

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM

In re:

Alset Owners, LLC, et al

Case Number:

09-11960 (BLS)

NOTE: See Reverse for List of Debtors/Case Numbers/ important details. 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.

Name of Creditor and Address: the person or other entity to who the debtor owes money or property



20934399000537

KEATHLEY SERVICE CO INC
109 ORLEANS DR
MAUMELLE, AR 72113

☐ 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.

☐ Check this box if you are the debtor or trustee in this case.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (501) 944-9097

Name and address where payment should be sent (if different from above):

RECEIVED

DEC 18 2009

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

Claim Number (see reverse):

Payment Telephone Number (501) 944-9097

BMC GROUP

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 14,892.25

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM:

Goods Sold, Services Performed

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as:

4. SECURED CLAIM

(See instruction #4 on reverse side.)

Secured Claim Amount: \$

Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information

Nature of property or right of setoff:

☐ Real Estate ☐ Motor Vehicle ☐ Other

Unsecured Claim Amount: \$

Amount of arrearage and other charges at time case filed included in secured claim,

Value of Property: \$ Annual Interest Rate: % if any: \$ Basis for Perfection:

DO NOT include the priority portion of your claim here.

5. PRIORITY CLAIM

☐ Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Unsecured Priority Claim Amount: \$

Include **ONLY** the priority portion of your unsecured claim here.

You **MUST** specify the priority of the claim:

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
- ☐ Wages, salaries, or commissions (up to \$10,950*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ().

* Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are not available, please explain.

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on December 15, 2009 for Non-Governmental Claimants OR on or before December 15, 2009 for Governmental Units.

BY MAIL TO:
Alset Owners, LLC, et al.
c/o BMC Group, Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:
Alset Owners, LLC, et al.
c/o BMC Group, Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

THIS SPACE FOR COURT USE ONLY

Alset Owners LLC



00179

DATE

10-15-09

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.

Kim Keathley, Vice President

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number: Fill in the name of the federal judicial district where the bankruptcy case was filed, the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.		5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.
Debtor Name	Case No	6. Credits: An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.
Alset Owners, LLC	09-11960	7. Supporting Documents: Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.
Altes, LLC	09-11961	Date-Stamped Copy and Signature: The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.
Checkers Michigan, LLC	09-11963	Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.
Setla, LLC	09-11962	Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true. Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."
Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).		
1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.		
2. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.		
3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.		
3a. Debtor May Have Scheduled Account As: Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.		
4. Secured Claim: Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien		

DEFINITIONS

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

CLAIM

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

PROOF OF CLAIM

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page

SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.

The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED NONPRIORITY CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

INFORMATION

document showing that the lien has been filed or recorded.

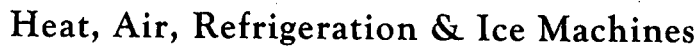
Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com



501-944-9097 Mobile
501-803-3552 Fax

TAX ID
#20-4380411

NAME: Rodriguez

ADDRESS: Base line

CITY: LR STATE: HR

PHONE: _____ ZIP: _____

CONTACT:

DATE: 6-5-07

WARRANTY

 NORMAL

SERVICE CONTRACT

□ TIME & MATERIAL

INVOICE #

092719

PO #

MODEL:


SERIAL #

Prep table running
to cold.

→ replaced low pressure cut out switch with thermostat.

[illegible]

☐ Cash

 Check

□ Credit

(Visa/MC/AmEx)

No.

Exp.

Signature: _____

I acknowledge services were performed satisfactorily.
\$25.00 Service charge assessed on all returned checks.
Late charges may be assessed on all balances more than 30 days past due.

Mechanic:

Service Charge (1st hr.):

3/4 Additional Hrs./Labor:

Parts & Materials:

Mileage:

SUBTOTAL:

Sales Tax:

BALANCE DUE:

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!

