

U.S. DISTRICT COURT  
N.D. OF N.Y.  
FILED

JAN 03 2018

*Harold Albert Smith, Esq.*  
PO Box 438  
Bloomsburg, PA 17815  
Phone: 570-387-9494. Fax: 570-389-9495

LAWRENCE K. BAERMAN, CLERK  
ALBANY

December 29, 2017

Dear Mr. William J. Brown, Receiver:

Thank you for your enclosed letter of December 20. First, the envelope did not have the four claims' schedule mentioned in your letter. Would you please send it?

Second, you wrote that in 2012 I made four claims, and that two were duplicates in the same amount. In fact, I made four paper claims in 2012 on the following investments:

1. Integrated Excellence Senior Trust 08 (MSA069396#2), with a principle of \$100,485
2. TDM Verifier Trust 07 (MSA069396#R9), principle: \$90,000
3. Fein Secured Senior Subordinated Notes from First Excelsior Income Notes LLC (MSA069396#30), principle: \$10,000
4. Fein Secured Senior Subordinated Notes from First Excelsior Income Notes LLC (MSA069396#77), principle: \$50,000

I am including copies of my claims and investment record. None of my four claims above are duplicates.

Third, you wrote that I was granted a claim for \$73,492.38 out of my total claim for Integrated Excellence Senior Trust 08 - \$100,485. I purchased this certificate for \$107,500 in 2008, received \$7,015, and still had an investment in it for \$100,485 as of 2009 when McGinn Smith ceased payments. This is what I meant when I wrote in my Claim Form that I claimed \$100,485 and had received \$7,015 in payments. I don't know why my claim should be only \$73,492.38.

Finally, you wrote that you do not have a record for the TDM Verifier Trust 07 (\$90,000). I am enclosing my McGinn Smith certificate for this investment as well as the National Financial Services interest statements from 2008 and 2009, which show that I made the investment. Although I requested redemption of it, I did not receive it or payments after 2009.

Yours sincerely,

Harold Albert Smith, Esq.



CC: Hon. Christian Hummel

**William J. Brown, as Receiver  
of McGinn, Smith & Co., Inc., et al.**

One Canalside  
125 Main Street  
Buffalo, NY 14203

Tel: 716.847.7089  
www.mcginnsmithreceiver.com

December 20, 2017

Harold Albert Smith  
PO Box 438  
Bloomsburg, PA 17815

Re: McGinn Smith & Co. Inc. - Paper Claims

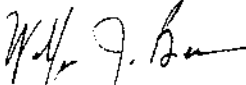
Dear Mr. Smith,

In reviewing your claim file, we have determined that, in 2012, you filed four paper claims for your investments in McGinn Smith & Co, as set forth on the enclosed schedule. Two of your paper claims are duplicates of your Receiver-granted claims in the same amounts. The Receiver has moved to expunge these duplicate claims, which motion is pending before the District Court for the Northern District of New York.

In addition, you filed a paper claim on account of your investment in Integrated Excellence Senior Trust 08 in the amount of \$100,485. However, with respect to this investment, the Receiver granted you a claim in the amount of \$73,492.38. The difference between your paper claim and your Receiver-granted claim likely is the result of payments which you received. You also filed a paper claim for your investment in TDM Verifier Trust 07 in the amount of \$90,000. However, such investment was not listed in the Receiver's books and records and the Receiver has not granted you a claim for this investment. If you filed these paper claims because you disagree with the Receiver's books and records, you certainly have the right to retain these claims, which will be resolved when the Receiver files an objection to them and the Court issues an Order. You certainly have the right to be heard. I believe, however, that the Receiver's books and records are correct.

The Receiver will need to file a claims objection with the Court to expunge these two paper claims prior to making any payment distribution to you unless you agree to withdraw these paper claims in writing. In that case, your Receiver-granted claims will be processed promptly. If you wish to withdraw the two paper claims, please send us a letter to that effect as soon as possible, but no later than January 5, 2017.

Very truly yours,

  
William J. Brown  
Receiver

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF NEW YORK

Case Number: 1:10-cv-00457-GLS-DRH

Name of Debtor: (check box next to the entity you are making a claim against): McGinn, Smith & Co. Inc., et al.

