Filing Your Proof of Claim Online with ePOC

Features and Benefits of Filing a Proof of Claim using ePOC

- ✓ Anyone can use this web based application- *no registration required*
- ✓ Template based "fill in the blanks"
- ✓ Interactive check boxes to add additional information as needed
- \checkmark Option to attach exhibits in PDF format
- \checkmark Most steps include hyperlinks to instructions and explanations
- \checkmark Includes the flexibility to amend the claim at a later date
- ✓ Print a copy of the filed proof of claim with the Clerk's filed stamp
- ✓ Save paper, printer supplies, and postage
- ✓ No waiting for filing confirmation from the Clerk's office
- ✓ No "Chambers Copies" or "Trustee Copies" required

Perfect for *pro se* individuals, trade creditors, service and health providers, retailers, collection agencies and attorneys. You may need a multi-function printer or scanner, and software, to convert documents and images to PDF format in order to add them as attachments to a proof of claim.

Need More Flexibility and Options?

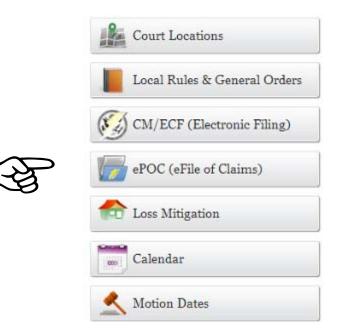
A Few Benefits of Limited User Registration

- \checkmark File all claims and claim related documents,
- \checkmark File reaffirmation agreements,
- \checkmark File requests for notice,
- \checkmark Have access to docket activity,
- ✓ Control access to the CM/ECF system and related filing events,
- ✓ Focus training efforts on just a few employees with responsibility for claims and/or reaffirmation agreements,
- ✓ Reduce your filing costs: legal fees, printing, postage, paper storage.

Fill out and submit your Limited User Registration online at <u>http://www.nynb.uscourts.gov/CMECFRegistration/LimitedFilingForm.aspx#</u> Please call if you have any questions or concerns.

ePOC- Instructions and Screen Shots

Go to our website <u>www.nynb.uscourts.gov</u> and click on the page link:



Then....

ePOC (Electronic Filing of Proof of Claim)



Filing Screen (Note the fine print)

- Enter the case number of the debtor
- Can search creditor name on just a few characters
- Drop down box for filer- creditor, debtor, attorney, or trustee
- Must read Redaction Responsibility and Fraudulent Claim Warnings, and check box
- Must use latest version of Internet Explorer to file claims

United States Bankrupte	cy Court Northern District of New York
File Claim	
Case Number	13-10003
Name of Creditor	Macy
Filed by Creditor	
taxpayer-identificati compliance with Fe attachments.	CE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security or ion numbers; dates of birth; names of minor children; and financial account numbers, in d. R. Bankr. P. 9037. This requirement applies to all documents, including at, if I file, I must comply with the redaction rules. I have read this notice.
	ot be used to make a claim for an administrative expense arising after the commencement of the case. A administrative expense may be filed pursuant to 11 U.S.C. § 503.
Recent security enhance	ments require Internet Explorer 8 or the latest Chrome/Firefox web browser

NEXT

United States Bankruptcy Court Northern I	District of New York
 Select Creditor Macy 55 abc lane Albany, NY 12207 	 Creditor not listed

- You can choose the selection, or, if not acceptable as is, choose "Creditor not listed" and create a new record with the correct name and address.
- The fillable, interactive form pops up next.
- "Hover" over "*instructions*" to see an explanation.
- Click on "instructions" will open a new window with complete filing information.
- ALL "Yes/No" Questions MUST be ANSWERED

Part 1: Identify the Claim

- Confirm that the case name and number are correct
- Add your noticing address
- Add your phone number and email address
- You have the option to add a second address if the payments address is different
- Check "Yes" or "No" at line #2
- Check the box for a drop down menu and add the payment address information

