UNITED STATES BANKRUPTCY COURT - DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor Against Which You Assert Your Claim

YOU MUST SELECT A DEBTOR AGAINST WHOM YOU ASSERT YOUR CLAIM YOU SELECT A DEBTOR BY CHECKING ONE BOX ON THE OTHER SIDE OF THIS NOTICE

Chi-Chi's, Inc
03-13063-CGC

39891

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

However, anyone asserting a claim related to potential exposure to Hepatitis A at the Chi-Chi s Restaurant located in the Beaver Valley Mall, regardless of when such alleged exposure occurred, should fill out a Hepatitis A Proof of Claim Form, and not this form To obtain a copy of the Hepatitis A Proof of Claim form please contact Bankruptcy Management Corp (888) 909-0100

Creditor Name and Address Hobart - Hagerstown

04808509033085

Hobart Corporation
701 S Ridge Ave
Troy, OH 45374-0001
ATTN ANITA CLUTTER

☐ 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 this address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( ) 937-332-2930

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
2300048

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Bondholder
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)
Last four digits of social security number _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. DATE DEBT WAS INCURRED 9-9-03, 9-20-03

3 IF COURT JUDGMENT, DATE OBTAINED

4. TOTAL AMOUNT OF CLAIM

$ 430 76	$	$	$ 430 76
(unsecured)	(secured)	(unsecured priority)	(Total)

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 NONPRIORITY CLAIM $ 430 76

☒ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

7 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650*) 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)

☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)

☐ Up to $2 100* 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 § 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

8 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 SUPPORTING DOCUMENTS *Attach copies of supporting documents,* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

10 DATE-STAMPED COPY To receive an acknowledgment of your claim please enclose a self-addressed stamped envelope and an additional copy of your claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4 00 pm, Prevailing Pacific Time on June 4, 2004

BY MAIL TO
Bankruptcy Management Corporation
P O Box 927
El Segundo, CA 90245-0927

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED
APR 26 2004
BMC

Chi Chi s Inc
00298

DATE SIGNED
4-23 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)
Cathy Bice CATHY BICE / CREDIT MANAGER

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Name of Debtor Against Which You Assert Your Claim

NOTE Check one box only Creditors holding claims against more than one Debtor must file a separate claim in the case of each Debtor against whom the creditor asserts a claim A creditor will be bound by the Debtor named in its proof of claim

- [x] Chi-Chi's Inc (03-13063-CGC)
- [ ] CCMR of Catonsville Inc (03-13064-CGC)
- [ ] Chi-Chi's of West Virginia Inc (03-13065-CGC)
- [ ] CMM Dissolution Inc (03-13066-CGC)
- [ ] CCMR of Frederick Inc (03-13068-CGC)
- [ ] Koo Koo Roo Inc (03-13069-CGC)
- [ ] CCMR of Cumberland, Inc (03-13070-CGC)
- [ ] CCMR of Greenbelt Inc (03-13071-CGC)
- [ ] Maintenance Support Group Inc (03-13072-CGC)
- [ ] Koo Koo Roo Licensing Systems Inc (03-13073-CGC)
- [ ] CCMR of Harford County Inc (03-13074-CGC)
- [ ] CCMR of Maryland Inc (03-13075-CGC)
- [ ] CCMR of Timonium Inc (03-13077-CGC)
- [ ] CCMR of Ritchie Highway Inc (03-13078-CGC)
- [ ] The Hamlet Group Inc (03-13237-CGC)
- [ ] H H K of Virginia Inc (03-13238-CGC)
- [ ] H H of Maryland Inc (03-13239-CGC)

INSTRUCTIONS FOR FILING PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law In particular types of cases or circumstances such as bankruptcy cases that are not filed voluntarily by a debtor there may be exceptions to the general rules

Hepatitis A Claim. If the creditor's claim relates to potential exposure to Hepatitis A at the Chi-Chi s Restaurant located in the Beaver Valley Mall, regardless of when such alleged exposure occurred, then such creditor must fill-out a Hepatitis A Proof of Claim Form To obtain a copy of the Hepatitis A Proof of Claim Form please contact Bankruptcy Management Corp (888) 909-0100