Name of Creditor (The person or other entity to whom the debtor owes money or property): Harold Albert Smith

Name and address where notices should be sent: 348 Catherine St Bloomsburg, PA 17815

TEL: (570) 854-1254 Email Address: rakovskii@gmail.com

Check box to indicate that 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): Name: Harold Albert Smith Address 1: PO Box 438 Bloomsburg, PA 17815

TEL: (570) 854-1254 Email Address: rakovskii@gmail.com

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

Carefully read instructions included with this Claim Form before completing. In order to have your claim considered for payment, complete ALL applicable questions. original of this Claim Form must be sent to: Phillips Lytle LLP, Attn: Jourdan L. Stevenson, 3400 HSBC Center, Buffalo, New York 14203. In order for the claim to be processed, it must be received on or before JUNE 19, 2012 at 5:00 p.m. E.S.T.

1. Amount of Claim or Investment: \$ 90,000.00

Please list total amount of claim or investment. Please check this box if claim includes amount other than investment (interest or other charges in addition to the principal amount invested). Attach an itemized statement detailing additional amounts.

2. Please provide last four digits of social security number: 9164 and/or account number which identifies creditor to debtor: MSA069396#R9 TDM Verifier Trust 07 Due 08/15/09

3. Total Payments Received: \$ 0

Please list the total amount of payments received from the MS Entity during the period of investment. A separate claim must be filed for each claim or investment held.

4. Documentation. Please attach all evidence which supports your claim. Please include copies of items such as cancelled checks, brokerage statements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments and security agreements. You may also attach a summary describing your claim and cataloging attached documents.

THIS SPACE IS FOR COURT USE ONLY

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain.

Date: 05/30/2012 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

I assert this claim against the entity whose name is on the documents I am attaching. I understand and agree that all of my claims will be adjudicated by the Court presiding in this matter. I declare that the information contained herein is true and correct under penalties of perjury. Signature: Harold A Smith Title: owner

*McGinnSmith  
& Company, Inc.*

Investment Bankers – Investment Brokers

6 Executive Park Dr.  
Clifton Park, NY 12065  
518-348-0060  
Fax 518-348-0107

August 13, 2009

Harold Albert Smith  
5 Primrose Court  
Danville, PA 17821

**Re: \$90000 TDM VERIFIER TRUST 07 Contract Certificates 8.50% due  
08/15/09**

**In the Name of: HAROLD ALBERT SMITH**

Internal Investment #: 7122

Note held by NFS:

Note held by Investor: X

NFS Account # MSA-069396

Dear Harold Albert Smith:

Your investment in TDM VERIFIER TRUST 07, 8.50% Contract Certificate is due to mature on August 15, 2009. You will receive your August 15<sup>th</sup> interest as you have in the past. You have two options with respect to the principal amount of your Contract Certificate:

1. You can opt to roll the principal into the new 18 month TDM Verifier Trust 2011 Contract Certificate with a maturity date of February 15, 2011 which will pay an annual rate of 9% paid quarterly; or
2. You can redeem the Contract Certificate and have the principal returned to you.

Please return the enclosed letter of instruction along with your original TDM Verifier Trust 07, 8.50% Contract Certificate (if the certificate is held in your NFS account return only the letter of instruction) to us no later than August 24, 2009. If you cannot locate your original certificate, please complete and return the enclosed affidavit of loss.

If you choose to roll your Contract Certificate we will issue a new certificate for the principal amount.

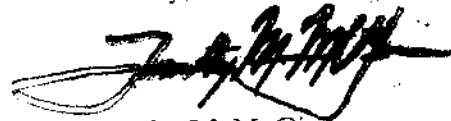
If you choose to redeem your Contract Certificate we will remit the principal due to you in the following manner:

1. If you have a brokerage account with McGinn, Smith, the proceeds will be deposited in your account;
2. If you do not have a brokerage account with McGinn, Smith, we will remit the proceeds in the same manner as you have been receiving your quarterly interest;
3. If you wish an alternative to 1 or 2 above, please enclose instructions or inform your broker;
4. If your investment is held by another brokerage firm we will contact them on your behalf.