United States Bankruptcy Court Northern District	t of New York
You selected "FILED BY" as CREDITOR. If this	s is incorrect, <u>START OVER</u> !!
ALL "Yes/No" Questions MUST be ANSWER	LED
CONFIRM this is the CORRECT Case	
Debtor 1 Dawn Daveng	port
Debtor 2 (Spouse, if filing)	
Case number: 13-10003	
Fill in all the information about the claim as of the d	late the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.
Part 1: Identify the Claim	
¹ Creditor Name	Macy's 55 abc lane Albany, NY 12207
Telephone Number:	
	asks for a phone number and email address
• NOTE: Your claim will a noticing address.	uppear on the claims register and the mailing matrix with th
Where should notices and payments to the	e
creditor be sent?	(Notice Address Completed in Section 1)
Federal Rule of Bankruptcy Procedure (FRBF 2002(g)	2)
CHECK if Payment Address differs from	m Notice Address
ddress where payments	Macys
should be sent	PO Box 67550
	Mail Stop 3-H
Tity, State, Zip)	Phoenix AZ V 40521 -
elephone Number:	793-552-1000
mail:	payme@macys.com
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):
	(See instructions)
Does this claim amend one already filed? Y	/es □ No 🗹
Do you know if anyone else has filed a pro	of of claim for this claim? Yes □ No ☑

- If you previously filed a claim and need to amend it, check the box below and fill in the required information.
- NOTE: Only works if the Creditor Name is the same as that on the original claim, otherwise the system will not come back with any prior claim information. Example: Chase Bank is not Chase Auto Leasing.

]	Example:
	4. Does this claim amend one already filed? Yes ☑ No 🗌
	Court Claim Number: 🔽 Filed on: 🔽 💟,

Part 2: Give Information About the Claim as of the Date the Case Was Filed

• Lines 6, 7, 8, 10, and 11 require yes/no answers and a text box for explanation

Part 2: Give Information About	t the Claim as of the Date the C	ase Was Filed	
6. Do you have any number you u	se to identify the debtor? $Y \ensuremath{e}\xspace$	No 🖌	
claim? (required)	5684.78 0, the claim amount is unknown, or t	Does this amount include inte No Yes. Attach statement itemiz other charges required by Ba the claim is unliquidated, please enter a brief	ing interest, fees, expenses, or inkruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim? (required)	Attach redacted copie	d, money loaned, lease, services perform s of any documents supporting the claim ation that is entitled to privacy, such as h	
9. Is all or part of the claim secure	ed? No Yes. The claim is secu	ired by a lien on property.	
10. Is this claim based on a lease?	☐ No ☑ Yes. Amount necessary	to cure any default as of the date of th	e petition. \$
11. Is this claim subject to a right of setoff?	 No ✓ Yes. Identify the property: 		
12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	□ No □ Yes Check al	I that apply:	Amount entitled to priority

9. Is all or par secured?	rt of the claim	 No ✓ Yes. The claim is secured by a lien on property. 	
Na	ture of property:		
	Real estate.	If the claim is secured by the debtor's principal residence, file a Mortgage Proof of C 410-A) with this Proof of Claim.	laim Attachment (Official Form
	Motor vehicle		
	Other. Describe:		
Ba	sis for perfection:		
		documents, if any, that show evidence of perfection of a security interest (for example, or other document that shows the lien has been filed or recorded.)	a mortgage, lien, certificate of
Va	lue of property:		
An	nount of the claim that	t is secured:	
An	nount of the claim that		f the secured and unsecured rould match the amount in line 7.)
An	nount necessary to cu	ure any default as of the date of the petition:	
	Fixed Annua	ual Interest Rate (when case was filed) %	
) Variable		

• If line 9 is checked "yes", the screen expands for additional information

• Line 12, priority status, will also expand if the box is checked "yes".

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	 No ✓ Yes Check all that apply: 	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	 Domestic support obligations (including alimony and child support) unde (1)(A) or (a)(1)(B). Up to \$2,775* of deposits toward purchase, lease, or rental of property or personal, family, or household use. 11 U.S.C. § 507(a)(7). Wages, salaries, or commissions (up to \$12,475*) earned within 180 day bankruptcy petition is filed or the debtor's business ends, whichever is ea 507(a)(4). Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). Other. Specify subsection of 11 U.S.C. § 507(a)(()) that applies * Amounts are subject to adjustment on 4/1/10 and every 3 years after that for cases begun on or at 	v services for ser

• Any box checked "yes" must also include an amount or other information in the text box otherwise, you cannot file the claim.

• Adding PDF formatted attachments to your proof of claim. READ CAREFULLY.

