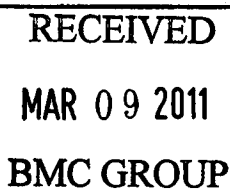
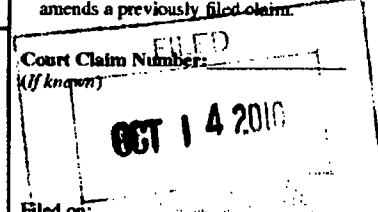
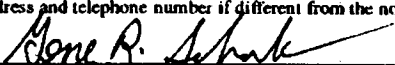



B10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Central District Of California		PROOF OF CLAIM
Name of Debtor: Harrington West Financial Group, Inc.		Case Number: 9:10-14677-RR
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): Gene R Schock and Patricia A Schock		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Gene R Schock and Patricia A Schock 835 Via Campobello Santa Barbara, CA 93111-1225		 
Telephone number:		
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: (905) 967-0651		<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: \$ 750.00		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.
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. <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.		
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		<input type="checkbox"/> 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: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> 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: \$ 750.00 Amount Unsecured: \$ _____		<input type="checkbox"/> 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).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
7. 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 7 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:		<input type="checkbox"/> 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).
		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
		Amount entitled to priority: \$ _____
		*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
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.	
GENE R. SCHOCK		
		Harrington West  00002

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.

B9F (Official Form 9F) (Chapter 11 Corporation or Partnership Asset Case) (12/07)

UNITED STATES BANKRUPTCY COURT		Central District Of California
Notice of Chapter 11 Bankruptcy Case, Meeting of Creditors, & Deadlines		
<p>A Chapter 11 bankruptcy case concerning the debtor(s) listed below was filed on September 10, 2010.</p> <p>You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at U. S. Bankruptcy Court, 1415 State Street, Santa Barbara, CA 93101-2511</p> <p style="text-align: center;">NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.</p>		
See Reverse Side For Important Explanations		
Debtor(s) (name(s) and address): Harrington West Financial Group, Inc. P.O. Box 442 Solvang, CA 93464		Case Number: 9:10-bk-14677-RR
All other names used by the Debtor(s) in the last 8 years (include trade names): Debtor: Joint Debtor:	Last four digits of Social Security or Individual Taxpayer-ID (ITIN) No(s)/Complete EIN: Dbl EIN/Tax I.D.: 48-1175170	
Attorney for Debtor(s) (name and address): Sharon M Kopman Landau Gottfried & Berger LLP 1801 Century Pk East, Ste.1460 Los Angeles, CA 90067 Telephone number: 310-557-0050 x.120	Bankruptcy Trustee (name and address): none	
Meeting of Creditors:		
Date: October 21, 2010 Location: 128 East Carrillo St., Santa Barbara, CA 93101		Time: 09:00 AM
Deadlines to File Proof of Claim:		
Proof of Claim must be <i>received</i> by the bankruptcy clerk's office by the following deadline: <p style="text-align: center;">Notice of deadline will be sent at a later time.</p> <p style="text-align: center;">Creditor with a Foreign Address: A creditor to whom this notice is sent at a foreign address should read the information under "Claims" on the reverse side.</p> <p style="text-align: center;">Deadline to File a Complaint to Determine Dischargeability of Certain Debts: December 20, 2010</p>		
Creditors May Not Take Certain Actions:		
In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.		
Address of the Bankruptcy Clerk's Office: U. S. Bankruptcy Court 1415 State Street, Santa Barbara, CA 93101-2511 Telephone number: 805-884-4800	For the Court Clerk of the Bankruptcy Court Kathleen J. Campbell	
Hours Open: 9:00 AM - 4:00 PM	Date: September 22, 2010	
(Form rev. 12/07:341-B9F)		LI/KRU

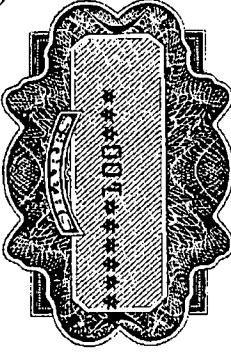
COMMON STOCK

13249



SD0001429

COMMON STOCK



SD 1429

HARRINGTON WEST FINANCIAL GROUP, INC.

THIS CERTIFICATE IS TRANSFERABLE IN NEW YORK, NY OR RIDGEFIELD PARK, NJ

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

SEE REVERSE FOR CERTAIN DEFINITIONS

CUSIP 41366L 10 4

*****100*****
*****100*****
*****100*****
*****100*****
*****100*****
*****100*****

THIS CERTIFIES THAT

DTC-0015-86012E46001
GENE R SCHECK &
PATRICIA A SCHOCK JT TEN

0000010365

IS THE RECORD HOLDER OF ONE HUNDRED**

FULLY PAID AND NONASSESSABLE SHARES OF THE COMMON STOCK, \$01 PAR VALUE, OF

HARRINGTON WEST FINANCIAL GROUP, INC.

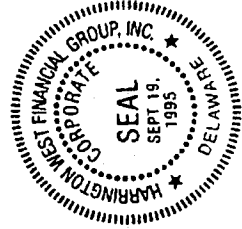
transferable on the books of the Corporation by the holder hereof in person or by duly authorized attorney upon surrender of this certificate properly endorsed. This certificate is not valid unless countersigned and registered by the Transfer Agent and Registrar.

Witness the facsimile seal of the Corporation and the facsimile signatures of its duly authorized officers.

Dated: JANUARY 18, 2006
13249000192 FAST

Suzanne C. Weber

SECRETARY



Craig Cant
CHAIRMAN

COUNTERSIGNED AND REGISTERED BY
AMERICAN STOCK TRANSFER & TRUST COMPANY
TRANSFER AGENT AND REGISTRAR

BY

AUTHORIZED SIGNATURE

Central District Of California Claims Register

9:10-bk-14677-RR Harrington West Financial Group, Inc.

Judge: Robin Riblet **Chapter:** 11

Office: Santa Barbara **Last Date to file claims:** 01/20/2011

Trustee: **Last Date to file (Govt):** 03/09/2011

<i>Creditor:</i> (27394586) Gene R Schock and Patricia A Schock 835 Via Campobello Santa Barbara, CA 93111	Claim No: 2 <i>Original Filed</i> Date: 10/14/2010 <i>Original Entered</i> Date: 10/14/2010	<i>Status:</i> Filed by: CR Entered by: Ortiz, Amber Modified:
Secured claimed: \$750.00 Total claimed: \$750.00		
<i>History:</i> <u>Details</u> 2-1 10/14/2010 Claim #2 filed by Gene R Schock and Patricia A Schock, total amount claimed: \$750 (Ortiz, Amber)		
<i>Description:</i>		
<i>Remarks:</i>		

Claims Register Summary

Case Name: Harrington West Financial Group, Inc.

Case Number: 9:10-bk-14677-RR

Chapter: 11

Date Filed: 09/10/2010

Total Number Of Claims: 1

	Total Amount Claimed	Total Amount Allowed
Unsecured		
Secured	\$750.00	
Priority		
Unknown		
Administrative		
Total	\$750.00	\$0.00