UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

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In re:	Chapter 11
FEDERATION EMPLOYMENT AND GUIDANCE SERVICE, INC. d/b/a FEGS[1],	Case No. 15-71074 (REG)
Debtor.	

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SUPPLEMENT TO THE SECOND OMNIBUS OBJECTION TO CLAIMS FILED AGAINST THE ESTATE OF FEDERATION EMPLOYMENT AND GUIDANCE SERVICE, INC. D/B/A FEGS [DOCKET NO. 1128]

PROOFS OF CLAIM RELATING TO SEQUENCE NUMBERS 19-23

[1] The last four digits of the Debtor's federal tax identification number are 4000.

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor: **Federation Employment and Guidance Service Inc.**

Case Number: **15-71074**

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

FILED

OCT 05 2015

By Rust / Omni, Claims Agent
For U.S. Bankruptcy Court
Eastern District of New York

Name of Creditor (The person or other entity to whom the debtor owes money or property):

PATHMARK STORES INC and WALDBAUM'S

COURT USE ONLY

Name and address where notices should be sent:

NID 4660-6-NS-2035 06893

PATHMARK STORES INC
C/O THE GREAT ATLANTIC & PACIFIC TEA COMPANY, INC.
2 PARAGON DRIVE
MONTVALE, NJ 07645

TEL: (201) 571 - 4579

email: boylej@aptea.com; bennettm@aptea.com

You do not have a claim listed on the Debtor's schedules
Case Number: 15-71074
Nature of Claim: Vendor

Your claim is either not scheduled, or scheduled Contingent, Unliquidated, Disputed or Unknown as indicated above. Unless you file a Proof of Claim, the value of your claim will be zero.

Name and address where payment should be sent (if different from above):

Name: MATTHEW BENNETT
Address 1: THE GREAT ATLANTIC & PACIFIC TEA COMPANY, INC
Address 2: 2 PARAGON DRIVE
Address 3: MONTVALE, NJ 07645
Address 4:
Address 5:

TEL: (201) 571 - 4570

email: bennettm@aptea.com

☐ Check box to indicate that this claim amends a previously filed claim.

Court Claim Number: *(If known)*

Filed On: / /

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach a copy of statement giving particulars.

Carefully read instructions included with this Proof of Claim before completing. In order to have your claim considered for payment and/or voting purposes, complete ALL applicable questions. The original of this Proof of Claim must be sent to: **Federation Employment and Guidance Service, Inc., c/o Rust Consulting | Omni Bankruptcy, 5955 De Soto Avenue, Suite 100, Woodland Hills, CA 91367 by October 5, 2015 at 5:00 pm prevailing Eastern Time.**

1. Amount of Claim as of Date Case Filed: $ 13344.90

If all or part of your claim is secured, complete item 4 below.
If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim GOODS SOLD
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 3547

3a. Debtor may have scheduled account as:
(See instruction #3a)

3b. Uniform Claim Identifier (optional):
(See instruction #3b)

4. Secured Claim. (See instruction #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 requested information.

Amount of arrearage and other charges as of time case was filed included in secured claim, if any: $

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe:

Basis for perfection:

Value of Property: $

Amount of Secured Claim $

Annual Interest Rate: (when case was filed) ____% ☐ Fixed or ☐ Variable

Amount Unsecured $

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*), earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Amount entitled to priority: $

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (___).

*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Section 503(b)(9) Claim Amount: $ 4969.24 (See instruction #6)

☒ Check this box if your claim is for the value of goods received by the debtor 20 days before the date of commencement of this case (11 U.S.C. §503(b)(9)).

WHICH REFLECTS

* PART OF THE ENTIRE CLAIM OF $13,344.90 CONSISTS OF $4,969.24 FOR THE VALUE OF GOODS RECEIVED BY DEBTOR 20 DAYS PRIOR TO COMMENCEMENT OF ACTION

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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)

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, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #8 and definition of "redacted".)*
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

9. Signature: (See instruction #9)

Check the appropriate box.

- [X] I am the creditor.
- [ ] I am the creditor's authorized agent.
- [ ] I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)
- [ ] I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: JEANNE M. BOYCE

Title: LITIGATION COUNSEL

Company: THE GREAT ATLANTIC & PACIFIC TEA COMPANY, INC.

Address and telephone number (if different from notice address above):

Jeanne M. Boyce — 10/2/2015

(Signature) **(Date)**

Telephone number: email:

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

6894

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim Form (if not already filled in)

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002 (g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

I you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured (See DEFINITIONS). If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable) and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):

If any portion of your claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS) . A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6.Amount of Claim Under 11 U.S.C. §503(b)(9):

The value of goods received by the debtor within 20 days before the date of commencement of the case.

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on the delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claims is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

PATHMARK #33547

Number	Days Late	Original	Balance Due	Due Date	Class
P549943	423	$ 101.52	$ 101.52	1-Aug-14	Invoice
P546716	388	$ 97.33	$ 97.33	5-Sep-14	Invoice
P527345	388	$ 98.46	$ 98.46	5-Sep-14	Invoice
P519765	380	$ 98.12	$ 98.12	13-Sep-14	Invoice
P557207	366	$ 95.84	$ 95.84	27-Sep-14	Invoice
P546794	366	$ 98.78	$ 98.78	27-Sep-14	Invoice
P532742	366	$ 99.64	$ 99.64	27-Sep-14	Invoice
P546784	353	$ 99.28	$ 99.28	10-Oct-14	Invoice
P546628	325	$ 73.60	$ 73.60	7-Nov-14	Invoice
P558099	318	$ 97.63	$ 97.63	14-Nov-14	Invoice
P546622	311	$ 82.83	$ 82.83	21-Nov-14	Invoice
M531165	311	$ 98.87	$ 98.87	21-Nov-14	Invoice
P545679	304	$ 103.40	$ 103.40	28-Nov-14	Invoice
P382639	303	$ 97.00	$ 97.00	29-Nov-14	Invoice
506827P	302	$ 17.94	$ 17.94	30-Nov-14	Invoice
512777P	302	$ 24.72	$ 24.72	30-Nov-14	Invoice
P554786	297	$ 91.52	$ 91.52	5-Dec-14	Invoice
APP1009663	290	$ 99.78	$ 99.78	12-Dec-14	Invoice
APP1012170	289	$ 100.25	$ 100.25	13-Dec-14	Invoice
APP382633	283	$ 99.37	$ 99.37	19-Dec-14	Invoice
APP535961	276	$ 98.87	$ 98.87	26-Dec-14	Invoice
APP382635	275	$ 97.14	$ 97.14	27-Dec-14	Invoice
APP1000767	269	$ 99.00	$ 99.00	2-Jan-15	Invoice
APP1000774	269	$ 99.24	$ 99.24	2-Jan-15	Invoice
APP1009683	269	$ 121.26	$ 121.26	2-Jan-15	Invoice
APP382637	262	$ 64.23	$ 64.23	9-Jan-15	Invoice
APP382638	262	$ 85.40	$ 85.40	9-Jan-15	Invoice
APP382636	262	$ 95.13	$ 95.13	9-Jan-15	Invoice
APP382493	262	$ 98.43	$ 98.43	9-Jan-15	Invoice
APP382494	262	$ 99.92	$ 99.92	9-Jan-15	Invoice
APP382495	255	$ 95.00	$ 95.00	16-Jan-15	Invoice
APP382496	255	$ 97.07	$ 97.07	16-Jan-15	Invoice
APP382497	240	$ 98.55	$ 98.55	31-Jan-15	Invoice
APP382498	240	$ 98.68	$ 98.68	31-Jan-15	Invoice
APP544533	220	$ 379.00	$ 379.00	20-Feb-15	Invoice
APP544518	220	$ 622.80	$ 622.80	20-Feb-15	Invoice
APP1026103	213	$ 85.74	$ 85.74	27-Feb-15	Invoice
APP1026004	213	$ 93.24	$ 93.24	27-Feb-15	Invoice
APP1026105	206	$ 41.62	$ 41.62	6-Mar-15	Invoice
APP1026104	206	$ 72.76	$ 72.76	6-Mar-15	Invoice
APP1034516	206	$ 452.04	$ 452.04	6-Mar-15	Invoice
APP1034515	206	$ 900.00	$ 900.00	6-Mar-15	Invoice
APP1034514	206	$ 900.00	$ 900.00	6-Mar-15	Invoice
APP1026101	199	$ 35.97	$ 35.97	13-Mar-15	Invoice
		$ 6,706.97	$ 6,706.97		

WALDBAUM'S #5492

Number	Days Late	Original	Balance Due	Due Date	Class
APW323888	606	$ 99.19	$ 99.19	30-Jan-14	Invoice
APW323885	577	$ 106.11	$ 106.11	28-Feb-14	Invoice
APW296552	571	$ 118.94	$ 118.94	6-Mar-14	Invoice
APW296553	515	$ 98.34	$ 98.34	1-May-14	Invoice
APM542602	478	$ 97.13	$ 97.13	7-Jun-14	Invoice
APW346385	466	$ 93.10	$ 93.10	19-Jun-14	Invoice
APW346384	437	$ 99.78	$ 99.78	18-Jul-14	Invoice
APM542603	409	$ 111.80	$ 111.80	15-Aug-14	Invoice
APW323953	380	$ 100.00	$ 100.00	13-Sep-14	Invoice
APW3000332	339	$ 71.70	$ 71.70	24-Oct-14	Invoice
APW323883	338	$ 102.08	$ 102.08	25-Oct-14	Invoice
APW323894	319	$ 89.27	$ 89.27	13-Nov-14	Invoice
APW323906	303	$ 97.20	$ 97.20	29-Nov-14	Invoice
APM542604	298	$ 99.40	$ 99.40	4-Dec-14	Invoice
APW323957	291	$ 74.92	$ 74.92	11-Dec-14	Invoice
APW323755	291	$ 75.67	$ 75.67	11-Dec-14	Invoice
APW345209	290	$ 99.84	$ 99.84	12-Dec-14	Invoice
APW323951	290	$ 111.29	$ 111.29	12-Dec-14	Invoice
APW323956	284	$ 93.71	$ 93.71	18-Dec-14	Invoice
APW323887	283	$ 77.46	$ 77.46	19-Dec-14	Invoice
APW346382	276	$ 105.14	$ 105.14	26-Dec-14	Invoice
APW323764	270	$ 99.36	$ 99.36	1-Jan-15	Invoice
APW323954	263	$ 97.13	$ 97.13	8-Jan-15	Invoice
APW323955	263	$ 99.24	$ 99.24	8-Jan-15	Invoice
APW323892	263	$ 99.92	$ 99.92	8-Jan-15	Invoice
AP346379W	255	$ 72.21	$ 72.21	16-Jan-15	Invoice
AP346378W	255	$ 98.08	$ 98.08	16-Jan-15	Invoice
APW323718	255	$ 99.67	$ 99.67	16-Jan-15	Invoice
APW323886	255	$ 100.54	$ 100.54	16-Jan-15	Invoice
APW323893	255	$ 101.22	$ 101.22	16-Jan-15	Invoice
APW323865	241	$ 96.70	$ 96.70	30-Jan-15	Invoice
APW346383	241	$ 98.86	$ 98.86	30-Jan-15	Invoice
APW345208	233	$ 90.49	$ 90.49	7-Feb-15	Invoice
APW323946	233	$ 99.29	$ 99.29	7-Feb-15	Invoice
APW323945	233	$ 100.19	$ 100.19	7-Feb-15	Invoice
APW323905	233	$ 101.12	$ 101.12	7-Feb-15	Invoice
APW323941	226	$ 42.84	$ 42.84	14-Feb-15	Invoice
APW323873	226	$ 66.54	$ 66.54	14-Feb-15	Invoice
APW323882	226	$ 85.39	$ 85.39	14-Feb-15	Invoice
APW323943	226	$ 96.79	$ 96.79	14-Feb-15	Invoice
APW323864	226	$ 98.36	$ 98.36	14-Feb-15	Invoice
APW323940	226	$ 100.90	$ 100.90	14-Feb-15	Invoice
APW323773	220	$ 86.76	$ 86.76	20-Feb-15	Invoice
APW323872	220	$ 97.51	$ 97.51	20-Feb-15	Invoice
APW323904	220	$ 98.88	$ 98.88	20-Feb-15	Invoice
APW345354	213	$ 86.97	$ 86.97	27-Feb-15	Invoice

APW323938	213	$	97.77	$	97.77	27-Feb-15 Invoice
APW323939	213	$	99.15	$	99.15	27-Feb-15 Invoice
AP346370	213	$	99.17	$	99.17	27-Feb-15 Invoice
APW346381	213	$	99.29	$	99.29	27-Feb-15 Invoice
APW323902	213	$	100.75	$	100.75	27-Feb-15 Invoice
APW323895	211	$	105.93	$	105.93	1-Mar-15 Invoice
APW323947	207	$	24.84	$	24.84	5-Mar-15 Invoice
APW323944	207	$	85.64	$	85.64	5-Mar-15 Invoice
APW323903	207	$	96.22	$	96.22	5-Mar-15 Invoice
APW323948	207	$	97.29	$	97.29	5-Mar-15 Invoice
APW323949	207	$	99.20	$	99.20	5-Mar-15 Invoice
APW323911	207	$	99.70	$	99.70	5-Mar-15 Invoice
APW323878	207	$	100.32	$	100.32	5-Mar-15 Invoice
APW323749	200	$	54.08	$	54.08	12-Mar-15 Invoice
APW323950	200	$	92.67	$	92.67	12-Mar-15 Invoice
APW323910	200	$	99.13	$	99.13	12-Mar-15 Invoice
APW323877	200	$	99.38	$	99.38	12-Mar-15 Invoice
APW323909	200	$	99.39	$	99.39	12-Mar-15 Invoice
APW323881	200	$	99.48	$	99.48	12-Mar-15 Invoice
APW323908	200	$	99.78	$	99.78	12-Mar-15 Invoice
APW323737	200	$	154.66	$	154.66	12-Mar-15 Invoice
APW323748	200	$	199.05	$	199.05	12-Mar-15 Invoice
APW323907	199	$	98.01	$	98.01	13-Mar-15 Invoice
		$	6,637.93	$	6,637.93	

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor: **Federation Employment and Guidance Service Inc.**

Case Number: **15-71074**

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

FILED

SEP 04 2015

By Rust / Omni, Claims Agent
For U.S. Bankruptcy Court
Eastern District of New York

Name of Creditor (The person or other entity to whom the debtor owes money or property):

MARCIA RICHMAN

COURT USE ONLY

Name and address where notices should be sent:

NID 4660-6-S-5606 05245

MARCIA RICHMAN
1820 AVENUE " S
BROOKLYN, NY 11229

TEL: (718) 891 - 8555

email: _____

Your claim is scheduled as follows:
Schedule: F (UNSECURED)
Nature of Claim: Trade Debt
Claim Amount: $1,875.00

Name and address where payment should be sent (if different from above):

Name: _____
Address 1: _____
Address 2: _____
Address 3: _____
Address 4: _____
Address 5: _____

TEL: ( ) - _____

email: _____

☐ Check box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____ *(If known)*

Filed On: ___/___/___

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach a copy of statement giving particulars.

