

B 10 (Official Form 10) (12/08)

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>District of Delaware</b>	<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Cynergy Data, LLC</b>		Case Number: <b>09-13038</b>	
<small>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.</small>			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>YOUR FIRST &amp; LAST NAME ANN R. STEWART</b>		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent: <b>YOUR ADDRESS 1914 SALISBURY WAY HINESVILLE, GA 31313</b>		Court Claim Number: _____ (If known)	
Telephone number: <b>(000) 000-0000 (912) 876-7240</b>		Filed on: _____	
Name and address where payment should be sent (if different from above): <b>SAME AS ABOVE</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: _____		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <u>0.00</u>		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.	
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.		Specify the priority of the claim.	
If all or part of your claim is entitled to priority, complete item 5.			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	
2. Basis for Claim: <u>Unpaid Vacation Time</u> (See instruction #2 on reverse side.)		<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).	
3. Last four digits of any number by which creditor identifies debtor: _____		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).	
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).	
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.		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).	
Describe: _____		Amount entitled to priority: <b>\$ 503.655</b>	
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: \$ _____			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. 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 DOCUMENTS MAY BE DESTROYED AFTER SCANNING. <i>Attach a copy of letter received from HR regarding unused vacation time.</i>			
If the documents are not available, please explain: _____			
Date: <b>21 JAN 10</b>	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.		<b>RECEIVED</b> <b>FEB 01 2010</b>
SIGN HERE	<i>Ann R. Stewart</i>		<b>KURTZMAN CARSON CONSULTANTS</b>

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

- Date Stamped Copy Returned
- No self addressed stamped envelope
- No copy to return



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Turn Over...



January 20, 2010

Ann Stewart

1914 SALISBURY WAY

HINESVILLE GA 31313-0000

Dear: Ann

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 \$503.655. 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,

A handwritten signature in black ink, appearing to read "Trish M. Newman", followed by a horizontal line.

Trish M. Newman

Human Resources Director

Cynergy Data, LLC