

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: Ashley Stewart #272

Case Number: 10-13005

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): UI

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent: 157 Church Street; ATTN: J. Piergrossi Mail Stop 1-5C New Haven, CT 06510

RECEIVED OCT 28 2010 BMC GROUP

Court Claim Number: (If known)

Telephone number: (203) 499-2994

Filed on:

Name and address where payment should be sent (if different from above):

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:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 4,739.55

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.

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.

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.

Specify the priority of the claim.

2. Basis for Claim: Electric Service (See instruction #2 on reverse side.)

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: 2931

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).

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

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: Real Estate Motor Vehicle Other Describe:

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$ 4,739.55

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).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

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 definition of "redacted" on reverse side.)

Amount entitled to priority:

\$

*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.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 10/22/2010 Signature: The person filing this claim must sign it. Sign and print name of other person authorized to file this claim and state address and telephone address above. Attach copy of power of attorney, if any.



FOR COURT USE ONLY

James W Piergrossi Commercial Representative

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 352.

BMC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien

documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



The United Illuminating Company
 Call us anytime at 1-800-7-CALL-UI
 (1-800-722-5584). In the Greater New Haven
 calling area, dial 499-3333.

Account Number
010-0000389-2931

Payment Due Date: 11/04/10
 Amount Now Due: \$ **4,739.55**

Please make your check payable to:
The United Illuminating Company.

Please Indicate Amount Paid

ASHLEY STEWART # 272
 PO BOX 2518
 SECAUCUS, NJ 07096

The United Illuminating Company
 PO Box 9230
 Chelsea MA 02150-9230

Please consider adding \$1 for Operation Fuel to your payment this month or call 1-800-7-CALL-UI to donate more than \$1.

Your Account Information

Customer Name key: ASHL
 ASHLEY STEWART # 272
 162 AMITY RD
 NEW HAVEN, CT 06515

Account Number: 010-0000389-2931
 Meter Number: 014025784
 Trans and Dist Rate: GS - General Service
 Generation Rate: Standard Service
 Billing Period: 09/13/10-09/21/10
 Statement Date: 10/07/10

Previous Charges & Credits

Amount of Previous Bill	09/14/10	\$4,223.94
Balance Forward		\$4,223.94

New Charges and Credits

POD ID 1141011915001 (CYCLE 06)
 Supplier - THE UNITED ILLUMINATING COMPANY

Generation Services Charge	2380 kWh x \$0.115918	\$275.88
Total Generation Services Charges		\$275.88
Transmission per kwh	2380 kWh x \$0.025989	\$61.85
Distribution Basic Service		\$11.76
Distribution per kw		\$38.92
Distribution per kwh	2380 kWh x \$0.020783	\$49.46
Combined Public Benefits Charge	2380 kWh x \$0.007375	\$17.55
Competitive Transition Assessment per kwh	2380 kWh x \$0.015222	\$36.23
Non-Bypassable FMCC per kwh	2380 kWh x \$0.001125-	\$2.68-
Decoupling Adjustment	2380 kWh x \$0	
Pension Tracker and Earnings Sharing	2380 kWh x \$0	
Total Delivery Charges		\$213.09
CT Sales Tax on Electricity (6.0%)		\$26.64
Total New Charges		\$515.61

Amount Now Due \$4,739.55

All charges are due as of your Statement Date. Any unpaid charges will be subject to interest as of your Statement Date, at the rate of 1.25% per month, if not paid on or before **Nov 04, 2010**. Making your payment on the Due Date at an authorized payment agent may not post until the following business day. If you have a question, contact UI. As authorized by law, for residential accounts, we supply payment information to credit rating agencies. If your account is more than 90 days delinquent, a delinquency report could harm your credit rating.

Electricity Usage

Meter	Service Period	Meter Reading Current	Meter Reading Last	Multiplier	Kilowatt Hours	Demand kW
014025784	9 days	0062663	0061783	1	880	20.7
Shoulder	9 days	0057170	0056547	1	623	21.2
Off Peak	9 days	0035170	0034293	1	877	20.6
POD ID : 1141011915001						

Final Bill

Suppliers



The United Illuminating Company
Call us anytime at 1-800-7-CALL-UI
(1-800-722-5584). In the Greater New Haven
calling area, dial 499-3333.

Account Number 010-0000389-2931

Payment Due Date	Amount Now Due
11/04/10	\$ 4,739.55

Please make your check payable to:
The United Illuminating Company.

Please Indicate Amount Paid	
-----------------------------	--

1-800-722-5584
THE UNITED ILLUMINATING COMPANY
PO BOX 1564
NEW HAVEN, CT 06506-0901
www.uinet.com

The United Illuminating Company
157 Church Street
P.O. Box 1564
New Haven, CT 06506-0901
203.499.2000



FILED
2010 OCT 26 AM 8:33
CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

October 22, 2010

U.S. Bankruptcy Court, District of Delaware
Clerk's Office
824 North Market Street, 3rd Floor
Wilmington, DE 19801

RE: Ashley Stewart #272, Case No. 10-13005

Dear Sir or Madam:

Enclosed please find an original Proof of Claim of The United Illuminating Company for filing in the above-referenced case. Kindly stamp the enclosed copy and return it to me in the self-addressed, stamped envelope provided.

Thank you for your assistance.

Sincerely yours

A handwritten signature in cursive script that reads "James Piergrossi".

James Piergrossi
Commercial Representative
United Illuminating Company

Enclosure