Carefully read instructions included with this Proof of Claim before completing. In order to have your claim considered for payment and/or voting purposes, complete ALL applicable questions. The original of this Proof of Claim must be sent to: **Federation Employment and Guidance Service, Inc., c/o Rust Consulting | Omni Bankruptcy, 5955 De Soto Avenue, Suite 100, Woodland Hills, CA 91367 by October 5, 2015 at 5:00 pm prevailing Eastern Time.**

1. Amount of Claim as of Date Case Filed: $ 1875.00

If all or part of your claim is secured, complete item 4 below.
If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim SERVICES PERFORMED
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 4779

3a. Debtor may have scheduled account as: _____
(See instruction #3a)

3b. Uniform Claim Identifier (optional): _____
(See instruction #3b)

4. Secured Claim. (See instruction #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 requested information.

Amount of arrearage and other charges as of time case was filed included in secured claim, if any: $ _____

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe: _____

Basis for perfection: _____

Value of Property: $ _____

Amount of Secured Claim $ _____

Annual Interest Rate: _____% ☐ Fixed or ☐ Variable
(when case was filed)

Amount Unsecured $ _____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*), earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Amount entitled to priority:
$ 1875.00

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☒ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_). Consulting before Bankruptcy

*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Section 503(b)(9) Claim Amount: $ 1875.00 (See instruction #6)

☐ Check this box if your claim is for the value of goods received by the debtor 20 days before the date of commencement of this case (11 U.S.C. §503(b)(9)).

(6)

C9C6
CS

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)*

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, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #8 and definition of "redacted".)*
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

9. Signature: (See instruction #9)

Check the appropriate box.

- [X] I am the creditor.
- [ ] I am the creditor's authorized agent.
- [ ] I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)
- [ ] I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Marcia Richman

Title:

Company:

Address and telephone number (if different from notice address above):

Marcia Richman 9/1/15

(Signature) **(Date)**

Telephone number: email:

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. 5246

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim Form (if not already filled in)

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002 (g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
I you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured (See DEFINITIONS). If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable) and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):
If any portion of your claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS) . A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6.Amount of Claim Under 11 U.S.C. §503(b)(9):
The value of goods received by the debtor within 20 days before the date of commencement of the case.

7. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

8. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on the delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claims is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Marcia Richman Invoice for Services (revised)

1820 Avenue "S"
Brooklyn, New York 11229

MEWAMOMIONMONNOMM

Date	Item(Site)	Description of Services	Unit Price (per Hour)	Hr(s)	Amount
10/5/14	Rau IRA (G V)	Assessment	$75	1.5	112.50
10/12/14	Sylvan IRA (J S, L J)	Assessment	$75	1.5	112.50
10/19/14	Kittay IRA L A, T R, L G)	Assessment	$75	3	225.00
10/19/14	Saphier IRA C K)	Assessment	$75	2	150.00
10/26/14	Sussman IRA (I T)	Assessment	$75	2	150.00
10/30/14	Lenox IRA (H J)	Assessment	$75	1.5	112.50
11/1/14	Bleir IRA (A L)	Assessment	$75	1.5	112.50
11/8/14	Saddle Rock IRA (D I)	Assessment	$75	2	150.00
11/8/14	Greystone IRA (S D)	Assessment	$75	2	150.00
12/12/14	Hudson St Main Office	Final delivery of documentation, reports. discussion	$75	8	600.00
To Tot			$75	25	$1737 1875.00

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor: **Federation Employment and Guidance Service Inc.**

Case Number: **15-71074**

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

FILED

OCT 03 2015

By Rust / Omni, Claims Agent
For U.S. Bankruptcy Court
Eastern District of New York

Name of Creditor (The person or other entity to whom the debtor owes money or property):

ROBERT ROSENBERG

COURT USE ONLY

Name and address where notices should be sent:

NID 4660-6-C-132 07389

ROBERT ROSENBERG
480 PARK AVE. SUITE 9A
NEW YORK, NY 10022

TEL: (212) 300 - 3893

email: _____

Your claim is filed as follows:
Class: PRI (PRIORITY UNSECURED)
Claim Amount: $2,400.00

Name and address where payment should be sent (if different from above):

Name: _____
Address 1: _____
Address 2: _____
Address 3: _____
Address 4: _____
Address 5: _____

TEL: ( ) -

email: _____

☐ Check box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____ *(If known)*

Filed On: ___/___/___

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach a copy of statement giving particulars.

Carefully read instructions included with this Proof of Claim before completing. In order to have your claim considered for payment and/or voting purposes, complete ALL applicable questions. The original of this Proof of Claim must be sent to: **Federation Employment and Guidance Service, Inc., c/o Rust Consulting | Omni Bankruptcy, 5955 De Soto Avenue, Suite 100, Woodland Hills, CA 91367 by October 5, 2015 at 5:00 pm prevailing Eastern Time.**

1. Amount of Claim as of Date Case Filed: $ 1600.

If all or part of your claim is secured, complete item 4 below.
If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim PAYMENT OF RENT DUE PER LEASE
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as:
(See instruction #3a)

3b. Uniform Claim Identifier (optional):
(See instruction #3b)

4. Secured Claim. (See instruction #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 requested information.

Amount of arrearage and other charges as of time case was filed included in secured claim, if any: $

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe:

Basis for perfection:

Value of Property: $

Amount of Secured Claim $

Annual Interest Rate: _____% ☐ Fixed or ☐ Variable
(when case was filed)

Amount Unsecured $

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*), earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Amount entitled to priority: $

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (___).

**Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Section 503(b)(9) Claim Amount: $ 1600 (See instruction #6)

☒ Check this box if your claim is for the value of goods received by the debtor 20 days before the date of commencement of this case (11 U.S.C. §503(b)(9)).

1094

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)

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, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #8 and definition of "redacted".)*
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

9. Signature: (See instruction #9)

Check the appropriate box.

☑ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: ROBERT ROSENBERG

Title: OWNER

Company: INDIVIDUAL

Address and telephone number (if different from notice address above):

_____

_____

_____

Telephone number: email:

_____ 9/27/15

(Signature) **(Date)**

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

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INSTRUCTIONS FOR PROOF OF CLAIM FORM

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I you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

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If any portion of your claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS). A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

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IF YOU ARE RENTING A RENT-STABILIZED APARTMENT, ATTACHED TO THIS LEASE ARE PERTINENT RULES AND REGULATIONS GOVERNING TENANTS' AND OWNERS' RIGHTS UNDER THE RENT STABILIZATION LAW.

STANDARD FORM OF APARTMENT LEASE
THE REAL ESTATE BOARD OF NEW YORK, INC.

© Copyright 1981. All Rights Reserved. Reproduction in whole or in part prohibited.

PREAMBLE: This lease contains the agreements between You and Owner concerning Your rights and obligations and the rights and obligations of Owner. You and Owner have other rights and obligations which are set forth in government laws and regulations.

You should read this Lease and all of its attached parts carefully. If You have any questions, or if You do not understand any words or statements, get clarification. Once You and Owner sign this Lease You and Owner will be presumed to have read it and understood it. You and Owner admit that all agreements between You and Owner have been written into this Lease. You understand that any agreements made before or after this Lease was signed and not written into it will not be enforceable.

THIS LEASE is made on January 1 2015 (month / day / year) between

Owner, ROBERT ROSENBERG

whose address is 480 PARK AVENUE SUITE 9A, NY NY 10022

and You, the Tenant, RICHARD BARGER

whose address is 300 E 62 Apt 802

1. APARTMENT AND USE

Owner agrees to lease to You Apartment 802 on the 8th floor in the Building at _____ Borough of _____, City and State of New York.

You shall use the Apartment for living purposes only. The Apartment may be occupied by the tenant or tenants named above and by the immediate family of the tenant or tenants and by occupants as defined in and only in accordance with Real Property Law §235-f.

2. LENGTH OF LEASE

The term (that means the length) of this Lease is _____ years, _____ months, _____ days, beginning on _____ and ending on _____. If you do not do everything You agree to do in this Lease, Owner may have the right to end it before the above date. If Owner does not do everything that Owner agrees to do in this Lease, You may have the right to end the Lease before ending date.

3. RENT

Your monthly rent for the Apartment is $ _____, until adjusted pursuant to Article 4 below. You must pay Owner the rent, in advance, on the first day of each month either at Owner's office or at another place that Owner may inform You of by written notice. You must pay the first month's rent to Owner when You sign this Lease if the lease begins on the first day of the month. If the Lease begins after the first day of the month, You must pay when you sign this lease (1) the part of the rent from the beginning date of this Lease until the last day of the month and (2) the full rent for the next full calendar month. If this Lease is a Renewal Lease, the rent for the first month of this Lease need not be paid until the first day of the month when the renewal term begins.

4. RENT ADJUSTMENTS

If this Lease is for a Rent Stabilized apartment, the rent herein shall be adjusted up or down during the Lease term, including retroactively, to conform to the Rent Guidelines. Where Owner, upon application to the State Division of Housing and Community Renewal ("authorized agency") is found to be entitled to an increase in rent or other relief, You and Owner agree: a. to be bound by such determination; b. where the authorized agency has granted an increase in rent, You shall pay such increase in the manner set forth by the authorized agency; c. except that in the event that an order is issued increasing the stabilization rent because of Owner hardship, You may, within thirty (30) days of your receipt of a copy of the order, cancel your lease on sixty (60) days written notice to Owner. During said period You may continue in occupancy at no increase in rent.

5. SECURITY DEPOSIT

You are required to give Owner the sum of $ _____ when You sign this Lease as a security deposit, which is called in law a trust. Owner will deposit this security in _____ bank at _____. If the Building contains six or more apartments, the bank account will earn interest. If You carry out all of your agreements in this Lease, at the end of each calendar year Owner or the bank will pay to Owner 1% interest on the deposit for administrative costs and to You all other interest earned on the security deposit.

If You carry out all of your agreements in this Lease and if You move out of the Apartment and return it to Owner in the same condition it was in when You first occupied it, except for ordinary wear and tear or damage caused by fire or other casualty, Owner will return to You the full amount of your security deposit and interest to which You are entitled within 60 days after this Lease ends. However, if You do not carry out all your agreements in this Lease, Owner may keep all or part of your security deposit and any interest which has not yet been paid to You necessary to pay Owner for any losses incurred, including missed payments.

responsible for Your damages or expenses, and this Lease will remain in effect. However, in such case, this Lease will start on the date when You can move in, and the ending date in Article 2 will be changed to a date reflecting the full term of years set forth in Article 2. You will not have to pay rent until the move-in date Owner gives You by written notice, or the date You move in, whichever is earlier. If Owner does not give You notice that the move-in date is within 30 days after the beginning date of the term of this Lease as stated in Article 2, You may tell Owner in writing, that Owner has 15 additional days to let You move in, or else the Lease will end. If Owner does not allow You to move in within those additional 15 days, then the Lease is ended. Any money paid by You on account of this Lease will then be refunded promptly by Owner.

7. CAPTIONS

In any dispute arising under this Lease, in the event of a conflict between the text and a caption, the text controls.

8. WARRANTY OF HABITABILITY

A. All of the sections of this Lease are subject to the provisions of the Warranty of Habitability Law in the form it may have from time to time during this Lease. Nothing in this Lease can be interpreted to mean that You have given up any of your rights under that law. Under that law, Owner agrees that the Apartment and the Building are fit for human habitation and that there will be no conditions which will be detrimental to life, health or safety.

B. You will do nothing to interfere or make more difficult Owner's efforts to provide You and all other occupants of the Building with the required facilities and services. Any condition caused by your misconduct or the misconduct of anyone under your direction or control shall not be a breach by Owner.

9. CARE OF YOUR APARTMENT-END OF LEASE-MOVING OUT

A. You will take good care of the apartment and will not permit or do any damage to it, except for damage which occurs through ordinary wear and tear. You will move out on or before the ending date of this lease and leave the Apartment in good order and in the same condition as it was when You first occupied it, except for ordinary wear and tear and damage caused by fire or other casualty.

B. When this Lease ends, You must remove all of your movable property. You must also remove at your own expense, any wall covering, bookcases, cabinets, mirrors, painted murals or any other installation or attachment You may have installed in the Apartment, even if it was done with Owner's consent. You must restore and repair to its original condition those portions of the Apartment affected by those installations and removals. You have not moved out until all persons, furniture and other property of yours is also out of the Apartment. If your property remains in the Apartment after the Lease ends, Owner may either treat You as still in occupancy and charge You for use, or may consider that You have given up the Apartment and any property remaining in the Apartment. In this event, Owner may either discard the property or store it at your expense. You agree to pay Owner for all costs and expenses incurred in removing such property. The provisions of this article will continue to be in effect after the end of this Lease.

10. CHANGES AND ALTERATIONS TO APARTMENT

You cannot build in, add to, change or alter, the Apartment in any way, including wallpapering, painting, repainting, or other decorating, without getting Owner's written consent before You do anything. Without Owner's prior written consent, You cannot install or use in the Apartment any of the following: dishwasher machines, clothes washing or drying machines, electric stoves, garbage disposal units, heating, ventilating or air conditioning units or any other electrical equipment which, in Owner's reasonable opinion, will overload the existing wiring installation in the Building or interfere with the use of such electrical wiring facilities by other tenants of the Building. Also, You cannot place in the Apartment water-filled furniture.

11. YOUR DUTY TO OBEY AND COMPLY WITH LAWS, REGULATIONS AND LEASE RULES

A. **Government Laws and Orders.** You will obey and comply (1) with all present and future city, state and federal laws and regulations which affect the Building or the Apartment, and (2) with all orders and regulations of Insurance Rating Organizations which affect the Apartment and the Building. You will not allow any windows in the Apartment to be cleaned from the outside, unless the equipment and safety devices required by law are used.

