
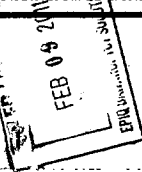
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