



March 31, 2011

United States Bankruptcy Court for the Southern District of New York
Alexander Hamilton U.S. Custom House
Courtroom 601
One Bowling Green
New York, New York 10004

Response to Objection

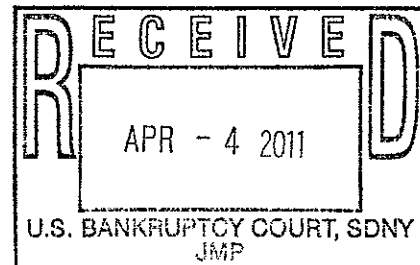
Reorganized Debtors Fiftieth Omnibus Objection to Claims (Seeking to Expunge Certain
Late Filed Claims) (the "Objection")
March 11, 2011

Regarding: Case No. 08-10152 (JMP)
Jointly Administered

Claimant: Cleaning Detail

Attn: Joseph C. Chirumbolo, President
1919 S. Highland Avenue
Suite 137-D
Lombard, IL 60148
630-691-9910

Claim Numbers 9476, 9477, 9478



Dear Honorable James M. Peck:

I request that the court not sustain the Objection with respect to my claims.

I am submitting the following information which I submitted in a letter to the court on December 11, 2009. On Tuesday, February 16, 2010, after asking if my case was still scheduled for February 18, 2010 at 10:00 AM, I was told that this case would not be going forward.

On March 15, 2011, I received a notice that the Reorganized Debtors filed the Reorganized Debtors' Fiftieth Omnibus Objection to Claims (Seeking to Expunge Certain Late Filed Claims) (the "Objection"). Though the decision was made for the case

March 31, 2011

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not to go forward, the three Cleaning Detail claims were listed on Exhibit B which, I believe, lists the claims that the Reorganized Debtors seek to disallow and expunge.

The facts I presented honestly in my December 11, 2009 letter to the court apply today.

I reviewed the claim documents as provided to me in the year 2008 and did not understand that my claims - #9476 in the amount of \$4089.18, #9477 in the amount of \$12,819.16, and #9478 in the amount of \$310.00 – were being disputed.

I had not previously received any indication of any disputed invoices from the client/debtor locally and when I contacted the client/debtor relative to the unpaid items I was informed of non-payment due to the bankruptcy filing. Nonetheless, I reviewed the claim forms to see if any amounts were listed as disputed. I did not see an amount clearly listed as disputed. The amount listed was different from what my records indicated, but I felt the difference did not warrant my stating such. The information stated that if I agreed with the amount and there was not a dispute, the proof of claim did not need to be filed. Since I did not understand that the claims were being disputed, I thought I was in compliance by not filing.

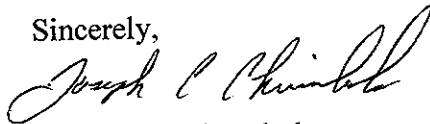
I only came to understand that the amounts listed were being disputed after contacting Donlin, Recano & Company about subsequent information received which, in fact, did not apply to me.

When the person from Donlin, Recano indicated that my claims were disputed as stated in the box on the Proof of Claim form disclosing the amount, I still did not immediately recognize it as disputed since no amount was shown to the right of the word disputed.

Dear Honorable James M. Peck, I am not sophisticated with respect to legal issues and did not understand my claims were disputed. In addition, being a small business, hiring an attorney for this purpose would create a financial hardship.

I request the Court not sustain the Objection.

Sincerely,



Joseph C. Chirumbolo
Cleaning Detail
President

March 31, 2011

Page 3 of 3

Copies:

Arnold & Porter LLP
(council for the Reorganized Debtors)
399 Park Avenue
New York, New York 10022-4690

Paul, Weiss, Rifkind, Wharton & Garrison LLP
(counsel for the Joint Claims Oversight Committee)
Attn: Andrew N. Rosenberg, Esq. and Elizabeth R. McColm, Esq.
1285 Avenue of the Americas
New York, New York 10019

Enclosures

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

IN RE: QUEBECOR WORLD (USA) INC., ET AL.

08-10152 (JMP)

Name of Debtor:
QUEBECOR WORLD LOGISTICS INC.

Case Number:
08-10202 (JMP)

This Space is For Court Use Only
Your claim is scheduled by the Debtor as:
F- TRADE PAYABLE

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

CLASSIFICATION	AMOUNT
UNSECURED	4,089.18

Name and Address of Creditor (the person or other entity to whom the debtor owes money or property). If address is incorrect, please insert correct address.



007705P001-1245A-94
CLEANING DETAIL
1919 SOUTH HIGHLAND AVENUE
LOMBARD IL 60148-6135

Disputed

If there is an amount shown, you have a claim scheduled by the Debtor as shown. IF YOU AGREE WITH THE AMOUNT SCHEDULED BY THE DEBTOR AND HAVE NO OTHER CLAIMS AGAINST THE DEBTOR, YOU DO NOT NEED TO FILE THIS PROOF OF CLAIM, EXCEPT AS FOLLOWS: If the amount shown is DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to recover any distributions in respect to your claim. If you have already filed your proof of claim with the Bankruptcy Court, you do not need to file again.