B. **Owner's Rules Affecting You.** You will obey all Owner's rules listed in this Lease and all future reasonable rules of Owner or Owner's agent. Notice of all additional rules shall be delivered to You in writing or posted in the lobby or other public place in the building. Owner shall not be responsible to You for not enforcing any rules, regulations or provisions of another tenant's lease except to the extent required by law.

C. **Your Responsibility.** You are responsible for the behavior of yourself, of your immedate family, your servants and people who are visiting You. You will reimburse Owner as additional rent upon demand for the cost of all losses, damages, fines and reasonable legal expenses incurred by Owner because You, members of your immediate family, servants or people visiting You have not obeyed government laws and orders of the agreements or rules of this Lease.

12. OBJECTIONABLE CONDUCT

As a tenant in the Building, You will not engage in objectionable conduct. Objectionable conduct means behavior which makes or will make the Apartment or the Building less fit to live in for You or other occupants. It also means anything which interferes with the right of others to properly and peacefully enjoy their Apartments, or causes conditions that are dangerous, hazardous, unsanitary and detrimental to other tenants in the Building. Objectionable conduct by You gives Owner the right to end this Lease.

13. SERVICES AND FACILITIES

A. **Required Services.** Owner will provide cold and hot water and heat as required by law, repairs to the Apartment, as required by law, elevator service if the Building has elevator equipment, and the utilities, if any, included in the rent, as set forth in sub-paragraph B. You are not entitled to any rent reduction because of a stoppage or reduction of any of the above services unless it is provided by law.

B. The following utilities are included in the rent _____ .

C. **Electricity and Other Utilities.** If Owner provides electricity or gas and the charge is included in the rent on Page 1, or if You buy electricity or gas from Owner for a separate (submetered) charge, your obligations are described in the Rider attached to this Lease. If electricity or gas is not included in the rent or is not charged separately by Owner, You must arrange for this service directly with the utility company. You must also pay directly for telephone service if it is not included in the rent.

D. **Appliances.** Appliances supplied by Owner in the Apartment are for your use. They will be maintained and repaired or replaced by Owner, but if repairs or replacement are made necessary because of your negligence or misuse, You will pay Owner for the cost of such repair or replacement as additional rent.

E. **Elevator Service.** If the elevator is the kind that requires an employee of Owner to operate it, Owner may end this service without reducing the rent if: (1) Owner gives You 10 days notice that this service will end; and (2)

repairs to the Building. In any of these events, any rights You may have against Owner are only those rights which are allowed by laws in effect when the reduction in service occurs.

15. ENTRY TO APARTMENT

During reasonable hours and with reasonable notice, except in emergencies, Owner may enter the Apartment for the following reasons:

(A) To erect, use and maintain pipes and conduits in and through the walls and ceilings of the Apartment; to inspect the Apartment and to make any necessary repairs or changes Owner decides are necessary. Your rent will not be reduced because of any of this work, unless required by Law;

(B) To show the Apartment to persons who may wish to become owners or lessees of the entire Building or may be interested in lending money to Owner;

(C) For four months before the end of the Lease, to show the Apartment to persons who wish to rent it;

(D) If during the last month of the Lease You have moved out and removed all or almost all of your property from the Apartment, Owner may enter to make changes, repairs, or redecorations. Your rent will not be reduced for that month and this Lease will not be ended by Owner's entry.

(E) If at any time You are not personally present to permit Owner or Owner's representative to enter the Apartment and entry is necessary or allowed by law or under this lease, Owner or Owner's representatives may nevertheless enter the Apartment. Owner may enter by force in an emergency. Owner will not be responsible to You, unless during this entry, Owner or Owner's representative is negligent or misuses your property.;

16. ASSIGNING; SUBLETTING; ABANDONMENT

(a) **Assigning and Subletting.** You cannot assign this Lease or sublet the Apartment without Owner's advance written consent in each instance to a request made by You in the manner required by Real Property Law §226-b. and in accordance with the provisions of the Code of the Rent Stabilization Association relating to subletting. Owner may refuse to consent to a lease assignment for any reason or no reason, but if Owner unreasonably refuses to consent to request for a Lease assignment properly made, at your request in writing, Owner will end this Lease effective as of thirty days after your request. The first and every other time you wish to sublet the Apartment, You must get the written consent of Owner unless Owner unreasonably withholds consent following your request to sublet in the manner provided by Real Property Law §226.b. Owner may impose a reasonable credit check fee on You in connection with an application to assign or sublet. If You fail to pay your rent Owner may collect rent from subtenant or occupant without releasing You from the Lease. Owner will credit the amount collected against the rent due from You. However, Owner's acceptance of such rent does not change the status of the subtenant or occupant to that of direct tenant of Owner and does not release You from this Lease.

(b) **Abandonment.** If You move out of the Apartment (abandonment) before the end of this Lease without the consent of Owner, this Lease will not be ended (except as provided by law following Owner's unreasonable refusal to consent to an assignment or subletting requested by You.) You will remain responsible for each monthly payment of rent as it becomes due until the end of this Lease. In case of abandonment, your responsibility for rent will end only if Owner chooses to end this Lease for default as providd in Article 17.

17. DEFAULT

(1) You default under the Lease if You act in any of the following ways:

(a) You fail to carry out any agreement or provision of this Lease;

(b) You or another occupant of the Apartment behaves in an objectionable manner;

(c) You do not take possession or move into the Apartment 15 days after the beginning of this Lease;

(d) You and other legal occupants of the Apartment move out permanently before this Lease ends;

If You do default in any one of these ways, other than a default in the agreement to pay rent, Owner may serve You with a written notice to stop or correct the specified default within 10 days. You must then either stop or correct the default within 10 days, or, if You need more than 10 days, You must begin to correct the default within 10 days and continue to do all that is necessary to correct the default as soon as possible.

(2) If You do not stop or begin to correct a default within 10 days, Owner may give You a second written notice that this Lease will end six days after the date the second written notice is sent to You. At the end of the 6-day period, this Lease will end. You then must move out of the Apartment. Even though this Lease ends, You will remain liable to Owner for unpaid rent up to the end of this Lease, the value of your occupancy, if any, after the Lease ends, and damages caused to Owner after that time as stated in Article 18.

(3) If You do not pay your rent when this Lease requires after a personal demand for rent has been made, or within three days after a statutory written demand for rent has been made, or if the Lease ends, Owner may do the following: (a) enter the apartment and retake possession of it if You have moved out; or (b) go to court and ask that You and all other occupants in the Apartment be compelled to move out.

Once this Lease has been ended, whether bcause of default or otherwise, You give up any right You might otherwise have to reinstate or renew the Lease.

18. REMEDIES OF OWNER AND YOUR LIABILITY

If this Lease is ended by Owner because of your default, the following are the rights and obligations of You and Owner.

(a) You must pay your rent until this Lease has ended. Thereafter, You must pay an equal amount for what the law calls "use and occupancy" until You actually move out.

(b) Once You are out, Owner may re-rent the Apartment or any portion of it for a period of time which may end before or after the ending date of this Lease. Owner may re-rent to a new tenant at a lesser rent or may charge a higher rent than the rent in this Lease.

(c) Whether the Apartment is re-rented or not, You must pay to Owner as damages:

(1) the difference between the rent in this Lease and the amount, if any, of the rents collected in any later lease or leases of the Apartment for what would have been the remaining period of this Lease; and

(2) Owner's expenses for attorney's fees, advertisements, broker's fees and the cost of putting the Apartment in good condition for re-rental.

(d) You shall pay all damages due in monthly installments on the rent day established in this Lease. Any legal action brought to collect one or more monthly installments of damages shall not prejudice in any way Owner's right to collect the damages for a later month by a similar action. If the rent collected by Owner from a subsequent tenant of the Apartment is more than the unpaid rent and damages which You owe Owner, You cannot receive the difference. Owner's failure to re-rent to another tenant will not release or change your liability for damages, unless the failure is due to Owner's deliberate inaction.

(3) Correcting any violations of city, state or federal laws or orders and regulations of insurance rating organizations concerning the Apartment or the Building which You or persons who live with You, visit You, or work for You have caused;

(4) Preparing the Apartment for the next tenant if You move out of your Apartment before the Lease ending date;

(5) Any legal fees and disbursements for legal actions or proceedings brought by Owner against You because of a Lease default by You or for defending lawsuits brought against Owner because of your actions;

(6) Removing all of your property after this Lease is ended;

(7) All other fees and expenses incurred by Owner because of your failure to obey any other provisions and agreements of this Lease;

These fees and expenses shall be paid by You to Owner as additional rent within 30 days after You receive Owner's bill or statement. If this Lease has ended when these fees and expenses are incurred, You will still be liable to Owner for the same amount as damages.

B. **Tenant's Right.** Owner agrees that unless sub-paragraph 5 of this Article 20 has been stricken out of this Lease You have the right to collect reasonable legal fees and expenses incurred in a successful defense by You of a lawsuit brought by Owner against You or brought by You against Owner to the extent provided by Real Property Law, section 234.

21. PROPERTY LOSS, DAMAGES OR INCONVENIENCE

Unless caused by the negligence or misconduct of Owner or Owner's agents or employees, Owner or Owner's agents and employees are not responsible to You for any of the following: (1) any loss of or damage to You or your property in the Apartment or the Building due to any accidental or intentional cause, even a theft or another crime committed in the Apartment or elsewhere in the Building; (2) any loss of or damage to your property delivered to any employee of the Building (i.e., doorman, superintendent, etc.); or (3) any damage or inconvenience caused to You by actions, negligence or violations of a Lease by any other tenant or person in the Building except to the extent required by law.

Owner will not be liable for any temporary interference with light, ventilation, or view caused by construction by or in behalf of Owner. Owner will not be liable for any such interference on a permanent basis caused by construction on any parcel of land not owned by Owner. Also, Owner will not be liable to You for such interference caused by the permanent closing, darkening or blocking up of windows, if such action is required by law. None of the foregoing events will cause a suspension or reduction of the rent or allow You to cancel the Lease.

22. FIRE OR CASUALTY

A. If the Apartment becomes unusable, in part or totally, because of fire, accident or other casualty, this Lease will continue unless ended by Owner under C below or by You under D below. But the rent will be reduced immediately. This reduction will be based upon the part of the Apartment which is unusable.

B. Owner will repair and restore the Apartment, unless Owner decides to take actions described in paragraph C below.

C. After a fire, accident or other casualty in the Building, Owner may decide to tear down the Building or to substantially rebuild it. In such case, Owner need not restore the Apartment but may end this Lease. Owner may do this even if the Apartment has not been damaged, by giving You written notice of this decision within 30 days after the date when the damage occurred. If the Apartment is usable when Owner gives You such notice, this Lease will end 60 days from the last day of the calendar month in which You were given the notice.

D. If the Apartment is completely unusable because of fire, accident or other casualty and it is not repaired in 30 days, You may give Owner written notice that You end the Lease. If You give that notice, this Lease is considered ended on the day that the fire, accident or casualty occurred. Owner will refund your security deposit and the pro-rate portion of rents paid for the month in which the casualty happened.

E. Unless prohibited by the applicable insurance policies, to the extent that such insurance is collected, You and Owner release and waive all right of recovery against the other or anyone claiming through or under each by way of subrogation.

23. PUBLIC TAKING

The entire building or a part of it can be acquired (condemned) by any government or government agency for a public or quasi-public use or purpose. If this happens, this Lease shall end on the date the government or agency take title. You shall have no claim against Owner for any damage resulting; You also agree that by signing this Lease, You assign to Owner any claim against the Government or Government agency for the value of the unexpired portion of this Lease.

24. SUBORDINATION CERTIFICATE AND ACKNOWLEDGEMENTS

All leases and mortgages of the Building or of the land on which the Building is located, now in effect or made after this Lease is signed, come ahead of this Lease. In other words, this Lease is "subject and subordinate to" any existing or future lease or mortgage on the Building or land, including any renewals, consolidations, modifications and replacements of these leases or mortgages. If certain provisions of any of these leases or mortgages come into effect, the holder of such lease or mortgage can end this Lease. If this happens, You agree that You have no claim against Owner or such lease or mortgage holder. If Owner requests, You will sign promptly an acknowledgement of the "subordination" in the form that Owner requires.

You also agree to sign (if accurate) a written acknowledgement to any third party designated by Owner that this Lease is in effect, that Owner is performing Owner's obligations under this Lease and that you have no present claim against Owner.

25. TENANT'S RIGHT TO LIVE IN AND USE THE APARTMENT

If You pay the rent and any required additional rent on time and You do everything You have agreed to do in this Lease, your tenancy cannot be cut off before the ending date, except as provided for in Articles 22, 23, and 24.

26. BILLS AND NOTICE

A. **Notices to You.** Any notice from Owner or Owner's agent or attorney will be considered properly given to You if it (1) is in writing; (2) is signed by or in the name of Owner or Owner's agent; and (3) is addressed to You at the Apartment and delivered to You personally or sent by registered or certified mail to You at the Apartment.

B. **Notices to Owner.** If You wish to give a notice to Owner, You must write it and deliver it or send it by registered or certified mail to Owner at the address noted on page 1 of this Lease or at another address of which Owner or Agent has given You written notice.

27. GIVING UP RIGHT TO TRIAL BY JURY AND COUNTERCLAIM

28. NO WAIVER OF LEASE PROVISIONS

A. Even if Owner accepts your rent or fails once or more often to take action against You when You have not done what You have agreed to do in this Lease, the failure of Owner to take action or Owner's acceptance of rent does not prevent Owner from taking action at a later date if You again do not do what You have agreed to do.

B. Only a written agreement between You and Owner can waive any violation of this Lease.

C. If You pay and Owner accepts an amount less than all the rent due, the amount received shall be considered to be in payment of all or a part of the earliest rent due. It will not be considered an agreement by Owner to accept this lesser amount in full satisfaction of all of the rent due.

D. Any agreement to end this Lease and also to end the rights and obligations of You and Owner must be in writing, signed by You and Owner or Owner's agent. Even if You give keys to the Apartment and they are accepted by any emloyee, or agent, or Owner, this Lease is not ended.

29. CONDITION OF THE APARTMENT

When You signed this Lease, You did not rely on anything said by Owner, Owner's agent or superintendent about the physical condition of the Apartment, the Building or the land on which it is built. You did not rely on any promises as to what would be done, unless what was said or promised is written in this Lease and signed by both You and Owner or found in Owner's floor plans or brochure shown to You before You signed the Lease. Before signing this Lease, You have inspected the apartment and You accept it in its present condition "as is," except for any condition which You could not reasonably have seen during your inspection. You agree that Owner has not promised to do any work in the Apartment except as specified in an attached "Work" rider.

