

UNITED STATES BANKRUPTCY COURT Eastern		DISTRICT OF Virginia	PROOF OF CLAIM
Name of Debtor Smith, Harry, Isa		Case Number 2004-62-12345	THIS SPACE IS FOR COURT USE ONLY
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			
Name of Creditor (The person or other entity to whom the debtor owes money or property): CASHCOW, INC.		<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.	
Name and address where notices should be sent: Benny Neanderthal 25 Percent Drive Dubois, NC 27890 Telephone Number: (710)799-8267			
Account or other number by which creditor identifies debtor: 8976-09ABC-098		Check here <input checked="" type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated / /	
1. Basis For Claim			
<input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS# _____ Unpaid compensation for services performed From / / To / / (date) (date)	
2. Date debt was incurred: 02/15/2031		3. If court judgment, date obtained: / /	
4. Total Amount Of Claim At Time Case Filed: \$ _____ 0.00 _____ 50000.00 _____ 0.00 _____ 50000.00 <small>(unsecured) (secured) (priority) (Total)</small>			
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <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.			
5. Secured Claim.		7. Unsecured Priority Claim.	
<input checked="" 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 checked="" type="checkbox"/> Other <u>Diamonds</u> Value of Collateral: \$ <u>45000.00</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ <u>75000.00</u>		<input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>0.00</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4925), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. 507(a)(4) <input 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)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse former spouse, or child - 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)(_____) <small>* 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.</small>	
6. Unsecured Nonpriority Claim \$ <u>0.00</u>			
<input 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.			
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, 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.			
10. 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.			
Date	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):		
		<small>Software from www.dlegal.com /1-800-544-4437</small>	
<i>Penalty for presenting fraudulent claim: Fine of up to \$5000,000 or imprisonment for up to 5 years, or both. 18 U.S.C. 152 and 3571</i>			