

UNITED STATES BANKRUPTCY COURT		District of Delaware	PROOF OF CLAIM
Name of Debtor: HARPID M PITMAN CO		Case Number: 10-13619	
<i>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.</i>			
Name of Creditor (the person or other entity to whom the debtor owes money or property): Illinois Department of Employment Security		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent: Illinois Department of Employment Security 33 S. State Chicago IL. 60603		Court Claim Number: _____ (If known)	
Telephone number: (312) 793-6874		Filed on: _____	
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> 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:		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <u>34,461.81</u>		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.	
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.		Specify the priority of the claim.	
If all or part of your claim is entitled to priority, complete item 5.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) 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).	
2. Basis for Claim: <u>Unemployment Taxes</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).	
3. Last four digits of any number by which creditor identifies debtor: <u>0980</u>		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).	
3a. Debtor may have scheduled account as: <u>0015640</u> (See instruction #3a on reverse side.)		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).	
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.		<input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(<u>1</u>).	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		Amount entitled to priority: \$ <u>34,461.81</u>	
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 of Secured Claim: \$ <u>0.00</u> Amount Unsecured: \$ <u>0.00</u>		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach redacted copy orders, invoices, itemized statements. You may also attach a summary. At a security interest. You may also attach			
DO NOT SEND ORIGINAL DOCUMENTS FOR SCANNING.			
If the documents are not available, please explain:		FILED DISTRICT COURT DEPT. OF CLERK 10-13619-20 APR 9 2011 DEPT. OF CLERK	
Date: <u>03/23/2011</u>			
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 of address above. Attach copy of power of attorney, if any. <i>Ellis Beckman</i> Ellis Beckman			

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

ADMINISTRATIVE PROOF OF CLAIM FOR
 DEPARTMENT OF EMPLOYMENT SECURITY
 CONTRIBUTIONS/TAXES
 (BANKRUPTCY CODE CASES)

CASE NUMBER : 10-13619DE
 TYPE OF CASE : 11
 PETITION DATE : 11/08/2010
 ACCOUNT NUMBER : 0015640
 FEIN : 0361630980
 DOCUMENT IDENTIFIER : 0611575876
 SS# :

UNITED STATES BANKRUPTCY COURT
 824 MARKET ST. 5TH FLOOR
 WILMINGTON DE 19801-4937

IN THE MATTER OF: EMPLOYER : HAROLD M PITMAN CO
 DBA :
 ADDRESS : 221 COVINGTON DR
 BLOOMINGDALE IL 60108-3108

1. The undersigned whose business address is 33 South State Street, Chicago, Illinois is the agent of the State of Illinois Department of Employment Security, and is authorized to make this request for payment on behalf of the State of Illinois.
2. The debtor is indebted to the State of Illinois Department of Employment Security, in the sum of 34,461.81
3. The grounds for liability are contributions/taxes due under the Illinois Unemployment Insurance Act.

-----UNPAID-----					
QTR/YR	CONTRIBUTIONS	INTEREST TO 03/24/2011	PENALTY	OTHER	DATE NOTICE OF LIEN FILED
*1/11	34,461.81	0.00	0.00	0.00	
TOTAL:	34,461.81	0.00	0.00	0.00	

* Wages are estimated because employer failed to file required reports.

4. SECURED	0.00
5. PRIORITY	34,461.81
6. GENERAL UNSECURED	0.00
TOTAL UI TAX CLAIM	<u>34,461.81</u>

The amount of all payments on this claim have been credited and deducted for the purpose of making this claim.

SEND ALL REMITTANCES, NOTICES, ETC. TO:

ILLINOIS DEPT. OF EMPLOYMENT SECURITY
ATTORNEY GENERAL SECTION - 9TH FLOOR
33 S. STATE ST.
CHICAGO IL 60603


By: Collections Unit Manager

(312) 793-6960

FedEx
TRK# 8693 5094 9297

THU - 07 APR A1
STANDARD OVERNIGHT

10017
NY-US
EWR

FedEx US Airbill
Express

FedEx Tracking Number
8693 5094

EB OGSA



RECIPIENT, PEEL HERE
fedex.com 1800.GoFedEx 1800.463.2929

1 From This portion can be removed for Recipient's records.

Date FedEx Tracking Number 869350949297

Sender's Name Phone

Company EPIQ BANKRUPTCY SOLUTIONS, LLC

Address 757 3RD AVE

City NEW YORK State NY ZIP 10017-2013

2 Your Internal Billing Reference

3 To Recipient's Name Phone

Company

Recipient's Address We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address To request a package be held at a specific FedEx location, prec FedEx address here.

City State ZIP



8693 5094 9297

Emp# 111763 06APR11 TLGA 58CC3/26A8/18BC
* Call for Confirmation unless SATURDAY Delivery is selected. ** To most locations.

5 Packaging
 FedEx Envelope* FedEx Pak* includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak. FedEx Box FedEx Tube Other * Declared value limit \$200

6 Special Handling
Include FedEx address in Section 3.
 SATURDAY Delivery Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3 Day Freight.
 HOLD Weekday at FedEx Location Not available for FedEx First Overnight, FedEx Express Saver, or FedEx 3 Day Freight.
 HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.
Does this shipment contain dangerous goods?
One box must be checked.
 No Yes Shipper's Declaration required. Dry Ice Dry Ice 3.0 UN 1845 Cargo Aircraft Only
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below.
 Sender Recipient Third Party Credit Card Cash/Check
Total Packages Total Weight

*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details. Credit Card Auth.

8 Residential Delivery Signature Options
 No Signature Required Packages may be left without signature tag if a signature for delivery.
 Direct Signature Someone at recipient's address must sign for delivery. Fee applies.
 Indirect Signature If no one is available at recipient address, someone at a neighboring address may sign for delivery. Fee applies.



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APR 6 2011
BANKRUPTCY SOLUTIONS, LLC

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APR 7 2011
EPIQ BANKRUPTCY SOLUTIONS, LLC

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