UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM
Name of Debtor and Case Number:	
NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) arising after the commencement of the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor (the person or other entity to whom the debtor owes money or property):	☐ Check this box if this claim
Name and address where notices should be sent:	amends a previously filed claim.
800 North With Street	Court Claim Number:
Philadelphia, Pa 19151	(If known)
111113derprita, Pa 19151	Filed on: Check this box if you are aware
Telephone number: 215-878-5920 email: NOOC	that anyone else has filed a proof
Name and address where payment should be sent (if different from above):	of claim relating to this claim. Attach copy of statement giving
	particulars.
Telephone number: email:	5. Amount of Claim Entitled to Priority under 11 U.S.C.
1. Amount of Claim as of Date Case Filed: \$	§507(a). If any part of the claim falls into one of the following
If all or part of the claim is secured, complete item 4.	categories, check the box specifying the priority and state
If all or part of the claim is entitled to priority, complete item 5. Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemiz	the amount.
interest or charges.	under 11 U.S.C.
2. Basis for Claim: Vor+9age Note (See instruction #2)	§507(a)(1)(A) or (a)(1)(B). ☐ Wages, salaries, or
3. Last four digits of any number by 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional): which creditor identifies debtor:	commissions (up to \$11,725*) earned within 180 days before
Alison Tearnen	the case was filed or the debtor's business ceased,
4. Secured Claim (See instruction #4) (See instruction #3b)	whichever is earlier – 11 U.S.C. §507 (a)(4).
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the	☐ Contributions to an employee benefit plan – 11 U.S.C. §507
requested information. Nature of property or right of setoff: □Real Estate □Motor Vehicle □Other	(a)(5).
Describe:	D Up to \$2,600* of deposits toward purchase, lease, or
(when case was filed)	rental of property or services for personal, family, or
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$	household use – 11 U.S.C. §507 (a)(7).
Date of perfection.	☐ Taxes or penalties owed to governmental units – 11U.S.C.
Amount of Secured Claim: \$ Amount Unsecured: \$	§507 (a)(8). ☐ Other – Specify applicable
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 14, 2012, the date of	paragraph of 11 U.S.C. §507
commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.	
(See instruction #6) 7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)	Amount entitled to priority:
8. Documents: Attached are 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. If the claim is secured, box 4 has been	sunknown
completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted".)	* Amounts are subject to
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.	adjustment on 4/1/13 and every 3 years thereafter with respect
If the documents are not available, please explain:	to cases commenced on or after the date of adjustment.
9. Signature: (See instruction #9) Check the appropriate box. #H am the creditor. I I am the creditor, or I I am a guarantor, surety,	
(Attach copy of power of attorney, if any.) their authorized agent. indorser, or other codebtor.	
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and	
reasonable belief. Print Name:	RECEIVED
Title:	-
Address and telephone number (if different from notice address above):	NOV 0 9 2012
Telephone number: Email:	KURTZMAN CARSON CONSULTANTS
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U S C C C C C C C C C C C C C C C C C C	COURT USE OILL