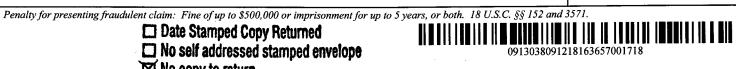
B 10 (Custom Form 10) (04/09)	PROOF OF CLAIM
UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	
Indicate the Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor Against William of Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor Against William of Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor Against William of Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor Against William of Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor Against William of Debtor Against William o	
Name of Creditor (the person or other entity to whom the debtor owes money or property):	Check this box to indicate that this
BENYAMINOVA, TATYANA	claim amends a previously filed claim.
Name and address where notices should be sent; Name ID: 8455419 Pack No. 488	Court Claim
	Number:
	Filed on: 01/20/10
BENYAMINOVA, TATYANA 69 36 178 ST	Filed on:
FRESH MEADOWS, NY 11365	
Telephone No. (718) 969-5230	>
Name and address where payment should be sent (if different from above):	Check box if you are aware that
Same as above	anyone else has filed a proof of claim relating to your claim.
	Attach copy of statement giving particulars.
Telephone No.	
	debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ 7/0.7/	5. Amount of claim Entitled to Priority under 11 U.S.C. § 507(a). If any
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.	portion of your claim falls in one of
If all or part of your claim is entitled to priority, complete item 5.	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	Specify the priority of the claim.
statement of all interest or charges 2. Basis for Claim: Unpaid Vacation time	- Specify the priority of the oldini.
2. Basis for Claim: White Vacuum of Triver (See instruction #3a on reverse side.)	Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor:3606	Wages, salaries, or commission (up to
3a. Debtor may have scheduled account as:	\$10,950*) earned within 180 days
(See instruction #3a on reverse side.) 3b. Creditor Tax ID #	before filing of the bankruptcy petition or cessation of the debtor's business,
4. Secured Claim (See instruction #4 on reverse side.)	which ever is earlier 11 U.S.C.
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	§ 507(a)(4). Contributions to an employee benefit
Nature of property or right of setoff: Real Estate Motor Vehicle Other	plan 11 U.S.C. § 507(a)(5).
Describe:	Up to \$2,425* of deposits toward purchase, lease, or rental of property o
Value of Property: SAnnual Interest Rate:%	services for personal, family, or
Amount of arrearage and other charges as of time case filed included in secured claim,	household use 11 U.S.C. § 507(a)(7) Taxes or penalties owed to
if any: \$ Basis for Perfection:	governmental units 11 U.S.C.
Amount of Secured Claim: \$ Amount Unsecured: \$	§ 507(a)(8). Other Specify applicable paragraph
6. Section 503(b)(9) Claim Amount:	11 U.S.C. § 507(a)().
Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of	Amount entitled to priority:
commencement of the case (11 U.S.C. §503(b)(9)). Include the amount of such claim in the space for "Section 503(b)(9) Claim Amount" above.	\$ 7/0.//
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	* Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with
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	response to cases commenced on or after the date of adjustment.
attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may	the same of adjustitution
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.	DECEMEN
If the documents are not available, please explain: Please see enclosed lefter from	HR RECEIVED
Date: T. Benefield / To turner Benerominous	JAN 28 2010
Signature: The person ming 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	3/(INT)18441A4000000000000000000000000000000000
from the notice address above. Attach copy of power of attorney, if any.	KURTZMAN CARSON CONSULTANTS





January 20, 2010

Tatyana Benyaminova

69-36 178TH STREET

FRESH MEADOWS NY 11365-0000

Dear: Tatyana

As a former employee of Cynergy Data, LLC (EIN# 26-1308677), and in accordance with your earlier request, we are able to confirm that upon your last day of employment with Cynergy Data on October 25, 2009, you were owed a total of 3 day(s) in earned vacation time. Based upon your compensation rate, this vacation accrual equates to the dollar sum of \$710.712. In accordance with the then existing employment policies/practices of Cynergy Data, you earned this vacation benefit as a direct result of your employment services put forth in 2008 and were allowed to take this time for the balance of the 2009 calendar year subject to managerial approval.

Following your review of this information, please contact me should you have any questions or require further clarification

Sincerely,

Trish M. Newman

Human Resources Director

Cynergy Data, LLC