

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

Filed: USBC - District of Delaware
 HMP Services Holding, Et Al.
 10-13618 (BLS) 0000000168

Name of Debtor Against Which Claim is Held: Harold M Pitman Company
 Case No. of Debtor: 10-13618 (BLS)
10-13619 (BLS)

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.



THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)
 HMP (CREDITOR.DBF.CREDNUM)CREDNUM # 1000000483*****
 WELLS IV, ROBERT BRUCE
 6369 KLUSMAN AVENUE
 ALTA LOMA, CA 91737

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

Court Claim Number: 10-13618
 (If known) 13619

Filed on: _____

Telephone number: 909 987-0199 Email Address: Bruce.wells@epia.com

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.

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: \$ 58,275.00
 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:

2. Basis for Claim: PAST DUE VACATION PAY
 (See instruction #2 on reverse side.)

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).

3. Last four digits of any number by which creditor identifies debtor: 5258
 3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

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).

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: _____

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: \$ _____

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:

\$ _____

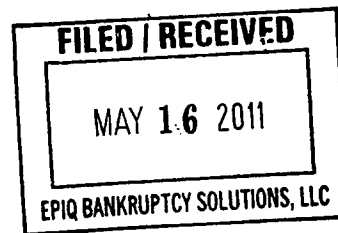
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ 0
 (See instruction #6 on reverse side.)

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

FOR COURT USE ONLY

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:



Date: May 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.

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.

CASE# 10-13618 (BLS) & 10-13619 (BLS)

EXHIBIT LIST:

A) AUGUST 16, 2010 MEMORANDUM FROM REBECCA SCHOBEL OUTLINING USED VACATION TIME.

B) PROOF OF UNPAID VACATION TIME BREAKDOWN.

C) ADP STATEMENT OF EMPLOYEE ROBERT BRUCE WELLS BI-WEEKLY SALARY.

D) UNSECURED DISPUTED CLAIM FORM.

E) REQUEST FOR SERVICE OF ALL EVIDENCE SUPPORTING THE RATIONALE FOR DISPUTING THE CLAIM OF ROBERT BRUCE WELLS.

EXHIBIT A

**AUGUST 16, 2010 MEMORANDUM
FROM REBECCA SCHOBEL
OUTLINING USED VACATION TIME**

Reply Reply to all Forward X Close Help

From: Schobel, Rebecca
 Wells, Robert
 Cc: Fuselier, Richard
 Subject: Becky>Bruce Wells>Vacation Records>8-16-10
 Attachments:

Sent: Mon 8/16/2010 7:49 PM

[View As Web Page](#)

8-16-10 – BRUCE WELLS – VACATION RECORDS

Hi Bruce,

Here's what I had from Gloria Mohammed from November 2009...

EMPLOYEE NAME:	BRUCE WELLS- Start Date	
	11/25/2000	
ACCRUAL AMOUNT:	4 WEEKS= 6.16 PER PAY	15+ years
	PERIOD= 160.16	
	3 WEEKS= 4.62 PER PAY	5-14 years
	PERIOD=120.12	
	2 WEEKS= 3.08 PER PAY	0-4 years
	PERIOD= 80.08	

ACCRUAL AMOUNT:
 2008 BALANCE ACCRUAL/VACATION

VACATION DATES

	120.12	18.48	138.60
5/15/2009	-8.00		
6/26/2009	-8.00		
6/29/2009	-8.00		
Unknown	-8.00		
Unknown	-8.00		

80.12 0.00 18.48 98.60

Here's what Pat Medina had on record from 2007...