Documents: Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both.

Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d). (See Instructions, and the definition of "redacted".)
hments:

Attachments:

- · Necessary documentation can be attached to the Proof of Claim after the information for the form is submitted.
- Attachments to the Proof of Claim are required to be PDF files.
- Attachments to the Proof of Claim are NOT to exceed 20 Mb in size.
- Multiple attachments to the Proof of Claim are permitted.
- Do not upload a completed Proof of Claim form as an attachment to this filing. Attaching a completed Proof of Claim will result in multiple versions of the form being filed (the electronically created proof of claim form plus the proof of claim attached). If filing an Amended Proof of Claim, the attachment of the previously filed claim is allowed.

Note: You will have the option to select files to upload for this claim once you click on the "Submit Claim" button below Do you wish to attach supporting documentation? • Yes • No

- Part 3 is for signatures and additional contact information, if any.
- PLEASE READ THE DISCLOSURES.
- To submit your claim re-type the verification code and click "submit"

Part 3: Sign Below		
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005 (a)(2) authorizes courts to establish local rules specifying what a signature is. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. § 152, 157 and 3571.	I am the trustee I am a guarant I understand that the amount of the I have examined correct. I declare under p	or. or's attorney or authorized agent. e, or the debtor, or their authorized agent. Bankruptcy Rule 3004. or, surety, endorser, or other codebtor. Bankruptcy Rule 3005. an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating e claim, the creditor gave the debtor credit for any payments received toward the debt. the information in this Proof of Claim and have a reasonable belief that the information is true and enalty of perjury that the foregoing is true and correct.
33,		he person who is completing and signing this claim:
	Signature*	Johnny Doe *Type Full Name (required)
	Title	Collection Agent
	Company	Macys
	Address (City, State, Zip) Contact Phone: Email:	Identify the corporate servicer as the company if the authorized agent is a servicer Number and Street 518-666-1234 Johnny_Doe@macys.com
Penalty f	DARKR Submit Claim	DARKROOM × Enter Verification Code (required) Clear Form ** Verify debtor name(s) prior to submitting claim to be filed. dulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
		18 U.S.C. §§ 152, 157, and 3571.

- The next screen is for attaching PDF formatted documents and filing your claim
- "Browse" (search) for file to add as an attachment and click "Add Attachment"

United States Bankruptcy Court Northern District of New York	
debug is true	
PDF/A force is false	
debug is ON.	
PDF/A force is false	
SUPPORTING DOCUMENTATION (files should be limited to 20 Mb in size.)	
C:\Users\edwardd\Desktc Browse	
Add Attachment File Proof of Claim	
• When finished, click on "File a Proof of Claim"	
United States Bankruptcy Court Northern District of New Yor	rk
lebug is true	
PDF/A force is false	
Successful verification	
Your claim was successfully filed in case number 13-10003. Your claim number is 8.	
t our claim number is 8.	
Open in new window: Click 8 to view/print your filed claim.	
Note: Any attachment(s) added will NOT be available	
o view/print unless you have a Pacer account.	
File additional claims	

- Click on the "blue" number to see and print your claim.
- For amended claims, if line 4 in part 1 is checked "yes" the amendment will be noted on the claims register and the official proof of claim form.

B10 (Official Form 10) (04/13)		
UNITED STATES BANKRU	JPTCY COURT Northern Distri	ct of New York
Name of Debtor: Adam EngleNYNB13 Harp Engle		Case Number: 13-10003
	e a claim for an administrative expense that arises payment of an administrative expense according to	
Name of Creditor (the person or other entity Macy	to whom the debtor owes money or property):	
Maoy 55 abo lane Albany, NY 12207 Telephone number: email: Name and address where payment should be	e sent (if different from above):	
Telephone number: email:		
	5 405.78 te item 4. If all or part of the claim is entitled to pri erest or other charges in addition to the principal ar	
2. Basis for Claim: goods sold	(See instruction #2)	
 Last four digits of any number by which creditor identifies debtor: 	3a. Debtor may have scheduled account as:	3b. Uniform Claim Iden

