


B 10 (Official Form 10) (04/10)

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <u>Axis Onshore, LP</u>		Case Number: <u>10-33569</u>
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): <u>Leslie M Cooper</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <u>2907 Highway 966 Saint Francisville, LA 70775</u>		Court Claim Number: _____ (If known)
Telephone number: <u>225 635-5454</u>		Filed on: _____
Name and address where payment should be sent (if different from above): <u>same</u>		<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>390.00</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.
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 performed</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: <u>NA</u>		<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) 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).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
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 <u>RECEIVED</u> Describe: _____  Value of Property: \$ _____ Annual Interest Rate _____ % <u>JUL 07 2010</u>  Amount of arrearage and other charges as of time case filed included in secured claim, <u>BMC GROUP</u>  If any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. <u>none</u>		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
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:		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).  Amount entitled to priority: \$ _____  *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Date: <u>6/24/10</u>	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.  <u>[Signature]</u> <b>Leslie M Cooper</b> 2907 Hwy 966 St. Francisville, LA 70775	FOR COURT USE ONLY  TriDimension  00041

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.

**Leslie M Cooper**  
2907 Hwy 966  
St. Francisville, LA 70775

											DATE:	4/9/2010
Date	Prospect	Days	Per Diem	Miles	Rate	Trans Expense	Hotel Room	Meals	Copies			
4/7/2010	Vidal bid	1	\$ 350.00	60	\$ 0.500	\$ 30.00		\$ 10.00				
<b>TOTAL:</b>												
		1	\$ 350.00	60		30.00	0.00	10.00	0.00			
Axis Onshore, 16610 Dallas Parkway, Suite 2500 Dallas, Texas 75248 Attn: Sherrie Cannon											Leslie Moore Cooper 2907 Hwy 966 St. Francisville, LA 70775 SS# 439-19-8594	

# Northern District of Texas Claims Register

10-33569-sgj11 Axis Onshore, LP

**Judge:** Stacey G. Jernigan      **Chapter:** 11  
**Office:** Dallas      **Last Date to file claims:** 07/28/2010  
**Trustee:**      **Last Date to file (Govt):**

<i>Creditor:</i> (13251188) LESLIE MOORE COOPER 2907 HWY 966 ST. FRANCISVILLE, LA 70775	<b>Claim No: 18</b> <i>Original Filed</i> Date: 06/28/2010 <i>Original Entered</i> Date: 06/30/2010	<i>Status:</i> Filed by: CR Entered by: Rielly, Bill Modified:
Unsecured claimed: \$390.00 <b>Total claimed: \$390.00</b>		
<i>History:</i> Details 18-1 06/28/2010 Claim #18 filed by LESLIE MOORE COOPER, total amount claimed: \$390 (Rielly, Bill )		
<i>Description:</i>		
<i>Remarks:</i>		

## Claims Register Summary

**Case Name:** Axis Onshore, LP  
**Case Number:** 10-33569-sgj11  
**Chapter:** 11  
**Date Filed:** 05/21/2010  
**Total Number Of Claims:** 1

	Total Amount Claimed	Total Amount Allowed
<b>Unsecured</b>	\$390.00	
<b>Secured</b>		
<b>Priority</b>		
<b>Unknown</b>		
<b>Administrative</b>		
<b>Total</b>	<b>\$390.00</b>	<b>\$0.00</b>