

The Debtor has listed your claim on Schedule F as a General Unsecured claim in the amount of \$95.00. 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. <b>(Check only one Debtor per claim form.)</b>		
<input type="checkbox"/> Southern Air Holdings, Inc (Case No. 12-12690) <input type="checkbox"/> Cargo 360, Inc. (Case No. 12-12691) <input checked="" type="checkbox"/> Southern Air, Inc. (Case No. 12-12692) <input type="checkbox"/> Air Mobility, Inc. (Case No. 12-12693) <input type="checkbox"/> 21110 LLC (Case No. 12-12694) <input type="checkbox"/> 21111 LLC (Case No. 12-12695)	<input type="checkbox"/> 21221 LLC (Case No. 12-12696) <input type="checkbox"/> 21550 LLC (Case No. 12-12697) <input type="checkbox"/> 21576 LLC (Case No. 12-12698) <input type="checkbox"/> 21590 LLC (Case No. 12-12699) <input type="checkbox"/> 21787 LLC (Case No. 12-12700) <input type="checkbox"/> 21832 LLC (Case No. 12-12701)	<input type="checkbox"/> 23138 LLC (Case No. 12-12702) <input type="checkbox"/> 24067 LLC (Case No. 12-12703) <input type="checkbox"/> 46914 LLC (Case No. 12-12704) <input type="checkbox"/> Aircraft 21255, LLC (Case No. 12-12705) <input type="checkbox"/> Aircraft 21380, LLC (Case No. 12-12706) <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): <b>ALLIANCE TRANSPORT SERVICES LLC</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ (If known)  Filed on: _____  <input type="checkbox"/> 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.  <b>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.</b>  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).  <b>Amount entitled to priority:</b> \$ _____  * 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
Name and address where notices should be sent: <span style="float: right;">NameID: 11025241</span> <b>ALLIANCE TRANSPORT SERVICES LLC</b> 12556 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071		
Telephone number: _____ email: _____		
Name and address where payment should be sent (if different from above):  Telephone number: _____ email: _____		
<b>1. Amount of Claim as of Date Case Filed: \$ 95.00</b> 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. <input type="checkbox"/> 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.		
<b>2. Basis for Claim: Shipping Freight - NON Payment</b> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> _____	<b>3a. Debtor may have scheduled account as:</b> (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> 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. <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <b>Describe:</b> <b>Value of Property: \$ _____ Annual Interest Rate _____ %</b> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable (when case was filed) <b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</b> <b>Basis for perfection: _____</b> <b>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</b>		
<b>6. Claim Pursuant to 11 U.S.C. § 503(b)(9):</b> 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)		
<b>7. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		
<b>8. Documents:</b> 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:		
<b>9. Signature:</b> (See instruction #9) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> 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: <u>ALAN COHEN</u> Title: <u>PRESIDENT</u> Company: <u>ALLIANCE TRANSPORT SERVICES LLC</u> (Signature) <u>Alan Cohen</u> (Date) <u>11/13/12</u> Address and telephone number (if different from notice address above): Telephone number: <u>954-449-1414</u> Email: <u>ALAN@ATS-CAR60.COM</u>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

**COURT USE ONLY**

RECEIVED

NOV 13 2012

KURTZMAN CARSON CONSULTANTS



**Alliance  
Transport  
Services, LLC.**

*INVOICE*

Truckload • Flatbed • L.T.L.

12556 W. Atlantic Blvd.  
Coral Springs, FL 33071  
Tel: 954-449-1414 • Fax: 954-449-1415

DATE	INVOICE NO.
8/29/2012	54183

INVOICE TO
SOUTHERN AIR 117 GLOVER AVENUE NORWALK, CT 06850

SHIPPER / RECEIVER
AIR EXPRESS INT'L DBA DHL MIAMI, FL  SOUTHERN AIR INC. MIAMI, FL

PRO NO.		SHIPPER'S REF#		
2255330		5JJ2427		
CODE	DESCRIPTION	NO. PCS.	WEIGHT	AMOUNT
Domestic	Domestic Inland Freight	6	1779#	95.00

Terms are payable by a maximum of Net 30 days from date of invoice.  
Past Due invoice balances are subject to 1.5% finance charge per month and/or loss of discount.