30. RENT INCREASE FOR MAJOR CAPITAL IMPROVEMENT

Owner advises you that an application for increase in stabilized rent on the ground of a building-wide major capital improvement dated_____ Docket No._____ is now pending before the State Division of Housing and Community Renewal (Agency). Such application involves the following major capital improvements which are now completed or in progress:

You agree that the stabilized rent herein may be increased during the term of this lease by reason of such improvement as of a date and in the amount permitted by an order from the Agency.

31. DEFINITIONS

A. Owner: The term "Owner" means the person or organization receiving or entitled to receive rent from You for the Apartment at any particular time other than a rent collector or managing agent of Owner. "Owner" includes the owner of the land or Building, a lessor, or sublessor of the land or Building and a mortgagee in possession. It does not include a former owner, even if the former owner signed this Lease.

B. You: The Term "You" means the person or persons signing this Lease as Tenant and the successors and assigns of the signer. This Lease has established a tenant-landlord relationship between You and Owner.

32. SUCCESSOR INTERESTS

The agreements in this Lease shall be binding on Owner and You and on those who succeed to the interest of Owner or You by law, by approved assignment or by transfer.

Owners Rules - a part of this lease - see page 6

TO CONFIRM OUR AGREEMENTS, OWNER AND YOU RESPECTIVELY SIGN THIS LEASE AS OF THE DAY AND YEAR FIRST WRITTEN ON PAGE 1.

Witnesses

_____ _____ [L.S.]
Owner's Signature

_____ Richard Lee Boezer [L.S.]
Tenant's Signature

_____ _____ [L.S.]
Tenant's Signature

GUARANTY

The undersigned Guarantor guarantees to Owner the strict performance of and observance by Tenant of all the agreements, provisions and rules in the attached Lease. Guarantor agrees to waive all notices when Tenant is not paying rent or not observing and complying with all of the provisions of the attached Lease. Guarantor agrees to be equally liable with Tenant so that Owner may sue Guarantor directly without first suing Tenant. The Guarantor further agrees that his guaranty shall remain in full effect even if the Lease is renewed, changed or extended in any way and even if Owner has to make a claim against Guarantor. Owner and Guarantor agree to waive trial by jury in any action, proceeding or counterclaim brought against the other on any matters concerning the attached Lease or the Guaranty.

Apartment

Premises

Tenant

Expires

STANDARD FORM OF APARTMENT

Lease

The Real Estate Board of New York, Inc.

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ATTACHED RULES WHICH ARE A PART OF THE LEASE AS PROVIDED BY ARTICLE 11

Public Access Ways

1. (a) Tenants shall not block or leave anything in or on fire escapes, the sidewalks, entrances, driveways, elevators, stairways, or halls. Public access ways shall be used only for entering and leaving the Apartment and the Building. Only those elevators and passageways designated by Owner can be used for deliveries.

(b) Baby carriages, bicycles or other property of Tenants shall not be allowed to stand in the halls, passageways, public areas or courts of the Building.

Bathroom and Plumbing Fixtures

2. The bathrooms, toilets and wash closets and plumbing fixtures shall only be used for the purposes for which they were designed or built; sweepings, rubbish bags, acids or other substances shall not be placed in them.

Refuse

3. Carpets, rugs or other articles shall not be hung or shaken out of any window of the Building. Tenants shall not sweep or throw or permit to be swept or thrown any dirt, garbage or other substances out of the windows or into any of the halls, elevators or elevator shafts. Tenants shall not place any articles outside of the Apartment or outside of the building except in safe containers and only at places chosen by Owner.

Elevators

4. All non-automatic passenger and service elevators shall be operated only by employees of Owner and must not in any event be interfered with by Tenants. The service elevators, if any, shall be used by servants, messengers and trades people for entering and leaving, and the passenger elevators, if any, shall **not** be used by them for any purpose. Nurses with children, however, may use the passenger elevators.

Laundry

5. Laundry and drying apparatus, if any, shall be used by Tenants in the manner and at the times that the superintendent or other representative of Owner may direct. Tenants shall not dry or air clothes on the roof

Keys and Locks

6. Owner may retain a pass key to the apartment. Tenants may install on the entrance of the Apartment an additional lock of not more than three inches in circumference. Tenants may also install a lock on any window but only in the manner provided by law. Immediately upon making any installation of either type, Tenants shall notify Owner or Owner's agent and shall give Owner or Owner's agent a duplicate key. If changes are made to the locks or mechanism installed by Tenants, Tenants must deliver keys to Owner. At the end of this Lease, Tenants must return to Owner all keys either furnished or otherwise obtained. If Tenants lose or fail to return any keys which were furnished to them, Tenants shall pay to Owner the cost of replacing them.

Noise

7. Tenants, their families, guests, employees, or visitors shall not make or permit any disturbing noises in the Apartment or Building or permit anything to be done that will interfere with the rights, comforts or convenience of other tenants. Also, Tenants shall not play a musical instrument or operate or allow to be operated a phonograph, radio or television set so as to disturb or annoy any other occupant of the Building.

No Projections

8. An aerial may not be erected on the roof or outside wall of the Building without the written consent of Owner. Also, awnings or other projections shall not be attached to the outside walls of the Building or to any balcony or terrace.

No Pets

9. Dogs or animals of any kind shall **not** be kept or harbored in the Apartment, unless in each instance it be expressly permitted in writing by Owner. This consent, if given, can be taken back by Owner at any time for good cause on reasonably given notice. Unless carried or on a leash, a dog shall not be permitted on any passenger elevator or in any public portion of the building. Also, dogs are not

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Eastern District of New York		**PROOF OF CLAIM**
Name of Debtor: Federation Employment and Guidance Service Inc., d/b/a/ FEGS	Case Number: 15-71074	FILED OCT 02 2015 By Bkcy Claims Agent For U.S. Bankruptcy Court Eastern District of New York
NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		**COURT USE ONLY**
Name and address where notices should be sent: SIGNIUS 7 ELK STREET LOWER LEVEL NEW YORK, NY 10007 Telephone number: 212 245-3800 email: nelida.castro@signius.com		❒ Check this box if this claim amends a previously filed claim. **Court Claim Number:** _____ (*If known*) Filed on: _____
Name and address where payment should be sent (if different from above): Same as above Telephone number: email:		❒ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: $ 4,680.64

If all or part of the claim is secured, complete item 4.

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 itemizes interest or charges.

2. Basis for Claim: Services provided through call center -unpaid invoices
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	**3a. Debtor may have scheduled account as:** (See instruction #3a)	**3b. Uniform Claim Identifier (optional):** (See instruction #3b)

4. Secured Claim (See instruction #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 requested information.

Nature of property or right of setoff: ❒ Real Estate ❒ Motor Vehicle ☒ Other
Describe:

Value of Property: $ N/A

Annual Interest Rate N/A % ❒ Fixed or ❒ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:
$ 4,680.64

Basis for perfection: Services provided

Amount of Secured Claim: $ 4,680.64

Amount Unsecured: $ _____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

❒ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

❒ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

❒ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

❒ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).

❒ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

❒ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__).

$ N/A

**Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

IC
1766

7. 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, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #7, and the definition of "**redacted**".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☑ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Nelida Castro
Title: Bookkeeper
Company: Signius
Address and telephone number (if different from notice address above):
Same

N Castro 10/1/15
(Signature) (Date)

Telephone number: 212 245 3840 email: nelida.castro@signius.com

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

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor
A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor
A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim
A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim
A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)
A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim
An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)
Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted
A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim
To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Signius
7 Elk Street, Lower Level
New York, NY 10007
(212) 245-3800

Invoice#:	**141001797101**
Invoice Date:	**10/26/2014**
Total Due:	**$ 1,845.80**
Due Date:	**11/10/2014**
Account#:	JD4512
Purchase Order#:	
Service Period:	11/1/2014-11/30/2014
Usage Period:	9/26/2014-10/25/2014

F.E.G.S.
ATTN: SALLY WHITE
315 HUDSON STREET, 4TH FL
NEW YORK, NY 10013

Date	Svc	Source	Description	Quantity	Price Each	Charge
			Recurring Charges			
10/26/14	0110		ANSWERING SERVICE			$337.50
10/26/14	0118	J04512	FAX MESSAGE DELIVERY			$7.50
			Usage Charges			
10/26/14	5338		PATCH CALLS	6	$1.00	$6.00
10/26/14	5355		PATCH MINUTE CHARGE	41	$0.30	$12.30
10/26/14	5446		LOCAL CALLOUTS + ALPHAS	44	$0.40	$17.60
			Other Charges and Credits			
10/26/14	0329	J04512	HOLIDAY CHARGE			$10.00
			Sub-account Charges			
10/26/14	0110	5051	ANSWERING SERVICE			$75.00
10/26/14	0137	5051	UNLIMITED EMAIL/FAX			$7.50
10/26/14	0329	5051	HOLIDAY CHARGE			$10.00
10/26/14	5338	5051	PATCH CALLS	2	$1.00	$2.00
10/26/14	5355	5051	PATCH MINUTE CHARGE	3	$0.30	$0.90
10/26/14	5446	5051	LOCAL CALLOUTS + ALPHAS	5	$0.40	$2.00
10/26/14	0112	7269	VOICE MAIL MONTHLY SVC			$20.00

Balance From Previous Invoice	Payments	Adjustments	Current Credits	Past Due	New Charges	Total Due
$ 1,337.50	$ 0.00	$ 0.00	$ 0.00	$ 1,337.50	$ 508.30	**$ 1,845.80**

Your account is 60 days or more overdue.

Please detach at perforation and return lower portion with your payment.

F.E.G.S.

To avoid late charges pay by the 10th of the month.

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
☐ MASTERCARD	☐ VISA	☐ AMEX
CARD NUMBER		EXP. DATE
SIGNATURE		AMOUNT
INVOICE DATE	AMOUNT DUE	ACCOUNT
10/26/2014	**$ 1,845.80**	**JD4512**
INVOICE NUMBER	SHOW AMOUNT PAID HERE	
141001797101	**$**	

Please pay this amount by 11/10/2014: $ 1,845.80

Please remit to:

Signius
7 Elk Street, Lower Level
New York, NY 10007

Signius
7 Elk Street, Lower Level
New York, NY 10007
(212) 245-3800

Invoice#:	**141101797101**
Invoice Date:	**11/26/2014**
Total Due:	**$ 2,365.60**
Due Date:	**12/10/2014**
Account#:	JD4512
Purchase Order#:	
Service Period:	12/1/2014-12/31/2014
Usage Period:	10/26/2014-11/25/2014

F.E.G.S.
ATTN: SALLY WHITE
315 HUDSON STREET, 4TH FL
NEW YORK, NY 10013

Date	Svc	Source	Description	Quantity	Price Each	Charge
			Recurring Charges			
11/26/14	0110		ANSWERING SERVICE			$337.50
11/26/14	0118	J04512	FAX MESSAGE DELIVERY			$7.50
			Usage Charges			
11/26/14	5338		PATCH CALLS	11	$1.00	$11.00
11/26/14	5355		PATCH MINUTE CHARGE	89	$0.30	$26.70
11/26/14	5446		LOCAL CALLOUTS + ALPHAS	23	$0.40	$9.20
			Other Charges and Credits			
11/26/14	0329	J04512	HOLIDAY CHARGE			$10.00
			Sub-account Charges			
11/26/14	0110	5051	ANSWERING SERVICE			$75.00
11/26/14	0137	5051	UNLIMITED EMAIL/FAX			$7.50
11/26/14	0329	5051	HOLIDAY CHARGE			$10.00
11/26/14	5338	5051	PATCH CALLS	2	$1.00	$2.00
11/26/14	5355	5051	PATCH MINUTE CHARGE	6	$0.30	$1.80
11/26/14	5446	5051	LOCAL CALLOUTS + ALPHAS	4	$0.40	$1.60
11/26/14	0112	7269	VOICE MAIL MONTHLY SVC			$20.00

Balance From Previous Invoice	Payments	Adjustments	Current Credits	Past Due	New Charges	Total Due
$ 1,845.80	$ 0.00	$ 0.00	$ 0.00	$ 1,845.80	$ 519.80	**$ 2,365.60**

Your account is 90 days or more overdue. Please pay immediately to avoid service interruption.

Please detach at perforation and return lower portion with your payment.

F.E.G.S.

To avoid late charges pay by the 10th of the month.

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
☐ MASTERCARD	☐ VISA	☐ AMEX
CARD NUMBER		EXP. DATE
SIGNATURE		AMOUNT
INVOICE DATE	AMOUNT DUE	ACCOUNT
11/26/2014	**$ 2,365.60**	**JD4512**
INVOICE NUMBER	SHOW AMOUNT PAID HERE	$
141101797101		

Please pay this amount by 12/10/2014: $ 2,365.60

Please remit to:

Signius
7 Elk Street, Lower Level
New York, NY 10007

Signius
7 Elk Street, Lower Level
New York, NY 10007
(212) 245-3800

Invoice#:	**150101797101**
Invoice Date:	**1/26/2015**
Total Due:	**$ 2,093.20**
Due Date:	**2/10/2015**
Account#:	JD4512
Purchase Order#:	
Service Period:	2/1/2015-2/28/2015
Usage Period:	12/26/2014-1/25/2015

F.E.G.S.
ATTN: SALLY WHITE
315 HUDSON STREET, 4TH FL
NEW YORK, NY 10013

Date	Svc	Source	Description	Quantity	Price Each	Charge
			Recurring Charges			
1/26/15	0110		ANSWERING SERVICE			$337.50
1/26/15	0118	J04512	FAX MESSAGE DELIVERY			$7.50
			Usage Charges			
1/26/15	5338		PATCH CALLS	11	$1.00	$11.00
1/26/15	5355		PATCH MINUTE CHARGE	119	$0.30	$35.70
1/26/15	5446		LOCAL CALLOUTS + ALPHAS	28	$0.40	$11.20
			Other Charges and Credits			
1/26/15	0329	J04512	HOLIDAY CHARGE			$10.00
			Sub-account Charges			
1/26/15	0110	5051	ANSWERING SERVICE			$75.00
1/26/15	0137	5051	UNLIMITED EMAIL/FAX			$7.50
1/26/15	0329	5051	HOLIDAY CHARGE			$10.00
1/26/15	5338	5051	PATCH CALLS	6	$1.00	$6.00
1/26/15	5355	5051	PATCH MINUTE CHARGE	20	$0.30	$6.00
1/26/15	5446	5051	LOCAL CALLOUTS + ALPHAS	16	$0.40	$6.40
1/26/15	0112	7269	VOICE MAIL MONTHLY SVC			$20.00

Balance From Previous Invoice	Payments	Adjustments	Current Credits	Past Due	New Charges	Total Due
$ 2,886.90	($1,337.50)	$ 0.00	$ 0.00	$ 1,549.40	$ 543.80	**$ 2,093.20**

Your account is 90 days or more overdue. Please pay immediately to avoid service interruption.

