B 10 (Official Form 10) (12/12)

UNITED STATES BANKRUPTCY COURT Southern District of New York

**PROOF OF CLAIM**

Name of Debtor: Homecomings Financial, LLC

Case Number: 12-12042



NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property):
1650 Corporate Circle, LLC

**COURT USE ONLY**

Name and address where notices should be sent:
Matthew J. Williams c/o Gibson Dunn & Crutcher
200 Park Avenue #47
NY, NY 10166-0193

Telephone number: (212) 351-2322 email: MJWilliams@gibsondunn.com

❒ Check this box if this claim amends a previously filed claim.

**Court Claim Number:**_____
(*If known*)

Filed on:_____

Name and address where payment should be sent (if different from above):
Juliana Priest, c/o Investcorp International, Inc.
280 Park Avenue 36th Floor
NY, NY 10017

Telephone number: (212) 599-4700 email: jpriest@Investcorp.com

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

**1. Amount of Claim as of Date Case Filed:** $ 2,054,416.00

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☑ Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return

❒ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

**2. Basis for Claim:** Real property lease.
(See instruction #2)

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

**3a. Debtor may have scheduled account as:** PVP Holdings JV, LLC
(See instruction #3a)

**3b. Uniform Claim Identifier (optional):**
(See instruction #3b)

**4. Secured Claim** (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

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

**Value of Property: $**_____

**Annual Interest Rate**_____**%** ❒ Fixed or ❒ Variable
**(when case was filed)**

**Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.**

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

❒ Wages, salaries, or commissions (up to $11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

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

**Amount entitled to priority:**

❒ Up to $2,600* 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)(__).

$_____

**Amounts are subject to adjustment on 4/1/13 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. (See instruction #6)

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