

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 checked="" type="checkbox"/> Southern Air Holdings, Inc. (Case No. 12-12690) <input type="checkbox"/> Cargo 360, Inc. (Case No. 12-12691) <input type="checkbox"/> Southern Air, Inc. (Case No. 12-12692) <input checked="" 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): ALBERTO FONT		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (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. 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. <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)(): _____ 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
Name and address where notices should be sent: NameID: 11025396 ALBERTO FONT 1430 SW 85TH TERR. PEMBROKE PINES, FL 33025		
Telephone number: 305-610-4310 email: A/MONGO4310.AF@GMAIL.COM		
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ _____ 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 checked="" 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.		
2. Basis for Claim: <u>TOOL BOX & TRAVEL BACK HOME AFTER BANKRUPTCY</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>8951</u>	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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> 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: \$ <u>1859.00</u>		
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. <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>ALBERTO FONT</u> Title: <u>FLIGHT TECH</u> Company: <u>Southern Air Holdings</u> Address and telephone number (if different from notice address above): <u>1430 SW 85TH TERR PEMBROKE PINES FL 33025</u> <u>305-610-4310</u> Telephone number: _____ Email: _____		

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KURTZMAN CARSON CONSULTANTS