Heat, Air, Refrigeration & Ice Machines

109 Orleans Drive
Maumelle, AR 72113

501-944-9097 Mobile
501-803-3552 Fax

HVACR
#0121802

TAX ID
#20-4380411

INVOICE

NAME: Rally's Hamburgers

ADDRESS: *Air Base Exit*

CITY: *Jacksonville* STATE: *Ar.*

PHONE: 982-2024 ZIP: 72076

CONTACT: *Nick*

DATE: 6-4-29

WARRANTY

 NORMAL

☐ SERVICE CONTRACT

□ TIME & MATERIAL

MODEL:

SERIAL #

INVOICE #

092718

PO #

WORK ORDER

Foyer (side on right)

DESCRIPTION OF WORK

Found the temp. probe was bad on the right side fryer, replaced it & checked operation

MATERIALS

[illegible]

☐ Cash

 Check

 Credit

(Visa/MC/AmEx)

No.

Exp.

Mechanic:

Service Charge (1st hr.):

1/2 Additional Hrs./Labor:

Parts & Materials:

Mileage:

SUBTOTAL:

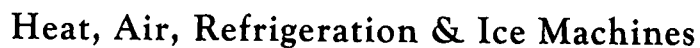
Sales Tax:

BALANCE DUE:

Signature:

I acknowledge services were performed satisfactorily.
\$25.00 Service charge assessed on all returned checks.
Late charges may be assessed on all balances more than 30 days past due.

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!



109 Orleans Drive
Maumelle, AR 72113

501-944-9097 Mobile
501-803-3552 Fax

HVACR
#0121802

TAX ID
#20-4380411

INVOICE

NAME: Rally's Hamburgers

WARRANTY

INVOICE #

ADDRESS: *Camp Robinson Rd.*

 NORMAL

092715

CITY: MLR STATE: Ar.

☐ SERVICE CONTRACT

PO #

PHONE: 758-3944 ZIP: 72118

TIME & MATERIAL

CONTACT: *Carl*

MODEL:

DATE: 6-4-09

SERIAL #

WORK ORDER

Fryers

DESCRIPTION OF WORK

Found the burners were clogged on both tryers cleaned both

MATERIALS

[illegible]

- ☐ Cash
☐ Check
☐ Credit
(Visa/MC/AmEx)

No.

Exp.

Mechanic: *Roger*

Service Charge (1st hr.): 60.00

Additional Hrs./Labor:

Parts & Materials:

Mileage:

SUBTOTAL:

Sales Tax: 4.90

BALANCE DUE: 64.80

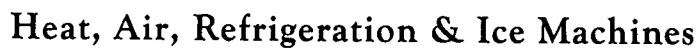
Signature: A. M. Ware

I acknowledge services were performed satisfactorily.

\$25.00 Service charge assessed on all returned checks.

Late charges may be assessed on all balances more than 30 days past due.

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!



109 Orleans Drive
Maumelle, AR 72113

501-944-9097 Mobile
501-803-3552 Fax

HVACR
#0121802

TAX ID
#20-4380411

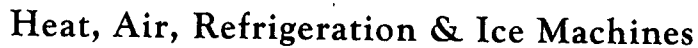
SERIAL #

PO #

I acknowledge services were performed satisfactorily.
\$25.00 Service charge assessed on all returned checks.
Late charges may be assessed on all balances more than 30 days past due.

BALANCE DUE: 109.00

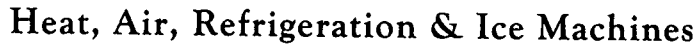
TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!



501-944-9097 Mobile
501-803-3552 Fax

TAX ID
#20-4380411

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!



501-944-9097 Mobile
501-803-3552 Fax

TAX ID
#20-4380411

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!



Heat, Air, Refrigeration & Ice Machines

109 Orleans Drive
Maumelle, AR 72113

501-944-9097 Mobile
501-803-3552 Fax

HVACR
#0121802

TAX ID
#20-4380411

INVOICE

NAME: Rully's
ADDRESS: Baseline
CITY: LR STATE: AR
PHONE: _____ ZIP: _____
CONTACT: _____
DATE: 6-2-09

- ☐ WARRANTY
☒ NORMAL
☐ SERVICE CONTRACT
☐ TIME & MATERIAL

INVOICE #

092700

PO #

MODEL: 62-27

SERIAL # K 5046950

WORK ORDER

Ice Cream Machine
not working

DESCRIPTION OF WORK

Start Capacitor weak,
causing to shut down on thermal
overload. Replaced start components
on compressor.

