

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

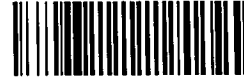
PROOF OF CLAIM

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) 0000000117

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.



NLY

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

HMP (MERGE2.DBF,SCHED_NO) SCHEDULE #: 619000770*****
 BEAULAC, ROBERT
 246 PINE ORCHARD ROAD
 BRANFORD, CT 06405

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

(860) 997-4717
 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:** \$ 85,966.69
 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:** Employment Contract
 (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: _____

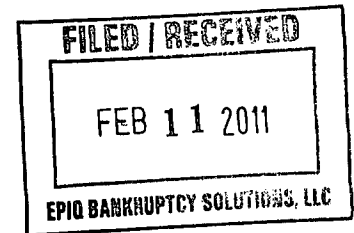
Amount entitled to priority:

\$ 11,725.00

6. **Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9):** \$ _____
 (See instruction #6 on reverse side.)

FOR COURT USE ONLY

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: 2/10/11
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.

MICHAEL D. PARKER
ATTORNEY AND COUNSELOR
1391 MAIN STREET, SUITE 610
SPRINGFIELD, MASSACHUSETTS 01103

JEFFREY R. LINDEQUIST

TELEPHONE (413) 736-4101

TELECOPIER (413) 736-4582

February 10, 2011

VIA EXPRESS MAIL
EM 575593014 US

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, New York 10150-5082

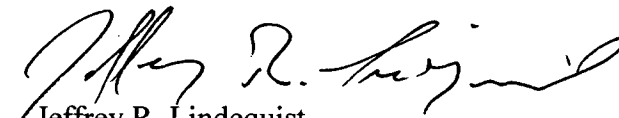
In re: HMP SERVICES HOLDING, INC., Case No. 10-13619 (BLS)

To Whom It May Concern:

With respect to Robert Beaulac, enclosed please find the completed Proof of Claim form.

Please process the enclosed in your usual fashion.

Sincerely,


Jeffrey R. Lindequist

JRL/jac

Enclosures



February 4, 2009

Mr. Robert Beaulac
Berkshire Westwood
P. O. Box 1399
Holyoke, MA 01041-1399

*Original
Amended Feb
year one) (150,000
+ 5% commission
Feb 4th
to (100,000 for
year 2)
2YR DEAL*

Dear Bob:

It has been a pleasure meeting with you over the past several days, and we truly look forward to working with you as part of the Pitman Company team here in New England.

The purpose of this letter is to summarize the business opportunity you and I have been discussing, bring clarity to the projected sales and gross margin dollars involved and present to you the employment offer the Pitman Company can provide.

Business that can be converted (annual):

<u>Revenue</u>	<u>Gross Profit Dollars</u>
\$9,350,000	\$2,125,000

Based on the above figures, as agreed upon projections of revenue and gross margin dollars that can be converted to Pitman, we extend the following employment offer:

<u>Robert Beaulac</u> Sales Representative	<u>Salary</u> \$150,000 (2 Yr Term)	<i>160</i> \$500/CAR Health Benefits, Reasonable Expense Allowance, 80% Gas Reimbursement, Car Insurance, Telephone Expenses
5% Commission Rate on GP\$ (paid monthly)		
(Example: \$1,400,000 x .05% = <u>\$ 70,000</u> \$220,000)		

<u>Craig Plante</u> Sales Representative	<u>Salary</u> \$ 75,000 (2 Yr Term)	Health Benefits, Reasonable Expense Allowance, 80% Gas Reimbursement, Car Insurance, Telephone Expenses
5% Commission Rate on GP\$ (paid monthly)		
(Example: \$725,000 x .05% = <u>\$ 36,250</u> \$111,250)		

<u>Matt Polinski</u> Customer Service Rep	<u>Salary</u> \$ 50,000	Health Benefits, Telephone Expenses
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(It is understood that Matt Polinski has \$400,000 in sales and \$100,000 in gross profit in his own accounts)

Compensation Plan

Business that can be converted (annual):

Revenue: \$6,000,000

Gross Profit Dollars: \$1,625,000

Based on the above figures, as agreed upon projections of revenue and gross profit dollars that can be converted to Pitman Company, we extend the following employment offer and compensation package:

	<u>Salary (2 Year Term)</u>
Robert Beaulac	Year 1: \$160,000 Annual
Sales Representative	Year 2: \$150,000 Annual

5% commission rate on gross profit dollars (paid monthly)

Company Car

A monthly allowance of \$500 will be paid to cover the cost of leasing a vehicle for company business usage. It will be your responsibility to secure insurance with \$250,000/\$500,000 liability coverage. You will be reimbursed for the cost of this policy up to the plan limits. (Auto insurance will be reimbursed \$1,500 cap annual.). A 2-1/2 cents per mile allowance will be paid to cover routine maintenance. Gas reimbursement is 80% of actual.

2/mc
10th OF MONTH

Expenses

Reasonable expenses relating to company business will be covered on your personal credit cards (including travel, lodging, meals, entertainment). All expenses are subject to District Manager approval. You will be responsible for submitting monthly expense reports through Pitman's On-Line Expense Reporting System prior to reimbursement along with applicable expense receipts and documentation.

