

**PROOF OF CLAIM**

AGAINST

American Trade Association, Inc,  
American Trade Association, LLC,  
Smart Data Solutions, LLC., or  
Serve America Assurance

(For Liquidator's Use Only)

Claim # \_\_\_\_\_

Date Received \_\_\_\_\_

1. **Claimant name** (Party who is executing this claim and to whom payment should be made)

2. **Claimant address** (address to which payment should be directed)

Street City State Zip Code

3. **Contact name** \_\_\_\_\_ 4. **Contact phone number** ( ) - \_\_\_\_\_

5. **Contact email address** \_\_\_\_\_ 6. **Claimant Federal Tax ID** \_\_\_\_\_

**CLAIM INFORMATION**

7. **Type of claim** (check applicable box)

ATA member  Health care provider  General creditor  Other (explain) \_\_\_\_\_

8. **If ATA member**, date membership began \_\_\_\_\_ and date membership ended \_\_\_\_\_

9. **Claim is against** (check applicable box(es))

American Trade Association  Smart Data Solutions  Serve America Assurance

10. **Attach documents and explanation of why Proof of Claim is being submitted.**

11. **Dollar amount of claim** \$ \_\_\_\_\_

12. **Number of pages, including this page** \_\_\_\_\_

**CLAIM DOCUMENTATION AND FULLY COMPLETED W-9 MUST BE ATTACHED TO PROOF OF CLAIM**

BEFORE ME, the undersigned Notary Public, appeared the person whose name is subscribed hereto, who states under oath the following: I attest that, after deducting all offsets and counterclaims the above entity is indebted to her/him as contained herein, that this claim is TRUE & CORRECT, justly owed, no part of the amount claimed has been paid by American Trade Association, Inc., American Trade Association LLC, Smart Data Solutions LLC and/or Serve America Assurance and should monies from other sources be received, I will IMMEDIATLEY contact the Liquidator and report the amount.

13. **Authorized signer name** (Please print) \_\_\_\_\_

14. **Authorized signer signature** \_\_\_\_\_

15. **SUBSCRIBED AND SWORN BEFORE ME**, this \_\_\_\_ day of \_\_\_\_\_, 2010.

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Notary Name Typed/Printed \_\_\_\_\_

**THE CHANCERY COURT OF DAVIDSON COUNTY HAS ESTABLISHED A  
DEADLINE THAT FULLY COMPLETED  
PROOFS OF CLAIM MUST BE RECEIVED  
NO LATER THAN AUGUST 31, 2010 AT 4:30 P.M. Central Time  
AT THE FOLLOWING ADDRESS**

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

Inquiries concerning the Proof of Claim or the status of the liquidation may be directed to  
[questions@americantradeliquidation.com](mailto:questions@americantradeliquidation.com)