

UNITED STATES DISTRICT COURT	MIDDLE DISTRICT OF GEORGIA	PROOF OF CLAIM
<i>VC Macon, GA LLC v. Virginia College, LLC and Education Corporation of America</i>		Case Number: 18-cv-00388-TES
Claim is asserted against (check appropriate box): Education Corporation of America <input type="checkbox"/> Virginia College, LLC d/b/a: <input checked="" type="checkbox"/> <ul style="list-style-type: none"> • Brightwood College • Ecotech Institute • Golf Academy of America New England College of Business <input type="checkbox"/> Other: _____ <input type="checkbox"/>		<h1 style="margin: 0;">FILED</h1> <p style="margin: 5px 0 0 0;">FEB 01 2023</p> <p style="margin: 0 0 0 20px; font-size: small;">By Omni Agent Solutions, Claims Agent For U.S. Bankruptcy Court Middle District of Georgia</p>
Name of Creditor: <u>Department of Education/US Department of Treasury</u>		RECEIVER USE ONLY
Name and address where notices should be sent: <div style="text-align: right; margin-right: 50px;"> US Department of Treasury PO Box 979131 St. Louis, MO 63197 </div> Telephone number: <u>1-866-206-7443</u> Email: <u>documents@tsico.com</u>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: Email:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1.Amount of Claim: <u>\$2,062,964.91</u> 2.Date Claim Accrued: <u>Jan 1, 2018 through Mar 31, 2019</u> If all or part of the claim is secured, complete item 4. If claim is asserted by a government, regulatory agency or accreditor, complete item 5. If all or part of the claim is or has been asserted in any legal or administrative proceeding, complete item 6.		
3.Basis for Claim (e.g., contract, employment, student): <u>Student Federal Pell Grant</u> _____ _____ _____		
4.Secured Claims. Basis for Perfection: _____ Amount of Secured Claim: \$ _____ Annual Interest Rate: _____ Description of Collateral: _____		

5. Government, Regulatory and Accrerator Claims.

Name: _____
Basis for Claim (including applicable laws and regulations): _____
Amount Owed: \$ _____
Penalties Owed: \$ _____
Annual Interest Rate: _____

6. Legal or Administrative Proceedings.

Name of Proceeding: _____
Case or Action Number: _____
Forum of Proceeding: _____
Name and Contact Information of Attorney or Advocate, if any: _____

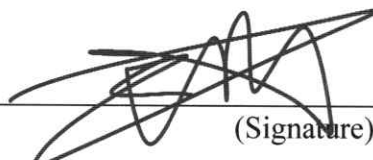
7. Supporting Documents: Attached are **redacted** copies of any documents evidencing or supporting the claim, such as promissory notes, purchase orders, invoices, statements of accounts, legal pleadings, contracts, judgments, mortgages, etc. **DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED.** If the documents are not available, please explain:

8. Signature.

I declare under penalty of perjury that (i) I am the holder of the claim asserted herein or the duly and legally authorized representative with the power to submit this claim on behalf of the holder* and (ii) the information provided in this claim is true and correct to the best of my knowledge, information and reasonable belief.

Print Name: Jason Hayes
Title: Collections
Company: Transworld Systems Inc
Address: 500 Virginia Dr Str 514
Ft. Washington, PA 19034

Telephone Number: 1-866-206-7443
Email Address: jason.hayes@tsico.com



(Signature)
Date: 02/01/2023

*If the claim is being submitted by and duly and legally authorized representative of the holder, proof of such representative's authority MUST be provided as a part of the supporting documentation.