

United States Bankruptcy Court.	PROOF OF CLAIM
District of <input type="checkbox"/> Delaware	

In re (Name if the Debtor) Ashley Stewart, Dba Large Ap Of Ga	Case number 10-13005
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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 (The person or entity to whom the debtor owes money or property) Gas South	<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.
Name and Addresses Where Notices Should be Sent Gas South P.O. Box 369 Marietta GA 30061 Attn: Jim Gantt Telephone No: 678-355-3112	<input type="checkbox"/> Check box if you have never received any notices from the 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.

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 5545071000	Check here if this claim: <input type="checkbox"/> amends a previous filed claim, dated : <input type="checkbox"/> replaces
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1. BASIS FOR CLAIM: <input type="radio"/> Goods sold <input type="radio"/> Services performed <input type="radio"/> Money loaned <input type="radio"/> Taxes <input type="radio"/> Personal injury/wrongful death <input checked="" type="radio"/> Other <input type="checkbox"/> Electric Service <input type="checkbox"/> Other Service <input checked="" type="checkbox"/> Gas Service <input type="checkbox"/> Phone Service	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 13 2010 BMC GROUP </div>
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<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. & 1114(a) <input type="checkbox"/> Wages salaries and compensations (fill out below) Your Social Security number: _____ Unpaid compensations for services from : to:

2. DATE DEBT WAS INCURRED 10/25/2010	3. IF COURT JUDGMENT, DATE OBTAINED:
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4. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured (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 that best describe your claim and STATE THE AMONT OF CLAIM.

<input type="checkbox"/> Secured Claim \$0.00 Attach evidence of perfection of security interest Brief description of collateral: _____ Amount of arrearage and other charges included in secured claim above if any \$0.00	Specify the priority of the claim. <input type="checkbox"/> 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-U.S.C. & 5079(a)(3) <input type="checkbox"/> Contributions to employee benefit plan - U.S.C. & 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties of government units - 11 U.S.C. & 507(a)(7) <input type="checkbox"/> Other - 11 U.S.C. & 507(a)(2) (a)(5) - (Describe briefly)
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Unsecured Claim Non Priority **\$226.07**
 A claim is unsecured if there 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 \$0.00

TOTAL AMOUNT OF CLAIM AT TIMECASE FILED:	\$226.07 (Unsecured)	\$0.00 (Secured)	\$0.00 (Priority)	\$226.07 (Total)
<input type="checkbox"/> Check this box if claims includes prepetition charges in addition to the principal amount of the claim. Attached itemized statement of all additional charged chages.				

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 the debtor.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence or security interests. If the documents are not available explain. If the documents are voluminous attach a summary.

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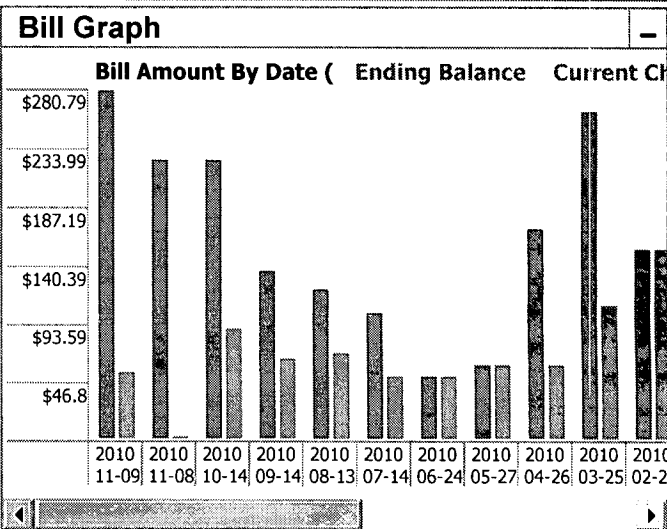


8. TIME-STAMPED COPIES: To receive an acknowledgment of the filing of your claim enclosed a stamped self-addressed envelope and copy of this proof of claim.

Date 12/09/2010	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) Jim Gantt, Manager Field Services & Collections <i>Jim Gantt</i>
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Person Ashley Stewart, DBA Larg Ap Of GA - Business Phone Number: (201) 319-9093
Account ID 5545071000 3 Ashley Stewart, DBA Larg Ap Of GA - Commercial
Current Balance \$226.07
Premise

Customer Information		
Account ID	5545071000	
Main Customer	Ashley Stewart, DBA Larg Ap Of GA - Business Phone Number: (201) 319-9093	
Set Up Date	01-21-2003	
CIS Division	Gas South	
Customer Class	Commercial	
Bill Cycle	Cobb Energy Billing Cycle 10	
Current Credit Rating	400	
Next Credit Review Date	12-09-2010	
Birth Date of Customer	1999-09-09	
Primary Phone	(706) 667-9131	
Business Phone Number	(201) 319-9093	
AGL Customer ID	059999854	
Federal Identification Number	00-0000000	



Premise Information

SA Premise List			
Premise	Current Balance	Payoff Balance	SA Information
	\$226.07	\$226.07	Gas South / Bad Debt Bankruptcy Gas, Reactivated, 09-21-2010 - 09-21-2010, 5545071439