Monthly Amount: \$450.00

Computer

A computer reimbursement will be provided for your business use under the Pitman allowance program.

\$1,800 Laptop PC reimbursement over 36 months

\$1,200 Desktop PC reimbursement over 36 months

Robert Beaulac
Employment Offer
Page 3

Telephone Expense

A monthly allowance for business use of telephone will be provided for (approximately \$225.00 per month).

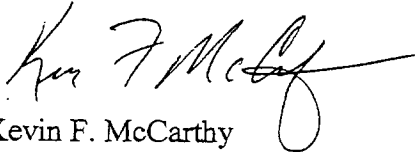
Benefits

Medical and Dental Plan (effective April 1, 2009) ²⁹⁶
Discretionary matching 401K Plan (employer 25% match of employee's first 6% of contributions)
(See attached for further descriptions.)

Once again, we look forward to having you on the Pitman Team! Please acknowledge acceptance of this offer by signing and dating below.


Sincerely,

PITMAN COMPANY



Kevin F. McCarthy
New England District Manager

KFM/tf

Accepted By 
Robert Beaulac

Date 2/6/09

NOTE: It is PITMAN'S understanding that you have no contractual obligations, restrictive covenants, non-compete or confidentiality agreements with your previous employers that prevent your full implementation of duties and responsibilities with the PITMAN COMPANY. Any obligations that are made known at a later date (and not currently known) could result in this agreement being re-negotiated or voided without penalty.



March 12, 2010

Mr. Robert Beaulac
246 Pine Orchard Road
Branford, CT 06405

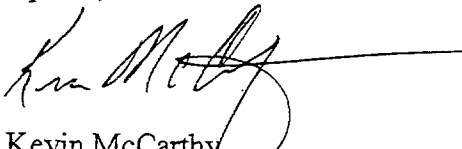
Dear Bob:

As you are aware, the terms of your employment and compensation with Pitman Company are contained in the written offer of employment dated February 6, 2009. Specifically, the agreement provides the following material terms:

- As part of your responsibilities, you are required to “maintain and convert your existing account base and develop opportunities for growth within these accounts;”
- Your compensation plan is specifically based on the anticipated conversion of your pre-existing accounts in the annual amount of revenue of \$6,000,000 and gross profit dollars of \$1,625,000;
- “Based on the above figures, as agreed upon projections of revenue and gross profit dollars that can be converted to Pitman Company, we extend the following employment offer and compensation package: Year 1: \$160,000 Year 2: \$150,000”

As has been communicated to you several times throughout your first year of employment, you did not generate the revenue and gross profits as agreed to and required by the terms of your employment offer. Specifically, for the period from April 1, 2009 to February 28, 2010, your generated sales are \$1,546,303.57 and gross profits generated are \$285,071.46. Thus, your projected sales are \$4,313,123.38 short of your required sales goal. Likewise, your projected gross profit dollars will fall short of your goal by \$1,314,012.95.

As discussed above, and as specifically stated in your employment offer dated February 6, 2009, part of your responsibilities are to “maintain and convert your existing account base and develop opportunities for growth within these accounts” and your compensation offer was specifically based on the aforementioned agreed-upon projections of revenue and gross profit. Thus, as you did not complete the duties as assigned to you and generate the revenue and profits as agreed, your annual salary will be reduced to \$100,000.00 effective April 1, 2010.


Kevin McCarthy
New England District Manager

CALL 1-800-222-1811 FOR PICKUP

PAGES

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\$0.00
00069356-03



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DOMESTIC USE ONLY

Mailing Label
Label 1114 April 2004

FILED / RECEIVED
FEB 11 2011



Post Office To Addressee

ORIGIN POSTAL SERVICE USE ONLY

PO ZIP Code: 01161

Date Accepted: 2/10/11

Time Accepted: 5:10 PM

Day of Delivery: 1st 2nd 3rd

Scheduled Date of Delivery: 2/11/11

Scheduled Time of Delivery: 9 AM 11 AM 1 PM 3 PM 5 PM

Flat Rate or Weight (3)

Total Postage & Fees: \$18.50

Acceptance Emp. Initials: 3

CUSTOMER USE ONLY
METHOD OF PAYMENT: X011048
Express Mail Corporate Acct. No.

DELIVERY POSTAL SERVICE USE ONLY

Delivery Attempt: 2

Delivery Date: 11/11/11

Delivery Time: 11:00 AM

Employee Signature: [Signature]

Customer Signature: [Signature]

Waiver of Signature: (Signature required for delivery to residence or business location and indicates that delivery employee judges that article can be left without signature)

NO DELIVERY: (Washed Holiday)

FROM: (PLEASE PRINT)

MICHAEL D PARKER
1391 MAIN ST
SPRINGFIELD MA 01103-1649

FILED / RECEIVED
FEB 11 2011

Beaulieu

TO: (PLEASE PRINT)

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

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