Please detach at perforation and return lower portion with your payment.

F.E.G.S.

To avoid late charges pay by the 10th of the month.

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
☐ MASTERCARD	☐ VISA	☐ AMEX
CARD NUMBER		EXP. DATE
SIGNATURE		AMOUNT
INVOICE DATE	AMOUNT DUE	ACCOUNT
01/26/2015	**$ 2,093.20**	**JD4512**
INVOICE NUMBER	SHOW AMOUNT PAID HERE	
150101797101	**$**	

Please pay this amount by 2/10/2015: $ 2,093.20

Please remit to:

Signius
7 Elk Street, Lower Level
New York, NY 10007

Signius
7 Elk Street, Lower Level
New York, NY 10007
(212) 245-3800

Invoice#:	**150201797101**
Invoice Date:	**2/26/2015**
Total Due:	**$ 2,098.20**
Due Date:	**3/10/2015**
Account#:	JD4512
Purchase Order#:	
Service Period:	3/1/2015-3/31/2015
Usage Period:	1/26/2014-2/25/2015

F.E.G.S.
ATTN: SALLY WHITE
315 HUDSON STREET, 4TH FL
NEW YORK, NY 10013

Date	Svc	Source	Description	Quantity	Price Each	Charge
			Recurring Charges			
2/26/15	0110		ANSWERING SERVICE			$337.50
2/26/15	0118	J04512	FAX MESSAGE DELIVERY			$7.50
			Usage Charges			
2/26/15	5338		PATCH CALLS	6	$1.00	$6.00
2/26/15	5355		PATCH MINUTE CHARGE	31	$0.30	$9.30
2/26/15	5446		LOCAL CALLOUTS + ALPHAS	17	$0.40	$6.80
			Other Charges and Credits			
2/26/15	0329	J04512	HOLIDAY CHARGE			$10.00
			Sub-account Charges			
2/26/15	0110	5051	ANSWERING SERVICE			$75.00
2/26/15	0137	5051	UNLIMITED EMAIL/FAX			$7.50
2/26/15	0329	5051	HOLIDAY CHARGE			$10.00
2/26/15	5338	5051	PATCH CALLS	9	$1.00	$9.00
2/26/15	5355	5051	PATCH MINUTE CHARGE	39	$0.30	$11.70
2/26/15	5446	5051	LOCAL CALLOUTS + ALPHAS	40	$0.40	$16.00
2/26/15	0112	7269	VOICE MAIL MONTHLY SVC			$20.00

Balance From Previous Invoice	Payments	Adjustments	Current Credits	Past Due	New Charges	Total Due
$ 2,093.20	($521.30)	$ 0.00	$ 0.00	$ 1,571.90	$ 526.30	**$ 2,098.20**

Your account is 90 days or more overdue. Please pay immediately to avoid service interruption.

Please detach at perforation and return lower portion with your payment.

F.E.G.S.

To avoid late charges pay by the 10th of the month.

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
☐ MASTERCARD	☐ VISA	☐ AMEX
CARD NUMBER		EXP. DATE
SIGNATURE		AMOUNT
INVOICE DATE	AMOUNT DUE	ACCOUNT
02/26/2015	**$ 2,098.20**	**JD4512**
INVOICE NUMBER	SHOW AMOUNT PAID HERE	$
150201797101		

Please pay this amount by 3/10/2015: $ 2,098.20

Please remit to:

Signius
7 Elk Street, Lower Level
New York, NY 10007

Signius
7 Elk Street, Lower Level
New York, NY 10007
(212) 245-3800

Invoice#:	**150501797101**
Invoice Date:	**5/26/2015**
Total Due:	**$ 3,216.58**
Due Date:	**6/10/2015**
Account#:	JD4512
Purchase Order#:	
Service Period:	6/1/2015-6/30/2015
Usage Period:	4/26/2015-5/25/2015

F.E.G.S.
ATTN: SALLY WHITE
315 HUDSON STREET, 4TH FL
NEW YORK, NY 10013

Date	Svc	Source	Description	Quantity	Price Each	Charge
			Recurring Charges			
5/26/15	0110		ANSWERING SERVICE			$337.50
5/26/15	0118	J04512	FAX MESSAGE DELIVERY			$7.50
			Usage Charges			
5/26/15	5338		PATCH CALLS	16	$1.00	$16.00
5/26/15	5355		PATCH MINUTE CHARGE	77	$0.30	$23.10
5/26/15	5446		LOCAL CALLOUTS + ALPHAS	37	$0.40	$14.80
			Other Charges and Credits			
5/26/15	0329	J04512	HOLIDAY CHARGE			$10.00
			Sub-account Charges			
5/26/15	0110	5051	ANSWERING SERVICE			$75.00
5/26/15	0137	5051	UNLIMITED EMAIL/FAX			$7.50
5/26/15	0329	5051	HOLIDAY CHARGE			$10.00
5/26/15	5338	5051	PATCH CALLS	20	$1.00	$20.00
5/26/15	5355	5051	PATCH MINUTE CHARGE	57	$0.30	$17.10
5/26/15	5446	5051	LOCAL CALLOUTS + ALPHAS	68	$0.40	$27.20
5/26/15	5558	5051	TAS TIME	129	$0.82	$23.78
5/26/15	0112	7269	VOICE MAIL MONTHLY SVC			$20.00

Balance From Previous Invoice	Payments	Adjustments	Current Credits	Past Due	New Charges	Total Due
$ 3,164.00	($556.90)	$ 0.00	$ 0.00	$ 2,607.10	$ 609.48	**$ 3,216.58**

Your account is 120 days or more overdue. Please pay immediately to avoid legal action.

Please detach at perforation and return lower portion with your payment.

F.E.G.S.

To avoid late charges pay by the 10th of the month.

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
☐ MASTERCARD	☐ VISA	☐ AMEX
CARD NUMBER	EXP. DATE	
SIGNATURE	AMOUNT	
INVOICE DATE	AMOUNT DUE	ACCOUNT
05/26/2015	**$ 3,216.58**	**JD4512**
INVOICE NUMBER	SHOW AMOUNT PAID HERE	
150501797101	**$**	

Please pay this amount by 6/10/2015: $ 3,216.58

Please remit to:

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7 Elk Street, Lower Level
New York, NY 10007

Signius
7 Elk Street, Lower Level
New York, NY 10007
(212) 245-3800

Invoice#:	**150601797101**
Invoice Date:	**6/26/2015**
Total Due:	**$ 3,202.18**
Due Date:	**7/10/2015**
Account#:	JD4512
Purchase Order#:	
Service Period:	7/1/2015-7/31/2015
Usage Period:	5/26/2015-6/25/2015

F.E.G.S.
ATTN: SALLY WHITE
315 HUDSON STREET, 4TH FL
NEW YORK, NY 10013

Date	Svc	Source	Description	Quantity	Price Each	Charge
			Recurring Charges			
6/26/15	0110		ANSWERING SERVICE			$337.50
6/26/15	0118	J04512	FAX MESSAGE DELIVERY			$7.50
			Other Charges and Credits			
6/26/15	0329	J04512	HOLIDAY CHARGE			$10.00
			Sub-account Charges			
6/26/15	0110	5051	ANSWERING SERVICE			$75.00
6/26/15	0137	5051	UNLIMITED EMAIL/FAX			$7.50
6/26/15	0329	5051	HOLIDAY CHARGE			$10.00
6/26/15	5338	5051	PATCH CALLS	9	$1.00	$9.00
6/26/15	5355	5051	PATCH MINUTE CHARGE	28	$0.30	$8.40
6/26/15	5446	5051	LOCAL CALLOUTS + ALPHAS	24	$0.40	$9.60
6/26/15	0112	7269	VOICE MAIL MONTHLY SVC			$20.00

Balance From Previous Invoice	Payments	Adjustments	Current Credits	Past Due	New Charges	Total Due
$ 3,216.58	($508.90)	$ 0.00	$ 0.00	$ 2,707.68	$ 494.50	**$ 3,202.18**

Your account is 120 days or more overdue. Please pay immediately to avoid legal action.

Please detach at perforation and return lower portion with your payment.

F.E.G.S.

To avoid late charges pay by the 10th of the month.

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
☐ MASTERCARD	☐ VISA	☐ AMEX
CARD NUMBER		EXP. DATE
SIGNATURE		AMOUNT
INVOICE DATE	AMOUNT DUE	ACCOUNT
06/26/2015	**$ 3,202.18**	**JD4512**
INVOICE NUMBER	SHOW AMOUNT PAID HERE	$
150601797101		

Please pay this amount by 7/10/2015: $ 3,202.18

Please remit to:

Signius
7 Elk Street, Lower Level
New York, NY 10007

SIGNIUS
7 ELK STREET, LOWER LEVEL
NEW YORK, NY 10007
(212) 245-3800

Invoice#:	**150103665101**
Invoice Date:	**1/26/2015**
Total Due:	**$294.00**
Due Date:	**2/02/2015**
Account#:	JD6282
Purchase Order#:	
Service Period:	1/01/2015-1/31/2015
Usage Period:	

F E G S - PURCHASING DEPT
315 HUDSON STREET
NEW YORK, NY 10013
ATTN: SALLY WHITE

Date	Svc	Source	Description	Quantity	Price Each	Charge
			Recurring Charges			
		6282	ANSWERING SERVICE			$92.00
		6282	UNLIMITED FAX/EMAIL			$5.00
			Usage Charges			
		6608	ANSWERING SERVICE			$90.00
		6608	UNLIMITED FAX/EMAIL			$5.00
		6610	ANSWERING SERVICE			$97.00
		6610	UNLIMITED FAX/EMAIL			$5.00
			Other Charges and Credits			

Balance From Previous Invoice	Payments	Adjustments	Current Credits	Past Due	New Charges	Total Due
					$294.00	**$294.00**

WE APPRECIATE YOUR BUSINESS!

Please detach at perforation and return lower portion with your payment.

F E G S - PURCHASING DEPT

To avoid late charges pay by the 10th of the month.

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ MASTERCARD ☐ VISA ☐ AMEX

CARD NUMBER	EXP. DATE
SIGNATURE	AMOUNT

INVOICE DATE	AMOUNT DUE	ACCOUNT
1/26/2015	**$294.00**	JD6282

INVOICE NUMBER	SHOW AMOUNT PAID HERE
150103665101	**$**

Please pay this amount by 2/02/2015 : $294.00

Please remit to:

SIGNIUS
7 ELK STREET, LOWER LEVEL
NEW YORK, NY 10007

SIGNIUS
7 ELK STREET, LOWER LEVEL
NEW YORK, NY 10007
(212) 245-3800

Invoice#:	**150203665101**
Invoice Date:	**2/26/2015**
Total Due:	**$596.46**
Due Date:	**3/02/2015**
Account#:	JD6282
Purchase Order#:	
Service Period:	2/01/2015-2/28/2015
Usage Period:	

F E G S - PURCHASING DEPT
315 HUDSON STREET
NEW YORK, NY 10013
ATTN: SALLY WHITE

Date	Svc	Source	Description	Quantity	Price Each	Charge
			Recurring Charges			
		6282	ANSWERING SERVICE			$92.00
		6282	UNLIMITED FAX/EMAIL			$5.00
			Usage Charges			
		6608	ANSWERING SERVICE			$90.00
		6608	UNLIMITED FAX/EMAIL			$5.00
		6610	ANSWERING SERVICE			$97.00
		6610	UNLIMITED FAX/EMAIL			$5.00
		6282	TAS TIME	109	$0.94	$8.46
			Other Charges and Credits			

Balance From Previous Invoice	Payments	Adjustments	Current Credits	Past Due	New Charges	Total Due
$294.00	$0.00	$0.00	$0.00	$294.00	$302.46	**$596.46**

YOUR ACOCUNT IS 30 DAYS PAST DUE!!

Please detach at perforation and return lower portion with your payment.

F E G S - PURCHASING DEPT

To avoid late charges pay by the 10th of the month.

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ MASTERCARD ☐ VISA ☐ AMEX

CARD NUMBER	EXP. DATE
SIGNATURE	AMOUNT

INVOICE DATE	AMOUNT DUE	ACCOUNT
2/26/2015	**$596.46**	JD6282

INVOICE NUMBER	SHOW AMOUNT PAID HERE
150203665101	**$**

Please pay this amount by 3/02/2015 : $596.46

Please remit to:

SIGNIUS
7 ELK STREET, LOWER LEVEL
NEW YORK, NY 10007

SIGNIUS
7 ELK STREET, LOWER LEVEL
NEW YORK, NY 10007
(212) 245-3800

Invoice#:	**150303665101**
Invoice Date:	**3/26/2015**
Total Due:	**$890.46**
Due Date:	**4/02/2015**
Account#:	JD6282
Purchase Order#:	
Service Period:	3/01/2015-3/31/2015
Usage Period:	

F E G S - PURCHASING DEPT
315 HUDSON STREET
NEW YORK, NY 10013
ATTN: SALLY WHITE

Date	Svc	Source	Description	Quantity	Price Each	Charge
			Recurring Charges			
		6282	ANSWERING SERVICE			$92.00
		6282	UNLIMITED FAX/EMAIL			$5.00
			Usage Charges			
		6608	ANSWERING SERVICE			$90.00
		6608	UNLIMITED FAX/EMAIL			$5.00
		6610	ANSWERING SERVICE			$97.00
		6610	UNLIMITED FAX/EMAIL			$5.00
			Other Charges and Credits			

Balance From Previous Invoice	Payments	Adjustments	Current Credits	Past Due	New Charges	Total Due
$596.46	$0.00	$0.00	$0.00	$596.46	$294.00	**$890.46**

YOUR ACOCUNT IS 60 DAYS PAST DUE!!

Please detach at perforation and return lower portion with your payment.

F E G S - PURCHASING DEPT

To avoid late charges pay by the 10th of the month.

