B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT Western District of Louisiana

PROOF OF CLAIM

Name of Debtor: Adams 3, Inc.

Case Number: 07-81269

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

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

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

Court Claim Number: _____
(If known)

RECEIVED
JAN 12 2009
UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF LOUISIANA

Filed on: _____

Name and address where notices should be sent:
The Centre
P. O. Box 12653
Alexandria, LA 71315-2653

Telephone number: 318-445-3606

☐ 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.

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

Telephone number:

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

1. Amount of Claim as of Date Case Filed: $ 2115 50

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.

2. Basis for Claim: Office Rent $1037 50; 2 NSF Fees $50; NSF Check 1028 00
(See instruction #2 on reverse side.)

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

3a. Debtor may have scheduled account as: _____
(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 NSF Check $1028 00
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: $** _____

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.

☐ 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)(__).

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.*

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

7. Documents: Attach 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. Attach redacted copies of documents providing evidence of perfection of a security interest. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. *(See definition of "redacted" on reverse side.)*

8. Date-Stamped Copy: Please enclose a stamped, self-addressed envelope so that your proof of claim may be returned to you upon filing. Claims may be filed electronically. For additional information on electronic filing visit our website at **http://www.lawb.uscourts.gov**

Date: 1-4-09

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.

Karen Fauik Karen Fauik Controller

FOR COURT USE ONLY

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.

The Centre
P O Box 12653
Alexandria, LA 71315-2653

Statement

Statement Date:
Dec 29, 2008

Voice: 318-445-3606
Fax: 318-445-3609

Customer Account ID:
ADAM

Account Of: Quality Home Health
Mr. Dan Adams
1434 E Dorchester
Alexandria, LA 71301

Date	Due Date	Reference	Paid	Description	Amount	Balance
5/30/08	5/30/08	NSF Fee			25.00	25.00
6/18/08	6/18/08	061808-NSF		NSF	1,028.00	1,053.00
6/18/08	6/18/08	061808		NSF Fee	25.00	1,078.00
7/1/08	7/1/08	1503			925.00	2,003.00
				Monthly maintenance	40.00	2,043.00
				Est. End Yr exps.	72.50	2,115.50

1037 50

Total 2,115.50

0 - 30	31 - 60	61 - 90	Over 90 days
0.00	0.00	0.00	2,115.50

061000146
06/18/2008
6613873179

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON-A
NOT SUFFICIENT
FUNDS

[061000146] 06/16/2008
0416751920

ADAM 3 INC.
DEBTOR IN POSSESSION
CASE NO. 07-81269
1434 DORCHESTER DR.
ALEXANDRIA, LA 71303

THE EVANGELINE BANK & TRUST CO.
ALEXANDRIA, LA 71303
84-356/652

5345

RETURN REASON A
NOT SUFFICIENT FUNDS

PAY TO THE ORDER OF

DATE

AMOUNT

TUCKER
[illegible]
ALEXANDRIA LA 71301

AUTHORIZED SIGNATURE

Security Features Included. Details on Back.

⑈005345⑈ ⑆065203567⑆401 3591 7⑈ ⑈0000102800⑈

⑈005345⑈ ⑆065203567⑆ 401359 17⑈ ⑈0000102800⑈

Another one ?? $50 -
Entes to The Centre AK to Dun
+a $25 NSF fee

Sent a Statement to Dun
w/ a COPY of NSF check
w/ Note "Account Needs to
Be Paid Immediately,"

TW
6/27/08

Put on my desk

The Centre
P O Box 12653
Alexandria, LA 71315-2653

Statement

Statement Date:
Jun 27, 2008

Voice: 318-445-3606
Fax: 318-445-3609

Customer Account ID:
ALAN

Account Of: Quality Home Health
Mr. Dan Adams
1434 E Dorchester
Alexandria, LA 71301

Date	Due Date	Reference	Paid	Description	Amount	Balance
6/13/08				Balance Fwd		112.56
6/18/08	6/18/08	061808-NSF			1,028.00	1,140.56
6/18/08	6/18/08	061808			25.00	1,165.56

"Account needs to be paid Immediately"

Total 1,165.56

0 - 30	31 - 60	61 - 90	Over 90 days
1,067.50	0.00	0.00	76.06