**Please be aware that if you choose to redeem your Contract Certificate and we do not receive your instructions and/or appropriate documentation by August 24, 2009 your Contract Certificate will automatically be rolled to the new 18 month TDM Verifier Trust 2011 Contract Certificate with a maturity date of 02/15/2011 paying an annual rate of 9%.**

We wish to thank you for investing with us and we hope to be able to continue to service your investment needs. Please contact your representative should you have any questions.

Sincerely,



Timothy M. McGinn  
Chairman of the Board

TMM/pas

Enclosures

No. R-9

\$90000

## TDM VERIFIER TRUST 07

Albany, New York

Contract Certificate

8.50% Due August 15, 2009

Registered Holder: HAROLD ALBERT SMITH

TDM VERIFIER TRUST 07, A NEW YORK TRUST (THE "TRUST"), FOR VALUE RECEIVED, HEREBY PROMISES TO PAY TO THE CERTIFICATEHOLDER, or assign(s), the Principal Amount of Ninety Thousand Dollars (\$90000) in such coin or currency of the United States of America as at the time of payment shall be legal tender for public and private debts, together with interest accrued thereon at the rate of 8.50% per annum in the following manner: Interest on the Certificates at the aforesaid rate will be paid in quarterly installments on the **fifteenth (15) day of May, 2008** and on the fifteenth (15) day of each subsequent quarter thereafter, to and including the fifteenth day of August, 2009.

THIS CERTIFICATE IS ISSUED pursuant and subject to the Declaration of Trust dated as of January 18, 2007 (as amended from time to time, the "Declaration") and the Memorandum dated as of February 23, 2007, and the holder of this Certificate is entitled to all of the benefits thereof. Capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Declaration.

INTEREST shall be payable by check mailed from the office of the Trustee to the Certificateholder stated above, or assign(s), at the address as it appears on the Certificate Register maintained by the Trustee as of the close of the first business day of the month.

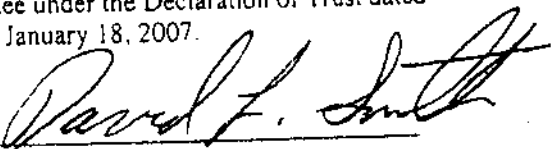
THIS CERTIFICATE HAS NOT BEEN REGISTERED or qualified under the Federal Securities Act of 1933 or applicable state securities laws and may not be sold or transferred without such registration or qualification or an exemption therefrom.

THE TRUST MAY, as a condition of payment in full of the principal of and interest of this Certificate, require the Certificateholder to surrender this Certificate. All amounts payable under this Certificate shall be payable without presentment or demand for payment, notice of nonpayment, protest or further notice or demand of any kind, all of which are expressly waived by the Company. This Certificate shall be construed in accordance with and be governed by the laws of the State of New York.

IN WITNESS WHEREOF, TDM VERIFIER TRUST 07 has caused this Certificate to be signed in its name by its trustee thereunto duly authorized, and to be dated as of the date written below.

DATE: 3/17/2008

TDM VERIFIER TRUST 07  
By: MCGINN, SMITH CAPITAL HOLDINGS CORP.,  
not in its individual capacity, but solely as  
Trustee under the Declaration of Trust dated  
as of January 18, 2007.

By:   
David L. Smith, President

**McGinn, Smith & Co., Inc.**  
Investment Bankers - Investment Brokers

(518) 449-5131

TDM Verifier Trust 07 Contract Certificate

8.5% due 8/15/09

YOU BOUGHT      YOU SOLD  
90 000

PRINCIPAL      INTEREST      COMMISSION  
\$90,000.00

Harold Albert Smith  
5 Primrose Court  
Danville, PA 17821

Amount Due	Trade Date	Settle Date
\$90,000.00	3/6/2008	3/11/2008

ID No.	Reg Rep
[REDACTED] 9164	690
Account No. MSA069396	P/I Distribution Deposit to National Financial Account

Make check payable/wire funds to: "TDM Verifier Trust 07"