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ MASTERCARD ☐ VISA ☐ AMEX

CARD NUMBER	EXP. DATE
SIGNATURE	AMOUNT

INVOICE DATE	AMOUNT DUE	ACCOUNT
3/26/2015	**$890.46**	JD6282

INVOICE NUMBER	SHOW AMOUNT PAID HERE
150303665101	**$**

Please pay this amount by 4/02/2015 : $890.46

Please remit to:

SIGNIUS
7 ELK STREET, LOWER LEVEL
NEW YORK, NY 10007

SIGNIUS
7 ELK STREET, LOWER LEVEL
NEW YORK, NY 10007
(212) 245-3800

Invoice#:	**150403665101**
Invoice Date:	**4/26/2015**
Total Due:	**$1,184.46**
Due Date:	**5/2/2015**
Account#:	JD6282
Purchase Order#:	
Service Period:	4/01/2015-4/30/2015
Usage Period:	

F E G S - PURCHASING DEPT
315 HUDSON STREET
NEW YORK, NY 10013
ATTN: SALLY WHITE

Date	Svc	Source	Description	Quantity	Price Each	Charge
			Recurring Charges			
		6282	ANSWERING SERVICE			$92.00
		6282	UNLIMITED FAX/EMAIL			$5.00
			Usage Charges			
		6608	ANSWERING SERVICE			$90.00
		6608	UNLIMITED FAX/EMAIL			$5.00
		6610	ANSWERING SERVICE			$97.00
		6610	UNLIMITED FAX/EMAIL			$5.00
			Other Charges and Credits			

Balance From Previous Invoice	Payments	Adjustments	Current Credits	Past Due	New Charges	**Total Due**
$890.46	$0.00	$0.00	$0.00	$890.46	$294.00	**$1,184.46**

YOUR ACOCUNT IS 90 DAYS PAST DUE!!

Please detach at perforation and return lower portion with your payment.

F E G S - PURCHASING DEPT

To avoid late charges pay by the 10th of the month.

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ MASTERCARD ☐ VISA ☐ AMEX

CARD NUMBER	EXP. DATE
SIGNATURE	AMOUNT

INVOICE DATE	AMOUNT DUE	ACCOUNT
4/26/2015	**$1,184.46**	JD6282

INVOICE NUMBER	SHOW AMOUNT PAID HERE
150403665101	**$**

Please pay this amount by 5/2/2015 : $1,184.46

Please remit to:

SIGNIUS
7 ELK STREET, LOWER LEVEL
NEW YORK, NY 10007

SIGNIUS
7 ELK STREET, LOWER LEVEL
NEW YORK, NY 10007
(212) 245-3800

Invoice#:	**150503665101**
Invoice Date:	**5/26/2015**
Total Due:	**$1,478.46**
Due Date:	**6/2/2015**
Account#:	JD6282
Purchase Order#:	
Service Period:	5/01/2015-5/31/2015
Usage Period:	

F E G S - PURCHASING DEPT
315 HUDSON STREET
NEW YORK, NY 10013
ATTN: SALLY WHITE

Date	Svc	Source	Description	Quantity	Price Each	Charge
			Recurring Charges			
		6282	ANSWERING SERVICE			$92.00
		6282	UNLIMITED FAX/EMAIL			$5.00
			Usage Charges			
		6608	ANSWERING SERVICE			$90.00
		6608	UNLIMITED FAX/EMAIL			$5.00
		6610	ANSWERING SERVICE			$97.00
		6610	UNLIMITED FAX/EMAIL			$5.00
			Other Charges and Credits			

Balance From Previous Invoice	Payments	Adjustments	Current Credits	Past Due	New Charges	**Total Due**
$1,184.46	$0.00	$0.00	$0.00	$1,184.46	$294.00	**$1,478.46**

YOUR ACOCUNT IS 120 DAYS PAST DUE!!

Please detach at perforation and return lower portion with your payment.

F E G S - PURCHASING DEPT

To avoid late charges pay by the 10th of the month.

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
☐ MASTERCARD	☐ VISA	☐ AMEX
CARD NUMBER		EXP. DATE
SIGNATURE		AMOUNT
INVOICE DATE	AMOUNT DUE	ACCOUNT
5/26/2015	**$1,478.46**	JD6282
INVOICE NUMBER	SHOW AMOUNT PAID HERE	$
150503665101		

Please pay this amount by 6/2/2015 : $1,478.46

Please remit to:

SIGNIUS
7 ELK STREET, LOWER LEVEL
NEW YORK, NY 10007

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor: **Federation Employment and Guidance Service Inc.**

Case Number: **15-71074**

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

FILED

OCT 01 2015

By Rust / Omni, Claims Agent
For U.S. Bankruptcy Court
Eastern District of New York

COURT USE ONLY

Name of Creditor (The person or other entity to whom the debtor owes money or property):

STATE UTILITIES INC.

Name and address where notices should be sent:

NID 4660-6-C-145 08147

STATE UTILITIES INC.
ATTN: RAYMOND M. YOUNG
290 WEST HOFFMAN AVE.
LINDENHURST, NY 11757

TEL: (631) 226 - 2380

email: STATEUTILITIES@AOL.COM

Your claim is filed as follows:
Class: UNS (UNSECURED)
Claim Amount: $5,399.20

Name and address where payment should be sent (if different from above):

Name:
Address 1:
Address 2:
Address 3:
Address 4:
Address 5:

TEL: ( ) -

email:

☐ Check box to indicate that this claim amends a previously filed claim.

Court Claim Number: *(If known)*

Filed On: / /

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach a copy of statement giving particulars.

Carefully read instructions included with this Proof of Claim before completing. In order to have your claim considered for payment and/or voting purposes, complete ALL applicable questions. The original of this Proof of Claim must be sent to: **Federation Employment and Guidance Service, Inc., c/o Rust Consulting | Omni Bankruptcy, 5955 De Soto Avenue, Suite 100, Woodland Hills, CA 91367 by October 5, 2015 at 5:00 pm prevailing Eastern Time.**

1. Amount of Claim as of Date Case Filed: $ 5399.20

If all or part of your claim is secured, complete item 4 below.
If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim UTILITIES
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 6168

3a. Debtor may have scheduled account as:
(See instruction #3a)

3b. Uniform Claim Identifier (optional):
(See instruction #3b)

4. Secured Claim. (See instruction #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 requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe:

Value of Property: $

Annual Interest Rate: (when case was filed) ____% ☐ Fixed or ☐ Variable

Amount of arrearage and other charges as of time case was filed included in secured claim, if any: $

Basis for perfection:

Amount of Secured Claim $

Amount Unsecured $ 5399.20

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*), earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Amount entitled to priority: $

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( ).

Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Section 503(b)(9) Claim Amount: $ (See instruction #6)

☐ Check this box if your claim is for the value of goods received by the debtor 20 days before the date of commencement of this case (11 U.S.C. §503(b)(9)).

1721
TD

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)

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, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #8 and definition of "redacted".)*
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

9. Signature: (See instruction #9)
Check the appropriate box.

- [x] I am the creditor.
- [ ] I am the creditor's authorized agent.
- [ ] I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)
- [ ] I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: RAYMOND YOUNG
Title: PRESIDENT
Company: STATE UTILITIES INC

Address and telephone number (if different from notice address above):

Telephone number: email:

Raymond Young 9/28/18
(Signature) **(Date)**

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. 8148

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim Form (if not already filled in)

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002 (g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
I you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured (See DEFINITIONS). If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable) and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):
If any portion of your claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS) . A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6.Amount of Claim Under 11 U.S.C. §503(b)(9):
The value of goods received by the debtor within 20 days before the date of commencement of the case.

7. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

8. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on the delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claims is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

(A008E2-021211) DISPLAY
7981H 08-Apr-15 08:56 AM
F E G S
315 HUDSON STREET - 4TH FLOOR
ATT: MR BRYAN CAULFIELD
NEW YORK NY 10013

TEL: (212)366-8324 AQD: 11/13/03 SAL: JD DIV: 1
#TNKS 1 #SVCE 1 #LOCS 0 SOR: FEGS RELAT A/C#
SOURCE: BRYAN CAULFIELD #5208S/FAX 212 366-8325/ROCCO'S DIRECT LINE 212 366-8309
/ROCCO'S BEEPER 917 894-1157/OTHER A-C 6675N,6721F,6945F,7185L/SIGNED S-C TIL 5-
1-2014/B B T - DAD: 24 HARRISON AVE - CORAM/TAX EXEMPT/EMILY 631-736-3790

BALANCE: 1067.88 ON-INSTALLMENT: 0.00
SECURITY DEPOSIT DATE: --/--/-- SECURITY DEPOSIT AMOUNT: 0.00

7981H F E G S FROM: earliest TO: latest

DATE	TRANS	TYPE	REF	AMOUNT	BALANCE	T/L/S#	DDD	GAL	INTNK
4/02/15	A1	<<DELIVERY DUNN			>>PROM:		1067.24	RMD DATE:	1/31/15
3/15/15	78	FINCH	5068035	0.64	1067.88				
3/11/15	80	PAYMT	837	513.02	1067.24				
2/23/15	2	#2OIL	98687	632.43	1580.26	1	16400	178.2	
2/12/15	80	PAYMT	241	509.40	947.83				
2/12/15	80	PAYMT	241	714.34	1457.23				
1/28/15	2	#2OIL	96083	513.02	2171.57	1	14856	157.9	
1/16/15	A4	<<60-DAY LETTER			>>PROM:		936.11	RMD DATE:	1/31/15
1/15/15	78	FINCH	5052959	8.10	1658.55				
1/05/15	2	#2OIL	93177	714.34	1650.45	1	13700	213.3	
12/15/14	78	FINCH	5045020	5.73	936.11				
11/25/14	2	#2OIL	90135	509.40	930.38	1	12545	139.6	
11/15/14	78	FINCH	5037345	5.14	420.98				
10/15/14	78	FINCH	5029406	0.09	415.84				
9/15/14	78	FINCH	5021748	0.15	415.75				
9/09/14	2	#2OIL	87580	409.51	415.60	1	11963	103.7	
7/21/14	80	PAYMT	317281	769.22	6.09				
7/15/14	78	FINCH	5005853	0.08	775.31				
6/15/14	78	FINCH	4998184	0.11	775.23				
6/11/14	2	#2OIL	85141	769.22	775.12	1	11960	185.4	

MORE (Y/N) < N >?

E G S
4 HARRISON AVE
ORAM NY

5

ACCOUNT #	REF. #	TANK	PROD.	PRODUCT DESCRIPTION
7981H	87580	1	2	#2 FUEL OIL

E G S -5
15 HUDSON STREET - 4TH FLOOR
TT: MR BRYAN CAULFIELD
EW YORK NY 10013 (212)366-8324
L 3/24/14 G 206 L 6/11/14 G 185
*BRING BACK TICKET**
AP 16-S-18
F OLD TOWN ROAD
AX EXEMPT

CHECK IF NOT FULL

6	ACCESS> 80176 ****			(NONE)
12371	0/ 9.23	0/0/ 50	0 13063	3.949

Shoreline PETROLEUM (631) 226-7600

ASTRO FUEL (631) 884-0447

START 09/09/14 11:11:23
FINISH 09/09/14 11:18:29

ACCESS # - SCHEDULED 80176.
ACCOUNT NUMBER 7981H-1

GROSS VOL GALLONS START 0.0
GROSS VOL GALLONS FINISH 103.7
TICKET NUMBER 48762.
SALE NUMBER 48094.
DRIVER NUMBER 60.
PRODUCT CODE 2.
PRODUCT DESCRIPTION FUEL OIL
PRICE/GALLON $ 3.9490
SUBTOTAL $ 409.51
PRICE INCLUDING TAX $ 409.51
GRAND TOTAL DUE $ 409.51

Payment is due within 20 days
(Unless other arrangements are made.)
PAY ONLINE @ www.stateutilities.com

INSERT YOUR CHECK INTO THE ATTACHED ENVELOPE
BALANCES OVER 30 DAYS ARE SUBJECT TO A MONTHLY LATE
CHARGE OF UP TO 1½% WHICH AMOUNTS TO 18% ANNUALLY.

DYED UNMARKED HEATING OIL: NOT FOR USE IN HIGHWAY, NON-ROAD, LOCOMOTIVE OR MARINE ENGINES.

☐ CASH
☐ CHECK

PAYMENT RECEIVED $ BY:

X CUSTOMER'S SIGNATURE X

BUDGET CUSTOMERS
PLEASE CONTINUE MAKING YOUR MONTHLY BUDGET PAYMENTS.

TRUCK 60
DRIVER

7185L F E G S FROM: earliest TO: latest

DATE	TRANS	TYPE	REF	AMOUNT	BALANCE	T/L/S#	DDD	GAL	INTNK
5/15/15	78	FINCH	5083679	4.64	590.19				
4/15/15	78	FINCH	5075995	0.05	585.55				
4/09/15	A39	<<CANCELLED BY CREDIT DEPT			>>PROM:		0.00 RMD DATE: --/--/--		
3/16/15	2	#2OIL	1218	582.04	585.50	1	17277	164.0	
3/11/15	80	PAYMT	837	503.27	3.46				
3/11/15	80	PAYMT	837	210.67	506.73				
2/12/15	80	PAYMT	241	501.70	717.40				
2/02/15	2	#2OIL	96189	210.67	1219.10	1	15127	66.9	
1/15/15	2	#2OIL	94355	503.27	1008.43	1	14290	154.9	
1/15/15	78	FINCH	5052942	3.46	505.16				
11/18/14	2	#2OIL	89462	501.70	501.70	1	12338	139.4	
9/02/14	80	PAYMT	604	657.51	0.00				
8/07/14	80	PAYMT	102	3000.00	657.51				
7/24/14	2	#2OIL	85372	657.51	3657.51	1	11961	166.5	
6/01/14	24	INSTL	3347	3000.00	3000.00	1			
4/30/14	80	PAYMT	4389	789.34	0.00				
3/21/14	2	#2OIL	82252	789.34	789.34	1	11260	181.5	
3/10/14	80	PAYMT	2879	698.24	0.00				
2/03/14	80	PAYMT	186	619.45	698.24				
1/31/14	2	#2OIL	77460	698.24	1317.69	1	9335	155.2	

MORE (Y/N) < N >?

