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 Case No. of Debtor	Filed: US	SBC - District of Delaware
Hmr Services 10-13618 (BLS)	HMP S	Services Holding, Et AJ. 10-13618 (BLS) 0000000134
NOTE: This form should not be used to make a claim for an administrative expense arising <u>after</u> the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<u>Y</u>
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)  HMP (CREDITOR.DBF,CREDNUM)CREDNUM # 1000000410******  SEELY, MARK 112 SHORELINE DRIVE	Check this box to indicate that this claim amends a previously filed claim.	
UNION, MO 63084	Number:(!f known)	
Telephone number: 314-379-9301 mseely @ fuji film Email Address: 95. cm	Filed on:	
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.	
Telephone number: Email Address:	Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ 10944.75  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.		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.
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.		Specify the priority of the claim:
2. Basis for Claim: Profit Sharing (See instruction #2 on reverse side.)		U.S.C. § 507(a)(1)(A) or (a)(1)(B).  Wages, salaries or commissions (up to
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.)		\$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).
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 o information. 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.	
Describe: Annual Interest Rate % Amount of arrearage and other charges as of time case filed included in secured claim, if any:		§ 507(a)(7).  ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  ☐ Other – Specify applicable paragraph of 11
\$ Basis for perfection:	<u></u>	U.S.C. § 507(a)().
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. (See instruction #6 on reverse side.)	§503(b)(9): \$	s
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		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:		FILED / RECEIVED  MAR 0 7 2011
Date:  Signature: The person filing this claim must sign it. Sign and print name at person authorized to file this claim and state address and telephone number if above. Attach copy of power of attorney, if any.		EPIQ BANKRUPTCY 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. §§ 152 and 3571.		

## **Edward Jones**

Union, MO 63084 205 E. Main Tricia Seely

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