

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor:

KIDSPOT OF PENNSYLVANIA INC

Case Number:

10-13028

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):

CITY OF ALLENTOWN

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

Name and address where notices should be sent:

CITY OF ALLENTOWN
435 HAMMILL TON STREET
ROOM 217
ALLENTOWN, PA 18101-1686

RECEIVED
DEC 17 2010
BMC GROUP

Court Claim Number:
Filed on:

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

Telephone No. (610) 437-7506

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

1. Amount of Claim as of Date Case Filed: \$1737.64

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 the claim. Attach itemized statement of all interest or charges

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.

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

3. Last four digits of any number by which creditor identifies debtor: 0W23982

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
Wages, salaries, or commission (up to \$11,725\*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier -- 11 U.S.C. § 507(a)(4).
Contributions to an employee benefit plan -- 11 U.S.C. § 507(a)(5).
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).
Taxes or penalties owed to governmental units -- 11 U.S.C. § 507(a)(8).
Section 503(b)(9) Claim -- check this box if your claim is for the value of goods received by the Debtor within 20 days before the commencement of the case -- 11 U.S.C. § 503(b)(9).
Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)( ).

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

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: \$35.00

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9):
(See instruction #6 on reverse side.)

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

8. 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 DOCUMENT MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Amount entitled to priority:

\$702.64

\* 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:

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.

FOR COURT USE ONLY
Urban Brands



00352

12/8/10 KAREN A CSANADI, MGR, AUDIT & ENFORCEMENT Karen A Csanadi

**PROOF OF CLAIM LIST BY CATEGORY  
AS FILED REGARDING DEBTOR LISTED BELOW:**

Debtor: KIDSPOT OF PENNSYLVANIA INC

Address: 2237 LEHIGH ST  
ALLENTOWN PA 18103

Case #: 10-13028

---

Secured Claim	\$0.00
Unsecured Priority Claim	702.64
Unsecured Nonpriority Claim	<u>35.00</u>
Total Amount of Claim	\$737.64

## CERTIFICATE OF SERVICE

I hereby certify that I am this day serving the foregoing Proof of Claim upon the following person by first class mail, addressed as follows:

L Katherine Good  
Richards Layton & Finger P A  
One Rodney Square  
920 N King Street  
Wilmington DE 19801

A handwritten signature in black ink, appearing to read "Dale R. Wiles", written over a horizontal line.

Dale R. Wiles, Esq.

Date: December 8, 2010



**Karen A. Csanadi, Manager**  
Bureau of Audit and Enforcement  
Department of Finance  
610.437.7506  
fax 610.437.8780  
csanadi@allentowncity.org

December 8, 2010

BMC GROUP, INC  
ATTN: URBAN BRANDS  
CLAIMS PROCESSING  
PO BOX 3020  
CHANHASSEN MN 55317

Dear Sir/Madam:

Enclosed you will find a Proof of Claim to be filed with the bankruptcy court on behalf of the City of Allentown. Kindly, return a date and time stamped copy of the Proof of Claim in the enclosed self-addressed stamped envelope.

Thank you for your assistance. If you have any questions, you may contact our office at (610) 437-7506.

Sincerely,

Karen A. Csanadi  
Manager of Audit & Enforcement

Enclosures

(610) 437-7506

For more information, please contact the City of Allentown, Bureau of Audit and Enforcement, at (610) 437-7506.

City of Allentown, Bureau of Audit and Enforcement

City of Allentown, Bureau of Audit and Enforcement, 435 Hamilton Street, Allentown, PA 18101-1699

