IN THE UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF TENNESSEE NASHVILLE DIVISION

In re:)	Chapter 11		
ORECK CORE	P., et al., Debtors.))) -	Case No. 3:13-bk-04006 Judge: Lundin (Jointly Administered)		
AFFIDAVIT OF SUPPLEMENTAL SERVICE RE:					
Docket No. 42 Docket No. 55	ORDER ON DEBTORS' MOTADMINISTRATIVELY CONS	ION OL	IDATING CASES AND ICE, CASE MANAGEMENT AND		
Docket No. 193	ORDER FIXING BAR DATE I [Re: Docket No. 96]	FOF	R FILING PROOFS OF CLAIM		
Exhibit 1	PROOF OF CLAIM FORM				

- I, James H. Myers, state as follows:
- 1. I am over eighteen years of age and I believe the statements contained herein are true based on my personal knowledge. My business address is c/o BMC Group, Inc., 300 N. Continental Boulevard, Ste. 570, El Segundo, California 90245.
- 2. On June 28, 2013, at the direction of Bradley Arant Boult Cummings LLP, counsel for the Debtors, the above referenced documents were served on the parties listed in Exhibit A via the mode of service indicated thereon:

///

Exhibit A Address List regarding Docket Nos. 42, 55, 193 and Exhibit 1

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on the 2 day of July 2013 at Paramount, California.

James H. Myers

James & My

EXHIBIT 1

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE NASHVILLE DIVISION	PRO	OOF OF CL	AIM	
	Case Nu			
NOTE Do not use this form to make a claim for an administrative expense that a file a request for payment of an administrative expense according to 11 U.S C. §	arises after 503	the bankruptcy filing. Yo	ou may	
Name of Creditor (the person or other entity to whom the debtor owes money	y or propert	y):		
Name and address where notices should be sent				
				lf you have already filed a proof of claim with the Bankruptcy Court, you do not need to file again
Creditor Telephone Number () email.				THIS SPACE IS FOR COURT USE ONLY
Name and address where payment should be sent (if different from a payment Telephone Number () email:	above):	Check box if you a aware that anyone els filed a proof of claim re your claim. Attach cop statement giving partic	e has elating to py of	Check this box to indicate that this claim amends a previously filed claim Court Claim Number (if known): Filed on
1. AMOUNT OF CLAIM AS OF DATE CASE FILED		ļ		Tiled Off
If all or part of your claim is secured, 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 p BASIS FOR CLAIM:	orincipal am	ount of claim Attach ite	mızed sta	tement of interest or charges.
(See instruction #2)				
			·	
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: (See instruction #3a)	schedul	ed account as:		orm Claim Identifier (optional): truction #3b)
4. SECURED CLAIM: (See instruction #4)			*	
Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information	Amour case fil	nt of arrearage and oth led, included in secure	er charge ed claim,	es, as of time if any: \$
Nature of property or right of setoff: Describe:	Basis fo	or Perfection:		
Real Estate Motor Vehicle Other		t of Secured Claim: \$		
Value of Property. \$	Amoun	t Unsecured: \$		
(when case was filed)				
Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If a specifying the priority and state the amount.	any part o	of the claim falls into	o one of	the following categories, check the box
Amount entitled to priority: \$				
You MUST specify the priority of the claim:				
Domestic support obligations under 11 U S.C § 507(a)(1)(A) or (a)(1)(B)	Ш	Taxes or penalties ow	ed to gov	ernmental units - 11 U S C § 507(a)(8)
Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S C § 507(a)(7)				enefit plan - 11 U S.C. § 507(a)(5)
Wages, salaries, or commissions (up to \$12,475*), 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)	L	Other - Specify applica	able para	graph of 11 U S.C § 507(a)()
* Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with	respect to d	cases commenced on or	r after the	date of adjustment.
6. CREDITS: The amount of all payments on this claim has been credi	ited for the	e purpose of making t	this proo	f of claim (See instruction #6)

