UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA

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PROOF OF CLAIM

Name of Debtor

Case Number

THIS SPACE IS FOR COURT USE ONLY

FILED
04 JUN 23 PM 1:31
CLERK
U.S. BANKRUPTCY CT
SD OF FLA.
MIA - OFFICE

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. (See Local Rule 3001-1(B))

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

Name and Address where notices should be sent:

Telephone Number:

☐ 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.

☑ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:
(If SS# only list last 4 digits of SS#):

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1. Basis for Claim
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS #: xxx-xx-____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ _____ (Unsecured Nonpriority) + _____ (Secured) + _____ (Unsecured Priority) = 0.00 (Total)

Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4.

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

5. Secured Claim.
☐ Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: $ _____

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

6. Unsecured Nonpriority Claim $ _____
☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.
☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim:
☐ Wages, salaries, or commissions (up to $4,925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to $2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.*

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
9. Supporting Documents: *Attach legible copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. **(See reverse for instructions)**
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.

This Space is for Court Use Only

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AUG

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):

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.

File claim with bankruptcy clerk's office where judge assigned to case is chambered.

PURCHASE ORDER
DEBIT CORPORATION
OF AMERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021
Phone: (954) 981-4447 • Fax: (954) 981-4421
Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 003986-87-88

Virginia County: Arlington, Fairfax, Springfield (Drew Bowles) & District of Columbia

Purchaser's Name Merchant Resources, LLC Date 9/24/07

Purchaser's Address 3107 Monument Ave. #4

City Richmond State VA Zip 23221

Home Phone 804-399-1052 Business Phone 804-560-4082

Fax - 804-422-5717

No. of Sales Systems to ship: 15

Face Value of Prepaid MasterCard Activation Certificates to ship: $15,000

Purchase Price Sales Systems	$ 30,000
Purchase Price of Additional Items No Charge	$ No Charge
Total	$ 30,000
Sales Tax (FL Residents Only)	$ No Charge
Amount Paid	$ 30,000

Special Provisions Purchaser can buy additional sales systems with locations for $1,000 each. Purchaser has first right of refusal on counties above. Sending bank wire for $30,000

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that ***this sale is subject to the terms on the reverse of this Purchase Order.***

By: _____ COMPANY OFFICER

ACCEPTED AND APPROVED

By: _____ BUYER

AIN # BO2403

I have read and agree to the Terms and Conditions on the back of this Purchase Order.

PURCHASE ORDER
DEBIT CORPORATION
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City Richmond State VA Zip 23221

Home Phone 804-399-1052 Business Phone 804-560-4082

Fax - 804-422-5717

No. of Sales Systems to ship: ~~15~~ 25 (JL)

Face Value of Prepaid MasterCard Activation Certificates to ship: $ ~~15,000~~ $25,000.00 (JL)

Purchase Price Sales Systems	$ ~~30,000~~ 40,000 (JL)
Purchase Price of Additional Items No Charge	$ No Charge
Total	$ ~~30,000~~ 40,000 (JL)
Sales Tax (FL Residents Only)	$ No Charge
Amount Paid	$ ~~30,000~~ 40,000 (JL)

Special Provisions Purchaser can buy additional sales systems with locations for $~~1,000~~ 500.00 each. Purchaser has first right of refusal on counties above, Sending bank wire for $30,000 UPGrade to 25 S.Systems & $25,000.00 in Card Sending Add $10,000.00 wire on 10/1/03

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that ***this sale is subject to the terms on the reverse of this Purchase Order.***

By: [signature] COMPANY OFFICER

ACCEPTED AND APPROVED

By: [signature] BUYER

AIN # BO2403

I have read and agree to the Terms and Conditions on the back of this Purchase Order.