

10-13619

United States Bankruptcy Court DISTRICT OF DELAWARE	PROOF OF CLAIM
Name of Debtor: HMP SERVICES HOLDING, INC.	Bankruptcy Case NO. #10-13619
NOTE: This form should not be used to make a false claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.	
A. CREDITOR INFORMATION. (The creditor is the person or other entity to whom the debtor owes money or property)	

THIS SPACE FOR COURT USE ONLY

Name and Address of Creditor R. I. Division of Taxation One Capitol Hill Providence, RI 02908	<input type="checkbox"/> Check box if you never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court <input type="checkbox"/> Check box and attach copy of assignment of claim has been assigned to you
Number by which creditor identifies debtor: 36-1630980 (SALES TAX)	Check here if the claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously-filed claim dated: <input type="checkbox"/> supplements

B. CLAIM INFORMATION

1. BASIS FOR CLAIM:


<input type="checkbox"/> Goods purchased	<input type="checkbox"/> Wages, Salaries and Commissions (fill out below)
<input type="checkbox"/> Services performed	Your social security number _____
<input type="checkbox"/> Monies loaned	Unpaid services performed from _____ to _____
<input type="checkbox"/> Other forms of contract (Identify)	Nature of services (describe briefly)
<input type="checkbox"/> Personal injury/Wrongful death/Property damage	
<input checked="" type="checkbox"/> Other (describe briefly) Taxes	

2. DATE DEBT WAS INCURRED: 7/10-8/10 (SALES TAX)

3. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Priority, (3) Secured. It is possible for a claim to be partly in one category and partly in another-such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance. Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim. STATE THE AMOUNT OF THE CLAIM.

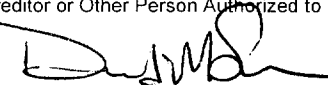
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>\$234.89</u> For the purposes of this form a claim is unsecured if there is no collateral or to the extent the value of collateral is less than the amount of the debt.	<input checked="" type="checkbox"/> PRIORITY CLAIM \$ <u>\$10.47</u> Specify the priority of the claim by checking the appropriate box(es) <input type="checkbox"/> Wages, Salaries or commissions (up to \$2,000, earned not more than 90 days before filing of the bankruptcy petition or concession of the debtor's business, whichever is earlier) - 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or or services for personal, family or household use - 11 U.S.C. §507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. §507(a)(7) <input type="checkbox"/> Other specify:
<input checked="" type="checkbox"/> SECURED CLAIM \$ <u>-0-</u> Attach evidence of perfection of security Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	

4. TOTAL AMOUNT OF CLAIM: \$ \$234.89 + -0- + \$10.47 = \$ \$245.36
(Unsecured) (Secured) (Priority) (TOTAL)

5. Attach copies of documents in support of this cl. contracts, court judgments, or evidence of sect voluminous, attach a summary.	Filed: USBC - District of Delaware HMP Services Holding, Et Al. 10-13618 (BLS) 0000000137	ents of running accounts, If the documents are	THIS SPACE FOR COURT USE ONLY
6. This form should not be used for expenses inci paid only upon proper application and notice pi		nses may be	
7. CREDITS AND SETOFF'S: Attach an itemizat. Debts. Set forth any setoff or counterclaim which the debtor may have against your claim.		en credited against the	
8. To receive an acknowledgment of the receipt of your claim, enclosed a stamped, self addressed envelope and a copy of your claim.			

C. CERTIFICATION

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatured interest is included, and that the undersigned is authorized to make this claim.

Date 2/23/11	Sign and Print the Name and Title, if any, of the Creditor or Other Person Authorized to File this Claim (attach copy of power of attorney, if any) David M. Sullivan, Tax Administrator 
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Penalty for Presenting Fraudulent Claim: Fine of up to \$500,000 or Imprisonment for up to 5 years, or both. Title 18 U.S.C. §152 & §3623.



FedEx

Express

FILED
MAR 10 2011
EPIQ BANKRUPTCY SOL. NYS, LLC

fedex.com 1.800.GoFedEx 1.800.463.3339

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RECIPIENT: PEEL HERE

FedEx. US Airbill
Express
8693 5094 931
869350949345

1 From This portion can be removed for Recipient's records
Date: 3/10/11
Sender's Name: EPIQ BANKRUPTCY SOLUTIONS, LLC
Company: EPIQ BANKRUPTCY SOLUTIONS, LLC
Address: 797 3RD AVE
City: NEW YORK State: NY ZIP: 10017-2013

2 Your Internal Billing Reference

3 To
Recipient's Name: _____ Phone: _____
Company: _____
Address: _____
City: _____ State: _____ ZIP: _____



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EB OGSA
10017
N-Y-US
EWR



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5 Packaging FedEx Pak FedEx Envelope FedEx Mailer Other

6 Special Handling HOLD (Weekday or Saturday) HOLD (Sunday) HOLD (Monday) HOLD (Tuesday) HOLD (Wednesday) HOLD (Thursday) HOLD (Friday) HOLD (Saturday) HOLD (Sunday)

7 Payment Method Bill Me Cash Credit Card Debit Card Other

8 Residential Delivery Signature Options No Signature Direct Signature Adult Signature Restricted Signature Signature Required

The World On Time.

Large Pak