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5 *Attorneys for Creditor Hansen Quality, LLC*

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8 UNITED STATES BANKRUPTCY COURT
9 CENTRAL DISTRICT OF CALIFORNIA
10 LOS ANGELES DIVISION
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12 In re:
13 PEOPLE'S CHOICE HOME LOANS, INC.,
14 Debtors.

Case No. 2:12-bk-15811-RK
(Previously Captioned as Case No. 07-10765)
Chapter Number: 11

**CREDITOR HANSEN QUALITY, LLC'S
WITHDRAWAL OF PROOF OF CLAIM
NO. 224**

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18 **TO THE HONORABLE ROBERT KWAN, THE OFFICE OF THE UNITED STATES**
19 **TRUSTEE, AND PARTIES IN INTEREST:**

20 **PLEASE TAKE NOTICE** that creditor Hansen Quality, LLC, by its counsel, Baker &
21 Hostetler LLP, hereby withdraws their Proof of Claim – No. 224, filed July 5, 2007 and attached
22 hereto as Exhibit A, in connection with the above-captioned matter.
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BAKER & HOSTETLER LLP
ATTORNEYS AT LAW
COSTA MESA



1 DATE: May 30, 2012

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Respectfully submitted,

BAKER & HOSTETLER LLP



By: _____
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EXHIBIT A

#224

UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA		PROOF OF CLAIM
Debtor and Case Number: <input checked="" type="checkbox"/> People's Choice Home Loan, Inc. (07-10765) <input type="checkbox"/> People's Choice Financial Corporation (07-10772) <input type="checkbox"/> People's Choice Funding, Inc. (07-10767)		This Space For Court Use Only FILED <div style="border: 1px solid black; padding: 5px; width: 100px; margin: 10px auto;"> JUL - 5 2007 <small>FEDERAL U.S. BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA SANTA ANA, CA</small> </div>
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.		<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 10px auto;"> RECEIVED JUL - 5 2007 XRoads Claims Management Services This Space For Court Use Only </div>
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Hansen Quality, LLC.</u>		
Name and Address where notices should be sent: <u>Attn: Accounting Department</u> <u>9339 Carroll Park Dr., Ste. 100</u> <u>San Diego, CA 92121</u>		<input type="checkbox"/> 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. <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.
Telephone Number: <u>858-909-4300</u>		
Last four digits of account or other number by which creditor identifies debtor: <u>658 001</u>		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated: _____
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Money loaned Last four digits of your SS #: _____ <input type="checkbox"/> Personal injury/wrongful death Unpaid compensation for services performed from _____ to _____ <input type="checkbox"/> Taxes (date) (date) <input type="checkbox"/> Other		
2. Date debt was incurred: <u>2/13/07</u>		3. If court judgment, date obtained: _____
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ <u>14,768.00</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____		
Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input checked="" type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed: \$ <u>14,768</u> (Unsecured) (Secured) (Priority) (Total)		
<input type="checkbox"/> 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 additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		This Space For Court Use Only <div style="font-size: 2em; font-weight: bold; margin: 10px;">#224</div> <div style="font-size: 2em; font-weight: bold; margin: 10px;">\$</div> <div style="font-size: 2em; font-weight: bold; margin: 10px;">7/10/07</div>
Date: <u>6/27/07</u> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>[Signature], A/R Representative</u>		

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