7. DOCUMENTS: Attached are redacted cooles of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security segreements, or, in the case of a claim based on an open-end or revoking consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filled with this claim. (See instruction #7, and definition of "redacted"). DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain. DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. BY MALTO: U.S. Bankruptoy Court Middle District of Tennessee Nachville Division Court Clerk's Office U.S. Bankruptoy Court Middle District of Tennessee Nachville Division Court Clerk's Office Court Clerk's	T DOOLUMENTS			
If the documents are not available, please explain DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim BY MAIL TO: U.S. Bankruptcy Court Middle District of Tennessee Nashville Division Court Clerk's Office 701 Broadway, Room 170 Nashville, Tennessee 37203 8. SIGNATURE: (See instruction #8) Check the appropriate box I am the creditor I am the creditor's authorized agent (See Bankruptcy Rule 3004) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief Print Name Title Company Address and telephone number (if different from notice address above) (Signature) (Signature) (Signature) (Signature) (Date)	consumer credit ag redacted copies of the Mortgage Proof	rig accounts, contracts, judgments, mortga reement, a statement providing the informa documents providing evidence of perfection for Claim Attachment is being filed with this	ges, and security agreements, or, in thation required by FRBP 3001(c)(3)(A) nof a security interest are attached If sclaim. (See instruction #7, and definit	e case of a claim based on an open-end or revolving If the claim is secured, box 4 has been completed, and the claim is secured by the debtor's principal residence, ion of "redacted").
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BY MAIL TO: U.S. Bankruptcy Court Middle District of Tennessee Nashville Division Court Clerk's Office 701 Broadway, Room 170 Nashville, Tennessee 37203 8. SIGNATURE: (See instruction #8) Check the appropriate box I am the creditor I am the creditor's authonzed agent or their authonzed agent (See Bankruptcy Rule 3004) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief Print Name Title Company Address and telephone number (if different from notice address above) Gelaro Version of Court Clerk's Office (Celtr's Office) U.S. Bankruptcy Court (Middle District of Tennessee Nashville Division (Court Clerk's Office) Court Clerk's Office (Celtr's Office) Court Clerk's Office (Celtr's Office) Total Broadway, Room 170 (Nashville, Tennessee 37203 I am the trustee, or the debtor, or their authonzed agent (See Bankruptcy Rule 3005) (See Bankruptcy Rule 3005) I declare under penalty of perjury that the information provided this claim is true and correct to the best of my knowledge, information, and reasonable belief Print Name				7788
U.S. Bankruptcy Court Middle District of Tennessee Nashville Division Court Clerk's Office 701 Broadway, Room 170 Nashville, Tennessee 37203 8. SIGNATURE: (See instruction #8) Check the appropriate box I am the creditor I am the creditor's authorized agent (See Bankruptcy Rule 3005) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief Print Name Title Company Address and telephone number (if different from notice address above) U.S. Bankruptcy Court Middle District of Tennessee Nashville, Court Middle District of Tennessee Nashville Division Court Clerk's Office Court Clerk's Office Total Broadway, Room 170 Nashville, Tennessee 37203 8. SIGNATURE: (See instruction #8) Li am the trustee, or the debtor, or the debtor, or their authorized agent (See Bankruptcy Rule 3005) (See Bankruptcy Rule 3004) Li am a guarantor, surety, indorser, or other codebtor or their authorized agent (See Bankruptcy Rule 3005) (See Bankruptcy Rule 3004) Li declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief Print Name Title Company Address and telephone number (if different from notice address above) (Signature) (Date)	envelope and copy of	COPY: To receive an acknowledgment of this proof of claim	f the filing of your claim, enclose a star	nped, self-addressed
U.S. Bankruptcy Court Middle District of Tennessee Nashville Division Court Clerk's Office 701 Broadway, Room 170 Nashville, Tennessee 37203 8. SIGNATURE: (See instruction #8) Check the appropriate box	BY MAIL TO:		BY MESSENGER OF OVERNIGHT D	NEI WERV TO
Middle District of Tennessee Nashville Division Court Clerk's Office 701 Broadway, Room 170 Nashville, Tennessee 37203 8. SIGNATURE: (See instruction #8) Check the appropriate box am the creditor am the creditor's authorized agent am the trustee, or the debtor, or their authorized agent am a guarantor, surety, indorser, or other codebtor or their authorized agent (See Bankruptcy Rule 3004) declare under penalty of perjury that the information provided this claim is true and correct to the best of my knowledge, information, and reasonable belief Print Name Title Company Address and telephone number (if different from notice address above) (Signature) (Date)				PELIVERY TO:
Nashville Division Court Clerk's Office 701 Broadway, Room 170 Nashville, Tennessee 37203 8. SIGNATURE: (See instruction #8) Check the appropriate box am the creditor am the creditor's authorized agent (See Bankruptcy Rule 3004) declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief Print Name Title Company Address and telephone number (if different from notice address above) (Signature) (Date) Nashville Division Court Clerk's Office 701 Broadway, Room 170 Nashville, Tennessee 37203 Authorized agent (See Bankruptcy Rule 3005) I am the creditor am the creditor's authorized agent (See Bankruptcy Rule 3005) I am a guarantor, surety, indorser, or other codebtor or their authorized agent (See Bankruptcy Rule 3005) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief Print Name Title Company Address and telephone number (if different from notice address above) (Signature) (Date)	Middle District of Ter	nnessee		
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I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief Print Name Title Company Address and telephone number (if different from notice address above) Telephone number. email.	Check the appropriate box			
Print Name Title Company Address and telephone number (if different from notice address above) (Signature) (Date) Telephone number, email.	I am the creditor	am the creditor's authorized agent	or their authorized agent	
Title Company Address and telephone number (if different from notice address above) (Signature) (Date) Telephone number. email.	l declare under penalty of p	erjury that the information providedin this claim is	s true and correct to the best of my knowled	ge, information, and reasonable belief
Telephone number. email.	Title			
	Address and telephone num	nber (if different from notice address above)	(Signature)	(Date)
Penalty for proportion transluted the English of the ASSO CO.	Telephone number,	email.		
	Penalty for presenting frame	Nulant days Eye of up to \$500,000		

