United States Bankruptcy Court District of Delaware
Wilmington

Proof of Claim

REC'D JAN 22 2004

This space is for court use only

Name of Debtor	Case Number
CHI-CHI's, Inc et al	**03-13063**

Note This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request' of payment of an administrative expense may be filed pursuant to 11 U S C § 503

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

Praxair Distribution

☐ 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 box if you have never received any notices from the bankruptcy court in this case

☒ Check box if the address differs from the address on the envelope sent to you by the court

Name and address where notices should be sent

Praxair Distribution
c/o D&B/RMS Bankruptcy Services
P O Box 5126
Timonium, Maryland 21094
Telephone Number (410) 453-6588

Account or other number by which creditor identifies debtor

See attached cylinder value cylinder value

Check here if this claim ☐ Replaces ☐ Amends a previously filed claim dated _____

1 Basis For Claim

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury / wrongful death
☐ Taxes
✓ Other Outstanding Cylinder Value see attached

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries, and compensations (Fill out below) Your SS# _____ - _____ _____ Unpaid Compensations for services performed from _____ to _____
(date) (date)

2 Date debt was incurred

See Attached

3 If court judgement , date obtained

4 Total Amount of Claim at Time Case Filed

$ **$ 1,250 00** cylinder value

If all or part of your claim is secured or entitled to priority also complete item 5 or 6 below

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

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral
☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of Collateral $_____

Amount of arrearage and other charges at time case filed included in secured claim above if any
$

6 Unsecured Priority Claim

✓ Check this box if you have an unsecured priority claim Amount entitled to priority $ $ 1,250 00 cylinder Value Specific the priority of the claim

☐ Wages salaries or commissions (up to $4000) *earned within 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)
☐ Contribution to an employee benefit plan – 11 U S C § 507 (a) (4)
☐ 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)
☐ Alimony maintenance or support owed to a spouse former spouse or child – 11 U S C § (a)(7)
☐ Taxes or penalties of governmental units – 11 U S C § 507 (a)(6)
☐ Other – Specify applicable paragraph of 11 U S C § (a) (__)

**Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter will respect to cases commenced on or after the date of adjustment*

7 Credits The Amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents* such as promissory notes purchase orders, invoices itemized statements of running accounts, contracts, court judgements mortgages, security agreements and evidence of perfecting of lien

9 Date-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

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Date
1/12/04

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)

Signed _____
Wendy Beck, D&B/RMS, Agent for Creditor

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

Chi Chi s Inc
00137

Praxair Distribution

2301 SE Creekview
Ankeny, Iowa 50021
(515) 963 - 3862 fax (515) 965 - 6629

Invoice No L0U

INVOICE

Customer

Name: Chi Chis 452 Onalaska
Address: 9396 US Hwy 16
Address:
City: Onalaska State: WI ZIP: 54650
Phone:

Date: 12/9/2003
Account #: L3968
Order No:
Rep:
FOB:

Qty	Description	Unit Price	TOTAL
3	Carbon Dioxide Cylinder - Size 50	$250 00	$750 00

SubTotal	$750 00
Shipping & Handling	$0 00
Taxes State	
TOTAL	$750 00

Payment Details

- (●) Cash
- ( ) Check
- ( ) Credit Card

Name
CC #
Expires

Office Use Only

Praxair Distribution

2301 SE Creekview
Ankeny, Iowa 50021
(515) 963 - 3862 fax (515) 965 - 6629

Invoice No LOU

INVOICE

Customer

Name: Chi Chis
Address: 1770 Brittain Rd
Address:
City: Akron State: OH ZIP: 44310
Phone:

Date: 12/9/2003
Account #: P6F92
Order No:
Rep:
FOB:

Qty	Description	Unit Price	TOTAL
2	Carbon Dioxide Cylinder - Size 50	$250 00	$500 00

SubTotal	$500 00
Shipping & Handling	$0 00
Taxes State	
TOTAL	$500 00

Payment Details

- (●) Cash
- ( ) Check
- ( ) Credit Card

Name
CC #
Expires

Office Use Only