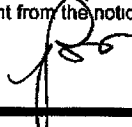


|   |   |   |   |
|---|---|---|---|
| <b>UNITED STATES BANKRUPTCY COURT</b>   |   | <b>CENTRAL DISTRICT OF CALIFORNIA</b>   | <b>PROOF OF CLAIM</b>                             |
| Name of Debtor<br><b>JAMES C GIANULIAS</b>  |   | Case Number<br><b>08-13150 RK</b>   |   |
| NOTE <i>This form should not 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</i>   |   |   |   |
| Name of Creditor (the person or other entity to whom the debtor owes money or property)<br><b>UNIVERSAL BANK</b>  |   | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim   |   |
| Name and address where notices should be sent<br><b>c/o Anthony Rothman, Esq 1901 Avenue of the Stars 2nd Floor, Los Angeles, CA 90067</b>  |   | Court Claim Number _____<br><i>(if known)</i>   |   |
| Telephone number <b>(310) 461-1395</b>  |   | Filed on _____  |   |
| Name and address where payment should be sent (if different from above)<br><b>Universal Bank<br/>attn Ralph Wong<br/>3455 Nogales Street, 2nd Floor<br/>West Covina, CA 91792<br/>Telephone number (626) 854-2818</b>   |   | <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<br><br><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 <b>\$ 754,853 14</b>  |   | 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   |   |
| 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<br><br>If all or part of your claim is entitled to priority complete item 5   |   | Specify the priority of the claim   |   |
| <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  |   | <input type="checkbox"/> Domestic support obligations under 11 U S C §507(a)(1)(A) or (a)(1)(B)   |   |
| 2 Basis for Claim <u>Guarantee</u><br>(See instruction #2 on reverse side)  |   | <input type="checkbox"/> 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)   |   |
| 3 Last four digits of any number by which creditor identifies debtor <u>6165</u><br><br>3a Debtor may have scheduled account as <u>0106106165</u><br>(See instruction #3a on reverse side)  |   | <input type="checkbox"/> Contributions to an employee benefit plan - 11 U S C §507 (a)(5)   |   |
| 4 Secured Claim (See instruction #4 on reverse side)<br>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information   |   | <input type="checkbox"/> 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)   |   |
| Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other<br>Describe _____  |   | <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U S C §507 (a)(8)   |   |
| Value of Property \$ _____ Annual Interest Rate _____%  |   | <input type="checkbox"/> Other - Specify applicable paragraph of 11 U S C §507 (a)(____)  |   |
| Amount of arrearage and other charges as of time case filed included in secured claim,<br>if any \$ _____ Basis for perfection _____  |   | Amount entitled to priority<br>\$ _____   |   |
| Amount of Secured Claim \$ _____ Amount Unsecured \$ _____  |   | *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment  |   |
| 6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim  |   |   |   |
| 7 Documents Attach redacted copies of any documents that support the claim, such as promissory notes purchase orders invoices, itemized statements or 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 _____  |   |   |   |
| Date <u>11/10/09</u>  | 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.<br><br><br><b>Ralph Wong, FVP &amp; Risk Manager</b> |   | FOR COURT USE ONLY<br><b>FILED</b><br>NOV 11 2009 |

# Central District Of California Claims Register

8 08-bk-13150-RK James C Gianulias Converted 07/02/2008

**Judge** Robert N Kwan      **Chapter** 11

**Office** Santa Ana              **Last Date to file claims** 11/12/2008

**Trustee**                              **Last Date to file (Govt)**

|   |  |  |
|---|--|--|
| <i>Creditor</i> (20554620)<br>Universal Bank<br>Yuki Koyano<br>3455 Nogales Street 2nd Fl<br>West Covina Ca 91792 | <b>Claim No</b> 64<br><i>Original Filed</i><br>Date 11/11/2009<br><i>Original Entered</i><br>Date 11/11/2009 | <i>Status</i><br>Filed by AT<br>Entered by Rothman,<br>Anthony<br>Modified |
|---|--|--|

|                   |                |                    |
|-------------------|----------------|--------------------|
| Unsecured claimed | \$754853 14    |                    |
| <b>Total</b>      | <b>claimed</b> | <b>\$754853 14</b> |

|   |  |
|---|--|
| <i>History</i>  |  |
| <i>Details</i>  | 64-1 11/11/2009 Claim #64 filed by Universal Bank, total amount claimed \$754853 14 (Rothman, Anthony) |
| <i>Description</i> (64-1) For Personal Guarantee for deficiency |  |
| <i>Remarks</i>  |  |

## Claims Register Summary

**Case Name** James C Gianulias

**Case Number** 8 08-bk-13150-RK

**Chapter** 11

**Date Filed** 06/06/2008

**Total Number Of Claims** 1

|                       | Total Amount Claimed | Total Amount Allowed |
|-----------------------|----------------------|----------------------|
| <b>Unsecured</b>      | \$754853 14          |                      |
| <b>Secured</b>        |                      |                      |
| <b>Priority</b>       |                      |                      |
| <b>Unknown</b>        |                      |                      |
| <b>Administrative</b> |                      |                      |
| <b>Total</b>          | <b>\$754853.14</b>   | <b>\$0 00</b>        |