LIST OF DEBTORS:

Debtor Name	Case Number	
ORECK CORPORATION	3:13-bk-04006	
ASP ORECK, INC.	3:13-bk-04008	
ORECK DIRECT, LLC	3:13-bk-04009	
ORECK HOLDINGS, LLC	3:13-bk-04010	
ORECK HOMECARE, LLC	3:13-bk-04012	
ORECK MANUFACTURING CO.	3:13-bk-04013	
ORECK MERCHANDISING, LLC	3:13-bk-04015	
ORECK SALES, LLC	3:13-bk-04016	
VECTEUR, LLC	3:13-bk-04017	

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions) If the claim is secured, check the box for the nature and value of property that secures the claim,

attach copies of lien documentation and state, as of the date of the bankruptcy filing the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of penjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case

CREDITOR

 Λ creditor is a person, corporation, or other entity to whom the debtor owes a debt that was incurred before the date of the bankruptcy filing Sec 11 U S C $\,$ §101(10)

CLAIM

 Λ claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U S.C $\S101(5)$ A claim may be secured or unsecured

PROOF OF CLAIM

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court

judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED CLAIM

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien

CLAIM ENTITLED TO PRIORITY Under 11 U.S.C. \$507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims

REDACTED

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

EVIDENCE OF PERFECTION

Evidence of perfection may metade a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

ACKNOWLEDGEMENT OF FILING OF

INFORMATION

CLAIM To receive acknowledgment of your filing, you may

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system

(www pacer psc uscourts.gov) for a small fee to view your filed proof of claim

OFFERS TO PURCHASE A CLAIM

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(c), any applicable provisions of the Bankruptcy Code (11 USC §101 et seq), and any applicable orders of the bankruptcy court.

Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

If you have questions you can call (888) 909-0100 or visit www.bmcgroup.com/oreck

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EXHIBIT A

Oreck Corporation

Total number of parties: 5

Exhibit A - Oreck Corporation

Svc Lst	Name and Address of Served Party	Mode of Service
52313	COHEN, TODD, KITE & STANFORD, LLC, DONALD J RAFFERTY, ESQ, (RE: S.I JACOBSON MANUFACTURING COMPANY), 250 EAST FIFTH STREET, SUITE 2350, CINCINNATI, OH, 45202	US Mail (1st Class)
52313	FROST BROWN TODD LLC, R GUY JR, R WHITE, J BERGERON, (RE DDR CORP & REGENCY CENTERS LP), 150 3RD AVENUE SOUTH, SUITE 1900, NASHVILLE, TN, 37201	US Mail (1st Class)
52313	FROST BROWN TODD LLC, R GUY JR, R WHITE, J BERGERON, (RE: GRANT ONE ASSOCIATES LP), 150 3RD AVENUE SOUTH, SUITE 1900, NASHVILLE, TN, 37201	US Mail (1st Class)
52313	FROST BROWN TODD LLC, RONALD GOLD, ESQ, (RE. DDR CORP & REGENCY CENTERS LP), 3300 GREAT AMERICAN TOWER, 301 EAST FOURTH STREET, CINCINNATI, OH, 45202	US Mail (1st Class)
52313	MILLER & MARTIN PLLC, M. CRAIG SMITH, (RE. PARK ASSOCIATES), SUITE 1000, VOLUNTEER BUILDING, 832 GEORGIA AVENUE, CHATTANOOGA, TN, 37402-2289	US Mail (1st Class)

Subtotal for this group: 5