— DEFINITIONS —

Debtor

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

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 Bankruptcy Management Corporation at the address listed on the reverse side of this page

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property

Examples of liens are a mortgage on real estate and a security interest in a car truck boat television set or other item of property A lien may have been obtained through a court proceeding before a bankruptcy case began in some states a court judgment is a lien In addition to the extent a creditor also owes money to the debtor (has a right of setoff) the creditor's claim may be a secured claim (See also Unsecured Claim)

Unsecured Claim

If a claim is not 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

Certain types of unsecured claims are given priority so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims) The most common types of priority claims are listed on the proof of claim form Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as Unsecured Nonpriority Claims

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example District of Delaware) 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 Bankruptcy Management Corporation all of this information is near the top of the notice

Information about Creditor

If not already accurately pre-printed complete the section giving the name address and telephone number of the creditor to whom the debtor owes money or property and the debtor's account number if any If (a) anyone else has already filed a proof of claim relating to this debt (b) if you never received notices from the bankruptcy court about this case (c) if your address differs from that to which the Claims Agent sent this notice or (d) if this proof of claim replaces or amends a proof of claim that was already filed check the appropriate boxes on the form

1 Basis for Claim

Check the type of debt for which the proof of claim is being filed If the type of debt is not listed check Other" and briefly describe the type of debt If you were an employee of the debtor fill in your social security number and the dates of work for which you were not paid

2 Date Debt Incurred

Fill in the date when the debt was first owed by the debtor

3 Court Judgments

If you have a court judgment for this debt state the date the court entered the judgment

4 Total Amount of Claim at Time Case Filed

Fill in the total amount of the entire claim If interest or other charges in addition to the principal amount of the claim are included check the appropriate place on the form and attach an itemization of the interest and charges

5 Secured Claim

If your claim is a secured claim check the appropriate boxes in this section You must state the type and value of property that is collateral for the claim attach copies of the documentation of your lien and state the amount past due on the claim as of the date the bankruptcy case was filed A claim may be partly secured and partly unsecured (See DEFINITIONS above)

6 Unsecured Nonpriority Claim

If your claim is an Unsecured Nonpriority claim (See DEFINITIONS above) check the appropriate boxes in this section and state the amount

7 Unsecured Priority Claim

If your claim is an unsecured priority claim (See DEFINITIONS above) check the appropriate boxes in this section and state the amount entitled to priority A claim may be partly priority and partly nonpriority if for example the claim is more than the amount given priority by the law Check the appropriate place to specify the type of priority claim

8 Credits

By signing this proof of claim you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor

9 Supporting Documents

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or if the documents are too lengthy a summary of those documents If documents are not available you must attach an explanation of why they are not available

10 Date-Stamped Copy

Return claim form and attachments if any and a second copy with any attachments to the Claims Agent, Bankruptcy Management Corporation at the address on the front of this form.

Please read – Important information upon completion of this claim form, you are certifying that the statements herein are true

Be sure to date the claim and place original signature of claimant or person making the claim for creditor where indicated at the bottom of the claim form Please type or print name of individual under the signature Be sure all items are answered on the claim form If not applicable insert Not Applicable

HOBART CORPORATION

INVOICE

Invoice No: 20194584
Page: 1 of 1
OFFICE: 800 346-3420
FAX: 301/223-7850
: 301/733-6560

10 WEST POTOMAC PARKWAY
WILLIAMSPORT MD 21795

Invoice Date: 9/18/00
Cust Order No:
Cust Order Date:

Bill To. 2300048

Customer No: 2300048

CHI CHI'S MEXICAN REST
12101 WINCHESTER ROAD SUITE D2
LAVALE MD 21502

CHI CHI'S MEXICAN REST
12101 WINCHESTER ROAD SUITE D2
LAVALE MD 21502

Model	Description	Serial #	Serv-Date	Serv-Report	Type	Tech
C44-A	CONVEYOR WAREWASHERS	12134435	9/09/00	2116851 3	CH	067

