

**THE UNITED STATES BANKRUPTCY COURT FOR THE
DISTRICT OF DELAWARE**

IN RE: BMC West Corporation, Debtor(s).
720 Park Boulevard
Suite 200
Boise, ID 83712
94-3050454

Case No. 09-12075 KLC
Chapter 11

NOTICE OF WITHDRAWAL OF CLAIM

Pursuant to Fed. R. Bankr. P. 3006, the TN Dept. of Revenue
withdraws the following claim. A copy of the withdrawn claim is attached hereto for reference.

Amount of Claim: \$1,005.34

Date Claim Filed:

Account Number:

Respectfully submitted,
Robert E. Cooper, Jr.
Attorney General and Reporter

/s/Laura L. McCloud

Laura L. McCloud

Assistant Attorney General

BPR No. 016206

OFFICE OF THE ATTORNEY GENERAL

BANKRUPTCY DIVISION

P O BOX 20207

Nashville, TN 37202-0207

Phone: 615-532-2504 Fax: 615-741-3334

CERTIFICATE OF SERVICE

I certify that on July 21, 2010 a copy of this pleading was
deposited in the United States mail, first class, postage prepaid, or sent electronically (or both as required by local
rules) to the parties set out below.

/s/Laura L. McCloud

Laura L. McCloud

Assistant Attorney General

Office of the U.S. Trustee
844 King St., Room 2207
Lock Box 35
Wilmington, Delaware 19899-0035

Donald J. Bowman, Jr.
Attorney for the Debtor(s)
The Brandywine Bldg.
1000 West Street, 17th Floor
Wilmington, DE 19899-0391

B10 (Official Form 10)
(Rev. 7/95)

United States Bankruptcy Court District of <u>DELAWARE</u>		PROOF OF CLAIM	
In re (Name of Debtor) BMC WEST CORPORATION	Case Number 09-12075	Chapter 11	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
In re (Name of Creditor) (The person or other entity to whom the debtor owes money or property)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		THIS SPACE IS FOR COURT USE ONLY
Name and Address Where Notices Should be Sent Tennessee Department of Revenue C/O Attorney General P.O. Box 20207 Nashville, TN 37202-0207 Telephone No. (615) 741-7071			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 94-3050454-000	Check box if this claim <input checked="" type="checkbox"/> replaces a previously filed claim, dated: <u>August 6, 2009</u> <input checked="" type="checkbox"/> amends <u>4312694090806</u>		
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)			
2. DATE DEBT WAS INCURRED		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM \$ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. §507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties of governmental units — 11 U.S.C. §507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. §507(a)	
<input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		<input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. §507(a)	
<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM <u>\$1,005.34</u> Specify the priority of the claim.		<input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. §507(a)	
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$ (Unsecured) \$ (Secured) <u>\$1,005.34</u> (Priority) <u>\$1,005.34</u> (Total)			
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			THIS SPACE IS FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
DATE <u>December 7, 2009</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)		
<u>5529299091207 MD</u>	Print Name: <u>Wilbur E. Hooks</u> Signature: <u>Wilbur E. Hooks</u>		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

Debtor: BMC WEST CORPORATION

D/B/A: BMC MILLWORK
720 E PARK BLVD STE 200
BOISE, ID 83712-7764

ACCT NO. 318939414
ACCT TYPE FRAN/EXCS2
ENTITY ID 94-3050454/000



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE LEGAL CLAIMS SUMMARY SHEET

BMC WEST CORPORATION

BANKRUPTCY

BMC MILLWORK
720 E PARK BLVD STE 200
BOISE ID 83712-7764

824 MARKET STREET
WILMINGTON DE 19801

94-3050454/000
318939414
FRAN/EXCS2

Docket No.: 09-12075
Chapter: 11
Date Petition Filed: June 16, 2009
First Creditors Meeting: July 17, 2009
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	DLNQ	01-01-09	\$1,005.34	\$0.00	\$0.00	\$0.00	\$1,005.34
		TOTALS	\$1,005.34	\$0.00	\$0.00	\$0.00	\$1,005.34

RECAP

Audit Balance:	\$0.00
Payment Agreement Balance:	\$0.00
No Remittance Balance:	\$0.00
Estimated Assessments:	\$1,005.34
Underpaid Balance:	\$0.00
Returned Checks:	\$0.00

Penalty and interest calculated through 06-16-09

GRAND TOTAL: \$1,005.34

Michelle Denny
Preparer's Signature

December 7, 2009
Date