B 10 (Official Form 10) (12/12) UNITED STATES BANKRUPTCY COURT Southern District of New York PROOF OF CLAIM Name of Debtor: Case Number: Homecomings Financial, LLC 12-12042 RECEIVED **'JAN** 0 9 2013 NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503. **KURTZMAN CARSON CONSULTANTS** Name of Creditor (the person or other entity to whom the debtor owes money or property): 1650 Corporate Circle, LLC COURT USE ONLY Name and address where notices should be sent: Check this box if this claim amends a Matthew J. Williams c/o Gibson Dunn & Crutcher previously filed claim. 200 Park Avenue #47 Court Claim Number: NY, NY 10166-0193 (If known) Telephone number: (212) 351-2322 email: MJWilliams@gibsondunn.com Filed on: Name and address where payment should be sent (if different from above): ☐ Check this box if you are aware that Juliana Priest, c/o Investcorp International, Inc. anyone else has filed a proof of claim relating to this claim. Attach copy of 280 Park Avenue 36th Floor statement giving particulars. NY, NY 10017 Telephone number: (212) 599-4700 jpriest@Investcorp.com 1. Amount of Claim as of Date Case Filed: 2,054,416.00 ☐ Date Stamped Copy Returned If all or part of the claim is secured, complete item 4. ☐ No self addressed stamped envelope If all or part of the claim is entitled to priority, complete item 5. ☐ No copy to return 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: Real property lease. (See instruction #2) 3. Last four digits of any number 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional): by which creditor identifies debtor: PVP Holdings JV, LLC (See instruction #3a) (See instruction #3b) Amount of arrearage and other charges, as of the time case was filed, 4. Secured Claim (See instruction #4) included in secured claim, if any: 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 Basis for perfection: Describe: Value of Property: \$_ **Amount of Secured Claim: Amount Unsecured:** Annual Interest Rate % □Fixed or □Variable (when case was filed) 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 ☐ Wages, salaries, or commissions (up to \$11,725*) Contributions to an U.S.C. § 507 (a)(1)(A) or (a)(1)(B). earned within 180 days before the case was filed or the employee benefit plan debtor's business ceased, whichever is earlier -11 U.S.C. § 507 (a)(5). Amount entitled to priority: 11 U.S.C. § 507 (a)(4). ☐ Up to \$2,600* of deposits toward ☐ Taxes or penalties owed to governmental units – ☐ Other - Specify purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(8). applicable paragraph of services for personal, family, or household 11 U.S.C. § 507 (a)(__). use - 11 U.S.C. § 507 (a)(7). *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. 6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)



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