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>99 PINE STREET 5TH FLOOR Albany, NY 12207</b>  (518) 449-5131 x232		Payer's RTN (optional)	OMB No. 1545-0112  <b>2008</b>	<b>Interest Income</b>	
PAYER'S federal identification number [REDACTED] 8376		1 Interest income \$ 5036.25			
RECIPIENT'S identification number [REDACTED] 9164		2 Early withdrawal penalty \$	Form <b>1099-INT</b>		
RECIPIENT'S name, address, city and ZIP code <b>Harold Albert Smith 5 Primrose Court Danville, PA 17821</b>		3 Interest on U.S. Savings Bonds and Treas. obligations \$	<b>Copy B For Recipient</b> This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
Account number (see instructions)		4 Federal income tax withheld \$			5 Investment expenses \$
		6 Foreign tax paid \$			7 Foreign country or U.S. possession
		8 Tax-exempt interest \$			9 Specified private activity bond interest \$

Form **1099-INT** Printed on Recycled Paper (keep for your records) Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

\* Corrected and Reissued \*

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>First Excelsior Income Notes 99 Pine Street 5th Floor Albany, NY 12207</b>  (518) 449-5131		Payer's RTN (optional)	OMB No. 1545-0112  <b>2008</b>	<b>Interest Income</b>	
PAYER'S federal identification number [REDACTED] 6650		1 Interest income \$ 3487.50			
RECIPIENT'S identification number [REDACTED] 9164		2 Early withdrawal penalty \$	Form <b>1099-INT</b>		
RECIPIENT'S name, address, city and ZIP code <b>Harold Albert Smith 5 Primrose Court Danville, PA 17821</b>		3 Interest on U.S. Savings Bonds and Treas. obligations \$	<b>Copy B For Recipient</b> This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
Account number (see instructions)		4 Federal income tax withheld \$			5 Investment expenses \$
		6 Foreign tax paid \$			7 Foreign country or U.S. possession
		8 Tax-exempt interest \$			9 Specified private activity bond interest \$

Form **1099-INT** Printed on Recycled Paper (keep for your records) Department of the Treasury - Internal Revenue Service



CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>TDM VERIFIER TRUST 07</b> 99 PINE STREET 5TH FLOOR Albany, NY 12207  (518) 449-5131 x232		Payer's RTN (optional)	OMB No. 1545-0112  <b>2009</b>	<b>Interest Income</b>
PAYER'S federal identification number [REDACTED] 8376		1 Interest income \$ 5737.50	Form <b>1099-INT</b>	
RECIPIENT'S name, address, city and ZIP code HAROLD ALBERT SMITH 5 PRIMROSE COURT DANVILLE, PA 17821		2 Early withdrawal penalty \$	3 Interest on U.S. Savings Bonds and Treas. obligations \$	<b>Copy B For Recipient</b> This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S identification number [REDACTED] 9164		4 Federal income tax withheld \$	5 Investment expenses \$	
Account number (see instructions)		6 Foreign tax paid \$	7 Foreign country or U.S. possession	
		8 Tax-exempt interest \$	9 Specified private activity bond interest \$	

Form **1099-INT**

(keep for your records)

Department of the Treasury - Internal Revenue Service

**Schedule By-broker Bill Lex of investments in NFS & McGinn Smith**

Smith, Harold Albert

May 4, 2009

**Financial Products Register**

Company Name (Contract Owner)	Product & Market	Contract Number	Issue Date (DSC/Maturity)	Contract Value as of (date)	Beneficiary	Annuitant & Comments
National Financial Services (Harold Albert Smith)	Misc. Non-Qualified	MSA-069396	05/20/04	\$22,698.00 05/04/09	n/a	
McGinn Smith (Harold Albert Smith)	FEIN Non-Qualified	MSA-069396 #77		\$50,000.00 05/04/09		3% - 10/30/10-8/30/13 6% - 10/30/13-8/30/20 Int. & principal amortization
McGinn Smith (Harold Albert Smith)	FEIN Non-Qualified	MSA-069396 #30		\$10,000.00 05/04/09		3% - 10/30/10-8/30/13 6% - 10/30/13-8/30/20 Int. & principal amortization
McGinn Smith (Harold Albert Smith)	TDM Verifier Trust 07R Non-Qualified	MSA069396 #R-9	03/17/08 08/15/09	\$90,000.00 05/04/09		8.5% 18 mo.
McGinn Smith (Harold Albert Smith)	INEX Sr. Trust 08 Non-Qualified	MSA-069396 #2	06/09/08 06/01/13	\$100,485.00 05/01/09		Principal & Interest 9% 60-mo. Declining Balance

