B 10 Modified (Official Form 10) (12/1	1)		
	COURT FOR THE SOUTHERN		PROOF OF CLAIM
Name of Debtor:		Case Number:	
NOTE: This form should not be used	to make a claim for an administrative expense (o	other than a claim asserted under 11 U.S.C. § 503(b)(9)) ar	ising after the commencement of the
	nent of an administrative expense (other than a ci ntity to whom the debtor owes money or property	laim asserted under 11 U.S.C. § 503(b)(9)) may be filed pu	Check this box if this claim
` *		·)·	amends a previously filed
Name and address where notices should			claim.
AIRCASTLE MORTGAGE S		■ Date Stamped Copy Returned	Court Claim
2340 MISTLETOE BLVD	Ε	☐ No self addressed stamped envelope	Number:(If known)
PO BOX 106 FORT WORTH, TX 76110	ַ	No copy to return	Filed on:
			☐ Check this box if you are aware
Telephone number: SIT 9a	73995 [–] 3 email	: A IRCASTLE 1 @5BCGKBAL	that anyone else has filed a proof
Name and address where payment shou	ld be sent (if different from above):	"Me	of claim relating to this claim. Attach copy of statement giving
			particulars.
			5. Amount of Claim Entitled to
Telephone number:	email	l:	Priority under 11 U.S.C. §507(a). If any part of the claim
Amount of Claim as of Date Case	1920.00		falls into one of the following
If all or part of the claim is secured, co			categories, check the box specifying the priority and state
If all or part of the claim is entitled to			the amount.
Check this box if the claim includes interest or charges.	s interest or other charges in addition to the princi	ipal amount of the claim. Attach a statement that itemizes	□Domestic support obligations
2. Basis for Claim: 5ERVIC	CES PORFORMEN		under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
(See instruction #2)			☐ Wages, salaries, or
3. Last four digits of any number by	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (optional):	commissions (up to \$11,725*) earned within 180 days before
which creditor identifies debtor:			the case was filed or the
	(See instruction #3a)	(See instruction #3b)	debtor's business ceased, whichever is earlier – 11
4. Secured Claim (See instruction #4)			U.S.C. §507 (a)(4).
1	s secured by a lien on property or a right of setoff	f, attach required redacted documents, and provide the	Contributions to an employee benefit plan – 11 U.S.C. §507
requested information.	☐Real Estate ☐Motor Vehicle ☐Other		(a)(5).
Describe:	Ercai Estate Errotor venete Estate		Up to \$2,600* of deposits toward purchase, lease, or
Value of Property: \$		Fixed Variable	rental of property or services
Amount of arrearage and other charge	(when case was filed) ges, as of the time case was filed, included in so	ecured claim,	for personal, family, or household use – 11 U.S.C.
if any: \$	Basis for perfect		§507 (a)(7).
			☐ Taxes or penalties owed to governmental units – 11U.S.C.
Amount of Secured Claim: \$	Amount Unsect	ured: \$	§507 (a)(8).
6. Claim Pursuant to 11 U.S.C. § 503(b)	(9):		Other – Specify applicable paragraph of 11 U.S.C. §507
Indicate the amount of your claim arising to	from the value of any goods received by the Debtor with the goods have been sold to the Debtor in the ordin	within 20 days before May 14, 2012, the date of nary course of such Debtor's business. Attach documentation	(a)().
supporting such claim.	(See instruction #6)	•	Amount entitled to priority:
7. Credits. The amount of all payments		of making this proof of claim. (See instruction #7)]
8. Documents: Attached are redacted of	copies of any documents that support the claim, s	uch as promissory notes, purchase orders, invoices,	\$
itemized statements of running accounts completed, and redacted copies of doct	s, contracts, judgments, mortgages, and security a uments providing evidence of perfection of a secu	agreements. If the claim is secured, box 4 has been urity interest are attached. (See instruction #8, and the	* Amounts are subject to
definition of "redacted".)		APPENDATED ATTER COANIMISC	adjustment on 4/1/13 and every
	ENTS. ATTACHED DOCUMENTS MAY BE D	DESTRUTED AFTER SCANNING.	3 years thereafter with respect to cases commenced on or
If the documents are not available, plear 9. Signature: (See instruction #9) Chec			after the date of adjustment.
1 4 7 7	11. 1 .1 .1 .	ee, or the debtor, or	
1 4 1	f power of attorney, if any.) their authorized	agent. indorser, or other codebtor.	
I declare under perelty of navium: that the	(See Bankrupto	cy Rule 3004.) (See Bankruptcy Rule 3005.)	
reasonable belief.		contest while octation my knowledge, information, and	RECEIVED
Print Name: DEXIER JU Title: MANAGER	1N6-	Im 11-4-12	ILULITED
Company: Alecasile Moris	ASE SERVICES (Signature)	(Date)	NOV 0 9 2012
Address and talanhana number (if diffe	webt from notice address above):		í

KURTZMAN CARSON CONSULTANTS