MATERIALS

Quantity	Description	Price
	<u>Start Cap.</u>	<u>20.14</u>
	<u>Run Cap.</u>	<u>12.04</u>
	<u>Relay</u>	<u>57.05</u>

- ☐ Cash
☐ Check
☐ Credit
(Visa/MC/AmEx)

No. _____

Exp. _____

Signature: _____

I acknowledge services were performed satisfactorily.
\$25.00 Service charge assessed on all returned checks.
Late charges may be assessed on all balances more than 30 days past due.

Mechanic: JMS

Service Charge (1st hr.): 60.00

2.25 Additional Hrs./Labor: 123.75

Parts & Materials: 89.23

Mileage: _____

SUBTOTAL: 272.98

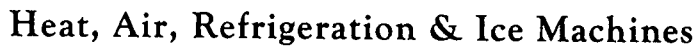
Sales Tax: 20.47

BALANCE DUE: 293.45

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER
ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!







501-944-9097 Mobile
501-803-3552 Fax

TAX ID
#20-4380411

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!

Heat, Air, Refrigeration & Ice Machines

501-944-9097 Mobile
501-803-3552 Fax

TAX ID
#20-4380411

TERMS: PAYMENT DUE UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS

KEATHLEY

SERVICE CO., INC.

Heat, Air, Refrigeration & Ice Machines

109 Orleans Drive
Maumelle, AR 72113

501-944-9097 Mobile
501-803-3552 Fax

HVACR
#0121802

TAX ID
#20-4380411

INVOICE

NAME: Kallys

ADDRESS: 712 Broadway

CITY: LR STATE: AL

PHONE: 374-5444 ZIP: 72201

CONTACT: GREG

DATE: 5-26-09

WARRANTY

☒ NORMAL

☐ SERVICE CONTRACT

TIME & MATERIAL

INVOICE #

092664

PO #

MODEL:

SERIAL #

WORK ORDER

Make-up Air Repair

DESCRIPTION OF WORK

~~REMOVED~~ REMOVED OLD MOTOR FROM MAKEUP AIR. REPLACED W/ NEW MOTOR & PULLEY. Hooked up Elec. connections. Replaced BELT & started unit.

~~Repaired cabin door~~
~~repaired cabin door~~
~~Repaired~~

~~My father and brother~~
~~it is my brother and brother~~

Repaired ice bin door w/
copper (temporary) till new
one picked up

☐ Cash

☐ Check

□ Credit

(Visa/MC/AmEx)

No.

Exp.

Mechanic: 7000

Service Charge (1st hr.): 60.00

2 Additional Hrs./Labor: 120.00

Parts & Materials: 407.72

Mileage:

SUBTOTAL: 587.72

Sales Tax: 44.08

BALANCE DUE: 631.80

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!



KEATHLEY

SERVICE CO., INC.

Heat, Air, Refrigeration & Ice Machines

109 Orleans Drive
Maumelle, AR 72113

501-944-9097 Mobile
501-803-3552 Fax

HVACR
#0121802

TAX ID
#20-4380411

INVOICE

NAME: Rally's Hamburgers
ADDRESS: Baseline rd.
CITY: LL STATE: Ar.
PHONE: 562-25880 ZIP: _____
CONTACT: Vickie
DATE: 5-21-09

☐ WARRANTY
☒ NORMAL
☐ SERVICE CONTRACT
☐ TIME & MATERIAL

INVOICE #

092652

PO #

MODEL:

SERIAL #

WORK ORDER

Passenger side
sandwich cooler

DESCRIPTION OF WORK

Found the sand. cooler
on the Pass. side was
low on Freon, Added
charge

MATERIALS

Quantity	Description	Price
<u>1 lb</u>	<u>409 Freon</u>	<u>23.00</u>

☐ Cash
☐ Check
☐ Credit (Visa/MC) No. _____
Exp. _____

Signature: Keathley

I acknowledge services were performed satisfactorily.
\$25.00 Service charge assessed on all returned checks.
Late charges may be assessed on all balances more than 30 days past due.

