

United States Bankruptcy Court  
*For The* District of *Delaware*

PROOF OF CLAIM

In re (Name of Debtor)  
*We The People USA, INC.*

Case Number  
*10-10503 (KJC)*

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor  
*American Arbitration Association*  
(The person or entity to whom the debtor owes money or property)

Name and Addresses Where Notices Should be Sent  
*American Arbitration Association*  
*1633 Broadway, 10th Floor*  
*New York, NY 10019*

Telephone No. *212-716-5800*

- 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.

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  
*14-114-01696-08-02*

Check here if this claim:  replaces a previously filed claim, dated: \_\_\_\_\_  
 amends

1. BASIS FOR CLAIM:


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

RECEIVED  
APR 15 2010  
BMC GROUP

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

2. DATE DEBT WAS INCURRED:  
*01/08/10*

3. IF COURT JUDGMENT, DATE OBTAINED:

*We the People*  
  
00026

4. 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.

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 included in secured claim above, if any \$ \_\_\_\_\_

UNSECURED NONPRIORITY CLAIM \$ *7,500.00*  
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 \$ \_\_\_\_\_  
Specify the priority of the claim.

- Wages, salaries, or commissions (up to \$2000, 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—U.S.C. § 507(a)(4)
- Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6)
- Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7)
- Other—11 U.S.C. §§ 507(a)(2), (a)(5)—(Describe briefly)

TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ *7,500.00* (Unsecured) \$ \_\_\_\_\_ (Secured) \$ \_\_\_\_\_ (Priority)

\$ *7,500.00* (Total)

Check this box if claim includes prepetition 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.

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 copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date  
*4/6/10*

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)  
*Felix Edem*  
*FELIX EDEM (Collection Adm.)*

U.S. BANKRUPTCY COURT  
DISTRICT OF DELAWARE  
2010 APR 12 AM 9:54



American Arbitration Association

Dispute Resolution Services Worldwide

1633 Broadway  
10th Floor  
New York, NY 10019

#1

STMT DATE	AMOUNT DUE
04/06/2010	7500.00
CASE#	
14-114-01696-08 02 BACO-R	

**INVOICE/STATEMENT**

Payment Due Upon Receipt

Clarence J. Kuhn  
The Kuhn Law Firm, P.L.L.C.  
17800 Excelsior Blvd., Suite 100  
Minnetonka MN 55345

Representing We The People USA, Inc. and Dollar Financial Corp.  
Re: Roseann Pennisi + We The People of  
Westchester Square, New York, Inc.

Please Detach and Return with Payment to the Above Address

Please Indicate Case No. on check



American Arbitration Association

Dispute Resolution Services Worldwide

1633 Broadway  
10th Floor  
New York, NY 10019

**NAME** Clarence J. Kuhn  
The Kuhn Law Firm, P.L.L.C.  
17800 Excelsior Blvd., Suite 100  
Minnetonka MN 55345

Representing We The People USA, Inc. and Dollar Financial Corp.  
Re: Roseann Pennisi + We The People of  
Westchester Square, New York, Inc.

STMT DATE	CASE#	PREVIOUS BALANCE	CURRENT CREDITS	NEW CHARGES	TOTAL BALANCE DUE
04/06/2010	14-114-01696-08 02 BACO-R	0.00	5780.00-	13280.00	7500.00

DATE	REF#	DESCRIPTION	AMOUNT	CREDITS	BALANCE
12/01/2008	9723447	50% of the Initial Administrative Fee	3000.00		
12/02/2008	48377	Payment recvd from : WE THE PEOPLE LLC		3000.00 -	
07/13/2009	9824998	Your Share of the Neutral Compensation Deposit covering 12 hours of Preliminary Matters	1530.00		
08/25/2009	1518	Payment recvd from : KUHN P.L.L.C.		500.00 -	
09/15/2009	48741	Payment recvd from : WE THE PEOPLE LLC		1030.00 -	
11/05/2009	9879350	Initial Administrative Fee	1250.00		
01/08/2010		Cancellation : Billed in Error		1250.00 -	
12/04/2009	9891357	Your Share of the Neutral Compensation Deposit covering 12 hours of Study	1500.00		1500.00
01/08/2010	9905109	Case Service Fee	1250.00		1250.00
01/08/2010	9905511	Your Share of the Neutral Compensation Deposit covering 32 hours of Study	4750.00		4750.00

**Remarks:** For any inquiry please call: 401-431-4774  
This is a full statement showing all financial activity on this case.

<b>TOTAL BALANCE DUE</b>	7500.00
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Please Indicate Case No. on check

	NET BILLED	NET PAID	NET DUE
<b>INVOICE SUMMARY:</b> INITIAL/COUNTER-CLAIM FEES	4250.00	3000.00	1250.00
HEARING/POSTPONEMENT/ROOM/PROCESSING FEES	0.00	0.00	0.00
REALLOCATION AT CASE END FEES	0.00	0.00	0.00
NEUTRAL COMPENSATION/EXPENSES	7780.00	1530.00	6250.00

EIN: 13-0429745