

**PROOF OF CLAIM**

**Mail to:** Attn: Joyce Gauthier, Chace Ruttenberg & Freedman, LLP, One Park Row, Ste. 300, Providence, RI 02903

**1. Case Name and Your Name:**

<b>1.</b>
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**2. Name and address where notices should be sent:**

<b>2.</b>
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Check this box if you do not wish to receive notices via email

Phone:	Email:
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**3. Which time period does your claim relate to? (Check Only One)**

\_\_\_ Prior to \_\_\_\_\_, 201\_\_      \_\_\_ After \_\_\_\_\_, 201\_\_      \_\_\_ Before and After \_\_\_\_\_, 201\_\_

**4. Amount of Claim as of \_\_\_\_\_, 201\_:**

<b>4.</b>
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**5. Amount of Claim as of the date of this proof of claim is signed:**

<b>5.</b>
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**6. Type of claim and amount:**

<b>6.</b> ___ Secured \$ _____	___ Unsecured \$ _____
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**7. State the nature of the alleged debt and how it was incurred (e.g. wages, taxes, leases, vendors or other):**

<b>7.</b>
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**8. Please list all documents that support your claim and attach them to this proof of claim (Do not send originals)**

<b>8.</b>
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I, being duly sworn, depose and say that this claim is true and correct to the best of my knowledge, information and belief, that no part of this claim has been paid or satisfied, and there are no set-offs or counter-claims against this claim

Print Name:  
Title:  
Company:  
Address:

Signature: \_\_\_\_\_

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
Notary Public