

United States Bankruptcy Court of DELAWARE

PROOF OF CLAIM

Name of Debtor: CHARRETTE ACQUISITION L L C :: Chapter: 11

Case Number: 10-13618BLS

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): Mississippi Department of Revenue

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

Name and address where notices should be sent:

Bankruptcy Section - Mississippi Department of Revenue
P.O. Box 22808
Jackson, MS 39225-2808

Court Claim Number: (If known)

Telephone number: 601-923-7393

Filed on:

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

Telephone number:

Check this box if you are the debtor Or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 2722.01

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.

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.

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.

2. Basis for Claim: State Taxes

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 3196

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).

3a. Debtor may have scheduled account as: 2025249

Contributions to an employee benefit Plan - 11 U.S.C. §507 (a) (5).

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

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).

Value of Property: \$ Annual Interest Rate: 12 %

Taxes or penalties owed to governmental Units - 11 U.S.C. §507 (a) (8).

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ 0.00 Amount of Unsecured: \$

Other - Specify applicable paragraph of 11 U.S.C. §507 (a) ( ).

6. Credits: The amount of all pay

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

ing this proof of claim.

7. Documents: Attach redacted orders, invoices, itemized statements. You may also attach a summary of a security interest. You may also a

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issory notes, purchase id security agreements. erfection of ted" on reverse side.)

Amount entitled to priority:

\$ 2,490.35

\*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with after respect to cases commenced on or a date of adjustment.

DO NOT SEND ORIGINAL DOCUMENTS TO SCANNING.

COPIED AFTER

If the documents are not available, please explain:

Date:

4/4/11

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.

/s/Brenda T. Carter

FILED / RECEIVED

FOR COURT USE ONLY

APR 25 2011

EPIC BANKRUPTCY SOLUTIONS, LLC

**Proof Of Claim Exhibit "A"**

Name of Debtor: **CHARRETTE ACQUISITION L L C**

Taxpayer Number **2025249**

| Type | Account Number | Liability Number | Period | Tax | Interest | Penalty | Other | Basis |
|------|----------------|------------------|--------|-----|----------|---------|-------|-------|
|------|----------------|------------------|--------|-----|----------|---------|-------|-------|

**Secured Claim**

**Unsecured Priority Claim**

|                        |                  |          |                |        |       |      |  |                                      |
|------------------------|------------------|----------|----------------|--------|-------|------|--|--------------------------------------|
| INCOME WITHHOLDING TAX | 036-767711192-01 | 52070199 | JAN - MAR 2010 | 386.10 | 23.17 | 0.00 |  | Miss. Code Ann. §§ 27-7-301, et seq. |
| INCOME WITHHOLDING TAX | 036-767711192-01 | 51934850 | JUL - SEP 2009 | 386.10 | 46.33 | 0.00 |  | Miss. Code Ann. §§ 27-7-301, et seq. |
| INCOME WITHHOLDING TAX | 036-767711192-01 | 52312712 | JUL - SEP 2010 | 386.10 | 0.00  | 0.00 |  | Miss. Code Ann. §§ 27-7-301, et seq. |
| INCOME WITHHOLDING TAX | 036-767711192-01 | 51862168 | APR - JUN 2009 | 386.10 | 57.99 | 0.00 |  | Miss. Code Ann. §§ 27-7-301, et seq. |
| INCOME WITHHOLDING TAX | 036-767711192-01 | 52194923 | APR - JUN 2010 | 386.10 | 11.58 | 0.00 |  | Miss. Code Ann. §§ 27-7-301, et seq. |
| INCOME WITHHOLDING TAX | 036-767711192-01 | 52002169 | OCT - DEC 2009 | 386.10 | 34.75 | 0.00 |  | Miss. Code Ann. §§ 27-7-301, et seq. |

**General Unsecured Claim**

|                        |                  |          |                |      |      |       |  |                                      |
|------------------------|------------------|----------|----------------|------|------|-------|--|--------------------------------------|
| INCOME WITHHOLDING TAX | 036-767711192-01 | 52070199 | JAN - MAR 2010 | 0.00 | 0.00 | 38.61 |  | Miss. Code Ann. §§ 27-7-301, et seq. |
| INCOME WITHHOLDING TAX | 036-767711192-01 | 51934850 | JUL - SEP 2009 | 0.00 | 0.00 | 38.61 |  | Miss. Code Ann. §§ 27-7-301, et seq. |
| INCOME WITHHOLDING TAX | 036-767711192-01 | 52312712 | JUL - SEP 2010 | 0.00 | 0.00 | 38.61 |  | Miss. Code Ann. §§ 27-7-301, et seq. |
| INCOME WITHHOLDING TAX | 036-767711192-01 | 51862168 | APR - JUN 2009 | 0.00 | 0.00 | 38.61 |  | Miss. Code Ann. §§ 27-7-301, et seq. |
| INCOME WITHHOLDING TAX | 036-767711192-01 | 52194923 | APR - JUN 2010 | 0.00 | 0.00 | 38.61 |  | Miss. Code Ann. §§ 27-7-301, et seq. |
| INCOME WITHHOLDING TAX | 036-767711192-01 | 52002169 | OCT - DEC 2009 | 0.00 | 0.00 | 38.61 |  | Miss. Code Ann. §§ 27-7-301, et seq. |

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**Administrative expense**

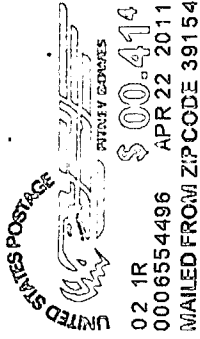
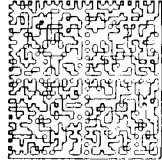
**SIGNATURE**

/s/ Brenda Carter  
Brenda T. Carter  
Bankruptcy Administrator  
Mississippi Department of Revenue  
(601)923-7393

**MS 06-15-2010**

DEPARTMENT OF  
**REVENUE**  
STATE OF MISSISSIPPI  
Post Office Box 960  
Jackson, Mississippi 39205

PRE-SORTED  
FIRST CLASS



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

FILED / RECEIVED  
APR 25 2011  
EPIQ BANKRUPTCY  
SOLUTIONS, LLC

