
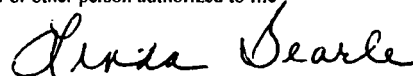


B-10 (Official Form ID) (04/07)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF INDIANA		FILED	PROOF OF CLAIM
Name of Debtor: TWG CAPITAL, INC	Case Number: 12-11019	U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF INDIANA 12 OCT 11 AM 11:17 KEVIN P. DEMPSEY CLERK	
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): Cincinnati Bell Any Distance	<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notice from bankruptcy court in this case. <input type="checkbox"/> 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: Cincinnati Bell Any Distance 221 E. 4th Street ML121-1095 Cincinnati, Ohio 45202 Telephone Number: 513-397-9900	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor: 4359127 / 4359045	Check her if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends	a previously filed claim, dated:	
1. Basis for Claim: <input type="checkbox"/> Goods sold <input type="checkbox"/> Wrongful injury/death <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) From to <input checked="" type="checkbox"/> Telephone Service <input type="checkbox"/> Other			
2. Date debt was incurred:		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 the case was filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$1276.19 <input type="checkbox"/> 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 c) none or only part of your claim is entitled to priority.			
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority: 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 - U.S.C. § 507(a)(5).		Secured Claims: <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral: Amount of arrearage and other charges at time case filed included in secured claim if any: <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"/> Specify applicable paragraph of 11 U.S.C. § 507(a)(). *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: \$1276.19 (unsecured) \$0.00 (secured) \$0.00 (priority) \$1276.19 (total) <input type="checkbox"/> 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.		RECEIVED NOV 09 2012 BMC GROUP	
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		TIII S SPA CE IS FOR COU RT	
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 voluminous, attach a summary.		<input checked="" type="checkbox"/> ENVELOPE NOT PROVIDED <input checked="" type="checkbox"/> COPIES NOT PROVIDED	
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.		TWG Capital POC  00004	
Date: 10/03/2012	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): 		

Cincinnati Bell PO Box 1199
Cincinnati, OH 45201-1199

INVOICE DATE 09/01/12	AMOUNT ENCLOSED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
ACCOUNT # 4359127	DUE DATE 10/01/12
TOTAL AMOUNT DUE 344.23	

Check box for change of address (see reverse)

PLEASE MAKE CHECK PAYABLE TO:



Cincinnati Bell
P.O. Box 748001
Cincinnati OH 45274-8001

TWG CAPITAL
6666 EAST 75TH STREET
INDIANAPOLIS IN 46250-0000

01-59429
A9-A9-NO
410

4359127ZZZZZZZ9*****0977*000000000000034423

FINAL BILL



TWG CAPITAL

6666EAST 75TH STREET
INDIANAPOLIS, IN 46250-0000

10/03/12

Account #:

4359045

Total Amount Due: \$931.96

CINCINNATI BELL TELEPHONE

Attn: Bankruptcy Specialist
221 E 4th Street (121-800)
CINCINNATI OH 45202

Cincinnati Bell

CINCINNATI OH 45274-8003

Southern District of Indiana Claims Register

12-11019-BHL-11 TWG Capital, Inc.

Judge: Basil H. Lorch, III **Chapter:** 11
Office: Indianapolis **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (11743579) History **Claim No: 4** *Status:*
Cincinnati Bell Any Distance *Original Filed* *Filed by: CR*
221 E 4th Street ML 121-1095 *Date: 10/11/2012* *Entered by: Kenneth Wu*
Cincinnati, OH 45202 *Original Entered* *Modified:*
Date: 10/11/2012

Amount claimed: \$1276.19

History:

Details 4-1 10/11/2012 Claim #4 filed by Cincinnati Bell Any Distance, Amount claimed: \$1276.19 (kwu)

Description:

Remarks:

Claims Register Summary

Case Name: TWG Capital, Inc.
Case Number: 12-11019-BHL-11
Chapter: 11
Date Filed: 09/14/2012
Total Number Of Claims: 1

Total Amount Claimed*	\$1276.19
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		