

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  
**10-13618**  
**10-13619**

Filed: USBC - District of Delaware  
HMP Services Holding, Et Al.  
10-13618 (BLS) 0000000140

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.



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

**JACK ALLAN MALBY**  
**42009 N. LONG COVE WAY**  
**ANTHEM, AZ 85086-1244**

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

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

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

**603-551-8002**

**JRMALBY@MSH.COM**

Telephone number:

Email Address:

Name and address where payment should be sent (if different from above)

**- SAME AS 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: \$ **8,000.00**  
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:

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

Amount entitled to priority:

\$ \_\_\_\_\_

2. Basis for Claim: **DEFERRED COMPENSATION**  
(See instruction #2 on reverse side.)

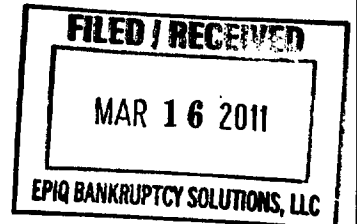
3. Last four digits of any number by which creditor identifies debtor: **NOT KNOWN**  
3a. Debtor may have scheduled account as: **DEFERRED COMPENSATION**  
(See instruction #3a on reverse side.)

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: **DEFERRED COMPENSATION**  
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: \$ \_\_\_\_\_

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.  
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:

FOR COURT USE ONLY



Date:

**3/9/2011**

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.

*Jack Allam Malby*

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.

S. MATTHEW  
42009 N. LINDSAY WAY  
PHOENIX, AZ  
85086-1244

HMP SERVICES HOLDINGS - SUB #3, LLC  
CLAIMS PROCESSING CENTER  
C/O EPIG BANKRUPTCY SOLUTIONS LLC  
FDR STATION, PO BOX 5082  
NEW YORK, N.Y. 10150-5082

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APR 16 2011



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APR 16 2011

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PO ZIP Code	Day of Delivery	Postage
60200	<input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd day	\$ 18.30
Date Accepted	Retrieved Date of Delivery	Return Receipt Fee
Apr 14 2011	Mon 3/14	\$
Time Accepted	Scheduled Time of Delivery	COB Fee
1:07 PM	1 PM	\$
Flat Rate Box Weight	Military	Total Postage & Fees
1.5 lbs.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 18.30
028	Int'l Alpha Country Code	Insurance Fee
		\$
	Acceptance Exp. Initials	

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Delivery Attempt	Time	Signature
1	11:40 AM	Employee Signature
		Employee Signature
		Employee Signature
		Employee Signature
		Employee Signature

CUSTOMER USE ONLY

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