

FILED IN FULTON COUNTY SUPERIOR COURT
ASSIGNMENT FOR BENEFIT OF CREDITORS

In re: : Deed of Assignment
ChangeOne, Inc., :
: Book # 46824
Assignor :
Hays Assignee Services I, LLC : Page # 316-323
Assignee :

**PROOF OF CLAIM FOR ALL CLAIMS ARISING FROM OR RELATED
TO CHANGEONE, INC.**

WHEREAS, the undersigned holder of a claim ("Claimant") arising from or related ChangeOne, Inc. ("Debtor"), states as follows:

1. The undersigned Claimant holds a claim in the amount of \$ _____ against Debtor. (US dollars)

2. The basis and status of this claim is as follows (check all that apply, provide explanation and indicate if your claim is secured or priority):

- | | |
|---|---|
| <input type="checkbox"/> Services performed | <input type="checkbox"/> Severance |
| <input type="checkbox"/> Wages and compensation | <input type="checkbox"/> Goods sold |
| <input type="checkbox"/> Money loaned | <input type="checkbox"/> Other (Describe) |
| <input type="checkbox"/> Taxes | |

3. The debt was incurred on or between the following dates (Claimant understands that no claim amount should be submitted where the basis for the claim extends beyond June 2, 2008):

4. A copy of all documents (invoice, purchase order, lease agreement, itemized

statements of account, employee agreement, promissory note, contract, etc.) on which the claim is founded, if any, are attached hereto. If such documents are unavailable or copies cannot be attached, a statement citing the reason has been attached hereto.

5. The amount of all payments, credits, offsets or other deductions made for the benefit of the Claimant against this claim has been credited and deducted for the purpose of making this request. In filing this claim, Claimant has also deducted all amounts that Claimant owes to Debtor.

6. The undersigned is aware that making any false or misleading statements in any part or portion of this Proof of Claim may render the entire Proof of Claim invalid.

WHEREFORE, the undersigned Claimant certifies that the statements contained in this Proof of Claim are true and correct.

Name of Claimant: _____
(Print or type)

Signed: _____
*under penalty of perjury

Name of Signer (if not claimant): _____

As its: _____

Dated: _____

FEIN #: _____ (Claim not valid w/o FEIN #)
Federal Employment Identification Number for US businesses only

Address: _____

Telephone: work () _____
home () _____
fax () _____

E-mail

_____ (Receipt Verification)

Return Proof of Claim form to:

ChangeOne, Inc. Proof of Claims
Attention: Colt Conner
Hays Assignee Services I, LLC
3343 Peachtree Road NE, Suite 200
Atlanta, GA 30326-1085