EXHIBIT A

Proof of Claim

			1		
UNITED STATES BANKRUPTCY COURT. EASTERN DISTRICT OF VIRGINIA RICHMOND DIVISION PROOF OF CLAIM					
Name of Debtor:	Casa Number				
Virginia United Methodist Homes of Williamsburg, Inc. 13-31098					
NOTE: See reverse and attached for List of Debtors/Case Numbers/important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for Administrative Expenses 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(a).			s.C. § of the	THIS SPACE IS FOR COURT USE ONLY	
Name of Creditor (the person or other entity to whom the debtor owes money or property): MICHEL TYLER PAGALL					
lame and address where notices should be sent: RECEIVED)	Your claim is scheduled as: Schedule/Claim ID s246	
				Amount/Classification	
Michel Tyler Ragan Mike Ragan Design 1605 McDaniel Street	'APR 08 2013			\$1,523.69 Unsecured	
Portsmouth, VA 23704					
Creditor Telephone Number (767)749-2186 email: MIKE@ MIKERAGALDESIGN - COM					
ame and address where payment should be sent (if different from above): Check box if you are			are	Check this box to indicate that this	
		aware that anyone else has filed a proof of claim relating to		claim amends a previously filed claim.	
		your claim. Attach cop statement giving partic		Court Claim Number (If known):	
Payment Telephone Number () email:		1/	fi	Filed on:	
	23.6	9			
If all or part of your claim is secured, complete item 4.					
If all or part of your claim is entitled to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principle.	ncipal amo	ount of claim. Attach item	nized stat	ement of interest or charges.	
2. BASIS FOR CLAIM: SERVICES PERFORM					
(See instruction #2)			04 11-16	Claim Identifier (antique)	
3. LAST FOUR DIGITS OF ANY NUMBER BY 3a. Debtor may have scheduled account as: WHICH CREDITOR IDENTIFIES DEBTOR:			orm Claim Identifler (optional):		
(See instruction #3a)	-		(See ins	struction #3b)	
4. SECURED CLAIM: (See instruction #4)					
Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information. Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$					
ature of property or right of setoff: Basis for Perfection:					
Real Estate Motor Vehicle Other Amount of Secured Claim: \$					
Value of Property: \$ Amount Unsecured: \$					
Annual Interest Rate: %					
5. Amount of Claim Entitled to Administrative Expense status unde falls into one of the following categories, check the box specifying	er 11 U.S the adm	.C. § 503(b)(9) or Pr ninistrative expense	riority u	nder 11 U.S.C. § 507(a). If any part of the claim orlty and state the amount.	
Amount entitled to priority: \$/, 5 23.69		ount entitled to admini ense under 11 U.S.C. {		9): \$	
You MUST specify the priority of the claim:	_]	wad to an	overnmental units - 11 U.S.C. § 507(a)(8).	
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).				benefit plan - 11 U.S.C. § 507(a)(5).	
and here for personal family, or household use -11 LLS C & 507(a)(7)				agraph of 11 U.S.C. § 507(a) ().	
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).		Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).			
* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with re-	spect to ca	ases commenced on or a	after the d	fate of adjustment.	
6. CREDITS: The amount of all payments on this claim has been cred	dited for t	he purpose of makin	ng this pr	roof of claim. (See instruction #6)	
				118 (1.0) 10 (1.0 <u>1.0) 10 (1.0) 10 (1.0)</u>	
The state of the s				00005	

Case 13-31098-KRH Doc 236-1 Filed 06/11/13 Entered 06/11/13 19:13:19 Desc Exhibit(s) A Page 3 of 5

7. DOCUMENTS: <u>Attached are redacted copies of documents that support the claim</u> , such as promissory notes, purchase orders, involces, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and definition of "redacted").				
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.				
If the documents are not available, please explain;				
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. Each proof of claim must be delivered to and received by BMC no later than 5:00 p.m. (EST) on April 30, 2013. Any proof of claim will be				
deemed timely filed only when actually received by BMC. BMC will not accept proofs of claim via facsimile or email. Do not file proofs of claim with the Bankruptcy Court.				
BY MAIL TO: BY MESSENGER OR OVERNIGHT DELIVERY TO:				
BMC Group, Inc. Attn: Virginia United Methodist Homes of Attn: Virginia United Methodist Homes of				
Williamsburg, Inc Claims Processing Williamsburg, Inc Claims Processing				
PO Box 3020 18675 Lake Drive East				
Chanhassen, MN 55317-3020 Chanhassen, MN 55317				
8. SIGNATURE: (See Instruction #8)				
Check the appropriate box. I am the creditor's authorized agent. I am the creditor's authorized agent. (See Bankruptcy Rule 3005.)				
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.				
Print Name: MICHEL TYLER RAGALI Titlo: OWNER Company: MISE RAGAN W/4/13				
Address and telephone number (if different from notice address above): (Signature) (Date)				
THE PART OF THE PA				
Telephone number: email:				
757-749-2186 MIKE@MIKERAGALDESIGH. COM				

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.

1605 McDaniel Street, Portsmouth, VA 23704 | (757) 749-2186 | mike@mikeragandesign.com

For February 2013

February 28, 2013

Job #:

176

Client:

WindsorMeade of Williamsburg

Description:

February 2013 Whistler Newsletter and Business Cards

March 2013 Whistler

8 pages, saddle stitched, 4/4 color, 80# cover stock,

Mallory Jaroma Business Card

3.5" x 2", 100# cover stock, 4/4 color......500

\$110.00

Susan Stewart Business Card

3.5" x 2", 100# cover stock, 4/4 color......500

\$110.00

TOTAL COST

Total Balance Due:

\$1523.69

Please make all checks payable to Mike Ragan

FOREVER

MORFOLK VA 233 HAMPTON ROADS EK WE FIRE GEW WE

RECEIVED

BMC Group, Inc. Attn: Virginia United Methodist Homes of Williamsburg, Inc.

APR 08 2013

Chanhassen. MN 55317-3020

Claims Processing P.O. Box 3020 BMC GROUP

BOOK TOWN