

UNITED STATES BANKRUPTCY COURT District of Delaware		PROOF OF CLAIM
Name of Debtor: FriendFinder California Inc.		Case Number: 13-12413
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): Pacific Bell Telephone Company		COURT USE ONLY
Name and address where notices should be sent: Pacific Bell Telephone Company % AT&T Services, Inc Karen A. Cavagnaro - Lead Paralegal One AT&T Way, Room 3A104 Bedminster, NJ 07921 Telephone number: (908) 532-1957 email: km1426@att.com		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		RECEIVED NOV 13 2013 BMC GROUP
1. Amount of Claim as of Date Case Filed: <u>\$10,289.41</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <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.		
2. Basis for Claim: <u>Services Performed</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>See Attached</u>	3a. Debtor may have scheduled account as: <u>See Attached</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (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. 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 _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
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.		
<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). Amount entitled to priority: \$ _____
<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)(____). Amount entitled to priority: \$ _____
*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		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruc		

PMGI Holdings POC



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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: Greg Wofford
Title: Bankruptcy Representative
Company: Pacific Bell Telephone Company
Address and telephone number (if different from notice address above):


(Signature) 11/11/2013
(Date)

Telephone number: _____ email: _____

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 (for example, Central District of California), the 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 the 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 perjury 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

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.

INFORMATION

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) 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.

Pre-petition Claim Documentation

Creditor: Pacific Bell Telephone Company

Debtor: FriendFinder California Inc.

District Court: District of Delaware

File Date: 09/17/2013

Chapter: 11

Total Filed Amount: \$10,289.41

Account Number	Billed Amount Due	Account Number	Billed Amount Due
5835	\$15.33		
3429	\$1,349.35		
9579	\$719.27		
3793	\$6,322.24		
5555	\$1,883.22		



LOU PASQUALE
FRIEND FINDER
220 HUMBOLDT CT
SUNNYVALE CA 94089-1315

Page: 1 of 2
Bill Cycle Date: 08/13/13 - 09/12/13
Account: ██████████ 5835

Visit us online at: www.att.com

U-verse Statement

Bill-At-A-Glance

Previous Balance	\$55.00
Payment - 09/05 - Thank You!	\$55.00CR
Adjustments	\$0.00
Balance	\$0.00
New Charges	\$55.00
Total Amount Due	\$55.00
Amount Due in Full by	Oct 07, 2013

Service Summary

Service	Page	Total
U-verse Internet	1	\$55.00
Total New Charges		\$55.00

U-verse Internet

Monthly Charges - Sep 13 thru Oct 12

1. AT&T U-verse Internet Express	40.00
2. Static IP 8	15.00
Total Monthly Charges	55.00
Total U-verse Internet	55.00

Important Information

LATE FEE

A Late Payment Charge of \$5.00 will be assessed if payment is not received on or before the due date.

HOW TO READ YOUR BILL

See a sample bill online at www.att.com/uversecentral in the Support section, or refer to your AT&T U-verse Feature Guide.

MOVING SOON?

Moving with U-verse is free and easy. Let AT&T set up your U-verse services at your new home. Call 877.998.1571 or visit att.com/MoveYourUverse today to see if U-verse is available in your new neighborhood.

ENROLL IN AT&T U-VERSE PAPERLESS BILLING

- * Make secure online payments 24x7
- * View and print copies of your bills
- * Add automatic payments for more convenience

Log in to AT&T Online Account Management
<https://www.att.com/ugreen> and select Bill & Payments, then sign up for Paperless Billing.

ELECTRONIC CHECK CONVERSION

Paying by check authorizes AT&T to use the information from your check to make a one-time electronic fund transfer from your account. Funds may be withdrawn from your account as soon as the same day your payment is received. If we cannot process the transaction electronically, you authorize AT&T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your AT&T Service Agreement. Returned checks may be presented electronically. If you want to save time and stamps, sign up for auto payment at www.att.com/stoppaper using your checking account. It's

How to Contact Us:

For Ordering, Billing, or Support: Call 888-288-8339
For Online Billing and Account Support:
[Visit att.com/bill](http://att.com/bill)

For Important Information about your bill, please see the **News You Can Use** section (Page 1).