rvame ana asaress where payment snowa oe	sen (u duseren non soove):		Check this box if you are aware that anyoné else has filed a proof of chaim relating to this chaim. Attach copy of statement giving particulars.
Telephone number: enzil:			
	 5 455.70 e item 4. If all or part of the claim is entitled to pri rest or other charges in addition to the principal a 		nt that itemizes interest or charges.
2. Basis for Claim: goods sold	(See instruction #2)	_	
 Last four digits of any number by which creditor identifies debtor: _0055_ 	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (op (See instruction #3b)	tional):
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is se setoff, attach required redacted documents. Nature of property or right of setoff: Describe: Value of Property: \$ Annual Interest Rate (when case was filed	nd provide the requested information. Real Estate Motor Vehicle Othe	included in secured claim, S	
 Amount of Claim Entitled to Priority u and state the amount. Demastric support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). 	ader 11 U.S.C. §507(a). If any part of the claim Wages, salaries, or commissions (up to \$1 earned within 100 days before the case wa or the debtor's tusinesis ceased, whichever U.S.C. §507(a)(4).	2,475*) Contribut s filed employee	
Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, of household use – 11 U.S.C. §507(a)(7).	Taxes or penalties owed to governmental t	anits – 11 U.S.C. Other – S applicabi 11 U.S.C	e paragraph of § 507(b)
*Amounts are subject to adjustment on 4/01	16 and every 3 years thereafter with respect to ca	zes commenced on or after the date	of adjustment.
6. Credits. The amount of all payments on the	his claim has been credited for the purpose of mak	ing this proof of claim. (See instruct	ion #5)
definition of "redacted".)	s of any documents that support the claim, such a security agreements, or, in the case of a claim base)). If the claim is secured, box 4 has been complet by the dettor's principal residence, the Mongage F S. ATTACHED DOCUMENTS MAY BE DEST plaim:	Proof of Claim Attachment is being f	invoices, itemized statements of running inner credit agreement, a statement providing the s providing evidence of perfection of a security lied with this claim. (See instruction #7, and the
8. Signature: (See instruction #8) Check the	e appropriate box.		
I am the creditor.] I am the trustee, or the debtor, or their authorized agent. (See Bankruptry Rule 3004.)	I am a guarantor, surety, indorser, or other codabtor. (See Bankruptcy Rule 3005.)

PROOF OF CLAIM

FILED U.S. Bankruptoy Court Northern District of New York

8/15/2013 Kim Lefebvre, Clerk COURT USE ONLY

> (J*f known*) Filed en:

Check this boy if this claim amends a previously filed claim. Court Claim Number:

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: Jonny Doe
Trife: Cano
Company. Macy
Address and telephone number (if different from notice address above):

Telephone number:_____enuil:__

Panalty for presenting freedulant claim: Fine of units \$500,000 or imprisonment for units 5 years, or both, 18 U.S.C. at 152 and 3571

s/ Jonny Doe (Signature) (Date)

ePOC (Electronic Filing of Proof of Claim)

To FILE a claim click here

To WITHDRAW or AMEND a claim click here

To file a RULE 3002.1 Claim Supplement click here

United States Bankruptcy Court Northern District of New York

DO YOU WANT TO FILE A WITHDRAWAL OF CLAIM OR AN AMENDED CLAIM?

A withdrawal of claim is typically filed when the claim was filed in error and there are no funds due the creditor. If you file a withdrawal of claim in a case where you have received distributions from the Trustee, the Trustee will contact you regarding a refund of those funds.

An **amendment of a claim** is filed when there is a change in the amount due, the classification of the claim or if there is documentation that needs to be added or changed. If you wish to file an amended claim, click on "Proof of Claims" check the box to indicate the claim is amending a previously filed claim; and enter the pertinent information on the claim form.



To AMEND your claim click on "Proof of Claims"

• Fill in the case number, creditor name and check the box:

Contrast 4	Number 13-10003 of Creditor Macy oy Creditor •	a you have received dis la.	Inuments from the Trustee, the Trustee will	Substitute Colors	Undo 0
Saturation 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Number 13-10003 of Creditor Macy by Creditor PORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security of payer-identification numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; account numbers; dates of birth; names of minor children; account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; account numbers; dates of birth; names of minor children; account numbers; dates of birth; names of minor children; account numbers; dates of birth; names of minor children; account numbers; dates of birth; names of minor children; account numbers; dates of birth; names of minor children; account numbers; dates of birth; na	- Clater			
Gritern a b Blue a b Frame a b Rotate a b	of Creditor Macy by Creditor PORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security of payer-identification numbers; dates of birth; names of minor children; and financial account num	se Number	13-10003		
	PORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security of payer-identification numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; account numbers; dates of birth; names of minor children; account numbers; dates of birth; names of minor children; account numbers; dates of birth; account numbers; dates of birth; account numbers; dates of birth; account numbers;			Red	
	PORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security of payer-identification numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; dates of birth; names of minor children; and financial account numbers; account n	ame of Creditor	Macy		
	PORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security o payer-identification numbers; dates of birth; names of minor children; and financial account num	ed by Creditor	•		
	PORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security o payer-identification numbers; dates of birth; names of minor children; and financial account num	a by croater			
	payer-identification numbers; dates of birth; names of minor children; and financial account nun			Resize % 4	
ers must redact: Social Secu hildren; and financial accoun		iled by Creditor	TICE OF REDACTION RESPONSIBILITY: A	All filers must redad	
a I have read this paties		taxpayer-identific compliance with		oplies to all docum	ents, including attac

All the filing screens are the same as those for filing a new claim.

United States Bankruptcy Court Northern District of New York

DO YOU WANT TO FILE A WITHDRAWAL OF CLAIM OR AN AMENDED CLAIM?

A withdrawal of claim is typically filed when the claim was filed in error and there are no funds due the creditor. If you file a withdrawal of claim in a case where you have received distributions from the Trustee, the Trustee will contact you regarding a refund of those funds.

An **amendment of a claim** is filed when there is a change in the amount due, the classification of the claim or if there is documentation that needs to be added or changed. If you wish to file an amended claim, click on "Proof of Claims" check the box to indicate the claim is amending a previously filed claim; and enter the pertinent information on the claim form.

Withdraw Claim Proof of Claims

Fill in form

United States Bankrup	otcy Court Northern District of New York
File Notice of With	hdrawal of Claim
Case Number	13-10003
Name of Creditor	Macy
taxpayer-identifica compliance with F attachments.	TICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security or ation numbers; dates of birth; names of minor children; and financial account numbers, in Fed. R. Bankr. P. 9037. This requirement applies to all documents, including hat, if I file, I must comply with the redaction rules. I have read this notice.
Next	

- CONFIRM case name and number
- Check box to choose claim
- Attach your notice of withdrawal of claim (a letter with case name and claim number)
- Your notice of withdrawal must be in PDF format
- Your receipt screen follows
- Note update to claims register, which also appears on case docket as document #3

12/01/2015 Jnited States Bank	ruptcy Court Northern District of	f New York	
Case Number Debtor ** Joint Debtor	13-10003 Adam EagleNYNB13 Harp Eagle		
Select Claim(s) t	o be Withdrawn		
Claim Creditor T	otal Claimed Filed		
▼ 1 Macy	\$2375.54 08/15/2013		
2 Macy	\$752.41 08/19/2013		
Documents:			
 Documents 	are required to be PDF files. are NOT to exceed 5 Mb in size. of Claim being withdrawn should	NOT be attached to represent the withdrawal o	f claim document
Select the Notice (of Withdrawal of Claim (required)	Choose File. letter.pdf	
Submit Withdrawa	3014 3014 al of Claim Clear Form ** Ver kruptcy Court Northern District of	Enter Verification Code ify debtor name(s) prior to submitting withdrawal. of New York	
Successful verific	ation		
Processing			
Case Name: Case Number:	thdrawal of Claim has been filed Adam Bald EagleNYNB13 and Ha 13-10003 Withdrawal of Claim Nos. 1 (Mae		
Notice of this fili	ing will be electronically mailed	l to all attorney and trustee parties associat	ed in this case.
Creditor: (41853 Vlacy 55 abc Iane Nibany, NY 12207		Claim No: 1 Original Filed Date: 08/15/2013 Original Entered Date: 08/15/2013	Status: Withdraw Filed by: CR Entered by: adn Modified:
Amount claimed: Unsecured claimed:	\$2375.54 \$2375.54		
History: Details ^o <u>1-</u> <u>3</u>		r, Amount claimed: \$2375.54 (admin) Jos. 1 (Macv) Status: Withdraw	
Description:	our role to third diverge of ordiffer		

Remarks: (1-1) Account Number (last 4 digits):4487

^{12/01/2015} ePOC (Electronic Filing of Proof of Claim)

To FILE a claim click here

To WITHDRAW a claim click here

To file a RULE 3002.1 Claim Supplement click here

About 3002.1 Claim Supplements

This entry is for use by parties filing on behalf of mortgage creditors only. Do not use this entry to file an amended claim or any additional attachments. Please call our help desk if you experience problems or need assistance with modifying your claim.

