Procedure Proc	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		
Check this board of Claim Englished to Priority and address where payment should be sent (if different from above) Check this board for the sent of the sent o	Name of Debtor Against Which Claim is Held Case No. of Debtor		Filed: USBC - District of Delaware	
Note and address to eccuminate and the control of t				
different from Cricilizer) MARIZAY, BRYAN 134 CREENTED DRF CREDNIANCREDNUM & 1000003129***** MARIZAY, BRYAN 134 CREENTED DRF CREDNIANCREDNUM & 1000003129**** MARIZAY, BRYAN 134 CREENTED DRF CREDNIANCREDNUM & 1000003129**** Name and address where payment should be sent (if different from above) Email Address: Caset Makes of your are sover that sport of the claims as off Date Case Files : \$ 370 - 1	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		JLY	
Inter CREDITOR DR CREDINGCREDNUM # 10000003399*** INTERPRETATION INT				
Secure Claim Secu	HMP (CREDITOR.DBF,CREDNUM)CREDNUM # 1000000329******		.)	
Check this box of June and address where payment should be sent (If different from above) Check this box if you are aware and address where payment should be sent (If different from above) Check this box if you are aware and address where payment should be sent (If different from above) Check this box if you are aware and address where payment should be sent (If different from above) Check this box if you are aware to be deliver or trustee in this case. Check this box if chain middle apart of your claims is caused. Complete them 4 below; however, If all of your of your claims is caused. Complete them 4 below; however, If all of your of your claims is caused to priority, complete item 5. If all or part of your claims is caused to priority, complete item 5. If all or part of your claims is caused to priority, complete item 5. If all or part of your claims is caused to priority, complete item 5. If all or part of your claims is caused to priority, complete item 5. If all or part of your claims is caused to priority, complete item 6. Check this box if chain includes an area of the claim is caused to priority, complete item 6. Check this box if chain includes an area of the claims (and the part of your claims is caused to priority, complete item 6. Check this box if chain includes an area of the claims (and your claims is caused to priority, complete item 6. Check this box if chain includes an area of the claims (and your claims is caused to priority in the claim (and your claims is caused to priority in the part of your claims is caused to priority in the part of your claims is caused to priority in the part of your claims is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff. Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested having the priority or light of setoff. Check the appropriate box if your claims is accused by a lien on proper	154 GREENFIELD DR.			
Cache date where payment should be sent (if different from above) Cache date where payment should be sent (if different from above) Cache date with the sent fly one or before the retenting to your claim. Althous copy of amening prings principal. Cache date was payment and address where payment should be sent (if different from above) Cache date was payment and a Althous copy of amening prings principal. Cache date was fly one or the deferrer truste in their cache copy of amening prings principal. Cache date was payment and a Althous copy of amening prings principal. Cache date was payment and a Althous copy of amening prings principal. Cache date was payment and a Althous power to the principal amount of Claim as of Date Case Flied: \$ \$70 Amount of Claim as of Date Case Flied: \$ \$70 Amount of Source claim is accured, complete flem a Helow, however, if all of your claim is unsecured, do not complete flem of your claim is accured, complete flem of Source claim. Cache date was payment and the flight of payment and the flight of the following cache cache as the flight of any number by which creditor identifies debtor: 70 YD	BLOOMINGDALE, IL 60108			
Check this box if you are available proof of Claim as of Date Case Filed: \$ 370				
Telephone number: Casek diss loss if your set as source testing set your data. Anatobergy of statement giving particulars.	630,2052898 Vumalecheer44@yahoa	(d)		
that anome tech has filed a poorf calian. Attached calian strained to proceed and the debtor of trustee in this case. Telephone number:	Telephone number: Email Address:	<u> </u>		
Telephone number: Email Address: Secured Claims Secured Complete tem 4 below, however, if all of your claim is unsecured, do not all all or part of your claim is counted to priority, complete tem 5. If all or part of your claim is neutraled to priority, complete tem 5. If all or part of your claim is neutraled to priority, complete tem 5. If all or part of your claim is neutraled to priority, complete tem 5. If all or part of your claim is neutraled to priority, complete tem 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. \$503(b)(9), complete tem 6. Specify the priority of the claim. Artach itemized statement of interest or additional charges. Basis for Claim: E50P PIPMON Co Stock Sec instruction #20 on reverse side. Sec instruction #20 on reverse side. 3. Last four digits of any number by which creditor identifies debtor: 70 YO Sa. Debtor may have scheduled account as: (See instruction #20 on reverse side.) Secured Claim (See instruction #20 on reverse side.) Secured Claim (See instruction #40 on reverse side.) Secured Secured Claim (See instruction #40 on secured	Name and address where payment should be sent (if different from above)	that anyone else has filed a proof of claim relating to your claim. Attach		
1. Amount of Claim as of Date Case Filed: \$\frac{3.70^{-}}{1.81 or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete Item 4. The part of your claim is secured complete Item 4 below; however, if all of your claim is unsecured, do not complete Item 4. The part of your claim is entitled to priority, complete Item 5. The part of your claim is entitled to priority, complete Item 6. The part of your claim is a child to priority, complete Item 6. The part of your claim is entitled to priority, complete Item 6. The part of your claim is entitled to priority, complete Item 6. The part of your claim is entitled to priority, complete Item 6. The part of your claim is entitled to priority, complete Item 6. The part of your claim is entitled to priority of the claim. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Adata the interest or additional charges. Basis for Claim: \$\frac{1}{3}\$. Detail of part of 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				
1. Amount of Claim as of Date Case Flied: \$\frac{1}{2} \frac{1}{2}		and of a doctor in any other.	5. Amount of Claim Entitled to Priority	