Return bottom portion with your check in the enclosed envelope
Payments may take 7 days to post

AT&T U-verse(SM) Services provided by AT&T California

DUE BY: Oct 07, 2013 \$55.00



CHECK FOR AUTO PAY
(SEE REVERSE)

Account Number ██████████ 5835-██████████
Please include account number on your check

LOU PASQUALE
FRIEND FINDER
220 HUMBOLDT CT
SUNNYVALE CA 94089-1315

Make checks payable to:
AT&T
PO BOX 5014
CAROL STREAM, IL 60197-5014





FRIEND FINDER INC
220 HUMBOLDT CT
SUNNYVALE CA 94089 - 1315

Page 1 of 2
Account Number **3 429**
Billing Date Sep 7, 2013
Web Site att.com

Bill-At-A-Glance

Previous Bill	1,349.35
Payment Received 8-26 Thank you!	1,349.35CR
Adjustments	.00
Balance	.00
Current Charges	1,349.35
Total Amount Due	\$1,349.35
Amount Due in Full by	Oct 7, 2013

Billing Summary

Billing Questions? Visit att.com/billing Page

Plans and Services	1	1,349.35
1 800 321-2000		
Change to Service:		
1 800 321-2000		
Monthly Service		1,327.52
Surcharges and Other Fees		14.91CR
Government Fees and Taxes		36.74
Total Current Charges		1,349.35

Plans and Services

Monthly Service - Sep 7 thru Oct 6

Item No.	Circuit Number	Circuit ID	
1.	██████████	0001	331.88
2.	██████████	0002	331.88
3.	██████████	0003	331.88
4.	██████████	0004	331.88
Total Monthly Service			1,327.52

Surcharges and Other Fees

5. Rate Surcharge	17.27CR
6. State Regulatory Fee	2.36
Total Surcharges and Other Fees	14.91CR

Government Fees and Taxes

7. CA High Cost Fund Surcharge- A:	5.24
8. CA High Cost Fund-B and CA Advanced Svc Fund	6.08
9. California Teleconnect Fund Surcharge	7.73
10. Universal Lifeline Telephone Service Surcharge	15.07
11. CA Relay Service and Communications Devices Fund	2.62
Total Government Fees and Taxes	36.74

Total Plans and Services 1,349.35

News You Can Use

PREVENT DISCONNECT

All charges must be paid each month to keep your account current. However, "basic service" and its applicable taxes and surcharges MUST be paid to avoid disconnection. Currently, for this account that amount is \$1,327.52. Failure to pay non-basic charges may result in other collection activities, including restriction of toll calls.

CARRIER INFORMATION

Our records show that you have not selected a primary local toll or a long distance carrier. Please contact us if this does not agree with your records.

THIRD-PARTY BLOCKING

AT&T sometimes bills charges on behalf of other companies. AT&T offers third-party bill blocking to prevent billing of certain "enhanced" service charges, at no charge. Third-party bill blocking does not affect billing for long-distance, directory assistance, operator service or 900 charges. It also does not affect billing by AT&T affiliates or members of AT&T marketing alliances. To order third-party bill blocking, please call us at the toll free number on your bill. For additional information regarding third-party charges, please visit us online at att.net/smartcontrols-Cramming.

News You Can Use Summary

- PREVENT DISCONNECT
 - THIRD-PARTY BLOCKING
 - CARRIER INFORMATION
 - WHITE PAGE CHANGES
- See "News You Can Use" for additional information

Local Services provided by AT&T California or AT&T Nevada based upon the service address location.

GO GREEN - Enroll in paperless billing.

Return bottom portion with your check in the enclosed envelope.

DUE BY: Oct 7, 2013

\$1,349.35

Amount After Oct 9, 2013 \$1,369.59



Billing Date Sep 7, 2013

Account Number **3 429**
Please include your account number on your check

FRIEND FINDER INC
220 HUMBOLDT CT
SUNNYVALE CA 94089 - 1315

Make check payable to:
AT&T
PO BOX 5025
CAROL STREAM IL 60197-5025



FRIEND FINDER INC
220 HUMBOLDT CT
SUNNYVALE CA 94089 - 1315

Page 1 of 2
Account Number [REDACTED] 9 579
Billing Date Sep 11, 2013
Web Site att.com

Bill-At-A-Glance

Previous Bill	739.96
Payment Received 9-03 Thank you!	739.96CR
Adjustments	.00
Balance	.00
Current Charges	719.27
Total Amount Due	\$719.27
Amount Due in Full by	Oct 3, 2013

