

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>						
Name of Debtor:  <b>PMGI Holdings, Inc.</b>	Case Number:  <b>13-12404</b>	<p style="text-align: center;"><b>COURT USE ONLY</b></p> <p><input type="checkbox"/> Check this box if this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p> <p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>						
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Claims Recovery Group LLC (As Assignee of FRG Waste Resources, Inc.)</b>								
Name and address where notices should be sent: <b>Claims Recovery Group LLC 92 Union Avenue Cresskill, NJ 07626</b>		<p>RECEIVED</p> <p style="text-align: center; font-size: 1.2em;"><b>OCT 21 2013</b></p> <p style="text-align: center; font-size: 1.2em;"><b>BMC GROUP</b></p>						
Telephone number: <b>201.266.6988</b> email: _____								
Name and address where payment should be sent (if different from above):		<p>RECEIVED</p> <p style="text-align: center; font-size: 1.2em;"><b>OCT 21 2013</b></p> <p style="text-align: center; font-size: 1.2em;"><b>BMC GROUP</b></p>						
Telephone number: _____ email: _____								
<p><b>1. Amount of Claim as of Date Case Filed:</b>      <u><b>\$3,536.21</b></u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>								
<p><b>2. Basis for Claim:</b> <u><b>Services performed</b></u> (See instruction #2)</p>								
<b>3. Last four digits of any number by which creditor identifies debtor:</b>	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)						
<p><b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate   <input type="checkbox"/> Motor Vehicle   <input type="checkbox"/> Other Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p>								
<p style="text-align: right;"><b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b></p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;"><b>Basis for perfection:</b> _____</p> <p style="text-align: right;"><b>Amount of Secured Claim:</b>      \$ _____</p> <p style="text-align: right;"><b>Amount Unsecured:</b>                      \$ _____</p>								
<p><b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</td> <td style="width: 33%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).</td> <td style="width: 33%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).</td> </tr> <tr> <td style="width: 33%; vertical-align: top; padding: 5px;"><input type="checkbox"/> 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).</td> <td style="width: 33%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).</td> <td style="width: 33%; vertical-align: top; padding: 5px;"><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).</td> </tr> </table> <p style="text-align: right;"><b>Amount entitled to priority:</b> \$ _____</p>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input type="checkbox"/> 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).	<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)(____).
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<p style="text-align: right;"><b>PMGI Holdings POC</b></p> <p style="text-align: right; font-size: 0.8em;">00014</p>								
<p><i>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i></p>								
<p><b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)</p>								

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving 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 filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (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: Allison Axenrod
Title:
Company: Claims Recovery Group LLC
Address and telephone number (if different from notice address above):
Telephone number: email:

(Signature) (Date) 10/16/13

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.

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, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number: Fill in the federal judicial district in which the bankruptcy case was filed...
Creditor's Name and Address: Fill in the name of the person or entity asserting a claim...
1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the bankruptcy filing...
2. Basis for Claim: State the type of debt or how it was incurred...
3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account...
3a. Debtor May Have Scheduled Account As: Report a change in the creditor's name...
3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here...
4. Secured Claim: Check whether the claim is fully or partially secured.

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...
5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a). If any portion of the claim falls into any category shown, check the appropriate box(es) and state 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...
8. Date and Signature: The individual completing this proof of claim must sign and date it.

## DEFINITIONS

## INFORMATION

**Debtor**

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

**Creditor**

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

**Claim**

A 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. §101 (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 include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**Acknowledgment of Filing of Claim**

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](http://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(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



**FRG Waste Resources, Inc.**

P.O. BOX 10858,  
NAPA, CA 94581

(707) 647-3700  
FAX (707) 647-2990

# INVOICE

DATE  
9/6/2013

INVOICE #  
287704

**BILL TO:**

Friend Finder Networks  
Attn: Facilities  
220 Humboldt Ct  
Sunnyvale, CA 94089

220 Humboldt Ct  
Sunnyvale, CA 94089

P.O. NUMBER	TERMS	PROJECT

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	Program management - waste & recycling disposal for August 2013	800.00	800.00
1	Trash & Recycling disposal	2,461.21	2,461.21
1	Shred service	150.00	150.00
1	Recycling pickups - 8/20	125.00	125.00
	Sales Tax	8.50%	0.00
		<b>TOTAL</b>	<b>\$3,536.21</b>

**P**

US POSTAGE & FEES PAID  
PRIORITY MAIL  
FLAT-RATE ENVELOPE  
COMMERCIAL BASE PRICING

062S0007344972  
FROM 07626



stamps.com  
10/16/2013

**PRIORITY MAIL 2-DAY™**

CRG LLC  
92 UNION AVE  
CRESSKILL NJ 07626

RECEIVED

OCT 21 2013

0006

BMC GROUP

**B050**

SHIP TO: BMC Group, Inc.  
Attn: FriendFinder Networks Inc. Claims  
Processing  
PO Box 3020  
Chanhassen MN 55317-3020



**USPS TRACKING #**



9405 5118 9956 0552 7246 69