This register is for your reference only. It is not a contract. The values stated are as of the date indicated and may not reflect the current value of your investment. For exact values, please refer to the related company statements.

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF NEW YORK

CLAIM FORM

Case Number: 1:10-cv-00457-GLS-DRH

Name of Debtor (check box next to the entity you are making a claim against): McGinn, Smith & Co. Inc., et al.

Name of Creditor (The person or other entity to whom the debtor owes money or property): Harold Albert Smith

Name and address where notices should be sent: 348 Catherine St. Bloomsburg, PA 17815

TEL: (570) 854-1254 Email Address: rakovskii@gmail.com

Name and address where payment should be sent (if different from above): Name: Harold Albert Smith Address 1: PO Box 438 Bloomsburg, PA 17815

Check box to indicate that this claim amends a previously filed claim.

Claim Number: (If known)

Filed On:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

Carefully read instructions included with this Claim Form before completing. In order to have your claim considered for payment, complete ALL applicable questions. Original of this Claim Form must be sent to: Phillips Lytle LLP, Attn: Jourdan L. Stevenson, 3400 HSBC Center, Buffalo, New York 14203. In order for the claim to be processed, it must be received on or before JUNE 19, 2012 at 5:00 p.m. E.S.T.

1. Amount of Claim or Investment: \$ 10,000.00

Please list total amount of claim or investment. Please check this box if claim includes amount other than investment (interest or other charges in addition to the principal amount invested). Attach an itemized statement detailing additional amounts.

2. Please provide last four digits of social security number: 9164 and/or account number which identifies creditor to debtor: MSA069396#30 Fein Secured Senior Subordinated Notes Due 01/30/09

3. Total Payments Received: \$ 0.00

Please list the total amount of payments received from the MS Entity during the period of investment. A separate claim must be filed for each claim or investment held.

4. Documentation. Please attach all evidence which supports your claim. Please include copies of items such as cancelled checks, brokerage statements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments and security agreements. You may also attach a summary describing your claim and cataloging attached documents.

THIS SPACE IS COURT USE ONLY

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain.

Date 05/30/2012 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

I assert this claim against the entity whose name is on the documents I am attaching. I understand and agree that all of my claims will be adjudicated by the Court presiding in this matter. I declare that the information contained herein is true and correct under penalties of perjury. H. A. Smith

Note # 30

\$10000

FIRST EXCELSIOR INCOME NOTES LLC
7.75% Secured Senior Subordinated Note Due 2009
Interest Payment Dates: April 30, July 30, October 30 and January 30
Record Dates: April 20, July 20, October 20 and January 20

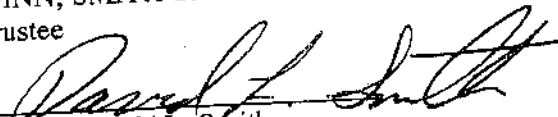
First Excelsior Income Notes LLC promises to pay to Harold Albert Smith, or registered assigns, the sum of Ten Thousand Dollars on January 30, 2009.

This Note is subordinated as specified on the other side of this Note. See the reverse and the Indenture referenced for additional provisions of this Note.

