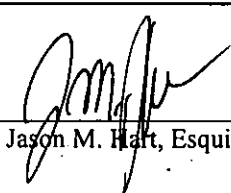


UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	ADMINISTRATIVE EXPENSE CLAIM AND REQUEST FOR PAYMENT
In re: UBI LIQUIDATING CORP., et al.	Case Number: 10-13005 (KJC)
Name of creditor: HENRICO COUNTY, VIRGINIA Name/Address where Notices and Checks should be sent: Jason M. Hart Assistant County Attorney Henrico County P.O. Box 90775 Henrico, Virginia 23273-0775 Telephone No.: (804) 501-4677 Fax No: (804) 501-4140 Email: har55@co.henrico.va.us	<input type="checkbox"/> Check if you are aware that anyone else has filed a proof of claim relating to your claim. <input type="checkbox"/> Check if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check if the address differs from the address on the envelope sent to you by the court.

RECEIVED
JAN 12 2012
BMC GROUP

THIS SPACE FOR
COURT USE ONLY

ACCOUNT NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: Acct # 0080418-00573615 (10101 Brook Road 00124)	This claim _____ replaces _____ amends a previously filed claim, dated:
1. BASIS FOR CLAIM: Water and Sewer Utility Service	
2. DATE DEBT WAS INCURRED: Post Petition	
3. CLASSIFICATION OF CLAIM: Unsecured	
4. TOTAL AMOUNT OF CLAIM: \$45.58	

5. 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.
6. SUPPORTING DOCUMENTS: Supporting documentation is attached.
Date: December 21, 2011 <div style="text-align: center;">  _____ Jason M. Hart, Esquire (VSB 76818) </div>

THIS SPACE FOR
COURT USE ONLY

US BANKRUPTCY COURT
 DISTRICT OF DELAWARE
 2011 DEC 30 AM 8:43



BMC

COUNTY OF HENRICO, VIRGINIA
 Department of Public Utilities
 P.O. Box 90775
 Henrico, Va 23273-0775

ACCOUNT SUMMARY

Previous Balance 5.06	Payments 5.06	Charges 45.58	Adjustments	Balance 45.58
--------------------------	------------------	------------------	-------------	------------------

For Inquiries Phone 804-501-4275	Account # 0080418-00573615	Service Address 10101 Brook Road 00124
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Billing Period 9/30/2010 12/1/2010	This Bill Covers 62 DAYS	Date of Bill 12/14/2011	Date Payment Due
---------------------------------------	-----------------------------	----------------------------	------------------

DATE	TRANSACTION	METER INFO			AMOUNT
		Previous Read	Present Read	Usage	
12/1/2010	Water	22	25	3	\$ 17.38
12/1/2010	Sewer			3	\$ 28.20



For Proper Credit, Detach This Portion and Return it with your Payment in the Enclosed Envelope

ACCOUNT NUMBER
0080418-00573615
Enter on your check.

PAYMENT DUE	AMOUNT DUE \$45.58
-------------	-----------------------

Make Check Payable
to County of Henrico

AMNT ENCLOSED

Large Apperal Virginia # 375
 Joanne Rupp
 PO Box 2518
 Secaucus, NJ 07096

COUNTY OF HENRICO UTILITIES
 P O BOX 90775
 HENRICO VA 23273-0775

FedEx® US Airbill

Tracking Number

8726 8134 8909

Form 01 No.

FedEx Retrieval Copy

1 From **Sender's FedEx Account Number** *11111111111111111111*

4a Express Package Service ** To meet business. Packages up to 150 lbs.*
01 FedEx Priority Overnight *05* **FedEx Standard Overnight** *06* FedEx First Overnight *07*
Business days. Priority Overnight and Standard Overnight will be delivered on Monday unless SATURDAY Delivery is selected. Standard Delivery NOT available.

Sender's Name *[Redacted]* Phone *[Redacted]*

03 FedEx 2Day *20* FedEx Express Saver *20*
Business days. Thursday and Friday. Standard Delivery NOT available. Saturday Delivery NOT available.

Company *[Redacted]*

4b Express Freight Service *** To meet business. Packages over 150 lbs.*
70 FedEx 1Day Freight
Business days. Monday through Friday. Delivery is selected. FedEx 1Day Freight Delivery No.

Address *[Redacted]*

80 FedEx 2Day Freight
Business days. Monday through Friday. Delivery is selected. FedEx 2Day Freight Delivery No.

City *[Redacted]* State *[Redacted]* ZIP *[Redacted]*

83 FedEx 3Day Freight
Business days. Monday through Friday. Delivery is selected. FedEx 3Day Freight Delivery No.

2 Your Internal Billing Reference

RECEIVED

5 Packaging ** Packaged within four (4) hours. Includes FedEx Small Pak and FedEx Large Pak.*
06 FedEx *02* **FedEx Pak** *03* FedEx *04* FedEx *01* Other Envelope

3 To

Recipient's Name *[Redacted]* Phone *[Redacted]*

6 Special Handling and Delivery Signature Options
03 SATURDAY DELIVERY

Company **BMC GROUP**

10 No Signature Required
Business days. Monday through Friday. Delivery is selected. Signature required for delivery.

Address *[Redacted]*

34 Indirect Signature
Business days. Monday through Friday. Delivery is selected. Signature required for delivery. Residential addresses only. Fee applies.

Address *[Redacted]*

04 No *04* Yes *06* Shipper's Declaration *06* DRY ICE *34* CARGO AIRCRAFT ONLY
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

City *[Redacted]* State *[Redacted]* ZIP *[Redacted]*

7 Payment Bill to:
1 Sender *2* Recipient *3* Third Party *4* Credit Card *5* Cash/Check
Enter FedEx Acct. No. or Credit Card No. below.



8726 8134 8909

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