Assignment for the Benefit of Creditors of	**PROOF OF CLAIM**	DATE RECEIVED:
_____ Assignor, _____ Assignee.		
Name of Claimant *(The person or entity to whom _____, owes money or property)* **SOCIAL SECURITY OR TAX I.D. #:**	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	CLAIM NO.:
Name and Address Where Notices Should be Sent Telephone Number	☐ Check box if the address differs from the address on the envelope sent to you on behalf of the Assignee.	THIS SPACE IS FOR OFFICIAL USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CLAIMANT IDENTIFIES CLAIM:	☐ replaces **Check here if this claim** a previously filed claim, dated: _____ ☐ amends
1. **BASIS FOR CLAIM** ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Equipment leased ☐ Taxes ☐ Other (Describe briefly)	2. **IS YOUR CLAIM** ☐ Matured (*i.e.,* due and payable) ☐ Unmatured ☐ Disputed ☐ Contingent
3. **DATE DEBT WAS INCURRED:**	4. **IF COURT JUDGMENT, DATE OBTAINED**:

5. **CLASSIFICATION OF CLAIM.** Classify your claim as follows: (1) Unsecured, (2) Secured, or (3) Partially secured and partially unsecured (it is possible for part of a claim to be in one category and part in another): CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.

☐ UNSECURED CLAIM $ _____

A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

☐ SECURED CLAIM $_____

Attach evidence of perfection of security interest.

Brief Description of Collateral:_____

_____

Amount of arrearage and other charges included in secured claim above, if any $_____

6. ☐ PRIORITY CLAIM $ _____

State basis for priority: _____

_____

7. SUPPORTING DOCUMENTS: *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests, if the documents are not available, explain. If the documents are voluminous, attach a summary.

8. STATEMENT ABOUT THE DEBT. Attach a written detailed explanation of the basis of your claim. Include with your explanation a schedule of calculations showing precisely how you arrive at the total amount of your claim.

9. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim, and in filing this claim, claimant has deducted all amounts that claimant owes to debtor.

10. **TOTAL AMOUNT OF CLAIM ON DATE SIGNED BELOW**: $ _____ (Unsecured) $ _____ (Secured) $_____ (Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

11. **DATE-STAMPED COPY**: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

12. BY MY SIGNATURE BELOW, I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF_____, THAT THE INFORMATION PROVIDED HEREIN AND ATTACHED HERETO IS TRUE AND CORRECT.

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

SHERWOOD