Problem: SE
ONLY BILLING FOR AIR FREIGHT

Service Performed: 39
ON THIS TICKET

Part Number	Qty	UM	Description	Ea Amt	Ext Amt
	1		AIR FREIGHT	10.76	10.76
			Subtotal Before Taxes		10.76
			Invoice Total		10.76 *
			Please pay this amount:		10.76

Please return this portion with your payment to:

HOBART CORPORATION
10 WEST POTOMAC PARKWAY
WILLIAMSPORT MD 21795

CHI CHI'S MEXICAN REST (2300048)
Invoice No: 20194584 (07390) (0546283)

Please pay this amount: $10.76
Terms: Net 10 days.
Due By: 9/28/00

HOBART Service

F 1848 (R4-2001)

HOBART CORPORATION

>>> INVOICE <<<

Invoice No: 20218579
Page: 1 of 1
OFFICE: 800/846-5405
FAX: 301/223-7850
: 301/733-6560

10 WEST POTOMAC PARKWAY
WILLIAMSPORT MD 21795

Invoice Date: 9/30/03
Cust Order No:
Cust Order Date:

Bill To: 2300048

Customer No: 2300048

CHI CHI'S MEXICAN REST
12101 WINCHESTER ROAD SUITE 32
LAVALE MD 21502

CHI CHI'S MEXICAN REST
12101 WINCHESTER ROAD SUITE 32
LAVALE MD 21502

Model	Description	Serial #	Serv-Date	Serv-Report	Type	Tech
C44-A	CONVEYOR WAREWASHERS	12134435	9/20/03	0116980 S	CH	065

Problem: 51
OVERTIME CALL ON DISHWASHER; INSTALLED PARTS; SEE TICKET

Service Performed: 89
CLOSING OUT THIS CALL; WILL ORDER TIMER AND RETURN LATER

Part Number	Qty	UM	Description	Ea Amt	Ext Amt
	4.00	HR	Labor - Overtime	60.00	240.00
	3.00	HR	Travel - Overtime	60.00	180.00
			Subtotal Before Taxes		420.00
			Invoice Total		420.00 *
			Please pay this amount:		420.00

Please return this portion with your payment to:

HOBART CORPORATION
10 WEST POTOMAC PARKWAY
WILLIAMSPORT MD 21795

CHI CHI'S MEXICAN REST (2300048)
Invoice No: 20218579 (07290) (0546283)

Please pay this amount: $420.00
Terms: Net 10 days.
Due By: 10/10/03

HOBART Service

HOBART

SERVICE REPORT

HAGERSTOWN BRANCH

LOCATION CODE 07290

REFERENCE NUMBER 486 116980

HOBART CORPORATION
10 W POTOMAC PARKWAY
WILLIAMSPORT, MD 21795-1500
PHONE 301/733-6560
FAX 301/223 7850

SERVICE TYPE CODES	
CH	– CHARGE SALE
CS	– CASH SALE
CNL	– CONTRACT LOCAL
CNT	– CONTRACT TROY
WRM	– WARRANTY - MACHINE
WRD	– WARRANTY DEVICE (NON S/N)
WRN	– WARRANTY PREINSTALLATION
WRP	– WARRANTY - PART
GR	– GRATIS
DL	– DELIVERY
RM	– RECONDITION MACHINE
LM	– LEASED MACHINE

CALL NUMBER: 63269

CALL STATUS: ☐ COMPLETE ☐ ORDER PARTS ☒ INCOMPLETE

DATE OF SERVICE: 9/20/03

CUSTOMER P O NUMBER:

CUSTOMER P O DATE: / /

TECHNICIAN NUMBER: LT-65

LOCATION NAME: CHI-CHI's

STORE NO:

ADDRESS:

CITY: LA VALE

STATE: MD.

