

<b>United States Bankruptcy Court District of Delaware</b>		<b>PROOF OF CLAIM</b>	
In re (Name of Debtor) <b>Ashley Stewart Management Co., Inc.</b>		Case number <b>10-13005 Lead</b> <b>10-13006</b>	
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 <i>(The person or other entity to whom the debtor owes money or property)</i> <b>The Ohio Bell Telephone Company</b>		<input type="checkbox"/> Check box if you are aware that any-one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <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.	
Name and address Where notices Should be Sent  % AT&T Services Inc. James Grudus, Esq. One AT&T Way, Room 3A218 Bedminster, NJ 07921  Telephone No: 908 234-3318 Fax No: 832-213-0157		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   <b>JAN 20 2011</b>   <b>BMC GROUP</b> </div>	
ACCTS <b>216-691-4680-826 \$119.61</b>		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends previous claim # filed	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Monthly statement for local telephone service & long distance charges		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED Prior To: <b>9-21-10</b>		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) <input checked="" type="checkbox"/> <b>Unsecured non priority</b> , (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 describes your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIMS \$ _____ Attached evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe Briefly)  Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____  <b>UNSECURED NONPRIORITY CLAIM \$119.61</b> Additionally, <b>AT&amp;T reserves all of its rights to setoff and contribution or otherwise as set forth in Section 553 of the United States Bankruptcy Code and as permitted under applicable state law.</b>  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.		<input type="checkbox"/> UNSECURED PRIORITY CLAIM Specify the priority of the claim:  <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), * 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)  <input type="checkbox"/> Contributions to an employee benefit plan— 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* 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"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child— 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties of government units— 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a)(1) *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
TOTAL AMOUNT OF CLAIM AT THE TIME		<b>\$119.61</b> (Unsecured)	<b>\$ 0.00</b> (Secured)
		<b>\$ 0.00</b> (Priority)	<b>\$119.61</b> (Total)
<input type="checkbox"/> Check this box if the claim includes 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.			
7. SUPPORTING DOCUMENTS: <i>Attach copies of supporting documents</i> , 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 acknowledgment of the filing of your claim, enclose a stamped, self-addressed enveloped and copy of this proof of claim.			
1-18-11		PREPARED BY: <i>Rosie Ayala</i> <b>Rosie Ayala Bankruptcy Representative</b>	