Dated: February 2, 2004

McGINN, SMITH CAPITAL HOLDINGS CORP.  
as Trustee

By:

  
Name: David L. Smith  
Title: President

**McGinn, Smith & Co., Inc.**  
Investment Bankers - Investment Brokers

One Capital Centre, 99 Pine Street  
Albany, NY 12207  
(518) 449-5131

*Bill*

Price
100

YOU BOUGHT	YOU SOLD
10,000	

DESCRIPTION:

FIRST EXCELSIOR INCOME NOTES, LLC

7.75% Secured Senior Subordinated Notes  
Due 01/30/2009

PRINCIPAL	INTEREST	COMMISSION
\$10,000.00		

Amount Due	Trade Date	Settle Date
\$10,000.00	1/30/2007	2/5/2007

ID No.	Reg Rep
9164	690

Account No.	P/I Distribution:
MSA069396	Deposit to Account

Harold Albert Smith

5 Primrose Court  
Danville, PA 17821-

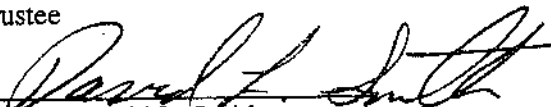
WIRE CHECK PAYABLE/WIRE FUNDS TO: "First Excelsior Income Notes, LLC"

First Excelsior Income Notes LLC promises to pay to Harold Albert Smith, or registered assigns, the sum of Ten Thousand Dollars on January 30, 2009.

This Note is subordinated as specified on the other side of this Note. See the reverse and the Indenture referenced for additional provisions of this Note.

Dated: February 2, 2004

McGINN, SMITH CAPITAL HOLDINGS CORP.  
as Trustee

By:   
Name: David L. Smith  
Title: President

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF NEW YORK

CLAIM FORM

Name of Debtor (check box next to the entity you are making a claim against):

McGinn, Smith & Co. Inc., et al.

Number:

10-cv-00457-GLS-DRH

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Harold Albert Smith

claim & records for 1st Excelsior Fein notes \$50,000

Name and address where notices should be sent:

348 Catherine St Bloomsburg PA 17815

TEL: (570) 854-1254

Email Address: ratovskii@gmail.com

Check box to indicate that 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):

Name: Harold Albert Smith Address 1: PO BOX 438 Bloomsburg PA 17815 Address 2: Address 3: Address 4: Address 5:

TEL: (570) 854-1254

Email Address: ratovskii@gmail.com

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

Carefully read instructions included with this Claim Form before completing. In order to have your claim considered for payment, complete ALL applicable questions. original of this Claim Form must be sent to: Phillips Lytle LLP, Attn: Jourdan L. Stevenson, 3400 HSBC Center, Buffalo, New York 14203. In order for the claim to be processed, it must be received on or before JUNE 19, 2012 at 5:00 p.m. B.S.T.

1. Amount of Claim or Investment:

\$ 50,000.00

Please list total amount of claim or investment.

Check this box if claim includes amount other than investment (interest or other charges in addition to the principal amount invested). Attach an itemized statement detailing additional amounts.

2. Please provide last four digits of social security number:

9164

and/or account number which identifies creditor to debtor:

MSA069396#77

FEIN Secured Senior Subordinated Notes Due 01/30/09

3. Total Payments Received:

\$ 0.00

Please list the total amount of payments received from the MS Entity during the period of investment. A separate claim must be filed for each claim or investment held.

4. Documentation. Please attach all evidence which supports your claim. Please include copies of items such as cancelled checks, brokerage statements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments and security agreements. You may also attach a summary describing your claim and cataloging attached documents.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain.

Date 05/30/2012

Signature. The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

I assert this claim against the entity whose name is on the documents I am attaching. I understand and agree that all of my claims will be adjudicated by the Court presiding in this matter. I declare that the information contained herein is true and correct under penalties of perjury.

THIS SPACE IS FOR COURT USE ONLY

\$50,000.00

Note # 81

FIRST EXCELSIOR INCOME NOTES LLC
7.5% Secured Senior Subordinated Note Due 2007
Interest Payment Dates: April 30, July 30, October 30 and January 30
Record Dates: April 20, July 20, October 20 and January 20

First Excelsior Income Notes LLC promises to pay to Harold Albert Smith, or registered assigns, the sum of Fifty Thousand Dollars on January 30, 2007.

This Note is subordinated as specified on the other side of this Note. See the reverse and the Indenture referenced for additional provisions of this Note.

