

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM
AGAINST

**AMERICAN TRADE ASSOCIATION, INC. and AMERICAN TRADE ASSOCIATION, LLC
(collectively "ATA"), SMART DATA SOLUTIONS, LLC ("SDS"), or SERVE AMERICA
ASSURANCE ("SAA")**

Attention Members of ATA and health care providers of services to ATA Members

- Step 1 Determine if you were not reimbursed/paid for any covered services or if you have any other claims which are the responsibility of ATA/SDS/SAA. Provide documentation to support your claim. Without the documentation, the Proof of Claim will be processed at \$0.00. Health care providers should file one Proof of Claim for all services to ATA members. Electronic submission of claims will not be available.
- Step 2 Complete and submit the attached Proof of Claim form so that it is received in the liquidation office no later than August 31, 2010 at 4:30 PM Central Time at the address listed on the front of the Proof of Claim.

CLAIMS FILING DEADLINE

All Proofs of Claims must be received no later than August 31, 2010 at 4:30 PM Central Time at the address listed on the front of the Proof of Claim.

Attention All General and Other Creditors

- Step 1 Determine if you were properly paid for any goods or services provided by you to SDS/ATA/SAA or if you have any other claims against SDS/ATA/SAA. Provide detailed invoices for goods or services for which you were not paid. If a contract exists, provide a fully executed copy.
- Step 2 Complete and submit the attached Proof of Claim form so that it is received no later than August 31, 2010 at 4:30 PM Central Time at the address listed on the front of the Proof of Claim.
- Step 3 Your invoices that have been paid correctly should not be submitted under the Proof of Claim process. To aid in the processing of Proofs of Claim, you should submit a detailed explanation as to why you believe the invoice(s) were not paid correctly or why you are otherwise owed money from ATA/SDS/SAA.

CLAIMS FILING DEADLINE

All Proofs of Claims must be received no later than August 31, 2010 at 4:30 PM Central Time at the address listed on the front of the Proof of Claim.

See back of page for further instructions

Item	Specific Instructions for Proof of Claim
1	State party to whom payment should be made.
2	Provide address to which payment should be made. If this address changes after submission of the Proof of Claim, a revised Proof of Claim must be submitted, indicating the change.
3-4	State claimant's contact name and telephone number where they can be reached from 8am-5pm Central Time, Monday through Friday. Telephone numbers should reach persons familiar with the filing of the Proof of Claim.
5	Provide email address where liquidation may communicate with claimant. If claimant does not have access to email, then list a fax number.
6	Provide Federal Tax Identification number of party listed in Item #1.
7	If any other type of creditor than ATA member or health care provider, check the box "General creditor" or "Other" and provide an explanation.
8	If ATA Member is checked in #7, enter date membership began and ended.
9	Check the box(es) for the entity against which the claim is being asserted.
10	Attach explanation of why Proof of Claim is being submitted. ATA members should include documents to support the Proof of Claim, including (but not limited to); DO NOT SEND ORIGINALS * copies of cancelled checks and evidence of charges to checking accounts or credit cards * copies of ATA membership card(s) * copies of ATA membership package * copies of statements to show premiums paid * copies of communications or other information from marketers or persons who sold this product to you * copies of checks showing payments to health care providers in excess of deductible/copay, with invoices
11	List the total dollars included in the Proof of Claim
12	List the total number of pages in the Proof of Claim
13	Print the name of the person executing the claim on behalf of the claimant.
14	Sign the Proof of Claim.
15	Proof of Claim must be notarized .
	Submit the completed Proof of Claim to the address listed below. The Proof of Claim must be received no later than 4:30 PM Central Time on August 31, 2010.

PROOF OF CLAIM DOCUMENTATION AND W-9 FORM MUST BE ATTACHED TO THIS PROOF OF CLAIM. Proof of Claims will not be processed without documentation and a W-9 form. If you want proof of delivery, please send your Proof of Claim by certified mail, return receipt requested.

Appropriate General Creditor claim documentation includes a copy of the original invoice, purchase order, or contract.

For general creditors, if additional claims are identified after the filing of your Proof of Claim, you may submit additional Proof of Claim forms. However, each Proof of Claim must have attached a separate W-9 form and claim documentation, and **MUST NOT** include duplicate claims submitted with a previous Proof of Claim. Additional filings of Proofs of Claim are subject to the claims filing deadline.

THE CHANCERY COURT OF DAVIDSON COUNTY, TENNESSEE
HAS ESTABLISHED A DEADLINE THAT ALL PROOF OF CLAIM FORMS MUST
BE RECEIVED NO LATER THAN
AUGUST 31, 2010 at 4:30 PM CENTRAL TIME
AT THE BELOW ADDRESS

ATA/SDS/SAA in Liquidation
PO Box 282189
Nashville, Tennessee 37228

- Inquiries concerning status of liquidation may be directed by
- mail at the above address
 - email to questions@americantradeliquidation.com or
 - calling (800) 591-6764

Additional information can be obtained on the Internet at
www.americantradeliquidation.com