Wells Iv	Robert Bruce	28	18	2 weeks	n/a
	5/19/06 - 5/31/06	9 Days			

EXHIBIT B

PROOF OF UNPAID VACATION TIME BREAKDOWN

MAY 9 2011

United States Bankruptcy for the District of Delaware
HMP Services holding sub III, LLC, et al. Claims Processing Center
c/o Equip Bankruptcy Solutions, LLC
FDR Station, P.O Box 5082
New York, NY 10150-5082

Regarding: ROBERT BRUCE WELLS VS. HMP (HAROLD
M. PITTMAN)

CASE # 10-13618 (BLS) & 10-13619 (BLS)

PROOF OF UNPAID VACATION TIME

I ROBERT BRUCE WELLS is in agreement with the Findings of HMP unpaid vacation time based on the memorandum dated August 16, 2010 provided by Ms. Rebecca Schobel acting on behalf of HMP (Harold M. Pittman Co.) as an appointed Administrator (Exhibit 1) which states the following:

24 weeks or 120 days or 960 hours of Vacation accumulated

2 weeks or 14 Vacation days or 112 hours of vacation used

22 week or 110 days or 888 hours of unused vacation

888 hours of unpaid vacation time at the hourly rate of \$65.63

Total amount of undisputed claim \$58,275.00

EXHIBIT C

**ADP STATEMENT OF EMPLOYEE
ROBERT BRUCE WELLS BI-WEEKLY
SALARY**



Home Logout

[Previous Statement](#)

Pay Date:
08/06/2010

[Next Statement](#)

[Return to Pay Statements History](#)
[Return to Pay Statements Summary](#)



iPayStatements

CO	FILE	DEPT	CLOCK	VCHR NO	020
GJG	100113	280180	6010E	0000300294	1

PITMAN COMPANY
CORPORATE OFFICE
721 UNION BLVD.
TOTOWA, NJ 07512-2207

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
CA: 0

Social Security Number: XXX-XX-5258

Earnings	rate	hours	this period	y
Regular	5000.00	80.00	5,000.00	
Car Allowance			250.00	
Gross Pay			\$5,250.00	

Deductions	Statutory	
	Federal Income Tax	-890.73
	Social Security Tax	-325.60
	Medicare Tax	-76.15
	CA State Income Tax	-322.28
	CA SUI/SDI Tax	-57.71
	Other	
	Checking	-3,014.41
	Emp Dental	-4.00*
	Life Ins	-18.36

Need Help?

- [I clicked a pay date and my statement isn't displaying.](#)
- [When I print my statement, it doesn't look right.](#)
- [A 'File Download' message is displayed.](#)
- [The information on my statement isn't correct.](#)

[Show all questions for this page.](#)

EXHIBIT D

UNSECURED DISPUTED CLAIM FORM

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
10-13619 (BLS)

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.

THIS SPACE IS FOR COURT USE ONLY

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

HMP (MERGE2.DBF,SCHED_NO) SCHEDULE #: 619000530*****
WELLS, BRUCE
6369 KLUSMAN AVENUE
RANCHO CUCAMONGA, CA 91737

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

Court Claim Number: 10-13618
(if known) 13619

Filed on: _____



Your claim is scheduled by the Debtor as:
\$45,325.00 UNSECURED
DISPUTED

Telephone number: 909 987-0199 Email Address: BRUCE.WELLS@EPIQ.COM

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.

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: \$ 58,275.00
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.
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(See instruction #2 on reverse side.)

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).

3. Last four digits of any number by which creditor identifies debtor: 5258
3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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

4. Secured Claim (See instruction #4 on reverse side.)
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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:

Nature of property or right of setoff: Real Estate Motor Vehicle Other

\$ _____

Describe: _____

FOR COURT USE ONLY

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): \$ 0
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DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: _____ 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.