Dated, February 2, 2004

McGINN, SMITH CAPITAL HOLDINGS CORP.  
as Trustee

By: David L. Smith  
Name: David L. Smith  
Title: President

McGINN, SMITH & CO., INC.  
INVESTMENT BANKERS INVESTMENT BROKERS

ONE CAPITAL CENTER 99 FINE STREET  
ALBANY, NEW YORK 12207  
(518) 449 5131

YOU BOUGHT	YOU SOLD
50,000	

DESCRIPTION:

FIRST EXCELSIOR INCOME NOTES, LLC  
7.5% Secured Senior Subordinated Notes due 01/30/07

PRICE
100

PRINCIPAL	INTEREST	COMMISSION
\$ 50,000.00		

AMOUNT DUE	TRADE DATE	SETTLE DATE
\$50,000.00	5/14/2004	5/19/2004

ID NO.	REG REP #
2164	690

ACCOUNT NO.
NEW ACCOUNT

FBI DISTRIBUTION:  
DEPOSIT TO BEAR ACCOUNT

HAROLD ALBERT SMITH  
5 PRIMROSE COURT  
DANVILLE, PA 17021

MAKE CHECK PAYABLE/WIRE FUNDS TO: CHARTER ONE BANK ESCROW AGENT FOR FIRST EXCELSIOR INCOME NOTES, LLC

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF NEW YORK

Name of Debtor: (check box next to the entity you are making a claim against):  
**McGinn, Smith & Co. Inc., et al.**

Case Number:  
**1:10-cv-00457-GLS-DRH**

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**Harold Albert Smith**

Name and address where notices should be sent:  
**348 Catherine St.  
 Bloomsburg, PA 17815**

TEL: **(570) 854-1254**  
 Email Address: **rakovskii@gmail.com**

Name and address where payment should be sent (if different from above):  
 Name: **Harold Albert Smith**  
 Address 1: **PO Box 438 Bloomsburg, PA 17815**  
 Address 2: \_\_\_\_\_  
 Address 3: \_\_\_\_\_  
 Address 4: \_\_\_\_\_  
 Address 5: \_\_\_\_\_

TEL: **(570) 854-1254**  
 Email Address: **rakovskii@gmail.com**

Check box to indicate that this claim amends a previously filed claim.  
 Claim Number: [ ] [ ] [ ] [ ] [ ] [ ]  
 (If known)  
 Filed On: [ ] [ ] / [ ] [ ] / [ ] [ ]

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

Carefully read instructions included with this Claim Form before completing. In order to have your claim considered for payment, complete ALL applicable questions. Original of this Claim Form must be sent to: Phillips Lytle LLP, Attn: Jourdan L. Stevenson, 3400 HSBC Center, Buffalo, New York 14203. In order for the claim to be processed, it must be received on or before JUNE 19, 2012 at 5:00 p.m. E.S.T.

1. Amount of Claim or Investment: \$ **[ ] [ ] [ ] [ ] 100,485.00**

Please list total amount of claim or investment.

Please check this box if claim includes amount other than investment (interest or other charges in addition to the principal amount invested). Attach an itemized statement detailing additional amounts.

2. Please provide last four digits of social security number: **9164**

and/or account number which identifies creditor to debtor: **MSA069396#2**

**Integrated Excellence Senior Trust 08 Due 06/01/13**

3. Total Payments Received:

\$ **[ ] [ ] [ ] [ ] 7,015.00**

Please list the total amount of payments received from the MS Entity during the period of investment. A separate claim must be filed each claim or investment held.

4. Documentation. Please attach all evidence which supports your claim. Please include copies of items such as cancelled checks, brokerage statements, promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments and security agreements. You may also attach a summary describing your claim and cataloging attached documents.

THIS SPACE IS FOR COURT USE ONLY

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain.

Date **05/30/2012** Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

I assert this claim against the entity whose name is on the documents I am attaching. I understand and agree that all of my claims will be adjudicated by the Court presiding in this matter. I declare that the information contained herein is true and correct under penalties of perjury.

