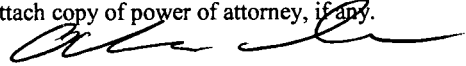



UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor: FRNK Technology Group		Case Number: 13-12415-CSS
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative 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): STATE COMP INS FUND		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: STATE COMP INS FUND PO BOX 9102 PLEASANTON, CA 94566-9102		Court Claim Number: _____ (if known)
Telephone number: 323-266-5102		Filed on: _____
Name and address where payment should be sent (if different from above): ATTN: ALEXIS INNISS STATE FUND PO BOX 92503 MONTEREY PARK CA 90009-9851		<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: 323-266-5102		<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: \$ 203.57		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 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 checked="" 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: WORKER'S COMPENSATION INSURANCE POLICY ISSUED BY STATE COMPENSATION INSURANCE FUND (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: 1855669-06		<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).
3a. Debtor may have scheduled account as: _____ (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) 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 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: \$ _____ Amount Unsecured: \$ _____		<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).
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"/> Taxes or penalties owed to governmental units-11 U.S.C. § 507(a)(8).
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 definition of "redacted" on reverse side).		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ().
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		Amount entitled to priority: \$ _____
If documents are not available, please explain:		<i>*Amounts are subj. and every 3 years t commenced on or w/</i>
Date: 9/25/13	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/ALEXIS INNISS, CREDIT CONSULTANT	FOR COURT USE ONLY PMGI Holdings POC  00004 OCT - 1 AM 9:48 DELAWARE BANKRUPTCY COURT DISTRICT OF DELAWARE

ESTIMATED INVOICE

STATE
 COMPENSATION
 INSURANCE
FUND

P. O. BOX 7980
 SAN FRANCISCO, CA
 94120-7980

AMOUNT ENCLOSED

10000918556690603000101507020000000000000000000

10/15/07 0 B

FRNK TECHNOLOGY GROUP

**245 MOUNT HERMON RD # 137
 SCOTTS VALLEY, CA 95066**

GROUP
 POLICY/UNIT

1855669 - 06 M

NA N 2 US

CHECK BOX AT LEFT FOR ADDRESS CHANGE

ADDRESS
CITY, STATE ZIP

ENCLOSE PAYMENT WITH THIS PORTION OF BILL
 RETAIN LOWER PORTION FOR YOUR RECORDS

REPORT/AUDIT PERIOD	CODE	STANDARD CLASSIFICATION	PAYROLL	RATE	PREMIUM
FROM	TO				
10/20/06	6/21/07	8810-1 CLERICAL OFFICE EMPLOYEES	83936.96	1.38	1,158.33
		TOTAL BASE PREMIUM			1,158.33
		RATING PLAN MODIFIER APPLIED	1.00000		1,158.33
		PREMIUM DISCOUNT MODIFIER APPLIED	1.00000		1,158.33
		TOTAL PREMIUM FOR 10/20/06 - 6/21/07			1,158.33
		INITIAL PREMIUM			944.00CR

A COPY OF THIS BILL HAS BEEN SENT TO THE BROKER LISTED ON YOUR POLICY
 N/R 214.33

PREVIOUS BILLS NOT PAID

CIGA SURCHARGE 2.000% OF	1,158.33	LESS	31.46	-	8.29CR
UEBT (.08120%) + SIBT (.03560%) = .11680% OF	1,158.33	LESS	3.82	-	2.47CR
WCA (.39350%) + WCFA (.08440%) = .47790% OF	1,158.33				
LESS PREVIOUSLY PAID WCA/WCFA SURCHARGE			5.54	-	0.00

PLEASE DISREGARD IF PAYMENT HAS BEEN MADE.

0 944 1855669-06 PAY THIS AMOUNT → \$203.57

STATE
 COMPENSATION
 INSURANCE
FUND
 P.O. BOX 7980
 SAN FRANCISCO, CA 94120-7980

Terms: NET - 10 Days

DATE PAID _____ CHECK NO. _____



2013 OCT -1 AM 9:48

September 25, 2013

Policy #1855669-06

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

THE CLERK'S OFFICE
U.S. BANKRUPTCY COURT
824 Market Street 3rd Floor
Wilmington DE 19801

RE: FRNK Technology Group
Case # 13-12415 (Chapter 11)

To Whom It May Concern:

Please file the enclosed Proof of Claim and return a filed, marked "copy" to this office.

Very truly yours,

Alexis Inniss
CBU Consultant – LA Unit
Workers' Compensation Insurance Representative
323-266-5102
Fax: 323-981-6381
asinnis@scif.com

Encl.

Comp: OSH/ CLAIMS PRO Date : 26Aug13
Name : OSH Weight : 1 LBS
Add : 18675 LAKE DRI State : MN
City : CHANHASSEN Zip : 55317

Reference: OSH CLAIMS

Svc: STANDARD OVERNIGHT Master 5696 8209 2173
TRK: 5696 8209 2184

ORIGIN ID: LGBA (302) 252-3673
LISA M. CICONTE
USBC DISTRICT OF DELAWARE
824 NORTH MARKET STREET
3RD FLOOR
WILMINGTON, DE 19801
UNITED STATES US

SHIP DATE: 26AUG13
ACTWGT: 1.0 LB MAN
CAD: 807436/CAFE2608

BILL SENDER

TO OSH
OSH/ CLAIMS PROCESSING
18675 LAKE DRIVE EAST

RECEIVED

OCT 03 2013

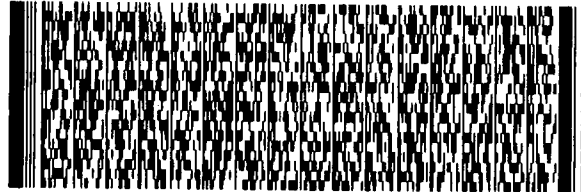
CHANHASSEN MN 55317

BMC GROUP

(952) 404-5722

REF: OSH CLAIMS

512C1/09B9/CF60



FedEx
Express



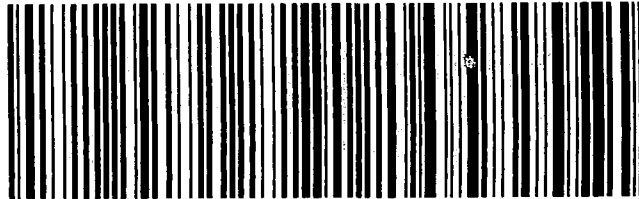
J12131210050125

FedEx
TRK# 5696 8209 2184
0221

THU - 03 OCT AA
STANDARD OVERNIGHT

XH FBLA

55317
MN-US
MSP



Emp# 925171 02OCT13 ILGA 519C1/AB18/93AB