

10-13618

United States Bankruptcy Court Southern District of Delaware

PROOF OF CLAIM

Name of Debtor: HMP Services Holding Inc

Case Number: 10-13619

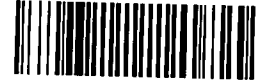
Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property): Illinois Department of Revenue
Name and address where notices should be sent: Illinois Department of Revenue, Bankruptcy Unit 100 W. Randolph St., #7-400 Chicago, IL 60601
Telephone number: 312-814-3058

Check box if you are aware that the debtor's attorney filed a claim on behalf of the Illinois Department of Revenue.
Check box if you have never received any notices from the bankruptcy court in this case.
Check box if the address differs from the address on the envelope sent to you by the court.

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

0000000159



THIS SPACE FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: see attachment

Check here if this claim replaces amends a previously filed claim, dated:

1. Basis for Claim

- Goods sold
Services performed
Money loaned
Personal injury/wrongful death
Taxes
Other

Retiree benefits as defined in 11 U.S.C. § 1114(a)
Wages, salaries, and compensation (fill out below)
Last four digits of SS #:
Unpaid compensation for services performed from (date) to (date)

2. Date debt was incurred: see attachment

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 5,584.00 (unsecured), 0.00 (secured), 20,607.00 (priority), 26,191.00 (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. A copy of the itemized statement of all interest or additional charges must be provided to debtor's attorney and trustee.

5. Secured Claim. Check this box if your claim is secured by collateral (including a of setoff). Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 0.00

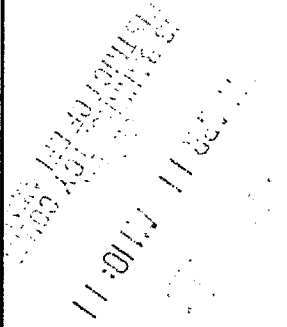
7. Unsecured Priority Claim. Check this box if you have an unsecured priority claim. Amount entitled to priority \$ 20,607.00. Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). Contributions to an employee benefit plan - U.S.C. § 507(a)(4). Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 § 507(a)(6). Alimony, maintenance, or support owed to spouse, former spouse, or child - 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)(). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with cases commenced on or after the date of adjustment.

6. Unsecured Nonpriority Claim \$ 5,584.00. Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: A Summary of Exhibits shall be prepared that enumerates and briefly describes each exhibit germane to the matter under consideration. The proof of claim and Summary of Exhibits shall be filed together electronically as a single document. A copy of the claim and exhibits (documentation of your lien), in paper format, must still be provided to debtor's attorney and trustee.

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Date: 4/5/11

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): /s/ Richard Vein, Revenue Tax Specialist

EO



Illinois Department of Revenue
Attachment to Proof of Claim
Bankruptcy 10-13619 filed 11/08/10 by
HMP Services Holding Inc

Period	Assessed*	Tax Type	Tax ID	Calculated To Bankruptcy Petition Date			Lien	
				Tax	Penalty	Interest	Date	County
1/1/08=8/9/08	est audit	ROT/UT	0214-8161	\$18,614.00	\$5,584.00	\$1,993.00		

**If "Assessed" = "Priority" then equitable tolling applies.*

End Report

Illinois Department Of Revenue
Bankruptcy Administration
100 W. Randolph
Level 7-400
Chicago, IL 60601

April 5, 2011

U.S. Bankruptcy Court
824 Market St
3rd Floor
Wilmington, DE 19801
Attn: Bankruptcy Clerk

APR 11 11 10:11
U.S. BANKRUPTCY COURT
WILMINGTON, DE

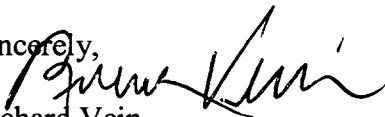
Dear Sir:

Attached are claims to be filed in the following cases:

Bankruptcy No.	Debtor's Name	Type Tax	Amount
10-13619	HMP Services Holding Inc	ROT/UT/WIT	\$26,191.00

Please receipt this cover letter and return to the undersigned. A self-addressed, stamped envelope is enclosed for your convenience.

Sincerely,


Richard Vein

Illinois Department of Revenue
Bankruptcy Administration
100 W. Randolph
7-400
Chicago, IL 60601
Phone 312-814-3208

Express
STFC
 Recipient's Copy

1 From This portion can be removed for recipient's records.
 Date: 4/13/11 FedEx Tracking Number: **869350949286**
 Sender's Name: EPIC BANKRUPTCY SOLUTIONS, LLC Phone: _____

Address: 757 3RD AVE
 City: NEW YORK State: NY Zip: 10017-2013

2 Your Internal Billing Reference

3 To
 Recipient's Name: _____ Phone: _____
 Company: EPIC Bankruptcy Solutions, LLC
 Address: _____
 City: NEW YORK State: NY Zip: 10017 2013

Package Description: _____
 Pieces: _____
 Net Weight (kg or lb, ounces, oz, 1/2 oz, gram): _____
 Address: _____
 City: NEW YORK State: NY Zip: 10017 2013



0401528295

RECEIVED
 APR 14 2011
 EPIC BANKRUPTCY SOLUTIONS, LLC

FedEx
 TRACKING
 8693 5094 9286

THU - 14 APR A1
 STANDARD OVERNIGHT
 10017
 NY-NJ
 EWR



SSeardxJ

0213

FEDEX

4a Express Package Service
 FedEx Priority Overnight
 FedEx Standard Overnight
 FedEx 2Day
 FedEx Overnight
 FedEx 2Day AM
 FedEx International Priority
 FedEx International Economy

4b Express Freight Service
 FedEx Home Delivery
 FedEx Freight
 FedEx Freight Economy
 FedEx Freight Priority
 FedEx Freight Economy Plus

5 Packaging
 FedEx
 FedEx Mail
 FedEx Envelope
 FedEx Tube
 FedEx Box
 FedEx Pallet
 FedEx Container
 Other _____

6 Special Handling
 SATURDAY Delivery
 HOLD Monday at FedEx Location
 HOLD Tuesday at FedEx Location
 HOLD Wednesday at FedEx Location
 HOLD Thursday at FedEx Location
 HOLD Friday at FedEx Location
 HOLD Saturday at FedEx Location
 Signature Required
 Signature Restriction
 Restricted Signature
 No Signature
 Restricted Signature (Signature Required)
 Restricted Signature (Signature Restriction)
 Restricted Signature (Signature Restriction)
 Restricted Signature (Signature Restriction)

7 Payment Bill To
 Sender
 Receiver
 Third Party
 Credit Card
 Debit Card
 Cash
 Other _____

8 Residential Delivery Signature Options
 Signature Required
 Signature Restriction
 Restricted Signature
 No Signature
 Restricted Signature (Signature Required)
 Restricted Signature (Signature Restriction)
 Restricted Signature (Signature Restriction)
 Restricted Signature (Signature Restriction)

Total Packages: _____ Total Weight: _____