Alliance Transport Services is not liable for loss, damage, delay or injury to any shipment, and acts solely as broker for placement of cargo with carriers. Alliance Transport Service's limit of liability is \$0.05/LB actual weight or a maximum of \$50.00 per shipment for loss or damage to contents unless a value for insurance is declared prior to pick up. Optional declaration is subject to an additional valuation insurance charge.

Thank you for choosing Alliance Transport Services. We appreciate your continued patronage.	<b>Total</b> <span style="float: right;">\$95.00</span>
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# Request for Service

**Cristina Munoz**

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**From:** Michael Illuzzi [Mlluzzi@southernair.com]  
**Sent:** Wednesday, August 29, 2012 2:06 PM  
**To:** 'Cristina Munoz'  
**Cc:** Charis Mesiouris  
**Subject:** SHIPMENT REQUEST ( 769 ) MIA - MIA 6 EA CENTERBODIES

Hello Cristina,

Please provide me with a rate for the following shipment. I will need this picked up today 08/29 and delivered the same day. It's picking up and delivering at the same airport. I attached a copy of the delivery order

Dims:

6pcs/394 kgs

44x44x54 x 6 pcs

Pick UP:

Air Express Intl USA...DBA DHL GL

1801 NW 82<sup>nd</sup> Ave

Miami, FL 33126

ATTN: Blanca Rodes

This shipmen is ready to pick up no and must pick up by 17:00

DELIVER TO:

Southern Air Inc

2000 NW 62 Ave

Building 711

Miami, FL 33122

ATTN: Jose Santana

203-807-1731

**Mike Illuzzi**

**Logistics Coordinator**

**Southern Air Inc.**

117 Glover Avenue | Norwalk, CT 06850

P. 203-847-6000 Ext. 2401 | F. 203-846-3104

[Mlluzzi@southernair.com](mailto:Mlluzzi@southernair.com) | [www.southernair.com](http://www.southernair.com)

**SOUTHERN AIR**

# Proof of Delivery

## PICK UP/DELIVERY ORDER

PHOENIX INTL FRT SVCS LTD    LOA  
 680 KNUX ST, SUITE 210  
 TORRANCE, CA 90502  
 3105157755


DATE 8/27/12 P	OUR REF. NO 01030212073356000-01	PAGE NO. 1
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THE MERCHANDISE DESCRIBED BELOW  
 WILL BE ENTERED AND FORWARDED AS  
 FOLLOWS:

IMPORTING CARRIER <b>AMERICAN AIRLINES</b>		VOYAGE/FLIGHT 0001	FROM PORT/ ORIGIN AIRPORT MIAMI INTL AIRPORT
ARRIVAL DATE 8/27/12	FREE TIME EXP. 0/00/00	LOCATION <b>AIR EXPRESS INTL USA INC DBA DHL GL</b> 1801 NW 82ND AVE MIAMI, FL 331261013	
ENTRY NUMBER 279 9625218 8	CUSTOMER REFERENCE # RLFMIA, DHL INTL	BL/AWB NUMBER 00119053311	HAIR NUMBER 5JJ2427
TRUCKING COMPANY <b>SOUTHERN AIR</b>			
Is authorized to pick up the merchandise indicated below.			
FOR DELIVERY TO		BY: 0/00/00	
<b>SOUTHERN AIR</b> *PLS CONFIRM DELIVERY ADDRESS W/SAI NORWALK, CT 06850			
PHN (203)229-2401			
BILL TO			
<b>SOUTHERN AIR</b> *PLS CONFIRM DELIVERY ADDRESS W/SAI NORWALK, CT 06850		PACKAGES 6 PCS	WEIGHT 807 K 1779 L

### ORIGINAL DELIVERY ORDER

ARTICLE DESCRIPTIONS	CONTAINER NOS.	SPECIAL MARKS & NOS.	EXCEPTIONS
<b>US CIVIL AIRCRAFT PARTS RETURNED.</b> We require a Proof of Delivery/Delivery Receipt. Please fax ASAP to 3105157788.  P.O.: Pick Up / Delivery Order is not a bill of lading. Liability if any, is subject to the delivering carrier's terms and conditions.			

PER:   
 MILAGROS GIL    Ext# 19103

RECEIVED IN GOOD ORDER  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 BY: JOSE SANTANA  
