

United States Bankruptcy Court for the District of Delaware

Fill in this information to identify the debtor

Claim Withdrawal Form

Part 1: Identify the Claim

Creditor Name and Address:

Name _____

Address _____

City _____

State _____

Zip Code _____

Claim Number (if known): _____

Date Claim Filed:

(mm/dd/yyyy)

Total Amount of Claim Filed:

\$ _____

Part 2: Sign Below

The person completing this form must sign and date it.

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above referenced Debtor.

Executed on date _____
(mm/dd/yyyy)

Signature _____

Print Name _____

Title (if applicable) _____

DEFINITIONS

Debtor: The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor: A creditor is any person, corporation, or other entity to which the debtor owed a debt.

Proof of Claim: A form filed with the clerk of the bankruptcy court where the bankruptcy case was filed, to tell the bankruptcy court how much the debtor owed a creditor (the amount of the creditor's claim).

Completed claim withdrawal forms can be sent to the following address:

**Promise Healthcare Group, LLC Claims Processing Center
c/o Prime Clerk LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232**

Or by email to:

Promisehealthcareinfo@primeclerk.com