

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.)

- THQ Inc. (Case No. 12-13398) THQ Wireless, Inc. (Case No. 12-13400) Vigil Games, Inc. (Case No. 12-13402)
THQ Digital Studios Phoenix, Inc. (Case No. 12-13399) Volition, Inc. (Case No. 12-13401)

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.

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

A AZIZ PANAH

Name and address where notices should be sent:

642 Summer Lane
Tracy, CA 95377

Telephone number: 209-914-0903

email: arzenan@yahoo.com

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

Same as above

Telephone number:

email:

1. Amount of Claim as of Date Case Filed: \$ 3558.95 security purchased on 12/7/2011

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:

(See instruction #2)

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

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.

\$ (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, 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(c)(3)(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 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. (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: A AZIZ PANAH

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

Company: (Signature) (Date)

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

Telephone number: Email:

Check this box if this claim amends a previously filed claim.

Court Claim Number: (If known)

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

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RECEIVED

APR 08 2013

KURTZMAN CARSON CONSULTANTS

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 1592, 1593



charles SCHWAB

03/07/13

2423 E. LINCOLN DRIVE  
PHOENIX, AZ 85016

NOTICE OF PROOF OF CLAIM  
SECURITY DESCRIPTION: THQ INC

\*\*\*\*\*AUTO\*\*MIXED AADC 117  
A AZIZ PANAH  
CHARLES SCHWAB & CO INC CUST  
ROTH CONTRIBUTORY IRA  
642 SUMMER LN  
TRACY CA 95377

CUSIP#: 872643601  
ACCOUNT#: 877R  
QUANTITY: 250

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:

SCHWAB AT

(800) 435-4000

JOB NUMBER: E73734 164

CONTROL#: 594091507993

charles SCHWAB

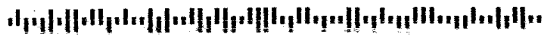
2423 E. LINCOLN DRIVE  
PHOENIX, AZ 85016

000007302



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**DO NOT MAIL**



\*\*\*\*\*AUTO\*\*MIXED AADC 117  
A AZIZ PANAH  
CHARLES SCHWAB & CO INC CUST  
ROTH CONTRIBUTORY IRA  
642 SUMMER LN  
TRACY CA 95377

charleschwab

2423 E. LINCOLN DRIVE  
PHOENIX, AZ 85016

\*\*\*\*\*AUTO\*\*MIXED AADC 117  
A AZIZ PANAH

419 CITIES CENTER ST  
TRACY CA 95377

NOTICE OF PROOF OF CLAIM  
SECURITY DESCRIPTION: THQ INC

ACCOUNT#: 877R  
QUANTITY: 250

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

FOR INFORMATION CALL:

SCHWAB AT

(602) 433-4000

JOB NUMBER: 2/5/34 184

LUNIKULF: 37407150/773

Charles SCHWAB

2423 E. LINCOLN DRIVE  
PHOENIX, AZ 85016

000007302

SECURE

no POSTER

**DO NOT MAIL**



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A AZIZ PANAH  
CHARLES SCHWAB & CO INC CUST  
ROTH CONTRIBUTORY IRA  
642 SUMMER LN