3 10 (Modified Official Form 10) (4/10)	
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
Name of Debtor:	Case Number:
KIDSPOT OF PENNSYLVANIA INC	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 radministrative expense may be filed pursuant to 11 U.S.C. § 503.	equest for payment of an
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:	Court Claim Number: (if known) 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	5. Amount of claim Entitled to Priority
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.	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.
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	Specify the priority of the claim.
2. Basis for Claim: (See instruction #2 on reverse side.)	U.S.C. § 507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: <u>OW23982</u> 3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)	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 pla - 11 U.S.C. § 507(a)(5).      Up to \$2,600* of deposits toward purchalease, or rental of property or services for
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:%	personal, family, or household use 11 U.S.C. § 507(a)(7).  Taxes or penalties owed to governmental
Amount of arrearage and other charges as of time case filed included in secured claim,	units - 11 U.S.C. § 507(a)(8).  Section 503(b)(9) Claim check this box
if any: \$ Basis for Perfection:  Amount of Secured Claim: \$ Amount Unsecured: \$_35.00	if your claim is for the value of goods
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$	received by the Debtor within 20 days before the commencement of the case – U.S.C. § 503(b)(9).
<ol> <li>(See instruction #6 on reverse side.)</li> <li>Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</li> <li>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.)</li> <li>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING.</li> <li>If the documents are not available, please explain:</li> </ol>	Other Specify applicable paragraph of U.S.C. § 507(a)().  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.  12/8/10 KAREN A CSANADI, MGR, AUDIT & ENFORCEMENT Kares A Csanadi	FOR COURT USE ONLY Urban Brands  00364
12/8/10 KAREN A CSANADI, MGR, AUDIT & ENFORCEMENT All FOLKER	30004

## ITEMIZED LIST FOR PROOF OF CLAIM FILED REGARDING DEBTOR LISTED BELOW:

Debtor(s):

KIDSPOT OF PENNSYLVANIA INC

Address:

2237 LEHIGH ST

ALLENTOWN PA 18103

Case Number: 10-13028

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## **Account # QW23982**

**BUSINESS PRIVILEGE TAX** 

\*2001

\$ 702.64

**BUSINESS LICENCE** 

2000

\$ 35.00

Total amount of claim

\$ 737.64

<sup>\*</sup>Estimated