

PROOF OF CLAIM

RE: UNISEN, INC.

LAST DAY TO FILE CLAIM: MAY 6, 2011

Creditor Information:

1. Name and Address of Creditor:

2. Telephone: _____ Fax: _____ : Email: _____

3. Account or other number by which creditor identified Unisen, Inc.: _____

Claim Information:

4. Basis of claim: _____

5. Date debt was incurred: _____ If court judgment, date judgment obtained: _____

6. Total amount of claim as of the date of the General Assignment, November 19, 2010: _____

7. Is claim a secured claim? _____

If yes, provide evidence of security, and describe collateral, amount of collateral and amount of arrearage: _____

8. Is claim an unsecured priority claim? _____

If yes, state amount entitled to priority: _____

If yes, state the basis for the priority: _____

ATTACH **COPIES** OF DOCUMENTS SUPPORTING CLAIM. **DO NOT SEND ORIGINAL DOCUMENTS.**

Date: _____

Signature: _____

Return Completed Form to:
UNISEN Claims Processing
c/o Kurtzman Carson Consultants
2335 Alaska Ave
El Segundo, CA 90245

Print Name: _____