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U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA
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# UNITED STATES BANKRUPTCY COURT
# NORTHERN DISTRICT OF GEORGIA

## Request for Change of Address

Case Name: Pike Nursery Holding, LLC

Case No.: 07-79129-mgd Chapter: 11

**Change of Address for:**
Debtor ☐ Creditor ☑ Attorney for Debtor ☐ Attorney for Creditor ☐

**Change for:**
Notices ONLY ☐ Payments ONLY ☐ Notices and Payments ☑

EFFECTIVE DATE OF CHANGE: immediately - 9/12/16

Name: S.D. Walker Nursery Farm

Prior Address: 13262 US Hwy 92E
Dover, FL 33527-4120

**********

New Address: S.D. Walker Nursery Farm
P.O. Box 781
Hoschton, GA 30548

Change of Address Was Furnished By: Debtor ☐ Creditor ☑ Attorney ☐

Date: 9/12/16

Signature of Filer: S.D. Walker Nursery Farm, Managing Director
Telephone Number: 770-331-4703

**IF FILED BY ATTORNEY**

Attorney Name:

Bar ID:
Address:

Revised August 2012

FORM B10 (Official Form 10) (04/07)

**UNITED STATES BANKRUPTCY COURT**
**NORTHERN DISTRICT OF GEORGIA**

**PROOF OF CLAIM**

Name of Debtor
Pike Nursery Holding LLC

Case Number 07-79129-mgd
Chapter 11

**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):
S.D. WALKER NURSERY FARM

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and Address where notices should be sent:

S.D. WALKER NURSERY FARM
13262 US HWY 92 E
DOVER, FL 33527-4120

Claim #68
per BNANA-BMC
01-17-08

☐ Check box if you have never received any notices from the bankruptcy court in this case.
☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number:

THIS SPACE IS FOR COURT USE ONLY

Last four digits of account or other number by which creditor identifies debtor: PIKE

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated:_____

**1. Basis for Claim**
☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of your SS #: _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

**2. Date debt was incurred:** 9/14/2007 - 11/2/2007

**3. If court judgment, date obtained:**

**4. Classification of Claim.** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

**Unsecured Nonpriority Claim** $ 37,018.78
☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

**Unsecured Priority Claim**
☒ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority
Amount entitled to priority $ 65,400.00
Specify the priority of the claim:
☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
☐ 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).
☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).

**Secured Claim**
☐ Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle ☐ Other_____
Value of Collateral: $_____
Amount of arrearage and other charges at time case filed included in secured claim, if any: $_____

☐ 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).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☒ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(__). 11 U.S.C. 507(a)(3)
*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.*

**5. Total Amount of Claim at Time Case Filed:**

| | (unsecured) | (secured) | (priority) | (Total) |
|---|---|---|---|---|
| | $ 37,018.78 | | 65,400.00 | 102,418.78 |

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**6. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
**7. Supporting Documents:** *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.
**8. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY
DO NOT STAPLE OR FOLD CLAIM
07-79129
9958218

Date 12/11/2007

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Mary Dodson

See www.ganb.uscourts.gov for information on filing claims electronically.

*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.