

FILED IN GWINNETT COUNTY SUPERIOR COURT
ASSIGNMENT FOR BENEFIT OF CREDITORS

In re:	:	Deed of Assignment
	:	
OMNICO GROUP USA, Inc. F/K/A	:	Book # 60039
MATRA SYSTEMS, INC.,	:	
Assignor	:	
	:	Page # 865
	:	
OGUSA Assignee, Inc.,	:	
	:	
Assignee	:	
	:	

**PROOF OF CLAIM FORM FOR ALL CLAIMS ARISING FROM OR RELATED
TO OMNICO GROUP USA, INC. F/K/A MATRA SYSTEMS, INC.**

WHEREAS, the undersigned holder of a claim (“Claimant”) arising from or related to Omnico Group USA, Inc. f/k/a Matra Systems, Inc., (“Assignor”), states as follows:

For contact information update only, please check here and skip to Section 7.

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

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

Services performed	Severance
Wages and compensation	Goods sold
Money loaned	Other (Describe below)
Taxes	

3. The debt was incurred on or between the following dates:

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 Assignor.

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.

7. Contact Information.

Name of Claimant: _____
(Print or type)

Address: _____

Telephone: _____

Email: _____

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

Signed: _____
*under penalty of perjury

Dated: _____

* Penalty for presenting fraudulent claim or providing false information: Fine of up to \$ 50,000 or imprisonment for up to 5 years, or both 18 U.S.C. § 152.

Return Proof of Claim form to: OGUSA Assignee, Inc.
c/o Hays Financial Consulting, LLC
2964 Peachtree Road NW, Suite 555
Atlanta, GA 30305