Mechanic: Agar
Service Charge (1st hr.): 60.00

Additional Hrs./Labor: _____

Parts & Materials: 23.00

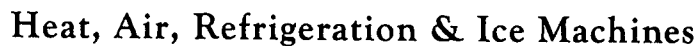
Mileage: _____

SUBTOTAL: 83.00

Sales Tax: 6.23

BALANCE DUE: 89.23

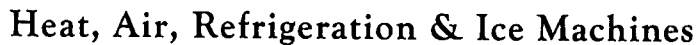
TERMS: PAYMENT DUE UPON COMPLETION OF SERVICES UNLESS OTHER
ARRANGEMENTS MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS



501-944-9097 Mobile
501-803-3552 Fax

TAX ID
#20-4380411

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!



501-944-9097 Mobile
501-803-3552 Fax

TAX ID
#20-4380411

PO

Late charges may be assessed on all balances more than 30 days past due.

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!



501-944-9097 Mobile
501-803-3552 Fax

TAX ID
#20-4380411

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE. ♦ THANK YOU FOR YOUR BUSINESS!

Late charges may be assessed on all balances more than 30 days past due.

Heat, Air, Refrigeration & Ice Machines

109 Orleans Drive
Maumelle, AR 72113

501-944-9097 Mobile
501-803-3552 Fax

HVACR
#0121802

TAX ID
#20-4380411

INVOICE

NAME: Kallys

ADDRESS: 2301 W 28TH

CITY: Pine Bluff STATE: AR

PHONE: 534-6766 ZIP: 71603

CONTACT: Tonya

DATE: 5-18-09

WARRANTY

☒ NORMAL

□ SERVICE CONTRACT

TIME & MATERIAL

MODEL:

SERIAL #

INVOICE #

092635

PO #

WORK ORDER

INSTALL WING STATION

DESCRIPTION OF WORK

Measured & drilled holes
in SANDWICH station,
Mounted & installed
wiring station to sandwich
station, secured with
bolts.

Cleaned cooler, freezer,
+ ice machine coils w/
CLEANER + RINSED THROUG.

Checked MAKEUP AIR UNIT

☐ Cash☐ Check

□ Credit

(Visa/MC/AmEx)

No.

Exp.

Signature:

I acknowledge services were performed satisfactorily.

\$25.00 Service charge assessed on all returned checks.

Late charges may be assessed on all balances more than 30 days past due.

Mechanic: 7000

Service Charge (1st hr.): *60.00*

2.5 Additional Hrs./Labor: 150.00

Parts & Materials: 25.00

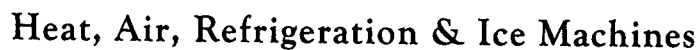
Mileage: 49.50

SUBTOTAL: 294.50

Sales Tax: 25 03

BALANCE DUE: 319.53

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!



501-944-9097 Mobile
501-803-3552 Fax

TAX ID
#20-4380411

NAME: Kallys

ADDRESS: 5920 R4-1 Line

CITY: CR STATE: AL

PHONE: 562-5880 ZIP: 73306

CONTACT: Vicki

DATE: 5/18/09

WARRANTY

 NORMAL

SERVICE CONTRACT

TIME & MATERIAL

MODEL:

SERIAL #

INVOICE #

092631

PO #

INSTALL CASTERS ON SANDWICH STATION

DESCRIPTION OF WORK

CUT LEGS OFF SANDWICH
STATION W/ BLADES
DRILLED OUT HOLES IN
SANDWICH STATION & INSTALLED
CASTERS & SEURED.

REPLACED THREE FENCE
BOARDS ON DUMPSTER &
PAINTED

Repaired Hinge on Storage Room

MATERIALS

[illegible]☐ Cash

 Check

□ Credit

(Visa/MC/AmEx)

No.

Exp.

Signature:

I acknowledge services were performed satisfactorily.
\$25.00 Service charge assessed on all returned checks.
Late charges may be assessed on all balances more than 30 days past due.