Billing Summary

Billing Questions? Visit att.com/billing Page

Plans and Services	1	719.27
Change to Service:		
1 800 321-2000		
1 800 321-2000		
Total Current Charges		719.27

Plans and Services

Monthly Service - Sep 11 thru Oct 10

1. Monthly Charges	639.50
Surcharges and Other Fees	
2. Federal Subscriber Line Charge	23.95
3. Digital Line Port Charge	32.80
4. Rate Surcharge	8.28CR
5. State Regulatory Fee	1.14
6. Federal Universal Service Fee	9.55
Total Surcharges and Other Fees	69.18
Government Fees and Taxes	
7. CA High Cost Fund Surcharge - A:	2.52
8. CA High Cost Fund - B and CA Advanced Svc Fund	2.93
9. California Teleconnect Fund Surcharge	3.72
10. Universal Lifeline Telephone Service Surcharge	7.26
11. CA Relay Service and Communications Devices Fund	1.26
12. 9-1-1 Emergency System	.20
13. Federal	1.92
14. Local	.80
Total Government Fees and Taxes	20.61
Total Plans and Services	719.27

News You Can Use

PREVENT DISCONNECT
All charges must be paid each month to keep your account current. However, "basic service" and its applicable taxes and surcharges MUST be paid to avoid disconnection. Currently, for this account that amount is \$705.80. Failure to pay non-basic charges may result in other collection activities, including restriction of toll calls.

CARRIER INFORMATION
Our records show that you have not selected a primary local toll or a long distance carrier. Please contact us if this does not agree with your records.

THIRD-PARTY BLOCKING
AT&T sometimes bills charges on behalf of other companies. AT&T offers third-party bill blocking to prevent billing of certain "enhanced" service charges, at no charge. Third-party bill blocking does not affect billing for long-distance, directory assistance, operator service or 900 charges. It also does not affect billing by AT&T affiliates or members of AT&T marketing alliances. To order third-party bill blocking, please call us at the toll free number on your bill. For additional information regarding third-party charges, please visit us online at att.net/smartcontrols-Cramming.

News You Can Use Summary

- PREVENT DISCONNECT
 - THIRD-PARTY BLOCKING
 - CARRIER INFORMATION
 - WHITE PAGE CHANGES
- See "News You Can Use" for additional information

Local Services provided by AT&T California or AT&T Nevada based upon the service address location.
GO GREEN - Enroll in paperless billing.

Return bottom portion with your check in the enclosed envelope.

DUE BY: Oct 3, 2013 \$719.27 Amount After Oct 15, 2013 \$730.06



Billing Date Sep 11, 2013

Account Number [REDACTED] 9 579
Please include your account number on your check

FRIEND FINDER INC
220 HUMBOLDT CT
SUNNYVALE CA 94089 - 1315

Make check payable to:
AT&T
PO BOX 5025
CAROL STREAM IL 60197-5025



FRIEND FINDER INC
220 HUMBOLDT CT
SUNNYVALE CA 94089 - 1315

Page 1 of 15
Account Number [REDACTED] 3 493
Billing Date Sep 11, 2013
Web Site att.com

Bill-At-A-Glance

Previous Bill	6,060.76
Payment Received 9-03 Thank you!	6,060.76CR
Adjustments	.00
Balance	.00
Current Charges	6,322.24
Total Amount Due	\$6,322.24
Amount Due in Full by	Oct 3, 2013

Billing Summary

Billing Questions? Visit att.com/billing	Page
Plans and Services	1 3,148.91
Change to Service:	
1 800 321-2000	
1 800 321-2000	
AT&T Long Distance	6 3,173.33
1 800 321-2000	
Total Current Charges	6,322.24

News You Can Use Summary

- PREVENT DISCONNECT
 - THIRD-PARTY BLOCKING
 - CARRIER INFORMATION
 - WHITE PAGE CHANGES
- See "News You Can Use" for additional information

Plans and Services

Monthly Service - Sep 11 thru Oct 10	
1. Monthly Charges	1,570.50

Local Usage

Local Calls (Zones 1 and 2)

If you subscribe to a voicemail service and/or the Call Forwarding feature, local usage charges apply when retrieving mailbox messages and/or each time the Call Forwarding feature is activated.

