

The Debtor has listed your claim on Schedule F as a General Unsecured claim in the amount of \$800.00.

If you agree with this characterization and amount, you do not need to complete and return this form. If you disagree, please complete and return this form accordingly.
B 10 Modified (Official Form 10) (12/11)

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.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Southern Air Holdings, Inc (Case No. 12-12690) | <input type="checkbox"/> 21221 LLC (Case No. 12-12696) | <input type="checkbox"/> 23138 LLC (Case No. 12-12702) |
| <input type="checkbox"/> Cargo 360, Inc. (Case No. 12-12691) | <input type="checkbox"/> 21550 LLC (Case No. 12-12697) | <input type="checkbox"/> 24067 LLC (Case No. 12-12703) |
| <input checked="" type="checkbox"/> Southern Air, Inc. (Case No. 12-12692) | <input type="checkbox"/> 21576 LLC (Case No. 12-12698) | <input type="checkbox"/> 46914 LLC (Case No. 12-12704) |
| <input type="checkbox"/> Air Mobility, Inc. (Case No. 12-12693) | <input type="checkbox"/> 21590 LLC (Case No. 12-12699) | <input type="checkbox"/> Aircraft 21255, LLC (Case No. 12-12705) |
| <input type="checkbox"/> 21110 LLC (Case No. 12-12694) | <input type="checkbox"/> 21787 LLC (Case No. 12-12700) | <input type="checkbox"/> Aircraft 21380, LLC (Case No. 12-12706) |
| <input type="checkbox"/> 21111 LLC (Case No. 12-12695) | <input type="checkbox"/> 21832 LLC (Case No. 12-12701) | <input type="checkbox"/> CF6-50, LLC (Case No. 12-12707) |

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):

AIR ATLANTA ICELANDIA

Name and address where notices should be sent: NameID: 11023302

AIR ATLANTA ICELANDIA
COLUMBUS AVENUE
MANSTON BUSINESS PARK
MANSTON CT12 5DD,
ICELAND

Telephone number: email:

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):

AIR ATLANTA ICELANDIA, HLIDA SMARIS, 201 KOPAVOGUR, ICELAND

Telephone number: +354 458 4664 email: egillt@atlanta.is

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

NOV 23 2012

KURTZMAN CARSON CONSULTANTS

1. Amount of Claim as of Date Case Filed: \$ 7,800.00

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.

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: GOODS SOLD

(See instruction #2)

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

0174

3a. Debtor may have scheduled account as:

(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 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: \$ _____

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.

\$ 7,000.00 (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. (Attach copy of power of attorney, if any.)
- I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)
- I am a guarantor, surety, indorser, or other codebtor. (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: HANNES HILMARSSON

Title: CEO

Company: AIR ATLANTA ICELANDIA

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

Hannes Hilmarsson

(Signature)

16th Nov 2012

(Date)

Telephone number: Email:



- Register of Enterprises -

Laugavegi 166, 150 Reykjavík, Iceland - Tel: +354 442-1250, Fax: +354 442-1279

Certificate of Incorporation

Flugfélagið Atlanta ehf (Air Atlanta Icelandic)

ID-nr: 650387-1639

Postal Address: Hlíðasmára 3
201 Kópavogur

Domicile: Hlíðasmára 3
201 Kópavogur

Issued: 2.11.2012

Date of Articles of Association: 8.9.2011

Company's Board of Directors according to a meeting on: 18.5.2010:

240364-5819 Geir Valur Ágústsson, Fjölnisvegi 16, 101 Reykjavík, *Chairman*
101164-4549 Hannes Hilmarsson, Steinási 16, 210 Garðabær, *Director*
161162-2999 Stefán Eyjólfsson, Kleifakór 20, 203 Kópavogur, *Director*
251062-4989 Helgi Hrafn Hilmarsson, Samein arabafurstad, , *Reserve Director*
270378-5529 Egill Þorvarðarson, Granaskjóli 80, 107 Reykjavík, *Reserve Director*

Management:

101164-4549 Hannes Hilmarsson, Steinási 16, 210 Garðabær

Power of Procuration:

101164-4549 Hannes Hilmarsson, Steinási 16, 210 Garðabær
251062-4989 Helgi Hrafn Hilmarsson, Samein arabafurstad,
161162-2999 Stefán Eyjólfsson, Kleifakór 20, 203 Kópavogur
240364-5819 Geir Valur Ágústsson, Fjölnisvegi 16, 101 Reykjavík

Auditors:

590975-0449 KPMG ehf., Borgartúni 27, 105 Reykjavík

Share capital: ISK 1.127.110.000

Signatures: Two members of the Board of directors jointly

Restrictions on the handling of shares: Yes

Liability for redemption of shares: No

Activity code:

51.10.1 Scheduled air transport

Form of operation: Private limited company

The company has been divided into the following companies:

Recipient Company	ID number	Division schedule	Approved at a shareholder's meeting	Date of settlement
Northern Lights Leasing ehf.	490304-2580	03.01.2008	04.03.2008	01.11.2007

Reykjavík 02.11.2012




Southern Air Inc.
117 Glover Avenue
Yohanne Arthur/Claudia Chapman
Norwalk, CT 06850
USA

Sales - Invoice

Customer No. 10174
Invoice No. SR120831
Invoice Date 20. July 2012
Due date 19.08.12

Description	Qty.	Unit Price	Amount
Recharge CI 6052 / SO 74857 / PO 4108612 as per attached document	1	800,00	800,00

Payment to be made to:
Bank: Landsbankinn hf.
SWIFT: NBIISRE
Beneficiary: Air Atlanta Icelandic
Account number: 0101-38-110747
IBAN: IS600101381107476503871639
Via: Citibank NY SWIFT: CITIUS33

Total USD 800,00

This invoice originates in a ERP system that conforms with regulation no. 598/1999

Air Atlanta Icelandic, Hlíðasmári 3, 201 Kópavogur, Iceland
Phone No. + 354 458 4000 Fax No. +354 458 4001
Registration No. 650387-1639 VAT Reg. No. 81919
www.airatlanta.com



Air Atlanta Icelandic

Material Control Department
 Hildesmarí 3
 201 Kopavogur
 Iceland
 TEL: +354 458 4200
 Email: materials@atlanta.is

Fax: +354 458 4201
 VAT: 81919

Order NO: Sale 74857
 Order Date: 19.7.2012
 Shipped Date: 19.07.2012
 Print Date: 19.7.2012 14:09
 Page: 1 of 1

Priority: AOG

Customer Invoice: 6052

Ship FROM Parts transferred to AVIA sales		Bill To: STHRNAIR SOUTHERN AIR, INC. 117 Glover Avenue Norwalk CT 06850 USA +1 203-847-8000 +1 203-847-9612 YArthur@southernair.com		
Ship Via PICK UP	F.O.B	Customer Order	Terms NET 30	Due Date 19.7.2012

P/N	P/N Description	Condition	S/N	Batch
TDH1852-2000	RELAY	NE		822310
QTY: 1		Unit Sell:	800,00	Total: 800,00

Sub Totals

Material: 800,00
Grand Total: 800,00 USD

Shipped To
 SOUTHERN AIR, INC.
 117 Glover Avenue

Norwalk CT 06850
 USA
 ATTN: Yohanne Arthur

Please advise condition, certificate type and dates.
 For Rotable parts we need FAA Form 8130-3, JAA form 1 or TCA 24-007B
 For Consumables we require above or Manufacture Certificate of Conformity or CAA AN17.



Southern Air Inc.
Receiving Report.

4108612

117 Glover Ave
 NORWALK, Connecticut, 06850 US

Phone (203)-847-6000
 FAX: (203)-846-3104

Purchase Order Type: Outright Purchase Page 1 of 1

SHIP TO: Southern Air Inc. Attention:
 Address: Building 30 Liege Airport
 City: Grace-Hollogne State: Zip: 4460
 Phone: (203) 847-6000 FAX: (203) 846-3104

Vendor: Air Atlanta Icelandic
 Address: ATS Aviation CTR, Columbus Ave
 Manston, Kent CT12 5DD
 Phone: (845) 128-0588
 FAX: (845) 128-0530 Contact :

BILL TO: Southern Air Inc. Attention:
 Address: 117 Glover Ave
 City: NORWALK State: Connecticut Zip: 06850
 Phone: (203)-847-6000 FAX: (203)-846-3104

Condition New Vendor # 86228 Date 07/19/2012 Closed: Revision :
 Payment Terms Net 30 Shipped Via: Other CC 747 DMI/CI PARTS A/C N758SA
 Requisition Number: Requestor/Deliver To: jraw Confirm To: (203) 847-6000

Item	Description	Status	Part Number	Qty U/M	Unit Cost	Tax [%]	
1	TIME DELAY RELAY	Open	TDH1852-2000	1 EA	800.00	0.00	\$ 800.00

Sub Total	\$ 800.00
Shipping & Handling	
Taxes	\$0.00
Total	\$800.00

NOTES:

Receiving Inspector ID Number _____

Southern Air Inc.
117 Glover Avenue
Yohanne Arthur/Claudia Chapman
Norwalk, CT 06850
USA

Sales - Invoice

Customer No. 10174
Invoice No. SR121129
Invoice Date 5. October 2012
Due date 05.10.12

Description	Qty.	Unit Price	Amount
CI 6054 / SO 74859 / PO 4108935 as per attached document	1	7.000,00	7.000,00

Payment to be made to:
Bank: Landsbankinn hf.
SWIFT: NBIISRE
Beneficiary: Air Atlanta Icelandic
Account number: 0101-38-110747
IBAN: IS600101381107476503871639
Via: Citibank NY SWIFT: CITIUS33

Total USD 7.000,00

This invoice originates in a ERP system that conforms with regulation no. 598/1999

Air Atlanta Icelandic, Hlíðasmári 3, 201 Kópavogur, Iceland Registration No. 650387-1639 VAT Reg. No. 81919
Phone No. + 354 458 4000 Fax No. +354 458 4001 www.airatlanta.com



Air Atlanta Icelandic

Material Control Department
 Hlidasmari 3
 201 Kopavogur
 Iceland
 TEL: +354 458 4200
 Email: materials@atlanta.is

Fax: +354 458 4201
 VAT: 81919

Order NO: Sale 74859
 Order Date: 13.8.2012
 Shipped Date: 13.08.2012
 Print Date: 13.8.2012 10:34
 Page: 1 of 1

Priority: CRIT

Customer Invoice: 6054

Ship FROM Parts transferred to AVIA sales		Bill To: STHRNAIR SOUTHERN AIR, INC. 117 Glover Avenue Norwalk CT 06850 USA +1 203-847-6000 +1 203-847-9612 YArthur@southernair.com		
Ship Via COLLECTION	F.O.B	Customer Order 4108935	Terms NET 30	Due Date 13.8.2012

P/N	P/N Description	Condition	S/N	Batch
071-01503-3901	PANEL, ATC CONTROL	SV	X23233	326973
QTY: 1		Unit Sell:	7.000,00	Total: 7000,00

Shipped To
 SOUTHERN AIR, INC.
 117 Glover Avenue

Norwalk CT 06850
 USA
 ATTN: Yohanne Arthur

Sub Totals

Material: 7000,00
Grand Total: 7000,00 **USD**

Please advice condition, certificate type and dates.
 For Rotable parts we need FAA Form 8130-3, JAA form 1 or TCA 24-0078
 For Consumables we require above or Manufacture Certificate of Conformity or CAA AN17.



Southern Air Inc.
Receiving Report.

4108935

117 Glover Ave
 NORWALK, Connecticut, 06850 US

Phone (203)-847-6000
 FAX: (203)-846-3104

Purchase Order Type: **Outright Purchase** Page 1 of 1

SHIP TO: Southern Air Inc. Attention: Shipping & Receiving
 Address: 117 Glover Ave
 City: NORWALK State: Connecticut Zip: 06850
 Phone: (203) 847-6000 FAX: (203) 846-3104

Vendor: Air Atlanta Icelandic
Address: ATS Aviation CTR, Columbus Ave
 Manston, Kent CT12 5DD
Phone: (845) 128-0588
FAX: (845) 128-0530 **Contact :**

BILL TO: Southern Air Inc. Attention:
 Address: 117 Glover Ave
 City: NORWALK State: Connecticut Zip: 06850
 Phone: (203)-847-6000 FAX: (203)-846-3104

Condition New Vendor # 86228 Date 08/13/2012 Closed: Revision :
 Payment Terms Net 30 Shipped Via: Other CC 747 DMI/CI PARTS A/C N758SA
 Requisition Number: Requestor/Deliver To: ejohnson Confirm To: (203) 847-6000

Item	Description	Status	Part Number	Qty U/M	Unit Cost	Tax [%]	Total Cost
1	Pnl Control	Open	071-01503-3901	1 Ea	7000.00	0.00	\$ 7000.00

Sub Total \$ 7,000.00
 Shipping & Handling
 Taxes \$0.00
 Total **\$7,000.00**

NOTES:

Receiving Inspector ID Number _____



EGILL THORVARDARSON
General Counsel

Tel: +354 458 4664, Mobile: +354 660 6007
Fax: +354 458 4589, E-mail: egill.thorvardarson@airatlanta.com

Air Atlanta Icelandic
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www.airatlanta.com