FORM B10 (Official Form 10) (12/03) U. S. BANKRUPTCY COURT DISTRICT OF DELAWARE (WILMINGTON) **PROOF OF CLAIM** HMP SERVICES HOLDING SUB III. LLC 10-13618 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 Check box if you are aware that money or property): anyone else has filed a proof of claim relating to your claim. Attach copy of STATE BOARD OF EQUALIZATION statement giving particulars. Check box if you have never received Name and address where notices should be sent: any notices from the bankruptcy court in this case. STATE BOARD OF EQUALIZATION Check box if the address differs from SPECIAL OPERATIONS BRANCH, MIC:55 the address on the envelope sent to PO BOX 942879 you by the court. SACRAMENTO CA 94279-0055 Telephone: (916) 445-1122 FAX: (916) 327-0615 THIS SPACE IS FOR COURT USE ONLY Account or other number by which creditor identifies debtor: SR OHA 17-733669; ER ER OH 93-000811 Check here replaces a previously filed claim, dated: if this claim □ amends **Basis for Claim** Retiree benefits as defined in 11 U.S.C § 1114(a) Goods sold Wages, salaries, and compensation (fill out below) Services performed Last four digits of SS #: П Money loaned Unpaid compensation for services performed П Personal injury/wrongful death \boxtimes **Taxes** Other (specify) (date) (date) 2. Date(s) debt incurred: If court judgment, date obtained: (AS SHOWN ON DATA SUMMARY ATTACHMENT) Total Amount of Claim at Time Case Filed: 3.365.05 27,544.89 <u>30,909.94</u> (unsecured) (priority) (secured) (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 daim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Secured Claim. **Unsecured Priority Claim.** Check this box if your claim is secured by collateral (including a Check this box if you have an unsecured priority claim right of setoff). Amount entitled to priority \$ 27,544.89 Brief Description of Collateral: Specify the priority of the claim: ☐ Real Estate ☐ Motor Vehicle Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's ☐ Other business, whichever is earlier - 11 U.S.C. §507(a)(3). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Value of Collateral: \$_ Up to \$2,100° of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Amount of arrearage and other charges at time case filed Alimony, maintenance, or support owed to a spouse, former spouse, or included in secured claim, if any: \$_ child - 11 U.S.C. 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). **Unsecured Nonpriority Claim \$** Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(2), Check this box if: a) there is no collateral or lien securing your *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with claim, or b) your claim exceeds the value of the property securing it, respect to cases commenced on or after the date of adjustment. or if c) none or only part of your claim is entitled to priority. Credits: The amount of all payments and THIS SPACE IS FOR COURT USE ONLY 7. nd deducted for the purpose of Filed: USBC - District of Delaware making this proof (HMP Services Holding, Et Al. 8. Supporting Docu as promissory notes. 0000000161 10-13618 (BLS) purchase orders, ir itracts, court judgements, mortgages, securit NOT SEND ORIGINAL FILED | RECEIVED DOCUMENTS. If t nents are voluminous, attach a summary. 9. **Date-Stamped Co** ament of the filing of your claim, enclose a stamped, APR 2 1 2011 self-addressed envelope and copy of this proof of claim.

Date APRIL 19, 2011

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): **State Board of Equalization**, by

y of power of attorney, if any): State Board of Equalization, by

J. R. WILLIAMS, Authorized Representative

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.

EPIQ BANKRUPTCY SOLUTIONS, LLC

Liver of the same

SUMMARY OF LIABILITY STATEMENT						
CLAIM CLASS	TAX PROGRAM OR REASON	DEBT PERIOD	TAX	INTEREST (calculated to petition or conversion date)	PENALTY	TOTAL
P	1	10/1/07 - 8/9/10	26,259.01	642.11		26,901.12
G	1	7/1/06 - 9/30/07	2,591.52	773.53		3,365.05
Р	2	1/1/10 - 11/7/10	643.77			643.77
		-				
		•				
		-				
		-				
		-				
		-				
TOTALS		29,494.30	1,415.64		30,909.94	
EGEND	uss		TAX PROGRAM OR RE	EASON	•	
S - Secured			1. SALES AND USE TAX			
P - Unsecured Priority -11 USC 507(a)(8)			2. ELECTRONIC WASTE RECYCLING TAX			
G - Unsecured NON priority (General)			3.			
G1 - Unsecured NON priority- 11 USC 726(a)(4)			4.			
G2 - Unsecured NON priority- 11 USC 726(a)(5)			5 .			
AP - "G	Sap" Claim – 11 USC 5	u/(a)(2)	6.			

SUMMARY OF TAX LIENS					
LIEN CERTIFICATE	DATE RECORDED	COUNTY OR RECORDING AUTHORITY	RECORDING INFORMATION (Document/Instrument #, or Book/Page)	AMOUNT	
BE					
		<i>,</i>			
			· ·		
			evenue and Taxation Code and to the extent there is a	•	

1305

11USC 1305

CLAIM MAILING INFORMATION – STATE BOARD OF EQUALIZATION

Debtor HMP SERVICES HOLDING SUB III, LLC	Case Number 10-13618	Claim Dated APRIL 19, 2011
Account Number SR OHA 17-733669; ER ER OH 93-000811	Petition Date 11/08/10	Chapter 11
		,

HMP SERVICES HOLDING SUB III LLC ET AL CLAIMS PROCESSING CENTER C/O EPIQ BANKRUPTCY SOLUTIONS LLC 757 THIRD AVENUE 3RD FLOOR NEW YORK NY 10017



NEW YORK NY 10017

P SVCS. HOLDING SUB111, LLC O EOIO BANKRUPTCY SOLUTIONAL 77 THIRD AVENUE, 3RD FLOOR (2) APR 2 1 2011

APR 2 1 2011

EPIQ BANKAUPTCY
SOLUTIONS, LLC

In Time.

velope

Align bottom of Peel and Stick Airbill here.

		» ; , «