

Fill in this information to identify the case:

Debtor name: \_\_\_\_\_

United States Bankruptcy Court for the Eastern District of California

Case number: \_\_\_\_\_

## CLAIM WITHDRAWAL FORM

### Part 1: Identify the Claim

1. **Creditor Name and Address:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Claim Number (if known):** \_\_\_\_\_

3. **Date Claim Filed:** \_\_\_\_\_  
(mm/dd/yyyy)

4. **Total Amount of Claim Filed:** \$ \_\_\_\_\_

### Part 2: Sign Below

**The person completing this form must sign and date it.**

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above-referenced Debtor.

Executed on date \_\_\_\_\_  
(mm/dd/yyyy)

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

**Print the name of the person who is completing and signing this form**

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

## DEFINITIONS

### Debtor

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

### Creditor

A creditor is any person, corporation, or other entity to which the debtor owed a debt.

### Proof of Claim

A form filed with the clerk of the bankruptcy court or their duly appointed claims agent, to tell the bankruptcy court how much the debtor owed a creditor (the amount of the creditor's claim).

## ITEMS TO BE COMPLETED ON THIS CLAIM WITHDRAWAL FORM

### Information about Creditor:

Complete the section giving the name and address of the creditor that was listed on the previously filed Proof of Claim form.

### Information identifying the Claim that is to be withdrawn:

Complete the section giving the claim number, date claim was filed and total amount of claim filed to help identify the claim that is to be withdrawn.

**Sign and print the name and title, if any, of the creditor or other person authorized to file this withdrawal of claim (attach copy of power of attorney, if any).**

### Completed claim withdrawal forms may be filed as follows:

#### If form is sent by mail, send to:

Donlin, Recano & Company, Inc.  
Re: Matheson Flight Extenders, Inc., et al.  
P.O. Box 2053  
New York, NY 10272-2042

#### If form is sent by Overnight Courier or Hand Delivery, send to:

Donlin, Recano & Company, Inc.  
c/o Equiniti  
Re: Matheson Flight Extenders, Inc., et al.  
48 Wall Street, 22nd Floor  
New York, NY 10005

**Claim Withdrawal Forms sent by facsimile, telecopy, or email will not be accepted**