FILED

El Segundo, CA 90245

PRF 70384*** 11746927 Lue David Jackson 9336 Person
Detroit Ml 48228 $4-2-2015$

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USS. BAMRUPTCY COURT ESD. MICHIGAN -DETROIT

To the united state Bankruptcy Court I am Mailing you a Copy or my Claim Class 19 Contingent, unsecured. Principal and Interest Charges, filing Date. 2-14-2014: And a Copy or Class is Covervience Claim file 6-30-2014 These Claims + document that is missing Is a proof of service and is CorRect, To the best of my Knowledge.

Thank you.
Creditor furDaiolpacteon Claim Amount

In its List of Claims, the City listed your claim as a contingent, unliquidated, and disputed unsecured claim in an unknown amount. To determine if you need to file a claim, please refer to the enclosed Information About Deadlines to File Claims.

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) Y $\mathbf{Y} \mathbf{3}$
 running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP $3001(\mathrm{c})(3)(\mathrm{A})$. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction \#7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:
8. Signature: (Sec instruction \#8)

Check the appropriate box.

II am the creditor. I am the creditor's authorized agent.
I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)
$\square$ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)


Company:
d telephone number (if different from notice address above):


Address and telephone number (if different from notice address above):

## Telephone number:

email:

## PLEASE READ THE VOTING INFORMATION AND INSTRUCTIONS ATTACHED BEFORE COMPLETING THIS BALLOT.

PLEASE COMPLETE ITEMS 1, 2, AND 3 BELOW. IF NEITHER THE "ACCEPT" NOR "REJECT" BOX IS CHECKED IN ITEM 1, OR IF BOTH BOXES ARE CHECKED IN ITEM 1, THIS BALLOT WLLL NOT BE COUNTED AS HAVING BEEN CAST.
IF BOTH BOXES ARE, OR NEITHER BOX IS, CHECKED IN ITEM 2, THIS BALLOT WILL COUNT AS ONE NOT ELECTING CONVENIENCE CLAIM TREATMENT FOR YOUR CLASS 14 OTHER UNSECURED CLAIM.
IF THIS BALLOT IS NOT SIGNED ON THE APPROPRIATE LINES BELOW, THIS BALLOT WILL NOT BE VALID OR COUNTED AS HAVING BEEN CAST.
Item 1. Class Vote. The undersigned, the Other Unsecured Claim Holder in Class 14 as of April 14, 2014 against the City of Detroit, Michigan, votes to (check one box):

## $\square$ ACCEPT the Plan.

(x. REJECT the Plan.

If you vote to accept the Plan, you are voting to approve certain cancellation, discharge, exculpation, expungement, injunction and release provisions contained in the Plan. Such provisions include, but are not limited to, the provisions contained in Article IL.D, Article IV.J, Article IV.K and Article V.C of the Plan. Such provisions may affect your rights and interests regarding certain nondebtor parties.

Creditor Name: $\qquad$ Laue David Jackson . Amount of Claim: $\$$ $\qquad$

Item 2. Convenience Class Election. The undersigned, the Other Unsecured Claim Holder in Class 14 as of April 14, 2014 against the City of Detroit, Michigan, elects to (check one box):
$\square$ Treat the undersigned's Other Unsecured Claim as a Class 15 Convenience Claim under the Plan.

X
Not Treat the undersigned's Other Unsecured Claim as a Class 15 Convenience Claim under the Plan.

If you elect to treat your Class 14 Other Unsecured Claim as a Class 15 Convenience Claim, your vote to accept or reject the Plan in this Ballot will count as a vote for Class 15 tabulation purposes and your vote will not count for Class 14 tabulation purposes.
Convenience Claim elections are subject to the terms contained in the Plan. This Convenience Claim Election will be deemed irrevocable and legally binding on you upon (i) execution of this election on the Ballot and (ii) confirmation of the Plan. Class 15 Convenience Claims will be paid in accordance with the Plan terms.

Creditor Name: $\qquad$ Laue David Jackson - Claim Amount: \$ $\qquad$

## PLEASE CONTINUE TO ITEM 3 ON THE NEXT PAGE

Item 3. Certifications. By signing this Ballot, the undersigned certifies that he, she or it:
i. is the Holder of one or more Other Unsecured Claims in Class 14 to which this Ballot pertains, or is an authorized signatory, and has full power and authority to vote to accept or reject the Plan and make the elections applicable to such Claims;
ii. received a copy of the solicitation package consisting of: (a) a notice regarding the time and place of a hearing to consider confirmation of the Plan, (b) a CD-ROM including the Plan, Disclosure Statement and the exhibits thereto, (c) a Ballot and a ballot return envelope, (d) a copy of certain rules governing the tabulation of ballots, (e) a copy of the Notice of Voting Dispute Resolution Procedures approved by the Solicitation Procedures Order and (f) a cover letter;
iii. has not submitted any other Ballots for Class 14 that are inconsistent with the vote to accept or reject the Plan set forth in this Ballot, or if such other ballots were previously submitted, they have been revoked or changed to reflect the vote of this Ballot; and
iv. understands that a vote to accept the Plan is a vote to accept certain cancellation, discharge, exculpation, expungement, injunction and release provisions contained in the Plan.

Lue David Jackson


Social Security or Federal Tax I.D. No. (optional)


If by Authorized Agent, Name and Title

Name of Institution

9336 Pierson
Detroit, MI 48228