ZIP:

CUSTOMER NUMBER: 1

TROY END USER CUSTOMER NUMBER:

DEPT:

	MODEL NUMBER	SERVICE TYPE	LABOR HOURS	TRAVEL TIME	MILEAGE	INSPECTION Y/N	INSTALL DATE	NO TRIPS	NO TECHS	AIR FREIGHT CLAIM Y/N	SOL. CONTRACT Y/N
SERIAL NUMBER	(00) PROBLEM CODE	PROBLEM DESCRIPTION									
	(00) REMEDY CODE	REMEDY DESCRIPTION									

	SERIAL NUMBER	PART NUMBER	QTY	DESCRIPTION OF PARTS/MATERIALS	UNIT PRICE	EXTENDED PRICE
1	12-134-435	C-44		CH 4 3 134 N 12 N N		
2		(51)		SHUTS OFF AFTER STARTING-VERY SHORT INTERVA.		
3		(89)		FOUND CONVEYOR DRIVE HOUSING WITH BAD		
4				BEARINGS-DRIVE MOTOR WOBBLES &		
5				OPENS ANTI-JAM SWITCH. WENT ½ WAY		
6				TO SHOP & PICK UP HOUSING FROM ANOTHER		
7				TECH. REPLACED HOUSING-GASKET &		
8				COUPLING. NEED E AUTO TIMER CONTROL-		
9				NOT IN STOCK. WILL RETURN-(ORDERED)		
10		274749	1	HOUSING-SHAFT & BEARING ASSY		
11		328083	1	COUPLING		
12		270942	1	GASKET		
13						
14						
15						
16						
17						

	ARRIVAL	DEPARTURE
1 9-20-03	9:30	1:30 (13:30)
2	ARRIVAL	DEPARTURE

CUSTOMER SIGNATURE

X

PRINT CUSTOMER NAME

X

SERVICE TECHNICIAN SIGNATURE

X Larry Timmons

REMARKS/STORE STAMP

20218579

TERMS - NET CASH - NO DISCOUNT

		TOTAL PARTS AND MATERIALS	→
LABOR	REGULAR	HRS @	=
	OVERTIME 4	HRS @ 60.00	=
TRAVEL TIME	REGULAR	HRS @	=
	OVERTIME 3	HRS @ 60.00	=
MILEAGE	MILES =	@	=
ZONE / BSC = 4 OSC-2			=
MISC (DESCRIBE)			=
			=
		TAX	=
Thank You		TOTAL	→

OFFICE-NUMERICAL

F 595 (R 8-98)

HOBART CORPORATION

CHI CHI'S INC
03-13063-CGC

4/23/2004

LOCATION	INVOICE #	DATE	DATE DUE	AMOUNT
HOBART CORPORATION - COLUMBUS, OH 2136 HARDY PARKWAY GROVE CITY OH 43123	19565937	10/1/2003	10/11/2003	$141 57
	20152505	8/22/2003	9/1/2003	$517 20
				$658 77
HOBART CORPORATION - DETROIT MI 43442 N I-94 SERVICE RD BELLEVILLE, MI 48111	20140402	8/18/2003	8/28/2003	$262 48
HOBART CORPORATION - GREENSBURG, PA 748-750 HIGHLAND AVE GREENSBURG PA 15601	MA048590	8/20/2003	9/19/2003	$276 40
HOBART CORPORATION - HAGERSTOWN, PA 10 WEST POTOMAC PARKWAY WILLIAMSPORT MD 21795	20194584	9/18/2003	9/28/2003	$10 76
	20218579	9/30/2003	10/10/2003	$420 00
				$430 76
HOBART CORPORATION - MILWAUKEE WI 16860 W VICTOR ROAD NEW BERLIN WI 53151	20251620	10/6/2003	10/16/2003	$124 02
HOBART CORPORATION - PITTSBURGH PA 121 SOUTHPOINTE DR BRIDGEVILLE PA 15017	20143880	8/19/2003	8/29/2003	$51 63
	20249849	10/3/2003	10/13/2003	$205 81
				$257 44
HOBART CORPORATION - WILMINGTON DE 822 WEST BASIN RD NEW CASTLE DE 19720	20242916	9/30/2003	10/10/2003	$157 97
			TOTAL CLAIMS	**$2,167 84**