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. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. \$503(b)(9), complete Item 6. Attach itemized statement of interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Basis for Claim: BOOP PIFMAN Co Stack See instruction #2 on reverse side. 3. Last four digits of any number by which creditor identifies debtor: 3. Last four digits of any number by which creditor identifies debtor: 3. Last four digits of any number by which creditor identifies debtor: 3. Lest four digits of any number by which creditor identifies debtor: 3. Lest four digits of any number by which creditor identifies debtor: 3. Lest four digits of any number by which creditor identifies debtor: 3. Lest four digits of any number by which creditor identifies debtor: 3. Lest four digits of any number by which creditor identifies debtor: 3. Lest four digits of any number by which creditor identifies debtor: 3. Lest four digits of any number by which creditor identifies debtor: 4. Secured Claim (See instruction #4 on reverse side.) 4. Secured Claim (See instruction #4 on reverse side.) Describe: Value of Property: Amount of Secured Claim: Amount of Amount of all payments on this claim has been credited for the purpose of making this proof of claim. B. 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, mortages and security agreements. You may also attach a summary. Attach redacted copies of documents provi	1. Amount of Claim as of Date Case Filed: \$ 570 If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not		under 11 U.S.C. §507(a). If any portion of	
Check this box if claim includes interest or other charges in addition to the principal amount of the claim.	complete item 4. If all or part of your claim is entitled to priority complete Item 5.		categories, check the box and state the	
Attach itemized statement of interest or additional charges. 2. Basis for Claim: ESOP PI man Co Stack (See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: 70 40 3a. Debtor may have scheduled account as: (See instruction #3 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 arrarange and other charges as of time case filed included in secured claim, if any: Amount of arrarange and other charges as of time case filed included in secured claim, if any: Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. \$503(b)(9): \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
See instruction #2 on reverse side.	Attach itemized statement of interest or additional charges.		☐ Domestic support obligations under 11	
3. Last four digits of any number by which creditor identifies debtor: 70 40 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: S			U.S.C. § 507(a)(1)(A) or (a)(1)(B).	
3a. Debtor may have scheduled account as: (See instruction #4 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 Annual Interest Rate Annual Interest Rate Annual of arrearage and other charges as of time case filed included in secured claim, if any: Amount of arrearage and other charges as of time case filed included in secured claim, if any: Amount of Secured Claim: Annual Interest Rate Annual	3. Last four digits of any number by which creditor identifies debtor: 7040		\$11,725), earned within 180 days before filing	
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	3a. Debtor may have scheduled account as:		debtor's business, whichever is earlier - 11	
Up to \$2,600 of deposits toward purchase, lease, or rental of property or right of setoff: Real Estate Motor Vehicle Other	4 Secured Claim (See instruction #4 on reverse side.)		Contributions to an employee benefit plan -	
Describe: Value of Property: \$ Annual Interest Rate	information.		☐ Up to \$2,600 of deposits toward purchase,	
Value of Property: \$ Annual Interest Rate	Nature of property or right of setoff: Real Estate Motor Vehicle Other		lease, or rental of property or services for personal, family, or household use - 11 U.S.C.	
Amount of arrearage and other charges as of time case filed included in secured claim, if any: Samount of Amount of Amount of Secured Claim: \$				
Amount of Secured Claim: \$ Amount Unsecured: \$ 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: 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 must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the c	Amount of arrearage and other charges as of time case filed included in secured claim, if any:		units - 11 U.S.C. § 507(a)(8).	
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$	Basis for perfection:			
(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: 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 or what of attorney, if any.	Amount of Secured Claim: \$ Amount Unsecured: \$		Amount entitled to priority:	
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: 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 these of attorney, if any. FILED / RECEIVED FILED / RECEIVED FEB 1 1 20:11 EPIQ BANKRUPTCY SOLUTIONS, LLC		C. §503(b)(9): \$	s 870 -	
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: 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 must sign it. Sign and telephone number if different from the notice address above. Attach copy of the state of attorney, if any. FEB 1 1 20 11 EPIQ BANKRUPTCY SOLUTIONS, LLC			FOR COURT USE ONLY	
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: 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 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 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 must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim.	orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. You			
BO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: Date: 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 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 must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim authorized to	may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest.		FILED / RECEIVED	
If the documents are not available, please explain: Date: 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 the person authorized to file this claim and state address and telephone number if different from the notice address SOLUTIONS, LLC	DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER		, VECEIVED	
Date: 3 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 the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address SOLUTIONS, LLC			FEB 1 1 20:1	
30LOTIONS, LLC	Date: Signature: The person filing this claim must sign it. Sign and print name	and title, if any, of the creditor or other	⊣ 1	
Penalty for presenting raudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.	person authorized to file this claim and state address and telephone number above. Attach copy of other of attorney, if any.	ii different from the notice address	SOLUTIONS, LLC	
	Penalty for presenting Fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. 88 152 and 3571.			

