

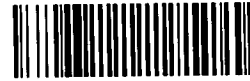
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE  
 HMP Services Holding Sub III, LLC, et al. Claims Processing Center  
 c/o Epiq Bankruptcy Solutions, LLC  
 FDR Station, P.O. Box 5082  
 New York, NY 10150-5082

**PROOF OF CLAIM**

Filed: USBC - District of Delaware  
 HMP Services Holding, Et Al.  
 10-13618 (BLS) 0000000114

Name of Debtor Against Which Claim is Held  
 HMP Services Holding, Inc.

Case No. of Debtor  
 10-13619 (BLS)



**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**

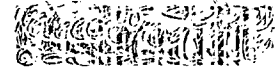
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

HMP (MERGE2.DBF,SCHED\_NO) SCHEDULE #: 619000070\*\*\*\*\*  
 BUDWIT, BARRY  
 105 YORK STREET  
 CANTON, MA 02021

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

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

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



*Unsecured*

Telephone number: \_\_\_\_\_ 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: \$ 110,364.61  
 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:

2. Basis for Claim: EMPLOYEE STOCK OWNERSHIP VESTED BALANCE.  
 (See instruction #2 on reverse side.)

- 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)(\_\_\_\_\_).

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: \$ \_\_\_\_\_

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.

**FOR COURT USE ONLY**

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.**

FILED / RECEIVED

FEB 10 2011

EPIQ BANKRUPTCY SOLUTIONS, LLC

If the documents are not available, please explain:

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

**4. Secured Claim:** Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).** If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9)**  
State the value of any goods received by the debtor within 20 days before the date of commencement in which the goods have been sold to the debtor in the ordinary course of the debtor's business.

**7. Credits:** An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**8. Documents:** Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:** The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file the claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**Name of Debtor, and Case Number:** Fill in the name of the Debtor in the bankruptcy case, and the bankruptcy case number. 10-13618 HMP Services Holding Sub III, LLC  
10-13619 HMP Services Holding, Inc.

If your Claim is against multiple Debtors, complete a separate form for each Debtor.  
**Creditor's Name and Address:** Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).  
**1. Amount of Claim as of Date Case Filed:** State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:** State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.  
**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:** State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.  
**3a. Debtor May Have Scheduled Account As:** Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**Debtor** is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor** is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

**Claim** is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim** is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

HMP Services Holding Sub III, LLC, et al.  
Claims Processing Center  
c/o Epig Bankruptcy Solutions, LLC  
FDR Station, P.O. Box 5082  
New York, NY 10150-5082

**Secured Claim Under 11 U.S.C. §506(a)**  
A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).  
**Unsecured Claim** An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.  
**Claim Entitled to Priority Under 11 U.S.C. §507(a)** Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.  
**Redacted** A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.  
**Evidence of Perfection** Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**Offers to Purchase a Claim** Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

**INFORMATION**

**Acknowledgment of Filing of Claim** To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://chapter11.epigsystems.com/hmp>) to view your filed proof of claim.

**Offers to Purchase a Claim** Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

PITMAN COMPANY  
HUMAN RESOURCES DEPT.  
721 UNION BOULEVARD  
TOTOWA, NJ 07512

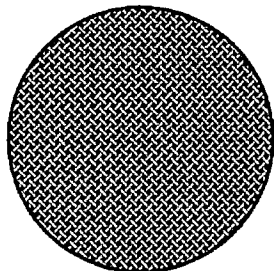
## Retirement Account Statement

### Employee Stock Ownership And 401(k) Plan

Statement Period 07/01/2010 THRU 09/30/2010  
Participant BARRY BUDWIT  
Statement ID PIT20751

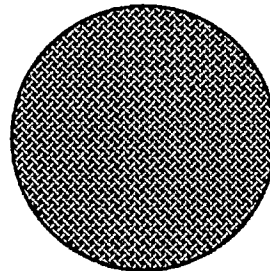
## Your Fund Allocation Profile

### ESOP Existing Balance Allocation



100% PITMAN STOCK

### ESOP Current Investment Election



100% PITMAN STOCK

## Personalized Rate of Return

Plan Statement Period  
EMPLOYEE STOCK OWNER 5.58-%

\*\* See the About Your Statement section for an explanation of the PRR.