F E G S PRICE INCLUDES $.05 DISC PPG
1301 WILLIAM FLOYD PARKWAY
SHIRLEY NY

5

ACCOUNT #	REF. #	TANK	PROD	PRODUCT DESCRIPTION
7185L	1218	1		FUEL OIL

ORDER

F E G S -5
315 HUDSON STREET - 4TH
ATT: MR BRYAN CAULFIELD
NEW YORK NY 10013 (21[illegible]8324
L 1/15/15 G 154 L 2/02/15 G 66
NORTH OF RIDGEWOOD AVE
BRING BACK TICKET
N-22-17
TAX EXEMPT

CHECK IF NOT FULL

5-3	3	ACCESS> 72215			(NONE)
	17285	0/ 12.51	0/0/ 50	0 18223	3.549

Utilities Shoreline PETROLEUM (631) 226-7600

ASTRO FUEL (631) 884-0447

03/16/15 10:37:01
03/16/15 10:42:25

ACCESS # - SCHEDULED 72215.
ACCOUNT NUMBER 7185L-1

[illegible] VOL GALLONS START	0.0
[illegible] VOL GALLONS FINISH	164.0
TICKET NUMBER	2759.
SALE NUMBER	2747.
DRIVER NUMBER	40.
PRODUCT CODE	2.
PRODUCT: FUEL OIL	FUEL OIL
PRICE GALLON	$ 3.5490
SUBTOTAL	$ 582.04
PRICE INCLUDING TAX	$ 582.04
GRAND TOTAL DUE	$ 582.04

Payment is due within 20 days
(Unless other arrangements are made.)
PAY ONLINE @ www.stateutilities.com

INSERT YOUR CHECK INTO THE ATTACHED ENVELOPE
BALANCES OVER 30 DAYS ARE SUBJECT TO A MONTHLY LATE
CHARGE OF UP TO 1½% WHICH AMOUNTS TO 18% ANNUALLY.

DYED UNMARKED HEATING OIL: NOT FOR USE IN HIGHWAY, NON-ROAD, LOCOMOTIVE OR MARINE ENGINES.

☐ CASH
CHECK
☐ $ BY:
PAYMENT RECEIVED

X CUSTOMER'S SIGNATURE X
BUDGET CUSTOMERS

TRUCK HO
DRIVER [illegible]

(A008E2-021211) DISPLAY
6675N 08-Apr-15 08:47 AM
F E G S
315 HUDSON STREET - 4TH FLOOR
ATT: MR BRYAN CAULFIELD
NEW YORK NY 10013

TEL: (212)366-8324 AQD: 11/17/99 SAL: JD DIV: 3
#TNKS 1 #SVCE 1 #LOCS 0 SOR: FEGS RELAT A/C#
BRYAN CAULFIELD #5208S/** B B T - DRD: 332 COMMACK ROAD - DEER PARK**/ROCCO'S DI
RECT LINE 212 366-8309 (BEEPER #917 894-1157)/OTHER A-C: 3193T,6721F,6945F,7185L
/OTHER 7981H/10-10-11 BAL FWRD TO ACCT# 41D/TAX EXEMPT

BALANCE: 843.68 ON-INSTALLMENT: 0.00
SECURITY DEPOSIT DATE: --/--/-- SECURITY DEPOSIT AMOUNT: 0.00

ACV: A AT1: N AT2: N AT3: N AT4: N AT5: N AT6: N AT8: N

6675N F E G S FROM: earliest TO: latest

DATE	TRANS	TYPE	REF	AMOUNT	BALANCE	T/L/S#	DDD	GAL	INTNK
4/02/15	A1	<<DELIVERY DUNN			>>PROM:		54.03	RMD DATE:	1/31/15
3/12/15	2	#2OIL	300	789.65	843.68	1	17175	222.5	
3/11/15	80	PAYMT	837	455.22	54.03				
3/11/15	80	PAYMT	837	529.48	509.25				
3/11/15	80	PAYMT	837	626.08	1038.73				
2/18/15	2	#2OIL	98148	529.48	1664.81	1	16090	158.1	
2/15/15	78	FINCH	5060867	0.04	1135.33				
2/12/15	80	PAYMT	241	714.11	1135.29				
2/12/15	80	PAYMT	241	584.81	1849.40				
2/12/15	80	PAYMT	241	862.07	2434.21				
2/12/15	80	PAYMT	241	539.52	3296.28				
2/12/15	80	PAYMT	241	379.69	3835.80				
2/03/15	2	#2OIL	96422	455.22	4215.49	1	15195	142.3	
1/19/15	2	#2OIL	94369	626.08	3760.27	1	14466	192.7	
1/16/15	A4	<<60-DAY LETTER			>>PROM:		2570.50	RMD DATE:	1/31/15
1/15/15	78	FINCH	5052959	24.17	3134.19				
12/31/14	2	#2OIL	92435	539.52	3110.02	1	13535	161.1	
12/15/14	78	FINCH	5045020	14.16	2570.50				
12/10/14	2	#2OIL	91369	379.69	2556.34	1	12950	105.5	
11/26/14	2	#2OIL	89390	714.11	2176.65	1	12555	195.7	

MORE (Y/N) < N >?

F E G S
332 COMMACK ROAD
DEER PARK NY

5

ACCOUNT #	REF. #	TANK	PROD.	PRODUCT DESCRIPTION
6675N	300	1	2	#2 FUEL OIL

F E G S -5
315 HUDSON STREET - 4TH FLOOR
ATT: MR BRYAN CAULFIELD
NEW YORK NY 10013 (212)366-8324
L 2/03/15 G 142 L 2/18/15 G 158
BRING BACK TICKET
HOME # 754-4036
OFF RTE 231
SOUTH OF GRAND BLVD - NORTH OF REED DR

CHECK IF NOT FULL

3	1665	ACCESS> 61242 ****			(NONE)
	16808	0/ 4.1	0/0/ 50	0 17115	3.749

Utilities Shoreline PETROLEUM (631) 226-7600

ASTRO FUEL (631) 884-0447

START 03/12/15 07:52:43
FINISH 03/12/15 07:57:17

ACCESS # - SCHEDULED 61242.
ACCOUNT NUMBER 6675N-1

GROSS VOL GALLONS START 0.0
GROSS VOL GALLONS FINISH 222.5
TICKET NUMBER 24880.
SALE NUMBER 24759.
DRIVER NUMBER 20.
PRODUCT CODE 2.
PRODUCT DESCRIPTION FUEL OIL
PRICE/GALLON $ 3.5490
SUBTOTAL $ 789.65
PRICE INCLUDING TAX $ 789.65
GRAND TOTAL DUE $ 789.65

Payment is due within 20 days
(Unless other arrangements are made.)
PAY ONLINE @ www.stateutilities.com

INSERT YOUR CHECK INTO THE ATTACHED ENVELOPE
BALANCES OVER 30 DAYS ARE SUBJECT TO A MONTHLY LATE CHARGE OF UP TO 1½% WHICH AMOUNTS TO 18% ANNUALLY.

DYED UNMARKED HEATING OIL: NOT FOR USE IN HIGHWAY, NON-ROAD, LOCOMOTIVE OR MARINE ENGINES.

☐ CASH
☐ CHECK
PAYMENT RECEIVED $ BY:

X CUSTOMER'S SIGNATURE X

BUDGET CUSTOMERS
PLEASE CONTINUE MAKING YOUR MONTHLY BUDGET PAYMENTS.

TRUCK 20
DRIVER Cly

```
 (A008E2-021211)      DISPLAY
6721F   08-Apr-15   08:52 AM
F E G S
315 HUDSON STREET - 4TH FLOOR
ATT: MR BRYAN CAULFIELD
NEW YORK NY  10013

TEL: (212)366-8324  AQD: 12/23/99  SAL: JD   DIV:  3
#TNKS 1     #SVCE 1     #LOCS 0     SOR: FEGS     RELAT A/C#
BRYAN CAULFIELD #52085/** B B T - DAD: 85 DOVER STREET - EAST MASSAPEQUA **/ROCC
O'S DIRECT LINE 212 366-8309 (BEEPER #917 894-1157)/MARIA 1-917-845 -3966 (PAGER
)/OTHER A=C 6675N,3193T,6945F,7185L/PERRY: DIRECT 212 366-8316/TAX EXEMPT

  BALANCE:    757.59  ON-INSTALLMENT:       0.00
SECURITY DEPOSIT DATE: --/--/--     SECURITY DEPOSIT AMOUNT:       0.00


  ACV: 0   AT1: N  AT2: N  AT3: N  AT4: N  AT5: N  AT7: N  AT8: N

Additional Text is available - use ' TD ' Command
```

```
6721F  F E G S  FROM: earliest TO: latest
  DATE  TRANS TYPE   REF       AMOUNT     BALANCE T/L/S# DDD    GAL   INTNK
 3/12/15   2 #2OIL  748        490.83      757.59   1  17175   138.3
 3/11/15  80 PAYMT  837        564.98      266.76
 2/13/15   2 #2OIL  97966      564.98      831.74   1  15725   168.7
 2/12/15  80 PAYMT  241        528.33      266.76
 2/12/15  80 PAYMT  241        403.80      795.09
 1/16/15 A4   <<60-DAY LETTER              >>PROM:     791.18 RMD DATE:  1/31/15
 1/15/15  78 FINCH  5852959      3.91     1198.89
 1/10/15   2 #2OIL  94023      403.80     1194.98   1  14033   122.4
12/15/14  78 FINCH  5045020      2.15      791.18
12/09/14   2 #2OIL  991037     528.33      789.03   1  12920   146.8
11/15/14  78 FINCH  5037428      1.29      260.70
10/16/14   2 #2OIL  87551      233.19      259.41   1  12001    62.2
 7/21/14  80 PAYMT  317281     687.49       26.22
 7/15/14  78 FINCH  5005853      0.03      713.71
 6/15/14  78 FINCH  4998176      3.68      713.68
 6/10/14   2 #2OIL  85270      687.49      710.00   1  11980   165.7
 5/21/14  80 PAYMT  4944       871.97       22.51
 5/20/14  80 PAYMT  2194       763.89      894.48
 5/15/14  78 FINCH  4990238     11.29     1658.37
 4/15/14  78 FINCH  4982557      9.34     1647.08
MORE ( Y/N ) < N >?
```

FEGS (PRICE INCLUDES $.05 DISC)
55 DOVER ST - E MASSAPEQUA
TAX EXEMPT

ACCOUNT #	REF. #	TANK	PROD.	PRODUCT DESCRIPTION
6721F	748	1	2	#2 FUEL OIL -5

CHECK IF NOT FULL ☐

6721F
F E G S
315 HUDSON STREET - 4TH FLOOR
ATT: MR BRYAN CAULFIELD (212)366-8324
NEW YORK NY 10013
L 1/10/15 G 122 L 2/13/15 G 168
NO SALES TAX
BRING BACK TICKET
OFF JEFFERSON STREET
TAX EXEMPT

1-3	832	ACCESS> 62265 *****	(NONE)
17035	0/ 0/0/ 7.49 50	0 17596	3.649

Shoreline Utilities PETROLEUM
380 (631) 226-7600

ASTRO FUEL
(631) 884-0447

START 03/12/15 05:57:01
FINISH 03/12/15 06:00:12

ACCESS # - SCHEDULED	62265.
ACCOUNT NUMBER	6721F-1
GROSS VOL GALLONS START	0.0
GROSS VOL GALLONS FINISH	138.3
TICKET NUMBER	24769.
SALE NUMBER	24376.
DRIVER NUMBER	30.
PRODUCT CODE	2.
PRODUCT DESCRIPTION	FUEL OIL
PRICE/GALLON	$ 3.5490
SUBTOTAL	$ 490.83
PRICE INCLUDING TAX	$ 490.83
GRAND TOTAL DUE	$ 490.83

Payment is due within 20 days
(Unless other arrangements are made.)
PAY ONLINE @ www.shorelineutilities.com

INSERT YOUR CHECK INTO THE ATTACHED ENVELOPE
BALANCES OVER 30 DAYS ARE SUBJECT TO A MONTHLY LATE CHARGE OF UP TO 1½% WHICH AMOUNTS TO 18% ANNUALLY.

DYED UNMARKED HEATING OIL: NOT FOR USE IN HIGHWAY, NON-ROAD, LOCOMOTIVE OR MARINE ENGINES.

☐ CASH
☐ CHECK
$ BY:
PAYMENT RECEIVED

X X
CUSTOMER'S SIGNATURE

BUDGET CUSTOMERS
PLEASE CONTINUE MAKING YOUR MONTHLY BUDGET PAYMENTS

TRUCK 30
DRIVER

BUDGET PA

FEGS (PRICE INCLUDES $.05 DISC)
85 DOVER ST - E MASSAPEQUA
TAX EXEMPT

ACCOUNT #	REF. #	TANK	PROD.	PRODUCT DESCRIPTION
6721F	87551	1	2	#2 FUEL OIL

F E G S
315 HUDSON STREET - 4TH FLOOR -5
ATT: MR BRYAN CAULFIELD
NEW YORK NY 10013 (212)344-8324
L 4/01/14 G 200 L 6/10/14 G 165
NO SALES TAX
BRING BACK TICKET
OFF JEFFERSON STREET
TAX EXEMPT

CHECK IF NOT FULL

4

1-3	26	ACCESS> 62265 ****	(NONE)
121 98	0/ 5.63	0/0/ 50	0 12620	3.949

SUE Utilities (631) 226-7600
Suffolk Fuel (631) 884-0447
ASTRO FUEL (631) 884-0447

START 10/16/14 07:24:06
FINISH 10/16/14 07:27:08

ACCESS # - SCHEDULED		62265.
ACCOUNT NUMBER		6721F-1
GROSS VOL GALLONS START		0.0
GROSS VOL GALLONS FINISH		62.1
TICKET NUMBER		22733.
SALE NUMBER		32553.
DRIVER NUMBER		71.
PRODUCT CODE		2.
PRODUCT DESCRIPTION		2
PRICE/GALLON	$	3.749
SUBTOTAL	$	233.14
PRICE INCLUDING TAX	$	233.14
GRAND TOTAL DUE	$	233.14

Payment is due within 20 days (Unless other arrangements are made.)
PAY ONLINE @ www.slateutilities.com

INSERT YOUR CHECK INTO THE ATTACHED ENVELOPE
BALANCES OVER 30 DAYS ARE SUBJECT TO A MONTHLY LATE CHARGE OF UP TO 1½% WHICH AMOUNTS TO 18% ANNUALLY.

DYED UNMARKED HEATING OIL: NOT FOR USE IN HIGHWAY, NON-ROAD, LOCOMOTIVE OR MARINE ENGINES.

☐ CASH
☐ CHECK
$ BY:
PAYMENT RECEIVED

X X
CUSTOMER'S SIGNATURE

BUDGET CUSTOMERS
PLEASE CONTINUE MAKING YOUR MONTHLY BUDGET PAYMENTS.