,78

.

.com® or call 1-800-PICK-UPS® (1-800-742-5877) ule a pickup or find a drop off location near you.

Apply shipping documents on this side.

for the Letter rate, UPS Express En dence, urgent documents, and/or. dence, urgent documents, and/or. 636-351-7045 v. or less. UPS Express Envelopes (PITMAN COMPANY IL do r weighing more than 8 oz. wil 2211-CDVINGTON DRIVE BLOOMINGDALE IL 60108

SHIP

Do not use this envelope for:

UPS Ground

UPS Standard UPS 3 Day Select® UPS Worldwide Expedited®

al Shipments

xpress Envelope may be used only tain countries consider electronic importexport to verify if your shipr

for the Letter rate, the UPS Express ss Envelopes weighing more than $\boldsymbol{\xi}$

ss Envelopes are not recommende ensitive personal information or b valent.

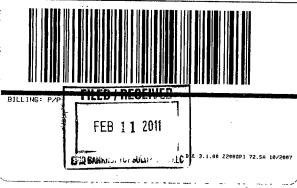
HMP SERVICES HOLDING SUB 111 757 THIRD AVENUE 3RD FLOOR C O EPIQ BANKRUPTCY SOLUTIONS LLC **NEW YORK NY 10017**



UPS NEXT DAY AIR

TRACKING #: 1Z A86 62F 01 1143 1495

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



ng Notice — Carriage hereunder may be subject to the rules relating to liability and other the Unification of Certain Rules Relating to International Carriage by Air (the "Warsaw Convention") and/or the Convention on the mational Carriage of Goods by Road (the "CMR Convention"). These commodities, technology or so rere exported from the U.S. in accordance with the Export Administration Regulations. Diversion contrary to U.S. law prohibited.

010195101 1/10 PAC United Parcel Service, Louisville, KY