Mechanic: Todd Rast

Service Charge (1st hr.): 60.00

4 Additional Hrs./Labor: 240.00

Parts & Materials: 138.50

Mileage:

SUBTOTAL: 438.50

Sales Tax: 32.89

BALANCE DUE: 471.39

TERMS: PAYMENT IS EXPECTED UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS!

Heat, Air, Refrigeration & Ice Machines

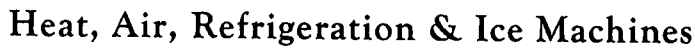
501-944-9097 Mobile
501-803-3552 Fax

TAX ID
#20-4380411

SERIAL #

PO #

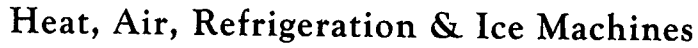
TERMS: PAYMENT DUE UPON COMPLETION OF SERVICES UNLESS OTHER ARRANGEMENTS MADE IN ADVANCE ♦ THANK YOU FOR YOUR BUSINESS



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TAX ID
#20-4380411

NAME: Rallys

ADDRESS: 403 N Blake

CITY: PB STATE: AK

PHONE: 534-3022 ZIP: 71601

CONTACT: Quincy/BOB

DATE: 5-14-09

WARRANTY

☒ NORMAL

☐ SERVICE CONTRACT

TIME & MATERIAL

MODEL:

SERIAL #

INVOICE #

092616

PO #

INSTALL WING STATION

- Measured & drilled out holes on sand with coiler & wing station. Mounted & secured wing station w/ nuts & bolts.

Looked at onion slicer,
needs new mounting base
Drilled out hole & secured
with nut & bolt.

[illegible]

☐ Cash
☐ Check
☐ Credit
(Visa/MC/AmEx)

No.

Exp.

Mechanic: Top

Service Charge (1st hr.): 60.00

2.5 Additional Hrs./Labor: 150.00

Parts & Materials: 20.00

Mileage: 49.50

SUBTOTAL: 279.50

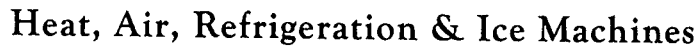
Sales Tax: 23.76

BALANCE DUE: 303.26

Signature: Shaula White

I acknowledge services were performed satisfactorily.
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KEATHLEY

SERVICE CO., INC.

Heat, Air, Refrigeration & Ice Machines

109 Orleans Drive
Maumelle, AR 72113
501-944-9097 Mobile
501-803-3552 Fax

HVACR
#0121802

TAX ID
#20-4380411

INVOICE

NAME: RALLY'S
ADDRESS: 5920 Baseline
CITY: LR STATE: AR
PHONE: 562-5830 ZIP: 72209
CONTACT: Vicki
DATE: 5-6-09

- ☐ WARRANTY
☒ NORMAL
☐ SERVICE CONTRACT
☐ TIME & MATERIAL

INVOICE #

092575

PO #

MODEL:

SERIAL #

WORK ORDER

~~NEED~~ NEED WHEELS for Fryer
EXHAUST NOT PULLING

DESCRIPTION OF WORK

REPLACED 2 INS WHEELS
ON FILTER, IMP PAN ON
FRYER.

CHECKED EXHAUST ON ? GRILL
I HAD TO ADJ MOT. - BRACKET
TO TIGHTEN BELT.

REMOVED MAKE-UP AIR UNIT
MOTOR B/C BUANT - WILL
ORDER PART

MATERIALS

Quantity	Description	Price
<u>2</u>	<u>ROLLER WHEEL SS</u>	<u>44.00</u>

- ☐ Cash
☐ Check
☐ Credit (Visa/MC) No.
Exp.

Signature: [Signature]

I acknowledge services were performed satisfactorily.
\$25.00 Service charge assessed on all returned checks.
Late charges may be assessed on all balances more than 30 days past due.

Mechanic: TADD

Service Charge (1st hr.): 60.00

1.0 Additional Hrs./Labor: 60.00

Parts & Materials: 44.00

Mileage:

SUBTOTAL: 164.00

Sales Tax: 12.30

BALANCE DUE: 176.30

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