


<b>UNITED STATES BANKRUPTCY COURT</b> Middle District of Florida		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Taylor, Bean &amp; Whitaker Mortgage Corporation</b>		Case Number: <b>3:09-07047-JAF</b>
NOTE: <i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Gulf Telephone Company, Inc. dba CenturyLink</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <b>CenturyLink, c/o Rex D. Rainach, APLC                  3622 Government Street, Baton Rouge, LA 70806-5720</b>		Court Claim Number: _____ (If known)
Telephone number: <b>(225) 343-0643</b>		Filed on: _____
Name and address where payment should be sent (if different from above): <p style="text-align: center;"><b>CLERK, U. S. BANKRUPTCY COURT                  MIDDLE DISTRICT OF FLORIDA</b></p>		<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:		<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:      \$ <u>518.51</u>		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 following categories, check the box and state the amount.  Specify the priority of the claim.  <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 \$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).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> 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).  <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: \$ _____
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 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: <u>Services provided</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
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: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
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 instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
Date: <b>11/30/2009</b>	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/ Rex D. Rainach    Attorney for CenturyLink		FOR COURT USE ONLY T, B & W Mortgage Corp.  00349

P.O. Box 4300  
 Carol Stream, IL 60197-4300

Page: 1 of 5  
 Bill Date: Sep. 07, 2009

Previous Balance	Payments	Adjustments Credits	Current Charges
913.84	0.00	0.00	954.45

**IMPORTANT NEWS**

**Payment Summary**

Previous Balance 913.84  
 Less Payments 0.00

**Balance** 913.84

**Adjustments/Credits Summary**

Adjustments to Previous Balance 0.00

**Total Adjustments** 0.00

**Current Charge Summary**

Monthly Charges 818.11  
 One-Time Charges 0.00  
 Usage Charges 0.00  
 Discount 0.00  
 Adjustments 0.00  
 Taxes, Fees, and Surcharges 92.84  
 Late Fee 43.50

**Total Current Charges** 954.45

\* Essential Charges 815.28  
 Nonessential Charges 139.17

**Due Date Oct. 05, 2009 Amount Due 1,868.29**

**\* Failure To Pay Essential Charges May Result In Disconnection of Basic Local Services**

Just a friendly reminder that your account is past due. If you have already made your payment, thank you for bringing your account up to date.

\*\*\*PLEASE FOLD, TEAR HERE AND RETURN THIS PORTION WITH YOUR PAYMENT\*\*\*

PLEASE REMIT PAYMENT TO:

CenturyTel  
 P.O. Box 4300  
 Carol Stream, IL 60197-4300

Account No. [REDACTED] 0711

Amount Due By Oct. 05, 2009 1,868.29

HMC - HOME MORTGAGES COMPANY  
 813 ESTELLA ST  
 FAIRHOPE, AL 36532

post - 954.45  
 - 305.33  
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 519.51

FOR CHANGE OF ADDRESS OR PAYMENT AUTHORIZATION:  
 Please check here and complete reverse. Thank you.