Item No.	Description	Calls/Initial Minutes	Additional Minutes	
Charges for [REDACTED]				
2.	Day Calls	512	1724	190.08
3.	Evening Calls	143	766	77.27
4.	Night Calls	173	1491	141.44
Total Charges for [REDACTED]				408.77
Charges for [REDACTED]				
5.	Day Calls	2	3	.43
6.	Evening Calls	0	0	.00
7.	Night Calls	1	0	.09
Total Charges for [REDACTED]				.52
Total Local Calls (Zones 1 and 2)				409.29

Zone 3 Calls

Item No.	Date	Time	Place Called	Number	Code	Min	
Charges for 408541-2703							
8.	8-12	1045A	UNION CITYCA	[REDACTED]	D	3	.27
9.	8-12	1112A	SNJS SOUTHCA	[REDACTED]	D	2	.18
10.	8-12	428P	SNJS SOUTHCA	[REDACTED]	D	1	.09
11.	8-12	653P	FRNK MAIN CA	[REDACTED]	E	1	.09
12.	8-13	1155A	FRNK MAIN CA	[REDACTED]	D	2	.18
13.	8-13	1200P	FRNK MAIN CA	[REDACTED]	D	1	.09
14.	8-13	245P	FRNK MAIN CA	[REDACTED]	D	10	.90
15.	8-13	542P	REDWOOD CYCA	[REDACTED]	E	1	.09
16.	8-13	745P	SNJS SOUTHCA	[REDACTED]	E	2	.18
17.	8-14	1055A	REDWOOD CYCA	[REDACTED]	D	1	.09
18.	8-14	1056A	REDWOOD CYCA	[REDACTED]	D	1	.09
19.	8-14	340P	REDWOOD CYCA	[REDACTED]	D	1	.09
20.	8-14	851P	REDWOOD CYCA	[REDACTED]	E	3	.27
21.	8-15	438P	REDWOOD CYCA	[REDACTED]	D	1	.09
22.	8-15	615P	SNJS SOUTHCA	[REDACTED]	E	7	.63
23.	8-15	727P	SNJS SOUTHCA	[REDACTED]	E	1	.09
24.	8-15	756P	SNJS SOUTHCA	[REDACTED]	E	1	.09
25.	8-16	1141A	WOODSIDE CA	[REDACTED]	D	1	.09
26.	8-16	344P	SNJS SOUTHCA	[REDACTED]	D	13	1.17
27.	8-16	433P	SNJS SOUTHCA	[REDACTED]	D	1	.09
28.	8-19	1115A	SNJS SOUTHCA	[REDACTED]	D	1	.09
29.	8-19	1133A	SNJS SOUTHCA	[REDACTED]	D	2	.18

Local Services provided by AT&T California or AT&T Nevada based upon the service address location.

GO GREEN - Enroll in paperless billing.

Return bottom portion with your check in the enclosed envelope.

DUE BY: Oct 3, 2013 \$6,322.24 Amount After Oct 15, 2013 \$6,417.07



Billing Date Sep 11, 2013

Account Number [REDACTED] 3 493
Please include your account number on your check

FRIEND FINDER INC
220 HUMBOLDT CT
SUNNYVALE CA 94089 - 1315

Make check payable to:
AT&T
PO BOX 5025
CAROL STREAM IL 60197-5025



ANDREW CONRU DBA FRIEND
 FINDER INC
 220 HUMBOLDT CT
 SUNNYVALE CA 94089 - 1315

Page 1 of 2
 Account Number ██████████ 5 555 █
 Billing Date Sep 23, 2013
 Web Site att.com

Bill-At-A-Glance

Previous Bill	943.29
Payment	.00
Adjustments	14.15
Past Due - Please Pay Immediately	957.44
Current Charges	925.78
Total Amount Due	\$1,883.22
Current Charges Due in Full by	Oct 15, 2013

Billing Summary

Billing Questions? Visit att.com/billing

AT&T Summary Billing Account Services	15.45
1 800 321-2000	
Change to Service:	
1 800 321-2000	
Customized Billing Services	15.20
Surcharges and Other Fees	.17CR
Government Fees and Taxes	.42
Individual Account Summary	816.08
Promotions and Discounts	166.55CR
Monthly Service	825.05
Additions and Changes to Services	1.32
Local Usage	.94
Surcharges and Other Fees	89.62
Government Fees and Taxes	65.70
AT&T Internet Services	75.00