## Account Activity

Account	Vested %	Opening Balance	Contributions	Gain/Loss Dividends	Withdrawals	Closing Balance
<b>401(k)</b>						
ELECT DEFERRALS	100%	187,913.65	.00	2,416.66 421.86	190,752.17-	.00
COMPANY MATCH	100%	14,735.86	.00	163.16 26.52	14,925.54-	.00
ROLLOVER	100%	.18	.00	.00	.18-	.00
<b>Subtotals</b>		<b>202,649.69</b>	<b>.00</b>	<b>2,579.82</b> <b>448.38</b>	<b>205,677.89-</b>	<b>.00</b>
<b>PROFIT SHARING</b>						
PROFIT SHARING	100%	104,958.86	.00	2,050.88 132.15	102,691.16-	4,450.73
<b>Subtotals</b>		<b>104,958.86</b>	<b>.00</b>	<b>2,050.88</b> <b>132.15</b>	<b>102,691.16-</b>	<b>4,450.73</b>
<b>ESOP</b>						
ESOP	100%	110,364.61	.00	.00	.00	110,364.61
<b>Subtotals</b>		<b>110,364.61</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>	<b>110,364.61</b>
<b>Account Activity Totals</b>		<b>417,973.16</b>	<b>.00</b>	<b>4,630.70</b> <b>580.53</b>	<b>308,369.05-</b>	<b>114,815.34</b>

▶ Your Vested Balance 114,815.34



# Retirement Account Statement

## Employee Stock Ownership And 401(k) Plan

**DO NOT SEND CORRESPONDENCE TO ADDRESS ABOVE.**  
 Please send all written correspondence to the mailing  
 address on the last page of your statement.

Statement Period 07/01/2010 THRU 09/30/2010  
 Participant BARRY BUDWIT  
 Statement ID PIT20751

PIT20751  
 BARRY BUDWIT  
 105 YORK ST  
 CANTON, MA 02021-2418

015585



### Answers about your account

Customer Service Line 800-234-3500  
 Customer Service Website [www.lincolnalliance.com](http://www.lincolnalliance.com)

ELECT DEFERRALS

0%

## Summary of Your Account

Balance as of 07/01/2010	<b>\$417,973.16</b>
Gain/Loss	4,630.70
Dividends	580.53
Withdrawals	<b>308,369.05-</b>
<hr/>	
Balance as of 09/30/2010	<b>\$114,815.34</b>
Change in Value	303,157.82-
▶ Vested Balance	<b>\$114,815.34</b> ◀

## Investor Information

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

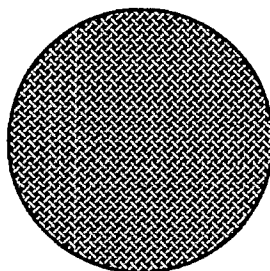
The portfolio interest rate for the Lincoln Stable Value Account for 10/1/10 - 12/31/10 is 3.00%.

More information on the backside of this statement.



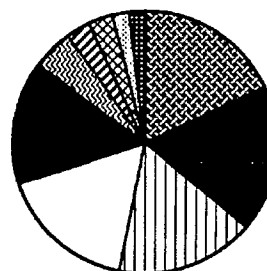
## Your Fund Allocation Profile

### PROFIT SHARING Existing Balance Allocation



100% PITMAN STOCK

### PROFIT SHARING Current Investment Election



- 18% WASHINGTON MUT
- 18% LNL STABLE VALUE
- 17% WLS FGO GVT SEC INV
- 17% ASTON MC GROWTH
- 15% MET WT TR BOND
- 5% FOREIGN
- 3% FKLN MUTL QUEST
- 3% SPECIAL VALUES
- 2% PRUD JNSN MC GR
- 2% ROYCE VAL PLUS



**FedEx**® US Airbill

8595 2654 3894

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**SB OGSA**

100172  
NY-US  
EWRS



1 From  
Date: 2/3/11  
Sender's Name: BARRY BOULT  
Company: CALTEX

2 Your Internal Billing Reference  
Address: 105 Years ST  
City: CALTEX

3 To  
Recipient's Name: HMP SERVICES TRUCK STORE  
SUB III, LLC, et al. Claims Processing Center  
Company: EPIC CONSULTING SOLUTIONS LLC

Recipient's Address: 957 Fed Av-Enl - 3rd Floor  
City: New York  
State: NY ZIP: 10017

4 Express Package Service  
 1 Standard Overnight  
 2 Priority Overnight  
 3 **2Day**  
 4 **3Day**  
 5 International Priority

5 Rekeying  
 1 Standard  
 2 FedEx®  
 3 FedEx®  
 4 Tube  
 1 Other

6 Special Handling  
 1 HND  
 2 HND  
 3 HND  
 4 HND  
 5 HND  
 6 HND  
 7 HND  
 8 HND  
 9 HND  
 0 HND

7 Payment Method  
 1 Cash  
 2 Receipt  
 3 Third Party  
 4 Credit Card  
 5 Cash/Check

8 NEW Residential Delivery Signature Options  
 1 No Signature  
 2 Direct Signature  
 3 Indirect Signature  
 4 Signature Confirmation

9 Packages over 100 lbs.  
 1 FedEx 2Day Freight  
 2 FedEx 3Day Freight

10 Additional Services  
 1 HND  
 2 HND  
 3 HND  
 4 HND  
 5 HND  
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Insert  
airbill  
here



8595 2654 3894

