

UNITED STATES BANKRUPTCY COURT FOR DISTRICT OF DELAWARE PROOF OF CLAIM

Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form. If you wish to assert claims against multiple Debtors, you must file a separate form against each separate debtor against whom you are asserting a claim. If multiple boxes are checked, claims will be deemed as filed against the first checked Debtor for all purposes.)

- Checkboxes for various debtors: Penon Worldwide, Inc. (Case No. 13-10061), SAI Holdings, Inc. (Case No. 13-10062), Penon Financial Services, Inc. (Case No. 13-10063), Penon Financial Futures, Inc. (Case No. 13-10064), Penon Holdings, Inc. (Case No. 13-10065), Penon Execution Services, Inc. (Case No. 13-10067), Nexa Technologies, Inc. (Case No. 13-10068), Penon Futures (Case No. 13-10069), GHP1, Inc. (Case No. 13-10070), GHP2, LLC (Case No. 13-10071)

NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) arising after the commencement of the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): Amy J. Nation

Name and address where notices should be sent: Amy J. Nation, 217 PEBBLECREEK DRIVE, GARLAND, TEXAS 75040. Telephone number: 972-877-0601, email: anation2@verizon.net

Name and address where payment should be sent (if different from above): Telephone number: email:

1. Amount of Claim as of Date Case Filed: \$ 3,207.95. 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. Check this box if the claim includes interest or other charges in addition to the principal amount of the claim.

2. Basis for Claim: PENSON STOCK - LOSS (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):

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: Describe: Value of Property: \$ Annual Interest Rate % Fixed Variable 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: \$

6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ (See instruction #6)

7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)

8. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. 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 8, 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:

9. Signature: (See instruction #9) Check the appropriate box. I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: Amy J. Nation Title: Company: Address and telephone number (if different from notice address above): (Signature) (Date)

Check this box if this claim amends a previously filed claim. Court Claim Number: (If known) Filed on: 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.

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). 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)().

Amount entitled to priority: \$ * 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

COURT USE ONLY RECEIVED MAR 05 2013 KURTZMAN CARSON CONSULTANTS



Transaction Confirmation
Confirm Date: May 17, 2011

Brokerage Account Number
[REDACTED] RA - ROLLOVER

AMY J NATION

FMT CO CUST IRA ROLLOVER
FBO AMY J NATION
217 PEBBLECREEK DR
GARLAND TX 75040-3518

0100032616

Online Fidelity.com
FAST(sm)-Automated Telephone 800-544-5555
Customer Service 800-544-6666

REFERENCE NO.	TYPE	REG.REP.	TRADE DATE	SETTLEMENT DATE	CUSIP NO.	ORDER NO.	ORIG.	
11137-OBW6KJ	1	W##	05-17-11	05-20-11	709600100	11137-JB70H		
SECURITY DESCRIPTION and DISCLOSURES								
You Bought	1,000		PENSON WORLDWIDE INC COM			Principal Amount		3,200.00
at	3.20		WE HAVE ACTED AS AGENT.			Commission		7.95
Symbol: PNSN			SILVER ONLINE COMMISSION APPLIED			Settlement Amount		3,207.95

0100032616

ALL ORDERS ARE UNSOLICITED UNLESS SPECIFIED ABOVE

FMT CO CUST IRA ROLLOVER
FBO AMY J NATION
217 PEBBLECREEK DR
GARLAND TX 75040-3518

Please use this form to make additional investments in your brokerage account **481-860654** only.

AMOUNT OF INVESTMENT	\$
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FIDELITY INVESTMENTS
PO BOX 770001
CINCINNATI OH 45277-0003

If there are sufficient funds in your brokerage core account (or margin account), Fidelity will use those funds to cover the trade(s) on this confirm. If you wish to deposit additional money, use this deposit slip and make checks payable to: NATIONAL FINANCIAL SERVICES LLC. Deposits will be made to the account listed above. Please mail checks to the Fidelity address on this form. Refer to the last page for instructions on depositing certificates.



02/14/13



NATIONAL FINANCIAL SERVICES LLC
NATIONAL FINANCIAL SERVICES LLC
PO BOX 673004
DALLAS, TX 75267-3004

U.S. BANKRUPTCY
SECURITY DESCRIPTION: PENSON WORLDWIDE INC

CUSIP#: 709600100
ACCOUNT#: 0654
QUANTITY: 1,000

FMT CO CUST IRA ROLLOVER
FBO AMY J NATION
217 PEBBLECREEK DR
GARLAND TX 75040-3518

Dear Client,

We have been requested to forward you the enclosed material. Please review the enclosed documents for instructions on how to submit a claim. If you have any questions pertaining to this notice or on how to submit a claim, please contact your Financial Institution prior to the deadline indicated.

FOR INFORMATION CALL: YOUR LOCAL BRANCH

JOB NUMBER: E72852 808

CONTROL#: 412419483004