News You Can Use Summary

- PREVENT DISCONNECT
 - THIRD-PARTY BLOCKING
 - CARRIER INFORMATION
 - WHITE PAGE CHANGES
- See "News You Can Use" for additional information

Billing Summary

Billing Questions? Visit att.com/billing

AT&T Long Distance	19.25
Total Current Charges	925.78

Detail of Payments and Adjustments

Item No.	Date	Description	Adjustments	Payments
Charges for ██████████				
Reference Number				
1.	9-25	Late Payment Charge	14.15	

AT&T Summary Billing Account Services

Customized Billing Services

Item No.	Description	Quantity	Rate	
Charges On Sep 23, 2013				
2.	Account(s) on Summary Billing	8 acct(s)	1.90	15.20
Surcharges and Other Fees				
3.	Rate Surcharge			.20CR
4.	State Regulatory Fee			.03
Total Surcharges and Other Fees				
				.17CR
Government Fees and Taxes				
5.	CA High Cost Fund Surcharge - A:			.08
6.	CA High Cost Fund-B and CA Advanced Svc Fund			.07
7.	California Teleconnect Fund Surcharge			.09
8.	Universal Lifeline Telephone Service Surcharge			.17
9.	CA Relay Service and Communications Devices Fund			.03
Total Government Fees and Taxes				
				.42
Total AT&T Summary Billing Account Services				15.45

Individual Account Summary

Item No.	Type	Balance	Payment	Adjustment
Charges for ██████████				
10.				402.75
Charges for ██████████				
11.				48.96

Local Services provided by AT&T California or AT&T Nevada based upon the service address location.

GO GREEN - Enroll in paperless billing.

Return bottom portion with your check in the enclosed envelope.

DUE BY: Oct 15, 2013 \$1,883.22

Amount After Oct 25, 2013 \$1,911.47



Past Due Charges - \$957.44 - Please Pay Immediately
 Billing Date Sep 23, 2013

Account Number ██████████ 5 555 █
 Please include your account number on your check

ANDREW CONRU DBA FRIEND
 FINDER INC
 220 HUMBOLDT CT
 SUNNYVALE CA 94089 - 1315

Make check payable to:
 AT&T
 PO BOX 5025
 CAROL STREAM IL 60197-5025

COPY

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT District of Delaware		PROOF OF CLAIM
Name of Debtor: FriendFinder California Inc.	Case Number: 13-12413	
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): Pacific Bell Telephone Company		
Name and address where notices should be sent: Pacific Bell Telephone Company % AT&T Services, Inc Karen A. Cavagnaro - Lead Paralegal One AT&T Way, Room 3A104 Bedminster, NJ 07921 Telephone number: (908) 532-1957 email: km1426@att.com		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: email:		<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.
1. Amount of Claim as of Date Case Filed: <u>\$10,289.41</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <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.		
2. Basis for Claim: <u>Services Performed</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>See Attached</u>	3a. Debtor may have scheduled account as: <u>See Attached</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (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. 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 _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
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. <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)(____). Amount entitled to priority: \$ _____		
*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.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

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: Greg Wofford
Title: Bankruptcy Representative
Company: Pacific Bell Telephone Company
Address and telephone number (if different from notice address above):



(Signature) 11/11/2013
(Date)

Telephone number: _____ email: _____

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 (for example, Central District of California), the 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 the 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 perjury 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

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.

INFORMATION

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) 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 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Pre-petition Claim Documentation

Creditor: Pacific Bell Telephone Company

Debtor: FriendFinder California Inc.

District Court: District of Delaware

File Date: 09/17/2013

Chapter: 11

Total Filed Amount: \$10,289.41

Account Number	Billed Amount Due	Account Number	Billed Amount Due
5835	\$15.33		
3429	\$1,349.35		
9579	\$719.27		
3793	\$6,322.24		
5555	\$1,883.22		



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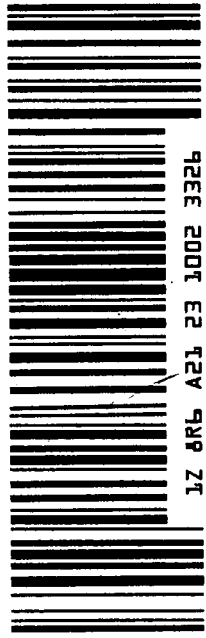
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