

Risk Recovery – Bankruptcy Post Office Box 660506 Dallas, Texas 75266-9937 Telephone: 972-420-5963 Facsimile: 972-420-5110

March 8, 2011

RECEIVED - MAIL

ZON MAR ILL A.M: 08

US BANKRUPTCY COURT EASTERN DISTRICT OF WI

United States Bankruptcy Court - Clerk Eastern District of Wisconsin - Milwaukee 517 East Wisconsin Ave. Milwaukee, WI 53202-4581

Withdrawal of Xerox Claim

RE: The Archdiocese of Milwaukee

Case #: 11-20059

Xerox Corporation is withdrawing its claim against the above-stated debtor; The Archdiocese of Milwaukee.

Thank you for your cooperation in this matter.

Sincerely

Vanessa Adams Bankruptcy Coordinator

UNITED STAT	ES BANKRUPTCY CO	URT	EASTERN	DISTRICT OF	WISCONSIN	PROOF OF CLAIM			
Name of Debtor		MLWK							
THE ARCHDIOCE	SE OF MILWAUKEE	11-20059							
Note: This form : the case, A "req	should not be used to mal uest" for payment of an a	ke a claim for an a dministrative expe	dministrative expense may be filed	ense arising after the	ne commenceme .C. 503				
Name of Creditor (the person or entity to whom the debtor owes money or property): Xerox Corporation						Check this box to indicate claim amends a previously			
>	ress where notices show (EROX CORPORATION	filed claim							
1	ATTN: VANESSA ADAN 301 RIDGEVIEW DRIV EWISVILLE, TX 75057	/E-450			Court Claim No	umber:			
Telephone nun	nber: 972-420-5963				Filed on:				
1. Amount of Cl	aim as of Date Case File	ed:	\$	14,409.33	Check this bo	ox if you are aware that			
if all or part of yo	ur claim is secured, comp	lete item 4 below;	however, if all of	your claim	anyone else h	as filed a proof of claim			
	not complete item 4.					r claim. Attach a copy			
if all or part of yo	our claim is entitled to prior	rity, complete item	5.			iving particulars.			
Check this I	box it claim includes intere	et or other charge	oc in addition to the	•		x if you are the debtor			
	mount of claim. Attach ite				or trustee in to				
2. Basis for C			ATTACHED	<i>jes.</i>	•	r 11 USC 507 (a)			
						of your claim falls			
Last for dig	its of any number by	which creditor i	identifies debto	or:		ollowing categories,			
3a. De	ebtor may have sched	uled account as	3:		check the box amount.	and state the			
4. Secured Cla	aim				4	ority of the claim.			
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.						Domestic support obligations under 11 USC 507 (A) (1) (a) OR (a) (1)(B). wages, salanes, or commissions (up to			
Nature of pro	operty or right of setoff:		Real Estate		1	or commissions (up to within 180 days before filing			
·			Motor Vehicle			petition or cessation of			
Describe:			Other			ess, whichever is earlier -			
Value of Prop	erty: \$	Annual Interest	Rate	%	11 U.S.C. 507 (a)) (4) an exployee benefit plan -			
·	•				11 U.S.C. 507 (a) (
if any: \$	arage and other charger as o	f time case filed inclu Basis for perfection			lease or rental of p	deposits toward purchase, property or services for			
Amount of Se	ecured Claim: \$	Amount	Unsecured: \$		personal, family or 11 U.S.C. 507 (a) (
					Taxes or penalties	owed to government			
	amount of all payments o naking this proof of claim.		een credited for th	e purpose	units - 11 U.S.C. 5				
	ch redacted copies of any document		im such as promisson	Inotes numbers	Other - Specify ap 11 U.S.C. 507 (a) (plicable paragraph of			
	, itemized statements of running a				11 0.3.0. 307 (a) (,			
	u may also attach a summary. At				Amount e	ntitled to priority:			
perffection of a s	ecurity interst. You ma also attac	ch a summary			\$	A 22 22 25 25 25 25 25 25 25 25 25 25 25			
DO NOT SENT ORIG	INAL DOCUMENTS. ATTACHED	DOCUMENTS MAY B	E DESTROYED AFTE	R SCANNING.	*Amounts are subject 4/1/13 and every 3 y	ears thereatter with			
f the documents are no	ot available, please explain:				respect to cases cor the date of adjustme	Marine (***)			
Date									
0/4/0044	ignature: The person filing this cla				•	COURT USE ONLY			
	ther person authorized to file this didress above. Attach copy of powers		and telephone numbe	r if different from the notic					



Post Office Box 660506 Dallas, Texas 75266-9937 Telephone: 972-420-5963 Risk Recovery Department Xerox Corporation Vanessa O. Adams

Customer Name:

ARCHDIOCESE OF MILWAUKEE

14.409.33 43 **Total Due:**

RYR376832 BRE242209 MYP-200454														
	Fair Market Value													
	inciple Balance			11,929.00										
•	oice Amount Pr	19.27	635.74	304.22 \$	304.22	304.22	304.22	304.22	304.22					
	È	ક્ક	₩.	€9	છ	क	မှာ	₩	S					
	Invoice Date	11/1/2010	11/1/2010	08/04/10	09/01/10	10/01/10	11/02/10	12/01/10	01/01/11					
	Invoice Number	051244593	051238069	49652851	49981679	50575547	51445403	51808210	52400881					
	Customer Number / Serial Number	666197827	716230495	079336210										

E DIST WI---MLWK 11-20059

11,929.00

2,480.33

Filed 03/14/11