TRUCK
DRIVER

```
 (A008E2-021211)      DISPLAY
3193T   08-Apr-15   08:42 AM
F E G S
315 HUDSON STREET - 4TH FLOOR
ATT: MR BRYAN CAULFIELD
NEW YORK NY  10013

TEL: (212)366-8324  AQD: 12/19/97  SAL: JD   DIV:  3
#TNKS 1     #SVCE 1     #LOCS 0     SOR: FEGS     RELAT A/C#
B B T - 60 FORT SALONGA RD - NORTHPORT/SOURCE: BRYAN CAULFIELD #5208S/PERRY 212
366-8316/CONTACT KIM-ANGELINA 631 754-4050/10-30-14 LM SALLY WHITE (BAL 3-3-14 D
EL)/11-7-14 SENT LTR BAL/JPD CALLED 11-14-14 LEFT MESS ($$)

  BALANCE:   1118.89  ON-INSTALLMENT:       0.00
SECURITY DEPOSIT DATE: --/--/--     SECURITY DEPOSIT AMOUNT:       0.00
```

```
3193T  F E G S  FROM: earliest TO: latest
  DATE  TRANS TYPE   REF        AMOUNT     BALANCE T/L/S# DDD    GAL   INTNK
 4/02/15 A1   <<DELIVERY DUNN              >>PROM:     391.34 RMD DATE:  1/31/15
 3/13/15   2 #2OIL  99255       727.55     1118.89    1  17200   205.0
 3/11/15  80 PAYMT  837         547.56      391.34
 3/11/15  80 PAYMT  837         379.81      938.90
 2/14/15   2 #2OIL  97968       547.56     1318.71    1  15790   163.5
 2/12/15  80 PAYMT  241         731.62      771.15
 2/12/15  80 PAYMT  241         543.02     1502.77
 2/12/15  80 PAYMT  241         222.06     2045.79
 2/12/15  80 PAYMT  241        1243.24     2267.85
 1/24/15   2 #2OIL  94831       379.81     3511.09    1  14650   116.9
 1/16/15 A4   <<60-DAY LETTER              >>PROM:    2564.80 RMD DATE:  1/31/15
 1/15/15  78 FINCH  5052959      23.46     3131.28
 1/07/15   2 #2OIL  92429       543.02     3107.82    1  13810   164.6
12/15/14  78 FINCH  5045020      19.04     2564.80
12/10/14   2 #2OIL  91370       222.06     2545.76    1  12950    61.7
11/26/14   2 #2OIL  89371       731.62     2323.70    1  12555   200.5
11/24/14  80 PAYMT  906         528.61     1592.08
11/21/14  78 FINCH  1234       -263.84     2120.69
11/21/14  78 FINCH  1234       -142.60     2384.53
11/15/14  78 FINCH  5037345      29.17     2527.13
MORE ( Y/N ) < N >?
```

F E G S PRICE INCLUDES $0.05 DISC PPG
60 FORT SALONGA ROAD
NORTHPORT NY

ACCOUNT #	REF. #	TANK	PROD.	PRODUCT DESCRIPTION
3193T	97968	1	2	FUEL OIL

F E G S -5
315 HUDSON STREET - 4TH FLOOR
ATT: MR BRYAN CAULFIELD
NEW YORK NY 10013 (212)366-
L 1/07/15 G 164 L 1/24/15 G 116
HOME # 754-4036
WEST OF ELWOOD N OF PULASKI
USE DEEP FILL (MUST SEE PETE FIRST 3-13-14)
B B T (MUST SEE PETE FIRST)CONFUSING!!!!!!

ORDER

CHECK IF NOT FULL

9	3511	ACCESS> 33712 ****			(NONE)
	15150	0/ 3	0/0/ 75	0 15309	3.249

Utilities Shoreline PETROLEUM (631) 226-7600 ASTRO FUEL (631) 884-0447

START 02/14/15 09:34:45
FINISH 02/14/15 09:39:30

ACCESS # - SCHEDULED 33712.
ACCOUNT NUMBER 3193T-1

GROSS VOL GALLONS START 0.0
GROSS VOL GALLONS FINISH 163.5
TICKET NUMBER 24302.
SALE NUMBER 24181.
DRIVER NUMBER 20.
PRODUCT CODE 2.
PRODUCT DESCRIPTION FUEL OIL
PRICE/GALLON $ 3.3490
SUBTOTAL $ 547.56
PRICE INCLUDING TAX $ 547.56
GRAND TOTAL DUE $ 547.56

Payment is due within 20 days
(Unless other arrangements are made.)
PAY ONLINE @ www.stateutilities.com

INSERT YOUR CHECK INTO THE ATTACHED ENVELOPE
BALANCES OVER 30 DAYS ARE SUBJECT TO A MONTHLY LATE
CHARGE OF UP TO 1½% WHICH AMOUNTS TO 18% ANNUALLY.

DYED UNMARKED HEATING OIL: NOT FOR USE IN HIGHWAY, NON-ROAD, LOCOMOTIVE OR MARINE ENGINES.

☐ CASH
☐ CHECK
PAYMENT RECEIVED $ BY:

X CUSTOMER'S SIGNATURE X

BUDGET CUSTOMERS
PLEASE CONTINUE MAKING YOUR MONTHLY BUDGET PAYMENTS.

TRUCK 20
DRIVER Cert

F E G S
60 FORT SALONGA ROAD
NORTHPORT NY

PRICE INCLUDES $0.05 DISC PPG

ACCOUNT #	REF. #	TANK	PROD.	PRODUCT DESCRIPTION
3193T	99255	1	2	#2 FUEL OIL -5

CHECK IF NOT FULL ☐

F E G S
315 HUDSON STREET - 4TH FLOOR
ATT: MR BRYAN CAULFIELD
NEW YORK NY 10013 (212)366-8324
L 1/24/15 G 116 L 2/14/15 G 143
HOME # 754-4036
WEST OF ELMWOOD N OF PULASKI
USE DEEP FILL (MUST SEE PETE FIRST 3-13-14)
B B T (MUST SEE PETE FIRST)CONFUSING!!!!!!

1319	ACCESS> 33712 ****				(NONE)
16435	3.3	0/0/0/75	0	16409	3.549

START 03/13/15 08:04:09
FINISH 03/13/15 08:09:38

ACCESS # - SCHEDULED		33712.
ACCOUNT NUMBER		3193T-1
GROSS VOL GALLONS START		0.0
GROSS VOL GALLONS FINISH		205.0
TICKET NUMBER		24700.
SALE NUMBER		24779.
DRIVER NUMBER		20.
PRODUCT CODE		2.
PRODUCT DESCRIPTION		FUEL OIL
PRICE/GALLON	$	3.5490
SUBTOTAL	$	727.55
PRICE INCLUDING TAX	$	727.55
GRAND TOTAL DUE	$	727.55

Payment is due within 20 days
(Unless other arrangements are made.)
PAY ONLINE @ www.statenutilities.com

P O
E, Utilities Statewide
2380 (631) 226-7600

ASTRO FUEL
(631) 884-0447

INSERT YOUR CHECK INTO THE ATTACHED ENVELOPE
BALANCES OVER 60 DAYS ARE SUBJECT TO A MONTHLY LATE CHARGE OF UP TO 1½% WHICH AMOUNTS TO 18% ANNUALLY.

DYED UNMARKED HEATING OIL: NOT FOR USE IN HIGHWAY, NON-ROAD, LOCOMOTIVE OR MARINE ENGINES.

☐ CASH
☐ CHECK
$ _____ BY: _____
PAYMENT RECEIVED

X _____ X
CUSTOMER'S SIGNATURE

BUDGET CUSTOMERS
PLEASE CONTINUE MAKING YOUR MONTHLY BUDGET PAYMENTS.

TRUCK 20
DRIVER CJ

(AG08E2-021211) DISPLAY
41D 08-Apr-15 08:42 AM
F E G S
315 HUDSON STREET - 4TH FLOOR
NEW YORK NY 10013

TEL: (212)366-8324 AQD: 12/06/05 SAL: JD DIV: 1
#TNKS 1 #SVCE 1 #LOCS 0 SOR: FEGS RELAT A/C#
B B T - DAD: 38 TUPPER AVENUE - MEDFORD/BRYAN CAULFIELD #5208S/ROCCO'S DIRECT LI
NE 212 366-8309/ROCCO'S BEEPER 917 894-1157/SALLY WHITE - BOOKKEEPER/SIGNED S-C
TIL 5-1-2014/10-10-11 BAL FRWRD FROM ACCT# 6675N/LAURA 631-289-0107/PERRY:212-36
6-8316

[illegible] 0.00

41D F E G S FROM: earliest TO: latest

DATE	TRANS	TYPE	REF	AMOUNT	BALANCE	T/L/S#	DDD	GAL	INTNK
3/13/15	2	#2OIL	752	654.44	1025.66	1	17200	184.4	
3/11/15	80	PAYMT	837	532.84	371.22				
3/11/15	80	PAYMT	837	579.04	904.06				
2/14/15	2	#2OIL	97967	579.04	1483.10	1	15790	172.9	
2/15/15	78	FINCH	5060896	13.50	904.06				
2/12/15	80	PAYMT	241	564.50	890.56				
2/12/15	80	PAYMT	241	442.16	1455.06				
1/21/15	2	#2OIL	95308	532.84	1897.22	1	14535	164.0	
1/16/15	A4	<<60-DAY LETTER			>>PRON:		915.14	RMD DATE:	1/31/15
1/15/15	78	FINCH	5052959	7.08	1364.38				
12/26/14	2	#2OIL	92816	442.16	1357.30	1	13400	128.2	
12/15/14	78	FINCH	5045020	4.64	915.14				
11/25/14	2	#2OIL	90120	564.50	910.50	1	12545	154.7	
11/15/14	78	FINCH	5037345	5.01	346.00				
10/15/14	78	FINCH	5029406	0.44	340.99				
9/15/14	78	FINCH	5021758	1.80	340.55				
9/04/14	2	#2OIL	87539	306.44	338.75	1	11963	77.6	
7/21/14	80	PAYMT	317281	457.22	32.31				
7/15/14	78	FINCH	5005853	0.42	489.53				
6/15/14	78	FINCH	4998176	2.38	489.11				

MORE (Y/N) < N >?

F E G S
38 TUPPER AVENUE - MEDFORD
PRICE INCLUDES FIVE CENT DISCOUNT

6

ACCOUNT #	REF. #	TANK	PROD.	PRODUCT DESCRIPTION
41D	97967	1	2	#2 FUEL OIL

F E G S
315 HUDSON STREET - 4TH FLOOR -5
NEW YORK NY 10013
(212)366

CHECK IF NOT FULL

ORDER

L 12/26/14 G 128 L 1/21/15 G 164
TAKE RTE #112 - NORTH OF PARK
1 BLOCK EAST OF SARASOTA MAP 17-N-18
NORTH OF WOODSIDE (BRING BACK TICKET)
TAX EXEMPT

1897	ACCESS> 92916 ****			(NONE)
15767	07 7.04	070/ 50	0 16295	3.249

Utilities Shoreline PETROLEUM (631) 226-7600

ASTRO FUEL (631) 884-0447

START 02/14/15 13:43:45
FINISH 02/14/15 13:48:29

ACCESS # - SCHEDULED 92916.
ACCOUNT NUMBER 41D-1

GROSS VOL GALLONS START 0.0
GROSS VOL GALLONS FINISH 172.9
TICKET NUMBER 50955.
SALE NUMBER 50285.
DRIVER NUMBER 60.
PRODUCT CODE 2.
PRODUCT DESCRIPTION FUEL OIL
PRICE/GALLON $ 3.3490
SUBTOTAL $ 579.04
PRICE INCLUDING TAX $ 579.04
GRAND TOTAL DUE $ 579.04

Payment is due within 20 days
(Unless other arrangements are made.)
PAY ONLINE @ www.stateutilities.com

INSERT YOUR CHECK INTO THE ATTACHED ENVELOPE
BALANCES OVER 30 DAYS ARE SUBJECT TO A MONTHLY LATE
CHARGE OF UP TO 1½% WHICH AMOUNTS TO 18% ANNUALLY.

DYED UNMARKED HEATING OIL; NOT FOR USE IN HIGHWAY, NON-ROAD, LOCOMOTIVE OR MARINE ENGINES.

CASH
CHECK
PAYMENT RECEIVED $ BY:

CUSTOMER'S SIGNATURE X

BUDGET CUSTOMERS
PLEASE CONTINUE MAKING YOUR MONTHLY BUDGET PAYMENTS.

TRUCK
DRIVER

F E G S
38 TUPPER AVENUE - MEDFORD
PRICE INCLUDES FIVE CENT DISCOUNT

6

ACCOUNT #	REF. #	TANK	PROD.	PRODUCT DESCRIPTION
41D	752	1	2	#2 FUEL OIL

F E G S
315 HUDSON STREET - 4TH FLOOR
NEW YORK NY 10013

-5

CHECK IF NOT FULL

(212)366-8324

L 1/21/15 G 164 L 2/14/15 G 172
TAKE RTE #112 - NORTH OF PARK
1 BLOCK EAST OF SARASOTA MAP 17-N-18
NORTH OF WOODSIDE (BRING BACK TICKET)
TAX EXEMPT

	1483	ACCESS> 92916 ****			(NONE)
		0/	0/0/	0	
	17060	7.26	50	17604	3.649

Utilities Shoreline PETROLEUM (631) 226-7600

ASTRO FUEL (631) 884-0447

START 03/13/15 10:15:47
FINISH 03/13/15 10:19:43

ACCESS # - SCHEDULED 92916.
ACCOUNT NUMBER 41D-

GROSS VOL GALLONS START 0.0
GROSS VOL GALLONS FINISH 184.4
TICKET NUMBER 24906.
SALE NUMBER 24784.
DRIVER NUMBER 20.
PRODUCT CODE 2.
PRODUCT DESCRIPTION FUEL OIL
PRICE/GALLON $ 3.5490
SUBTOTAL $ 654.44
PRICE INCLUDING TAX $ 654.44
GRAND TOTAL DUE $ 654.44

Payment is due within 20 days
(Unless other arrangements are made.)
PAY ONLINE @ www.stateutilities.com

INSERT YOUR CHECK INTO THE ATTACHED ENVELOPE
BALANCES OVER 30 DAYS ARE SUBJECT TO A MONTHLY LATE
CHARGE OF UP TO 1½% WHICH AMOUNTS TO 18% ANNUALLY.

DYED UNMARKED HEATING OIL: NOT FOR USE IN HIGHWAY, NON-ROAD, LOCOMOTIVE OR MARINE ENGINES.

☐ CASH
☐ CHECK
PAYMENT RECEIVED $ BY:

X CUSTOMER'S SIGNATURE X

BUDGET CUSTOMERS
PLEASE CONTINUE MAKING YOUR MONTHLY BUDGET PAYMENTS.

TRUCK 20
DRIVER CMT