

FL-Jacksonville

In re (Name of Debtor)
Taylor Bean Whitaker Mortgage Corp

Case Number 09-07047
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 U.S.C. § 503.

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor
(The Person or other entity to whom the debtor owes money or property)
Pitney Bowes Credit Corporation

- 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.
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.

Name and Address Where Notices Should be Sent
Pitney Bowes Credit Corporation
Attn: Recovery Dept.
27 Waterview Dr.
Shelton, CT 06484-4361

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
8000-9000-0274-2504

Check here if this claim replaces a previously filed claim
amends claim dated

CLAIM FILED

JACKSONVILLE, FLORIDA

JAN 28 2010

CLERK, U. S. BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA

1. BASIS FOR CLAIM

- Goods sold
Services performed
Money loaned
Personal injury/wrongful death
Taxes
Other (Describe briefly)

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
Wages, salaries, and compensation (Fill out below)
Your social security number
Unpaid compensation for services performed
From to (date) (date)

Postage

2. DATE DEBT WAS INCURRED
8/23/2009

3. IF COURT JUDGMENT, DATE OBTAINED

3. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

4. SECURED CLAIM \$

Attach evidence of perfection of security interest

Brief Description of Collateral:

- Real Estate
Motor Vehicle
Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any

UNSECURED NONPRIORITY CLAIM \$4,181.56

A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$

Arrears:

*If legal or collection fees are uncured, they may be added to this total

Specify the priority of the claim.

- Wages, salaries, or commissions (up to \$4000),*earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(3)
Contributions to an employee benefit plan-11 U.S.C. §507 (a)(4)
Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. § 507. (a)(6)
Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U.S.C. §507 (a)(7)
Taxes or penalties of governmental units-11 U.S.C. §507 (a)(8)
Other-Specify applicable paragraph of 11 U.S.C 507 (a)
*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: Secured Claim Unsecured Non Priority Unsecured Priority \$4,181.56

(Total)

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

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain: If the documents are voluminous, attach a summary.

8. TIME STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

T, B & W Mortgage Corp.



Date
1/14/10

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)

Grisselle Betancourt, Bankruptcy Coordinator



Purchase Power

Statement for August 23, 2009

Account Name: Accounts Payable
Purchase Power Account Number: 8000-9000-0274-2504
Postage By Phone Number: 18159418
Customer Identification #: 15427017866
Credit Limit: \$8,000.00 Available Credit: \$3,818.44
Purchase Power Reward Points Available: 38,277

Questions about this statement:
Call: 1-800-243-7800
When prompted please enter your 16-digit account number located at the top.

Purchase Power Account Summary

Table with 2 columns: Description, Amount. Rows include Previous Balance (\$1,700.00), Payments (\$2,424.10), Credits and Other Charges (\$39.00), Finance Charges (\$18.46), New Amount Due (\$4,181.56), and Minimum Amount Due By: 09/20/09 (\$210.00).

Pay for your permit mail the same way you pay for your meter mail today. Visit www.pbpermit.com to find out more.

You have earned 0 reward points this month. To view or redeem your points please visit www.pb.com/RewardMe.

PURCHASEPOWER
PO BOX 5135
SHELTON, CT 06484-7135

PAYMENT COUPON

Form with fields: Purchase Power Acct Number (8000-9000-0274-2504), Total Amount Due (\$4,181.56), Minimum Payment (\$210.00), Payment Due Date (09/20/09), Amount of Payment Enclosed (\$).

MAKE CHECKS PAYABLE TO:

Accounts Payable
TAYLOR, BEAN & WHITAKER
315 NE 14TH ST
OCALA FL 34470-4112

Barcode
PURCHASE POWER
PO BOX 856042
LOUISVILLE KY 40285-6042

Check here and note changes to address and phone number on back
When making payments please reference Account Number noted at the top of the page.

99 8000 9000 0274 2504 00021000 00418156



Purchase Power

Payments

Tran Date	Post Date	Description	Amount
08/08	08/09	PAYMENT RECEIVED --THANK YOU	-\$1,700.00
08/08	08/17	RETURN	\$4,124.10

Total Payments: \$2,424.10

Credits and Other Charges

Tran Date	Post Date	Description	Amount
08/17	08/17	RETURN CHECK FEE	\$39.00

Total Credits and Other Charges: \$39.00

Finance Charges

	Average Daily Balance \$	Daily Periodic Rate	ANNUAL PERCENTAGE RATE	Periodic FINANCE CHARGE
Postage/Supplies	\$2,920.58	0.060%	22.00%	\$18.46

Total Finance Charges: \$18.46

Important Contact Information

Need Help with this bill?
 Call: 1-800-243-7808:00 a.m. to 8:00 p.m. EST
 Enter your 16-digit account number located at the top of this page.

Need Help with your Meter?
 Call: 1-800-522-0020
 8:00 a.m. to 8:00 p.m. EST

Need Help with your Permit Account?
 Call: 1-888-737-6486
 8:00 a.m. to 8:00 p.m. EST

To order supplies visit www.pb.com/supplies or call 1-800-243-7824

Purchase Power

SEND OVERNIGHT CHECKS TO:
 PURCHASE POWER
 FIRST EXPRESS REMITTANCE PROCESSING
 5101 INTERCHANGE WAY
 LOUISVILLE KY 40229-2161

Please complete for change of contact information.

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____

E-MAIL: _____