Name and address where notices should be sent: **CLEANING DETAIL
ATTN: JOSEPH CHIRUMBOLD
1919 S. HIGHLAND AVE., STE 137-D
LOMBARD, IL 60148-6135**

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

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: _____

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

Telephone number: **630-691-9910**

1. Amount of Claim as of Date Case Filed: \$ 4089.18

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

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 claim. Attach itemized statement of interest or charges.

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

Check this box if you are the debtor or trustee in this case.

2. Basis for Claim: **SERVICES PERFORMED AND SUPPLIES/GOODS SOLD**
(See instruction #2 on reverse side.)

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 and state the amount.

3. Last four digits of any number by which creditor identifies debtor: 5513

3a. Debtor may have scheduled account as: **LEGAL NAMES JOCHERO, INC. (SEE ATTACHED)
DBA CLEANING DETAIL**
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

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

Describe:
Value of Property: \$ _____ Annual Interest Rate _____ %
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

Specify the priority of the claim.

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

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).

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

Up to \$2,425* 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)(____).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attached redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

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

If the documents are not available, please explain:
Acknowledgment of filing of Claim: To receive acknowledgment of your filing, enclose a stamped self-addressed envelope and a copy of this proof of claim.

THE ORIGINAL OF THIS PROOF OF CLAIM MUST BE SENT SO THAT IT IS RECEIVED ON OR BEFORE THE BAR DATE SPECIFIED IN THE ENCLOSED NOTICE.

IF PROOF OF CLAIM IS SENT BY MAIL, SEND TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
P.O. BOX 2062, MURRAY HILL STATION
NEW YORK, NY 10158

IF PROOF OF CLAIM IS SENT BY OVERNIGHT COURIER, SEND TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
419 PARK AVENUE SOUTH, SUITE 1208
NEW YORK, NY 10016

IF PROOF OF CLAIM IS SENT BY HAND DELIVERY, DELIVER TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
419 PARK AVENUE SOUTH, SUITE 1208
NEW YORK, NY 10018

OR
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
CLERK'S OFFICE
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
ONE BOWLING GREEN, ROOM 534
NEW YORK, NY 10004-1408

Please see instructions on reverse side.

Date:
9/17/09


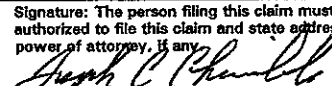
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.


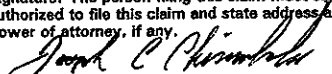
Joseph C Chirumbold **JOSEPH C CHIRUMBOLD, PRESIDENT**

FOR COURT USE ONLY

Amount entitled to priority:
\$ _____

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM						
IN RE: QUEBECOR WORLD (USA) INC., ET AL. Name of Debtor: <i>Quebecor World Premedia</i> QUEBECOR WORLD MT. MORRIS II LLC	08-10152 (JMP) Case Number: 08-10183 (JMP)	This Space is For Court Use Only Your claim is scheduled by the Debtor as: F- TRADE PAYABLE <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">CLASSIFICATION</th> <th style="text-align: right; border-bottom: 1px solid black;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">UNSECURED</td> <td style="text-align: right; border-bottom: 1px solid black;">12,432.90</td> </tr> <tr> <td colspan="2" style="padding-top: 20px;">Disputed</td> </tr> </tbody> </table> <p style="font-size: small;">If there is an amount shown, you have a claim scheduled by the Debtor as shown. IF YOU AGREE WITH THE AMOUNT SCHEDULED BY THE DEBTOR AND HAVE NO OTHER CLAIMS AGAINST THE DEBTOR, YOU DO NOT NEED TO FILE THIS PROOF OF CLAIM, EXCEPT AS FOLLOWS: If the amount shown is DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to recover any distributions in respect to your claim. If you have already filed your proof of claim with the Bankruptcy Court, you do not need to file again.</p>	CLASSIFICATION	AMOUNT	UNSECURED	12,432.90	Disputed	
CLASSIFICATION	AMOUNT							
UNSECURED	12,432.90							
Disputed								
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.								
Name and Address of Creditor (the person or other entity to whom the debtor owes money or property). If address is incorrect, please insert correct address. <div style="text-align: center;">  007705P001-1245A-94 CLEANING DETAIL 1919 SOUTH HIGHLAND AVENUE LOMBARD IL 60148-6135 </div>								
Name and address where notices should be sent: <i>CLEANING DETAIL</i> ATTN: JOSEPH CHIRUMBOLD 1919 S. HIGHLAND AVE., STE 137-D LOMBARD, IL 60148-6135		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(if known)</i> Filed on: _____						
Telephone number: _____ Name and address where payment should be sent (if different from above): <i>(Same as above)</i>								
Telephone number: <i>630-691-9910</i>								
1. Amount of Claim as of Date Case Filed: \$ <u>12,819.16</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.						
2. Basis for Claim: <u>SERVICES PERFORMED AND SUPPLIES/GOODS SHIPPED</u> (See instruction #2 on reverse side.)		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 and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(____). Amount entitled to priority: \$ _____ <i>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>						
3. Last four digits of any number by which creditor identifies debtor: <u>5103</u> 3a. Debtor may have scheduled account as: <u>LEGAL NAME IS JOCHERO, INC (SEE ATTACHED)</u> (See instruction #3a on reverse side.) <u>DBA CLEANING DETAIL</u>								
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____								
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attached redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: Acknowledgment of filing of Claim: To receive acknowledgment of your filing, enclose a stamped self-addressed envelope and a copy of this proof of claim. THE ORIGINAL OF THIS PROOF OF CLAIM MUST BE SENT SO THAT IT IS RECEIVED ON OR BEFORE THE BAR DATE SPECIFIED IN THE ENCLOSED NOTICE. IF PROOF OF CLAIM IS SENT BY MAIL, SEND TO: DONLIN, REGANO & COMPANY, INC. AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING P.O. BOX 2082, MURRAY HILL STATION NEW YORK, NY 10158 IF PROOF OF CLAIM IS SENT BY OVERNIGHT COURIER, SEND TO: DONLIN, REGANO & COMPANY, INC. AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING 419 PARK AVENUE SOUTH, SUITE 1206 NEW YORK, NY 10018 IF PROOF OF CLAIM IS SENT BY HAND DELIVERY, DELIVER TO: DONLIN, REGANO & COMPANY, INC. AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING 419 PARK AVENUE SOUTH, SUITE 1206 NEW YORK, NY 10018 or UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK CLERK'S OFFICE RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING ONE BOWLING GREEN, ROOM 534 NEW YORK, NY 10004-1408 Please see instructions on reverse side.								
Date: <u>9/17/09</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;">  JOSEPH C. CHIRUMBOLD, PRESIDENT </div>	FOR COURT USE ONLY						