EXHIBIT E

**REQUEST FOR SERVICE OF ALL
EVIDENCE SUPOORTING THE
RATIONAL FOR DISPUTING THE CLAIM
OF ROBERT BRUCE WELLS**

MAY 8, 2010

HMP SERVICES HOLDING SUB III, LLC, et al

Claims Processing Center

C/O Equip Bankruptcy Solutions, LLC

FDR Station

P.O Box 5082

New York, NY 10150-5082

TO: EQIP BANKRUPTCY SOLUTIONS, LLC

RE: ROBERT BRUCE WELLS VS. HMP

CASE# 10-13618 (BLS) AND 10-13619 (BLS)

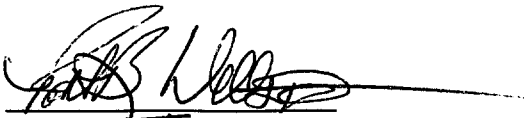
REQUEST FOR SERVICE OF ALL EVIDENCE AND INFORMATION SUPPORTING THE
RATIONALE FOR DISPUTING THE CLAIM OF ROBERT BRUCE WELLS

I further request that such copy of HMP BANKRUPTCY DOCUMENTS and
information disputing the claim of Robert Bruce Wells to be delivered to:

ROBERT BRUCE WELLS

6369 KLUSMAN AVE.

ALTA LOMA, CA 91737

Signature: 

Robert Bruce Wells

**PROOF OF SERVICE BY MAIL 1013a (3) CCP
STATE OF CALIFORNIA
COUNTY OF San Bernardino**

I Robert Bruce Wells IV residing in Alta Loma, State of California. I am over the age of 18 years. My mailing address is 6369 Klusman Ave. Alta Loma, Ca 91737

Serving the following Documents:

A.8-16-2010 Memorandum from Rebecca Schobel to Robert Bruce Wells IV.

B.Proof of Unpaid Vacation Breakdown.C

C.ADP Payroll Statement for Robert Bruce Wells IV.

D.Unsecured Disputed Claim Form

E.Request for service of Evidence

On May 9, 2011 I served the foregoing documents listed above on the following parties and address below:

**1. United States Bankruptcy Court for the District of Delaware
HMP Services holding Sub III, LLC, et al. Claims Processing
Center c/o HMP Equip Bankruptcy Solutions, LLC FDR Station
P.O. Box 5082 New York, NY 10150-5082**

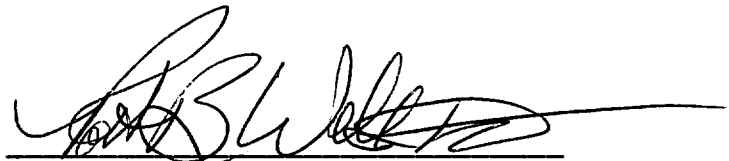
2. FDR Station P.O. Box 5082 New York, NY 10150-5082

on all interested parties in this action by placing a true copy thereof in an envelope with regular postage in the United States mail at Alta Loma, CA for the above listed addresses.

I declare under penalty of perjury that the foregoing is true and correct signed and dated at Alta Loma, California.

May 9, 2011

Execution Date



Signature

ROBERT BRUCE WELLS IV

Robert B Wells IV
6369 Kilsman Ave
Alhambra CA 91737

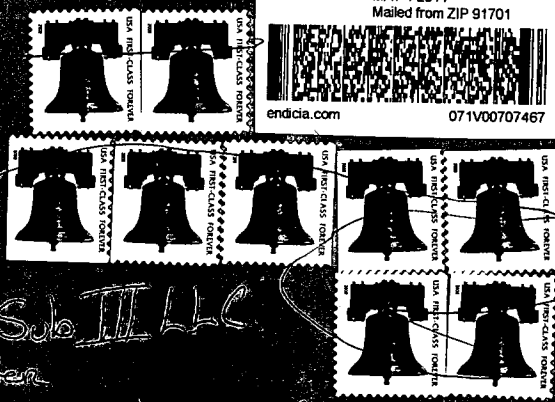


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\$0.44 US POSTAGE
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endicia.com 071V00707467



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et al. Claims Processing Center
c/o EPIQ Bankruptcy Solutions LLC
FDR Station PO Box 5082
New York, NY 10150-5082

FILED / RECEIVED
MAY 16 2011
EPIQ BANKRUPTCY
SOLUTIONS, LLC