Signature **Harold A Smith**

**Harold Albert Smith** owner

Title



No. 2

\$107500

# INTEGRATED EXCELLENCE SR. TRUST 08

Albany, New York

Contract Certificate

9.00% Due June 1, 2013

Registered Certificateholder: HAROLD ALBERT SMITH

INTEGRATED EXCELLENCE SR. TRUST 08, A NEW YORK TRUST (THE "TRUST"), FOR VALUE RECEIVED, HEREBY PROMISES TO PAY TO THE CERTIFICATEHOLDER, or assign(s), the Principal Amount of One Hundred Seven Thousand Five Hundred Dollars (\$107500) in such coin or currency of the United States of America as at the time of payment shall be legal tender for public and private debts, together with interest accrued thereon at the rate of 9.0% per annum in the following manner: Interest on the Certificates at the aforesaid rate will be paid in three (3) consecutive monthly installments commencing on the first (1st) day of July 2008 and principal and interest will be paid in fifty-seven (57) consecutive monthly installments commencing on October 1, 2008 through and including June 1, 2013.

THIS CERTIFICATE IS ISSUED pursuant and subject to the Declaration of Trust dated as of May 27, 2008 (as amended from time to time, the "Declaration") and the Memorandum dated as of May 30, 2008, and the holder of this Certificate is entitled to all of the benefits thereof. Capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Declaration.

INTEREST shall be payable by check mailed from the office of the Trustee to the Certificateholder stated above, or assign(s), at the address as it appears on the Certificate Register maintained by the Trustee as of the close of the fifth business day prior to the end of each calendar quarter.

THIS CERTIFICATE HAS NOT BEEN REGISTERED or qualified under the Federal Securities Act of 1933, as amended, or applicable state securities laws and may not be sold or transferred without such registration or qualification or an exemption therefrom.

THE TRUST MAY, as a condition of payment in full of the principal of and interest of this Certificate, require the Certificateholder to surrender this Certificate. All amounts payable under this Certificate shall be payable without presentment or demand for payment, notice of nonpayment, protest or further notice or demand of any kind, all of which are expressly waived. This Certificate shall be construed in accordance with and be governed by the laws of the State of New York.

IN WITNESS WHEREOF, INTEGRATED EXCELLENCE SR TRUST 08 has caused this Certificate to be signed in its name by its trustee thereunto duly authorized, and to be dated as of the date written below.

DATE: 6/9/2008

Integrated Excellence Sr. Trust 08  
By: MCGINN, SMITH CAPITAL HOLDINGS CORP.  
not in its individual capacity, but solely as  
Trustee under the Declaration of Trust dated  
as of May 27, 2008.

By:   
David L. Smith, President

State of  
IN WITNESS  
its name by its  
DATE: 6/9/

One Capital Center - 99 Pine Street  
Albany, NY 12207  
(518) 449-5131

Price  
100.00

**Smith & Co., Inc.**  
Bankers - Investment Brokers

Integrated Excellence Sr Trust 08  
Contract Certificates 9% due 6/1/13

IT YOU SOLD

PRINCIPAL	INTEREST	COMMISSION
\$107,500.00		

Amount Due	Trade Date	Settle Date
\$107,500.00	6/3/2008	6/6/2008

Harold Albert Smith  
5 Primrose Court  
Danville, PA 17821

ID No	Reg Rep
9164	690
Account No.	P/I Distribution
MSA069396	Deposit to National Financial Account

Make check payable/wire funds to: "Mercantile Bank Escrow Agent for Integrated Excellence Sr Trust 08"

Hal Smith  
PO BOX 438  
Bloomsburg, PA 17815

U.S. DISTRICT  
COURT  
R.D. OFFICE  
RECEIVED  
JAN 03 2007

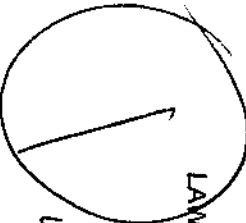


1027



12207

U.S. POSTAGE  
PAID  
BLOOMSBURG, PA  
17815  
DEC 30, 07  
AMOUNT  
**\$3.00**  
R2304M110092-05

  
LAWRENCE K. BAFFMAN, CLERK  
ALBANY  
Christina Hummel  
Room 441, James Foley Courthouse  
445 Broadway  
Albany, NY 12207

USPS TRACKING NUMBER