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM				
IN RE: QUEBECOR WORLD (USA) INC., ET AL.	08-10152 (JMP)	This Space is For Court Use Only Your claim is scheduled by the Debtor as: F- TRADE PAYABLE				
Name of Debtor: <u>Quebecor World Premedia</u> QUEBECOR WORLD (USA) INC.	Case Number: 08-10152 (JMP)					
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASSIFICATION</th> <th style="text-align: right;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">UNSECURED</td> <td style="text-align: right;">310.00</td> </tr> </tbody> </table>	CLASSIFICATION	AMOUNT	UNSECURED	310.00
CLASSIFICATION	AMOUNT					
UNSECURED	310.00					
Name and Address of Creditor (the person or other entity to whom the debtor owes money or property). If address is incorrect, please insert correct address. <div style="text-align: center;">  007705P001-1245A-94 CLEANING DETAIL 1919 SOUTH HIGHLAND AVENUE LOMBARD IL 60148-6135 </div>		Disputed If there is an amount shown, you have a claim scheduled by the Debtor as shown. IF YOU AGREE WITH THE AMOUNT SCHEDULED BY THE DEBTOR AND HAVE NO OTHER CLAIMS AGAINST THE DEBTOR, YOU DO NOT NEED TO FILE THIS PROOF OF CLAIM, EXCEPT AS FOLLOWS: If the amount shown is DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to recover any distributions in respect to your claim. If you have already filed your proof of claim with the Bankruptcy Court, you do not need to file again.				
Name and address where notices should be sent: <div style="text-align: center;"> CLEANING DETAIL ATTN: JOSEPH CHIRUMBULO 1919 S. HIGHLAND AVE., STE 137-D LOMBARD, IL 60148-6135 </div> Telephone number: Name and address where payment should be sent (if different from above): <u>(Same as above)</u> Telephone number: <u>630-691-9910</u>						
1. Amount of Claim as of Date Case Filed: \$ <u>310.00</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____				
2. Basis for Claim: <u>SERVICES PERFORMED</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.				
3. Last four digits of any number by which creditor identifies debtor: <u>4573 5103 (SEE ATTACHED)</u> 3a. Debtor may have scheduled account as: <u>LEGAL NAME IS JOCHERO, INC. DBA CLEANING DETAIL</u> (See instruction #3a on reverse side.)		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 and state the amount. Specify the priority of the claim.				
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(____).				
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attached redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: Acknowledgment of filing of Claim: To receive acknowledgment of your filing, enclose a stamped self-addressed envelope and a copy of this proof of claim. THE ORIGINAL OF THIS PROOF OF CLAIM MUST BE SENT SO THAT IT IS RECEIVED ON OR BEFORE THE BAR DATE SPECIFIED IN THE ENCLOSED NOTICE.		Amount entitled to priority: \$ _____ *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.				
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Date: <u>09/17/09</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;">  JOSEPH C. CHIRUMBULO, PRESIDENT </div>	FOR COURT USE ONLY				