• Click on "Claim Supplement" at the prompt

United States Bankruptcy Court Northern District of New York
Proof of Claim B 10 Supplements
b to supplements
By clicking "Claim Supplement" below, the filer understands he/she is required to serve the notice submitted on th debtor, debtor's counsel, and the trustee and confirms that a certificate of service is attached to the Supplement.
Claim Supplement
• Enter case number and creditor name
• Check box, click next
United States Bankruptcy Court Northern District of New York
File Claim Supplement
Case Number 13-10003
Name of Creditor Macy
IMPORTANT NOTICE OF REDACTION RESPONSIBILITY: All filers must redact: Social Security or

taxpayer-identification numbers; dates of birth; names of minor children; and financial account numbers, in compliance with Fed. R. Bankr. P. 9037. This requirement applies to all documents, including attachments.

I understand that, if I file, I must comply with the redaction rules. I have read this notice.

Next

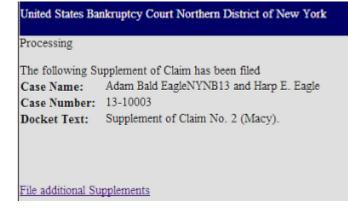
- CONFIRM case name and number
- Select claim and type of supplement
- Attach correct official form in PDF format
- Click "Submit Supplement"

Case Number	13-1000	3
Debtor Joint Debtor	Adam H Harp Ea	agleNYNB13 gle
Select Claim to b	e Supplemer	ted
Claim Creditor T	otal Claimed	Filed
○ 1 Macy	\$2375.54	08/15/2013
2 Macy	\$752.41	08/19/2013
Supplement 2	- Notice of M - Notice of Pe	ortgage Payment Change ostpetition Fees, Expenses, and Charge
 Supplement 1 	- Notice of M - Notice of Pe	ortgage Payment Change ostpetition Fees, Expenses, and Charge
 Supplement 1 Supplement 2 Response to N Documents: Documents: 	- Notice of M - Notice of Po Notice of Final are required t	ortgage Payment Change ostpetition Fees, Expenses, and Charge Cure Payment Note fine print
 Supplement 1 Supplement 2 Response to N Documents: Documents Documents The Proof of the Pro	- Notice of M - Notice of Po lotice of Final are required t are NOT to et of Claim being	ortgage Payment Change ostpetition Fees, Expenses, and Charge Cure Payment Note fine print Use correct official form

Penalty for making a faise statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or bo 18 U.S.C. §§ 152 and 3571.

[Submit Supplement] Clear Form ** Verify debtor name(s) prior to submitting supplement.

Confirmation Screen



- Note addition to claim 2 on the claims register: "doc"
- "doc" will also appear on the docket

Creditor: Macy 55 abc Iane Albany, NY 1		1853) 7		Claim No: 2 Original Filed Date: 08/15/2013 Original Entered Date: 08/15/2013 Last Amendment Filed: 08/19/2013 Last Amendment Entered: 08/19/2013	Status: Filed by: CR Entered by: admin Modified:
Amount Unsecured		ned: \$7			
Unsecured	ciair	neu: p/:	02.41		
History: Details Details	3	2-1 2-2 doc	08/15/2013 Claim #2 filed by Macy, Amount 08/19/2013 Amended Claim #2 filed by Mac 08/19/2013 Notice of Mortgage Payment Ch	cy, Amount claimed: \$752.41 (admin)	
Description:					
Remarks: (2	2-1)/	ccount	Number (last 4 digits):0085		
(2-2) Accour	nt Nu	mber (la	ast 4 digits):0085		

08/19/2013 Odoc Notice of Mortgage Payment Changes of Claim No. 2 filed by Macy (Entered: 08/19/2)13)
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